

Assistance Policy for Veterans and Families of Veterans

- Names of the applicants will remain confidential, known only to the Executive Board.
- Notice will be made to the applicant outlining assistance payment.
- Assistance will be paid directly to the service provider whenever possible.
- Payments will not exceed \$1000.00 (one thousand dollars) per application.
- May reapply after 180 days.

Examples of expenses Eligible for consideration of payment:

- Household —mortgage, rent, repairs, insurance, phone, utilities.
- Vehicle —payments, insurance, repairs.
- Childcare —clothing, diapers, formula, school supplies, daycare.
- Medical —prescriptions, eyeglasses.
- Personal —food, clothing, toiletries.

VETERANS ASSISTANCE PROGRAM

Veterans Assistance Eligibility Criteria

Confidentiality Statement: All personal information contained on this application will remain confidential to the Rolling Thunder® Chapter 2 Executive Board.

- The applicant is a veteran or current member of the U.S. Armed Forces or its Reserve or National Guard component who has completed their Initial Active Duty for Training (Boot Camp) and a legal resident of the State of New Hampshire, or is an immediate family member thereof;
For purposes of this application immediate family is defined as: Spouse of veteran, child of veteran under age 18, unmarried surviving spouse of veteran or any other dependent person of veteran as defined by the I.R.S.
- The applicant must have an Honorable Discharge or a General under honorable conditions not related to misconduct or a violation of the Uniform Code of Military Justice (UCMJ) to be eligible.
- Is not currently incarcerated or under indictment for a criminal offense or party to civil legal action that created the hardship or a registered sex offender or in arrears on any debt administered or collected by a governmental entity.
- The hardship is primarily due to no fault of the applicant.
Please note that denial of unemployment benefits, expiration or unemployment benefits, and/or job loss does not automatically make an applicant eligible to receive assistance. The determination of assistance is based on all information requested in the application and required additional documents.

Required Documentation

****Determination can not be made without proper, legible documentation****

- Veteran's DD-214 or report of separation from Active Military Service.
- A copy of applicant's marriage license and Veteran's death certificate for widows and widowers.
- A copy of a birth certificate of the Veteran's dependent children and if applicable, a copy of court orders indicating payment of child support.
- Proof of residency by the Veteran's tax record, employment record, voter registration or copy of driver's license.
- Proof of loss of employment, if applicable, including the applicant's termination notice from employment and last pay statement.
- Supporting expense documentation.

VETERANS ASSISTANCE PROGRAM

PLEASE CLEARLY PRINT OR TYPE ALL INFORMATION

SECTION I - VETERAN'S PERSONAL DATA

Date _____

Social Security Number _____ Name _____
(Last) (First) (Middle)

Address _____
(No. & Street) (City) (State & Zip+4) (County)

Phone Number _____ Date of Birth _____ Date of Death _____
(MM/DD/YYYY) (if applicable) (MM/DD/YYYY)

Branch of Service _____ Service Number _____ Date of Entry _____
Into Active Service (MM/DD/YYYY)

Was Military Discharge or Release under Honorable Conditions? YES NO Date of Discharge _____
(MM/DD/YYYY)

Legal Resident of New Hampshire YES NO

Marital Status - Single Married Divorced Separated Widowed

SECTION II - DEPENDENT'S PERSONAL INFORMATION

Name of Spouse _____
(First) (Middle Initial) (Maiden)

Address of Spouse _____
(if different from Veteran) (No. & Street) (City) (State & Zip+4) (County)

Date of Birth _____ Social Security Number _____ New Hampshire Resident YES NO
(MM/DD/YYYY)

First name of dependent minor children (Please attach copies of birth certificates)	Date of Birth (if over 18 proof of school) (MM/DD/YYYY)	Living with Veteran (If applicable, provide copy of court ordered support)
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION III - PRESENT EMERGENCY/ LOSS OF INCOME

Please check reason for current emergency:

Medical Loss of employment Death of Veteran/Spouse Catastrophe Other

Please provide details concerning the cause of emergency _____

Currently hospitalized? YES _____ (Admission Date) (MM/DD/YYYY) Name of Doctor _____

NO Phone Number _____

VETERANS ASSISTANCE PROGRAM

REQUESTING ASSISTANCE WITH

Please describe the expenses you need assistance with (i.e. Rent, utilities, medical expenses, food, vehicle, etc)

REASON FOR FINANCIAL HARDSHIP

Please describe what happened that has created the financial hardship. Attach additional documents as necessary.

WHAT I HAVE DONE TO RESOLVE THE HARDSHIP

Please explain what action(s) you have taken to resolve this hardship on your own, other than applying for assistance.

OTHER AGENCIES I AM WORKING WITH TO RESOLVE HARDSHIP

Please list other agencies you are working with and how they have helped (Red Cross, Salvation Army, Local Church, Food Bank, etc).

Agency	Point of Contact	Phone Number with Area Code

VETERANS ASSISTANCE PROGRAM

MONTHLY INCOME

INCOME TYPE	AMOUNT	TYPE	AMOUNT
Veteran Primary Job	\$	Food Stamps	\$
Spouse Primary Job	\$	Unemployment	\$
VA Benefits	\$	Childcare Assistance	\$
Social Security	\$	Spousal Support	\$
Disability	\$	Other - (example 2nd Job)	\$
Retirement	\$	Other	\$
Child Support	\$	Other	\$

TOTAL OF SAVINGS/INVESTMENTS ON HAND

CHECKING	SAVINGS	INVESTMENTS	RETIREMENT
\$	\$	\$	\$

MONTHLY EXPENSES

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

EXPENSE	AMOUNT
Rent/Mortgage	\$
Utilities	\$
Phone	\$
Mobile Phone	\$
Cable	\$
Internet	\$
Vehicle #1	\$
Vehicle #2	\$
Vehicle #3	\$
Watercraft	\$
Recreational Vehicle	\$
Insurance	\$
Vehicle (s) Fuel	\$
Food	\$
Household Items	\$

EXPENSE	AMOUNT
Child Care	\$
Child Support	\$
Credit/Charge Cards	\$
Loans	\$
Student Loans	\$
Spousal Support	\$
2nd Mortgage	\$
Other	\$
Other	\$

Total Monthly Income \$ _____

Total Monthly Expenses \$ _____

Without a completed budget your application may be denied.

VETERANS ASSISTANCE PROGRAM

RELEASE OF INFORMATION

I (we), _____,

Give my (our) permission to Rolling Thunder®, Chapter 2, to advocate on my (our) behalf on those issues that I (we) have requested assistance in obtaining (shelter, food, other basic needs, referral to other agencies, etc). I (we) understand that in advocating on my (our) behalf, it may be necessary to obtain or release sensitive or confidential information regarding me (us) or my (our) family, but that it will only be done to assist with my (our) request for assistance. I (we) further understand that all information is used only to meet advocacy needs and that it remains in strict confidence. I (we) understand that Rolling Thunder®, Chapter 2, works with other agencies to obtain monies or other needs in helping me (us). I (we) understand that I (we) may be referred to other agencies for help before Rolling Thunder®, Chapter 2, contributes any funds to me (us). I (we) agree that I (we) will follow through with referrals to other agencies for help. I (we) understand that I (we) am under no obligation to repay any assistance, and that any future donation that I (we) may make to Rolling Thunder®, Chapter 2, is of my (our) own free will.

Signature (s): _____

Phone Number _____

Date: _____