

TEMPORARY FINANCIAL ASSISTANCE APPLICATION

**THE AMERICAN LEGION
AMERICANISM AND CHILDREN & YOUTH**

National HQ Use Only

Case No. _____

Date Rec. _____

American Legion Department of: _____

Veteran's War Period: WWII Korea Vietnam Grenada/ Lebanon Panama Persian Gulf

Please print legibly or type. Instruction located on last page of application

VETERAN

Veteran's Full Name: _____ Father Mother

Date of Birth: _____ Social Security No. _____ Resident of State: _____ year(s)

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Active Duty Dates: _____ Type of Discharge: _____

!!! Important: Attach DD 214, VA printout, or other official proof that clearly indicates dates of active service and discharge.!!!

Is veteran employed? Yes Work status: Full-time Part-time Laid-off Worker's Compensation

No Please explain: _____

What specific steps have been taken to secure employment? _____

SPOUSE or PARENT

Spouse or Parent's Full Name: _____ Father Mother

Date of Birth: _____ Social Security No. _____ Resident of State: _____ year(s)

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Is spouse or parent employed? Yes Full-time Part-time Laid-off Worker's Compensation Unpaid leave

No Please explain: _____

What specific steps have been taken to secure employment? _____

FAMILY INFORMATION

Are both parents living in the home? Yes No

Which parent is absent? Father Mother Not Applicable

Reason: Deceased Divorced Deserted Separated Other: _____

Who has legal custody of the minor child or children? _____

Does the child or children reside in the home full-time? Yes No

RECORD OF ELIGIBLE CHILDREN

Full Name: _____ Age: _____ School Grade: _____

Full Name: _____ Age: _____ School Grade: _____

Full Name: _____ Age: _____ School Grade: _____

Full Name: _____ Age: _____ School Grade: _____

A t t a c h e d s e p a r a t e s h e e t i f a d d i t i o n a l s p a c e i s r e q u i r e d .

OTHER ASSISTANCE

Source	Date Applied	Status	Amount if approved or explanation if ineligible.
Post, Unit, or Squadron		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Assistance for Needy Families		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
VA Disability Pension		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Social Security Disability		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Supplemental Security Income		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Medicaid		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Food Stamps		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Women, Infants, & Children (WIC)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Public Assistance		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
Private Charities and all others (list below)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	

CREDITOR INFORMATION

Mortgage or Landlord: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Utility company or other: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Utility company or other: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Utility company or other: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

!!! Important: Attach all current statements, bills, eviction and disconnection notices, and all other expenses to be considered. **!!!**

FINANCIAL INFORMATION

Monthly Income

Monthly Expenses

Earnings of Veteran \$ _____
Earnings of other Parent \$ _____
Earnings of others in household \$ _____
VA Pension(s) \$ _____
Public Assistance \$ _____
Other monthly assistance \$ _____
Specify: _____

Shelter \$ _____
Electricity \$ _____
Gas \$ _____
Water/sewage \$ _____
Waste \$ _____
Food \$ _____
Clothing \$ _____
Other *child* expenses \$ _____
Specify: _____

Total Income \$ _____

Total Expenses \$ _____

!!! Important: Include only recurring monthly income and expenses. Don't include one-time assistance or accumulative balances. **!!!**

INVESTIGATOR'S REPORT

This section is to be filled out by the American Legion Post official only. Applicants may submit a statement by attaching a separate sheet to the application. Please include a detailed description of the family's situation, steps taken to secure other assistance, and follow-up plans of the local Post and/ or investigator. Attached separate sheet if additional space is required.

SIGNATURES

Investigator

I, an authorized member of The American Legion, certify that the above investigation has been conducted and that the applicant has exhausted all other known forms of assistance at this time.

Investigator's name & position: _____ Telephone: _____

Address: _____

Signature: _____ Date: _____

Applicant

I, the applicant, certify that the information provided in this application is true and current to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

Department Children & Youth Chairman or Department Official

I have reviewed this case and recommend assistance be granted in the amount of \$ _____

Comments: _____

Signature: _____ Date: _____

TEMPORARY FINANCIAL ASSISTANCE INSTRUCTIONS AND PROCEDURES

!!! Important: *Please read thoroughly to avoid application delays and denials !!!*

1. Prior to completing an investigation and application, determine if the minor (17 or younger, or 20 or younger if still enrolled in high school or physically handicapped) child(ren) is eligible for Temporary Financial Assistance (TFA). The following questions must be answered in the affirmative in order to qualify.

***Is the child, adopted child, stepchild, or grandchild (only if grandparent has legal custody) of an eligible veteran?
Did the veteran serve at least one day of active duty during the specified dates and serve honorably?***

Eligible Periods

World War II December 7, 1941 – December 31, 1946

Korean War June 25, 1950 – January 31, 1955

Vietnam War February 28, 1961 – May 7, 1975

Lebanon & Grenada August 24, 1982 – July 31, 1984

Panama December 20, 1989 – January 31, 1990

Persian Gulf August 2, 1990 – Present

If the veteran does not have active service within these dates, the child will not be eligible. TFA does not permit any exceptions.

2. Once you have determined that the child(ren) is eligible to receive TFA, make an appointment with the family and completely fill-out the application. The investigator should be the one to fill out the application if at all possible. Provide all requested information. The Investigator's Report should include a detailed description of the family's situation, steps taken to secure other assistance, and follow-up plans of the local Post and/ or investigator. *Remember, TFA is only for the basic needs of the children including shelter, utilities, food, and clothing. Medical grants must be approved prior to treatment and must accompany a physician's statement and estimated costs.*

What will not be considered: Automobile, Insurance, Telephone, Cable, Previous debt, Consumer debt, Taxes

3. Attach the following documentation to the application:

- DD 214, VA printout, or official proof that clearly indicates dates of duty service and the discharge characterization.
- Birth certificates (children only) and marriage license.
- All current statements, bills, leases, and foreclosure, eviction, disconnection notices to be considered. Expenses not documented will not be considered.
- If applicable: custody documents, adoption papers, and legal name changes.

4. Ensure all sections of the application are complete and the appropriate signatures are obtained. Remember that TFA is only available when all other possible sources are exhausted. Documented application dates in the OTHER ASSISTANCE section are very important and will have bearing whether assistance is granted.

5. For many applicants time is of the essence. Incomplete applications will only delay the TFA process. Please ensure that all required documentation is attached and the application is completely filled-out. All communication about the status of an application should be directed to the Department level. National will not release information other than to the Department.

6. TFA recipients cannot reapply until at least 30 days from the issue date of the last check. All previous recipients require a new completed application. Attach only expenses to be considered. The Review Form will no longer be accepted.

7. Applications must be sent to the Department for approval. All applications sent directly to National Headquarters will be returned to the appropriate Department without review or action.

Before you send in the TFA application to the Department C& Y Chairman or Department Headquarters, did you:

- Determine that the child or children are eligible for TFA?
- Complete all sections of the application and attach all required documents?
- Obtain all required signatures?
- Conduct a complete investigation and ensure that all other forms of assistance have been exhausted?
- Make a copy for your records in case of lost or destroyed applications?

Still have questions or concerns? Contact your Department Children & Youth Chairman or Department Headquarters.