



"DAV EMERGENCY RELIEF GRANT QUESTIONNAIRE"

APPLICANT'S NAME:

DATE:

ADDRESS:

PHONE #:

APPLICANT'S LAST-4 SSAN:

E-MAIL:

DAV MEMBER INITIATING REQUEST (Preferred to be a Chapter Service Officer)

Contact Person:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | MI | Last Name |

Chapter No.:

| | |
|---------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| P.O. Box or Street Number | State/Zip Code |

Address:

TEL. PHONE NO.

E-MAIL:

The following questions serve as a "need to know" process to assess pertinent information to determine entitlement, validity and the appropriate dollar value requested for the Department, Welfare & Relief Program. IAW the directives, Policy & Procedures of the Department Service Commission (DSC), the following questions should be answered in the affirmative to meet the Department criteria for assistance.

I. GENERAL.

✓ Is this the applicant's first Emergency Relief Grant Request?

✓ Describe whether or not the emergency situation is causing a hardship or if there is an on-going need expected (Use back if necessary).



✓ Is the applicant a DAV member or is he/she eligible for membership? Yes ☐ No ☐ / Yes ☐ No ☐

✓ Or, whether or not the emergency situation is for a dependent of an eligible veteran or veteran eligible for membership? Yes ☐ No ☐ / Yes ☐ No ☐

II. PERSONAL INFORMATION ON THE APPLICANT.

Martial Status

Married: ☐ Yes ☐ No ☐ Divorced

Number of Children:

Employment

✓ Is applicant employed? ☐ Yes ☐ No If "Yes", with whom and where?

✓ Is spouse employed? ☐ Yes ☐ No ☐ N/A. If "Yes", with whom and where?

IV. FINANCIAL INFORMATION.

Both Veteran & Dependent's Finances

- ✓ Employment Income
- ✓ VA Compensation (%)
- ✓ VA Educational Benefits
- ✓ Social Security/Welfare (Mother's support)
- ✓ OTHER (Unemployment)

Expenses – Monthly Basis

- ✓ Home Mortgage or Apartment Rent
- ✓ Utilities
- ✓ Food
- ✓ Loan(s) OTHER (INS, Credit Cards, other debts)

Totals

| Veteran / Spouse | |
|------------------|----|
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| Veteran / Spouse | |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |
| \$ | \$ |



v. VERIFICATION OF FINANCIAL ASSISTANCE.

✓ Has the applicant attempted to obtain financial aid elsewhere? YES [] / NO []

If "Yes", List below agencies and describe how verified. (List agencies and describe how verified) – continued.

✓ Whether or not the DAV Chapter or other organization has previously provided aid to the applicant. YES [] / NO []

If "Yes", when? _____
(Month /Year)

How much? \$ _____

vi. WELFARE & RELIEF (W&R) COMMITTEE'S RECOMMENDATION (UP TO \$250)

✓ Provide amount of Emergency Relief Grant requested by applicant? \$ _____

Investigator's Recommendations.

Signature of Investigator

Month/Day/Year

Note: Investigator's Request for Ratification may be a Committee Member, CS), DSO or Chapter Representative.

*******NOTE*******

When circumstances prevent immediate signature, the Chair of Welfare & Relief Committee may indicate "telephonic response" by placing the recommending authority's name, & date followed by the W&R Chair's initials. Signatures of authorities will be obtained at a later time when is more convenient and less critical.

Additional information to support this request may be entered on the addendum page.



RECOMMENDATION STATUS (Circle one below)

✓ Recommending Approval / Disapproval Amount: \$ _____

Signature of the Committee Chairman, Welfare & Relief Program **Month/Day/Year**

✓ Recommending Approval / Disapproval Amount: \$ _____

Signature of another Committee member, VAVS, or Homeless Committee Chair **Month/Day/Year**

VIRGINIA DAV DEPARTMENT SERVICE COMMISSION

Approval Authority (Circle one below)

✓ Recommend Approval/Disapproval (circle one) Amount: \$ _____

Signature of Approving Authority _____ Date: _____
Department Service Director (DSD) Month/Day/Year

NOTE 1: Department Service Director must have at least two (2) "Recommend Approval" signatures to approve.

NOTE 2: If the DSD approves the Grant, then the request is submitted directly to the Department Treasurer for payment.

NOTE 3: If Grant is disapproved, request must be referred to Reviewing Authority (below).

Reviewing / Disapproving Authority

✓ Final Decision of Reviewing Authority Approved/Disapproved (Circle One)

Comments: _____

Signature of Reviewing Authority _____
Chair, Department Service Commission

Telephonic Approval of Request [YES] or [NO] (Circle One, if applicable) Date: _____



ADDENDUM PAGE

May be used for additional or supplemental Financial Support data

I. GENERAL SITUATION.

II. FURTHER DISCUSSION.

III. REASON FOR DELINQUENT

IV. ISSUES/CONCERNS.

V. INVESTIGATION OF CLIENT

VI. RECOMMENDED ACTION TO RESOLVE.

VII. FURTHER RECOMMENDED ACTION.

VIII. CONCLUSION.