



Veteran GPS Home Program Application Forms

The Disabled Veterans National Foundation Veteran GPS (grants to provide stability) Home Program is intended for eligible veterans, if approved on a case-by-case basis, to receive up to \$1,000 to prevent homelessness. **Grants can be used only to pay rent/mortgage or essential utilities such as electric, gas, heating oil, water and waste. We do NOT cover deposits, cable, internet, car payments, car insurance, etc. Please see our FAQ section and policy for more details.**

For consideration, you must submit the following **required** materials:

- DVNF Veteran GPS Home Program Application Form (attached)
- Copy of the Veteran's certified (stamped) final DD214, showing character of veteran's discharge (if not already certified, this can be done at a courthouse, VA or Veteran's Service Officer's office for free)
- Cover letter written by the veteran that includes:
 - Total amount of grant request (not to exceed \$1,000)
 - Overview of circumstance leading up to the request
 - Rationale that details importance of need
 - Plans to continue services after grant is provided (see FAQ)
- Completed DVNF Budget Worksheet
- A copy of the bill(s) to be paid by the foundation. Acceptable expenses are: mortgage/rent and ESSENTIAL utilities including electric, gas, oil and water expenses. (If request is for rent, include a copy of your signed lease)
- A detailed letter of reference from a Veteran Service officer or caseworker*
- Signed HIPAA Authorization Form**
- Signed consent form (attached, optional)

**DVNF requires a letter from a VSO or case worker so that we may verify the veteran's situation. Information provided by your VSO or case worker is kept confidential and will only be used inside of DVNF to determine grant eligibility.*

*** This form allows DVNF to contact the veteran's case workers or service provider to verify the veteran's situation. The information will be used and obtained only to help DVNF in assisting you to obtain a grant. DVNF will protect your information according to the Health Insurance Portability and Accountability Act of 1996.*

**DUE TO A HIGH VOLUME OF APPLICATIONS,
FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL LEAD TO
THE DENIAL OF YOUR GRANT APPLICATION.**

Submitting Your Application for Assistance

Fax your grant application to: (202) 737-0214

Or, you may mail your grant applications to:

Disabled Veterans National Foundation
GPS Home Program
1634 "Eye" Street, Suite 750
Washington, DC 20006



Frequently Asked Questions

How long does it take to process a grant?

DVNF strives to process grants within a 30-day timeframe.

What is a “plan to continue services after grant is provided?”

Once DVNF provides a grant to help you through your current hardship, how will you get by next month? If we help with rent or utilities this month, what will be different about your situation next month? If you are starting a new job, or discontinue your cable service to cut costs, these are the types of information we need to know. Please note that “waiting for a claim to process” is not a valid response.

Why does DVNF require a case worker or Veteran Service Officer contact or letter? What do they need to say in the letter?

DVNF utilizes local Case Workers and Veteran service officers to verify each Veteran’s situation. Since DVNF has one office location in Washington DC, we do this to serve as a reference and verify that the Veteran’s need is legitimate. Veteran applicants must also provide the contact information for the Case Worker or Service Officer and the Veteran must also sign the HIPAA consent form, so that DVNF can follow up. The letter from a Case Worker or Service Officer should explain the Veteran’s hardship and a description of how they are assisting the Veteran with their situation.

Can you cover a deposit for my new housing arrangement?

Under no circumstances does DVNF cover deposits for rent or utilities.

Who are request checks made out to?

DVNF will make checks out and mail checks directly to the landlord, mortgage company, or utility provider. In no circumstances does DVNF provide a check made payable to the Veteran.

Does DVNF pay for car payments or repairs?

Our individual grant program does not cover car payments, repairs or insurance. Eligible expenses include housing payments (rent or mortgage), and utilities ESSENTIAL to maintaining a home, such as electric, gas, water and waste.

Can DVNF help me with my credit card debt?

DVNF does not pay for credit card debts. We do offer a Financial Education Program, which can help you learn how to pay off your debts. Through the program, we will provide a free tool kit of Dave Ramsey’s Financial Peace University materials. For more information, visit www.dvnf.org.

How can I increase the chances of receiving a grant?

DVNF accepts assistance requests from all 50 states, and funding is limited. To help increase the odds that your request will be approved, please do not assume anything in your application. If you are enrolling in an education program or a new trade, provide documentation. If you are seeking employment assistance with another organization, include documentation. The more we know about your situation, the better we can understand your needs.

Where can I get help or ask questions about the grant process?

For questions about your grant or assistance in completing the request form, call us at (202) 737-0522 or email us at grants@dvnf.org. For more information about our grant program, visit us online at www.dvnf.org.



DVNF Veteran GPS Home Program Application Fax Cover Sheet

Fax completed applications to: (202) 737-0214

Veteran Name:	
Veteran Contact Phone:	
Veteran Email:	
Number of Pages, including Cover Sheet:	

Are you sending all required materials? Your application should contain at least 9 pages!

- DVNF Veteran GPS Home Program Application form (3 pages)
- Certified (stamped) DD214 form, showing character of veteran's discharge (1+ page)
- Cover letter written by the veteran that includes *total amount of grant request*, *overview of circumstance*, *rationale that details importance of need*, *plans to continue services* (1 page)
- Completed DVNF GPS Program Budget Worksheet (1 page)
- A copy of the bill(s) to be paid by the foundation (at least 1 page)
- A letter of reference from a Veteran Service officer or caseworker (1 page)
- Signed HIPAA Authorization Form (1 page)
- Signed consent form (attached, optional) (1 page)

PLEASE NOTE:

**DUE TO A HIGH VOLUME OF APPLICATIONS,
FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL LEAD TO
THE DENIAL OF YOUR GRANT APPLICATION.**



DVNF Veteran GPS Home Program Application Form

First Name: _____ Last Name: _____

DOB: ___ / ___ / ___ SS#: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: (_____) _____ - _____

Branch of service: _____ Dates of service: _____

Type of discharge: _____

Marital status: _____ Number of dependents responsible for: _____

Names and age of dependents residing in the home (excluding Veteran):

<i>Name</i>	<i>Age</i>	<i>Name</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the veteran have a current or previous substance abuse problem? _____

Does the veteran have a current or previous mental health problem? _____

Is the veteran homeless? _____ If yes, how long? _____

Does the veteran have health conditions? _____

Is the veteran enrolled in VA health care? _____

Has the veteran filed a VA disability claim? _____

What other sources has the veteran requested assistance? _____

How much assistance was provided and who provided it? _____

What is the veteran's monthly income? _____

Is the veteran receiving benefits? If so, list source: (including VA benefits, Unemployment, Child Support received, SSD/SSDI, Welfare, Food Stamps, etc.) _____

Other household (spouse/fiancé/roommate) monthly income: _____

Total amount of grant request (up to 4 bills, no more than \$1,000 in total): _____



List of Bills

Bill #1: To whom should DVNF make the check payable to (landlord name, utility company, etc):

Address to send check: _____

City: _____ State: _____ Zip: _____

Amount: _____ Account Number: _____

Check Recipient's Federal ID #: _____ Check Recipient's Phone: _____

Type of Bill (check one): Rent Mortgage Electric Gas Heating Oil Water Waste

Please list Eviction or Shutoff Date (or Approximate Date), if applicable: _____

Amount in Arrears, if applicable: _____

Bill #2: To whom should DVNF make the check payable to (landlord name, utility company, etc):

Address to send check: _____

City: _____ State: _____ Zip: _____

Amount: _____ Account Number: _____

Check Recipient's Federal ID #: _____ Check Recipient's Phone: _____

Type of Bill (check one): Rent Mortgage Electric Gas Heating Oil Water Waste

Please list Eviction or Shutoff Date (or Approximate Date), if applicable: _____

Amount in Arrears, if applicable: _____

Bill #3: To whom should DVNF make the check payable to (landlord name, utility company, etc):

Address to send check: _____

City: _____ State: _____ Zip: _____

Amount: _____ Account Number: _____

Check Recipient's Federal ID #: _____ Check Recipient's Phone: _____

Type of Bill (check one): Rent Mortgage Electric Gas Heating Oil Water Waste

Please list Eviction or Shutoff Date (or Approximate Date), if applicable: _____

Amount in Arrears, if applicable: _____



Bill #4: To whom should DVNF make the check payable to (landlord name, utility company, etc): _____

Address to send check: _____

City: _____ **State:** _____ **Zip:** _____

Amount: _____ **Account Number:** _____

Check Recipient's Federal ID #: _____ **Check Recipient's Phone:** _____

Type of Bill (check one): Rent Mortgage Electric Gas Heating Oil Water Waste

Please list Eviction or Shutoff Date (or Approximate Date), if applicable: _____

Amount in Arrears, if applicable: _____

Veteran Service Officer/Case Worker Contact Information (REQUIRED)

First Name: _____ **Last Name:** _____

Name of Agency/VA Office: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____ **Phone:** (_____) _____ - _____

Note: A letter from Veteran's VSO/Case Worker MUST be enclosed with application

DVNF's Veteran GPS Home Program Grant Terms and Conditions

I, _____ acknowledge that I have read the attached DVNF
(printed name of veteran)

Individual Grant Policy and agree to the following terms:

- I understand that by submitting my application it does not constitute guarantee of payment of funds
- I understand that after submitting a complete application, the process may take up to thirty (30) days
- If I do not furnish ALL required documentation with 3 weeks (21 days) of submitting my initial request, DVNF reserves the right to terminate my application process.
- I agree that by providing contact information for my Case Worker, Veteran Service Officer, debtor(s) or lender(s), DVNF has the right to call and verify information to be used in consideration of this grant

VETERAN'S SIGNATURE: _____



DVNF GPS Home Program Budget Worksheet

Monthly Income (After Taxes)	Amount	Description
Veteran's Income including VA Disability, SSDI, retirement, pension, etc.	\$	
Spouse/Other Income	\$	
Child Support/Alimony	\$	
Food Stamps	\$	
Total	\$	

Expense (Monthly)	Amount	Notes
Home		
Mortgage/Rent	\$	
Utilities		
Electricity	\$	
Gas/Propane/Heating Oil	\$	
Water & Sewer	\$	
Phone (Landline)	\$	
Phone (Cellular)	\$	
Cable	\$	
Internet	\$	
Transportation		
Total Car Payments	\$	
Gas	\$	
Car Insurance	\$	
Public Transportation	\$	
Debt Payments (Minimum)		
Credit Cards	\$	
Student Loans	\$	
Misc. Loans (title loans, 2 nd mortgage, etc.)	\$	
Food (not covered by food stamps)		
Groceries	\$	
Eating Out	\$	
Family Expenses		
Child Support Paid	\$	
Alimony Paid	\$	
School/Tuition Fees	\$	
Other (Please list)		
	\$	
	\$	
	\$	
Total	\$	



Consent and Release For Use of My Image, Name and Written/Oral Statements

I understand that the Disabled Veterans National Foundation (DVNF) is undertaking promotional initiatives for internal and external use and distribution, including, but not limited to, print media, television, radio and the internet. I wish to assist and participate in these efforts, and hereby grant DVNF and its agents and employees permission:

1. to use, reproduce and distribute, in any medium, in whole or in part, written statements or quotes by me about my “story,” the DVNF; and
2. to identify me by name and identifying information (other than my social security number) such as my branch and dates of military service, company/organization affiliation, business title, and/or occupation; and
3. to use, reproduce and distribute my image and voice through digital or magnetic audio/video recording, or still or motion photography, including the use, reproduction, or distribution of my written statements or quotes; and
4. to retouch and/or edit my image(s), as may be necessary in DVNF’s judgment for proper presentation.

In signing this Consent and Release, I understand and acknowledge that:

- My image, name, title, and/or statement/quotes may be used by the DVNF in publications, multimedia productions, internet pages, displays, educational material, or advertisement for DVNF.
- This authorization and release shall be continuing, with no limitations or reservations, with the exception of those stated in this document.
- I will not receive any compensation for the use of my name, title, image, or written/oral statement, nor have any promises been made to me to secure my signature to this Consent and Release.
- To the extent necessary to allow DVNF to use, reproduce, and distribute my name, title, image, and statement, I waive any confidentiality rights or privileges that would otherwise prevent such use, reproduction or distribution.
- I release and forever discharge the State of _____, the Disabled Veterans National Foundation, and its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of my name, identifying information, image, and statements; and such images, statements and work product shall be the sole property of the DVNF or its assignees.
- I am over eighteen years of age and legally competent to sign this Consent and Release.
- I have read this Consent and Release in its entirety and understood it prior to executing it.

SIGNATURE: _____

NAME (Printed): _____ DATE: _____

ADDRESS: _____

PHONE: _____



HIPAA Authorization Form

Authorization for Use and Disclosure of Protected Health Information

By signing this form, I authorize Disabled Veterans National Foundation (DVNF) to use certain protected health information (PHI) about me, obtained from third parties, such as case workers, social workers or other health care professionals who have such relevant information in their custody.

This authorization permits third parties, such as those named above, to disclose the following types of protected health information to Disabled Veterans National Foundation: type of physical and/or mental health services provided, date(s) of services, reports and assessments resulting from such services, and other such information which will assist DVNF in obtaining grants for veterans.

The information will be used and obtained in order to help DVNF assist veterans in obtaining grants.

The purpose is provided above so that I can make an informed decision whether to allow release of the protected health information. This authorization has no expiration date. I understand that I may inspect and copy the PHI covered by this authorization.

I acknowledge that I have been informed of my right to refuse to sign this authorization. However, I understand that this refusal could hinder the process of receiving a grant on my behalf.

I have the right to revoke this authorization in writing except to the extent that DVNF has acted in reliance upon this authorization. My written revocation must be submitted to the following address:

DVNF, 1634 "Eye" St NW Suite 750 Washington, DC 20006

DVNF complies with the requirements of the Health Insurance Portability and Accountability Act of 1996 and its privacy regulations and all other applicable laws that protect your privacy. We will protect your information according to these laws. Despite these protections, there is a possibility that your individually-identifiable health information could be re-disclosed and/or re-used by those listed in this authorization form in a way that will no longer be protected by federal laws or regulations that guard your information.

(printed name of veteran)

(signature of veteran)

(date)