



## VFW UNMET NEEDS PROGRAM APPLICATION FORM

All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee payment of funds. The VFW reserves the right to make exceptions on a case-by-case basis.

### **\*ALL the following Eligibility Criteria must be met for your case to be considered:**

The service member has served Active Duty, other than training, within the **past three years** prior to applying.

The hardship must be due to one of the following:

-deployment, military pay issue, military illness or injury, or natural disaster.

The applicant must be the service member or eligible dependent listed under DEERS.

### **Expenses Eligible for consideration of payment:**

- Household expenses – mortgage, rent, repairs, insurance.
- Vehicle expenses – payments, insurance, repairs (major repairs for vehicles over ten years old will not be considered).
- Utilities.
- Food and Clothing.
- Children's clothing, diapers, formula, school or childcare expenses.
- Medical bills, prescriptions & eyeglasses – the patient's portion for necessary or emergency medical care only.

### **Expenses Ineligible for consideration for payment:**

- Credit cards, Military charge cards, or retail store credit cards.
- Personal, student or payday loans.
- Cable, Internet and secondary phone.
- Cosmetic or investigational medical procedures and expenses.
- Taxes – property or otherwise.
- College Expenses.
- Furniture rentals.
- Any other expense not determined to be a basic life need.

**The eligible and ineligible expense lists are not all inclusive and each expense will be considered on a case-by-case basis. Payment will be made at the discretion of the approval committee. Payments are made directly to creditors.**

**Please fax completed application to 816-968-2779.**



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## APPLICANT'S INFORMATION

**\*REQUIRED FIELD**

NAME\*: \_\_\_\_\_ BIRTHDATE\*: \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

COUNTRY\*: \_\_\_\_\_

PHONE\*: \_\_\_\_\_ EMAIL\*: \_\_\_\_\_

RELATION\*: \_\_\_\_\_ SOCIAL SECURITY NUMBER\*: \_\_\_\_\_

Excluding Military Member, please list all dependents residing in the home\*:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

## MILITARY MEMBER'S INFORMATION

NAME\*: \_\_\_\_\_ BIRTHDATE\*: \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

HOME OF RECORD (City and State only)\*: \_\_\_\_\_

PHONE\*: \_\_\_\_\_ SOCIAL SECURITY NUMBER\*: \_\_\_\_\_

Branch\* \_\_\_\_\_ Status\* \_\_\_\_\_ Pay Grade/Rank\*: \_\_\_\_\_

Home station unit or last unit  
 if not currently active\* \_\_\_\_\_

## MILITARY SERVICE INFORMATION

Y N Military member is currently active duty\*.  
 If NO, what is the approximate discharge  
 date of last active duty service?  
 \_\_\_\_\_

What was this period of active  
 duty service for?  
 \_\_\_\_\_

Y N Military member is currently  
 deployed is support of OEF/OIF\*.

Y N Military member is currently  
 experiencing a service connected  
 injury or medical emergency\*.



**INCOME** \*required field

Military Member Monthly Income\*: \$ \_\_\_\_\_ Spouse/Fiance/Roommate Monthly Income\*: \$ \_\_\_\_\_

Additional Monthly Income\*:

Type	Amount	Type	Amount
VA Benefits	\$	Unemployment	\$
Housing-BAH	\$	Child Support (recieved)	\$
Food Subsistance-BAS	\$	SSI/SSDI	\$
Hazardous Duty/imminent Danger Pay	\$	Welfare	\$
Seperation pay	\$	Food Stamps	\$
		Other _____	\$

**Total Household Monthly Income:**

**MONTHLY EXPENSES**

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

Rent/Mortgage	\$
Utilities	\$
Phone 1	\$
Phone 2	\$
Phone 3	\$
Cable	\$
Internet	\$
Vehicle #1	\$
Vehicle #2	\$
Insurance(s)	\$
Vehicle(s) Fuel	\$
Recreation Vehicle	\$
Food	\$
Household Items	\$
Child Care	\$
Child Support (Paid)	\$
Credit/Charge Cards	\$
Loans	\$
Student Loans	\$
Savings	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$

Notes/Explanation:

**\*This form must be signed and initialed and then faxed or mailed to our office.\***

## **UNMET NEEDS TERMS AND CONDITIONS**

Please initial all blocks below and sign the bottom. This form is essential to the review and approval process. We want to emphasize that each application will be reviewed independently and each case will stand on its own merit.

\_\_\_\_\_ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

\_\_\_\_\_ I agree to allow the Unmet Needs Program to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by Unmet Needs personnel.

\_\_\_\_\_ I understand that the Unmet Needs Program elects to pay for approved merchandise or services directly. I will have thirty (30) days to redeem the merchandise, or the grant will be forfeited. I will be required to submit receipts for said merchandise or services.

\_\_\_\_\_ I understand the primary purpose of the Unmet Needs Program is to meet immediate and urgent needs of the recently Active Duty Military, Reserve and National Guard personnel, and their immediate family members.

\_\_\_\_\_ I understand that because demand is so great, I can only apply to the program once every eighteen (18) months, even if my application has been denied.

\_\_\_\_\_ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

\_\_\_\_\_ I understand that the Veterans of Foreign Wars may require that I submit to an interview, and may request to use my name and the particulars of the gift in press and promotional efforts. I understand that there is no promise of compensation for my participation. If I choose to maintain case confidentiality, it will in no way influence my application. The VFW may use my written statements and documentation enclosed as needed for these purposes.

\_\_\_\_\_ I understand that the Unmet Needs Program is funded by public donations and success is based solely upon public support of the program. The Veterans of Foreign Wars, the VFW Foundation and the Unmet Needs Program are not government funded.

\_\_\_\_\_ I agree to hold the VFW Foundation, the Veterans of Foreign Wars of the United States, their officers, employees, agents, and sponsor harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

### **Please initial your preference:**

\_\_\_\_\_ I am willing to be interviewed and featured in VFW news stories. I understand that any photos I provide to VFW become the property of VFW and may be used in fundraising or other publicity materials with no promise of compensation for participation.

**OR**

\_\_\_\_\_ I do not wish to be featured in any VFW or other publications.

\_\_\_\_\_  
Military Member/Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please verify that the following documents are enclosed with the application\*:**

**DD214-Member Copy #4** or Military Member's most recent orders.

A written statement from the Military Unit point of contact (**member of Chain of Command, Family Assistance Center Representative, VA Rep or VFW Rep**) that verifies the member's military status and financial hardship. This statement **must be** signed and dated by the Military Unit point of contact, and on letterhead if possible.

Copy of the bills for which you are requesting assistance. This must include the account holder's name and the account number, as well as the creditor's name and phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead are required. (For example, if requesting assistance with rent, a copy of your lease agreement is required.)

**YOUR APPLICATION CAN NOT BE REVIEWED WITHOUT ALL OF THE ABOVE SUPPORTING DOCUMENTATION!**

**Application and Supporting documentation may be mailed, faxed, or emailed to our offices.**

**Veterans of Foreign Wars  
Attn. Unmet Needs Program  
406 West 34th Street  
Kansas City, MO, 64111  
Fax: 816-968-2779  
E-mail: [unmetneeds@vfw.org](mailto:unmetneeds@vfw.org)  
Website: <http://www.vfw.org/NMS>**

Once we have received your completed application a representative may contact you to discuss the specifics of the case and/or to request additional information. This contact does not imply approval of your application.

The approval process normally takes twenty (20) business days.

We will contact you as soon as a final determination has been made in your case

**Please Note: We are unable to respond to status check requests while your file is being processed. If you have not received contact from us after twenty (20) business days from submitting your application, please contact us.**

# Military Point of Contact Letter

This letter must be prepared by a **Member of Chain of Command (E8 or above), Family Assistance Center Coordinator, Medical Hold Case Worker, VA Representative, or VFW Service Officer.** The letter must verify the cause of the financial hardship. This statement must be signed and dated by the **Military Unit point of contact, not the applicant.** Please feel free to attach any additional information that will help the Unmet Needs committee make a decision on this request.

**The Service Member is currently active duty or has served on active duty within the past three years prior to applying**

Active Duty date \_\_\_\_\_ to \_\_\_\_\_

## Current Pay Status

The service member is currently receiving: (check all that apply)

Active Duty Pay

Incapacitation Pay

VA Benefits Disability Rating \_\_\_\_\_%

## The SM has applied/waiting for:

VA Benefits Applied on: \_\_\_\_\_

Incapacitation Pay Applied on: \_\_\_\_\_

VOC Rehab Applied on: \_\_\_\_\_

ESGR Complaint Applied on: \_\_\_\_\_ File#: \_\_\_\_\_

## How was the hardship caused by the military or a deployment?

Explanation Required (If there is a military-related injury, documentation is required)\*:

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Military Point of Contact Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

No electronic signatures accepted

Incomplete/unsigned forms will be returned.

MPOC's: Please call 1-866-789-6333 if you have any questions