

**‘Veteran’s Emergency Financial Assistance Program (VEFAP)
Applicant Checklist**

Eligibility:

On behalf of the Maine Bureau of Veteran Services, The American Legion Department of Maine may provide financial assistance for a veteran who is a resident of Maine and demonstrates to the Bureau's satisfaction a financial need that includes, but is not limited to the following areas:

- a. Damage to home due to fire, flood, or hurricane that is not fully compensable by insurance;
- b. Illness or the illness of an immediate family member;
- c. Hardship that would result in the veteran becoming homeless;
- d. Experiencing hardship and has filed a valid VA pension and is awaiting a decision.

Right to Appeal:

If you are denied you may request reconsideration and review by the director of Maine Bureau of Veterans’ Services.

Instructions:

Complete application and assemble all documents identified below. Send fully developed application in *one single* email, fax, or via US Mail, attention to our Department Adjutant:

American Legion Department of Maine
Attn: Adjutant (VEFAP Applicant)
5 Verti Drive
Winslow, ME 04901

Fax: 207-872-0501
E-mail: legionme@mainelegion.org

Checklist:

- 1. Proof of Residency (Maine Driver’s License, Vehicle Registration, etc.)
- 2. Copy of DD Form 214
- 3. Completed and Signed Application (Attached)
- 4. Estimate/Bill from Vendor OR Lease and Notice of Arrears from Landlord
- 5. Completed Veterans Count Financial Assistance Policy and Agreement (Attached)
- 6. Two months of most recent bank statements
- 7. Proof of hardship, as applicable (i.e. eviction notice, proof pension has been filed, etc.)
- 8. Signed release for the Maine Bureau of Veterans’ Services (Attached)



American Legion Department of Maine

Veteran's Emergency Financial Assistance Program (VEFAP) Application – Version 04/2019

Please send completed application and all supporting documentation to the Adjutant via email to legionme@mainelegion.org

Service Member/Veteran Information

| | | | | | | | | |
|--------------------------------------|--|-------|-----------|---|--|--------|--------|--|
| Name | | | DOB | | | Gender | | |
| Address | | | E-Mail | | | Phone | | |
| Town | | State | | Zip | | | County | |
| Mil Branch | <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard | | Component | <input type="checkbox"/> Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty | | | | |
| Active Duty Time Other than Training | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | |
| Are You | <input type="checkbox"/> Currently Serving <input type="checkbox"/> Retired <input type="checkbox"/> Completed Enlistment <input type="checkbox"/> Medical Separation <input type="checkbox"/> Other Separation/Discharge <input type="checkbox"/> Unknown | | | | | | | |
| When Separated | <input type="checkbox"/> Separated Pre 9/11 <input type="checkbox"/> Separated Post 9/11 <input type="checkbox"/> Not Applicable (Still Serving) | | | | | | | |
| Discharge Status | <input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable | | | | | | | |
| Proof of Veteran Status | <input type="checkbox"/> DD214 <input type="checkbox"/> VA ID Card <input type="checkbox"/> VA Award Letter <input type="checkbox"/> Other | | | Dates of Service | | | | |
| Service Era | <input type="checkbox"/> Didn't serve during wartime <input type="checkbox"/> OEF/OIF/OND <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Vietnam <input type="checkbox"/> Korean War <input type="checkbox"/> Other Wartime Era | | | | | | | |

Additional Information

| | | | | | | | |
|--|---|-----------------------------|--|---|--|--|--|
| Is veteran working with another agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If so, who? | | | | |
| # of people in household | | | Household gross Income | | | | |
| Minor Children | <input type="checkbox"/> Yes <input type="checkbox"/> No | Do minors reside with SM/V? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does SM/V have transportation? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does SM/V have a job? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does SM/V need a job? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Underemployed | | | |
| Housing | <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Resides with Family Member | | | | | | |
| Does family have insurance? (Check all that apply) | | | <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Healthcare <input type="checkbox"/> Private Insurance <input type="checkbox"/> TriCare <input type="checkbox"/> Other | | | | |
| Is SM/V a class member under Maine Consent Decree? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Describe the financial hardship that you are experiencing?

Long-Term Plan

What steps are you taking to prevent a similar financial need in the future?

In the last week, have you had any thoughts of harming yourself? Yes
 No

If you answered yes, please see Page 6 for additional supports or visit your nearest emergency room.

I hereby affirm the information I have provided is true and accurate to the best of my knowledge and that I have not received financial assistance under the Veteran's Emergency Financial Assistance Program within the last 12 months.

Signature

Date

American Legion Department of Maine

Veterans Emergency Financial Assistance Program

Financial Sustainability Assessment – *Version 04/2019*

Average Monthly Income

| | Self | Spouse/Partner | Total |
|--------------------|-------------|-----------------------|--------------|
| Net Wages | | | |
| VA Benefits | | | |
| Pension/Retirement | | | |
| Social Security | | | |
| Child Support | | | |
| Alimony | | | |
| Rental Income | | | |
| Unemployment | | | |
| TANF | | | |
| Food Stamps | | | |
| Other | | | |
| Total | | | |

Average Monthly Household Expenses

| | Amount | | Amount |
|-------------------------|---------------|-------------------------|---------------|
| Auto - Payment/Lease | | Mortgage/Rent | |
| Auto - Fuel | | Laundry | |
| Auto - Insurance | | Personal Care | |
| Childcare | | Pet Food/Care | |
| Child Support | | Recreation | |
| Children's Activities | | Savings | |
| Cigarettes | | Student Loans | |
| Clothing | | Tuition/School Supplies | |
| Credit Cards | | Utility – Cable TV | |
| Food/Dining Out | | Utility – Cell Phone | |
| Food/Groceries | | Utility – Electricity | |
| Health/Dental Insurance | | Utility – Gas/Oil Heat | |

| Home/Rental Insurance | | Utility – Phone (landline) | |
|--------------------------------|-------|----------------------------|-------|
| Life Insurance | | Utility – Trash Disposal | |
| Medical Prescriptions | | Utility – Water | |
| Medical Co-Pays | | Utility - Wood | |
| Membership Fees | | Other | |
| Subtotal | | Subtotal | |
| Total Average Monthly Expenses | | | |
| Assets | | | |
| | Value | | Value |
| Checking Balance | | Real Estate | |
| Saving Balance | | Automobiles (resale value) | |
| Cash On Hand | | Stocks | |
| Subtotal | | Subtotal | |
| Total Available Assets | | | |



American Legion Department of Maine
VEFAP Financial Assistance Program
Policy and Agreement Form

Please initial/sign/date as indicated:

___ I understand that the Veterans' Emergency Financial Assistance Program is intended for emergencies and critical unmet needs.

___ I understand that bank statements and proof of income may be required in order for this request to be considered. I further agree to provide complete, accurate information as requested and understand that failure to do so may affect eligibility for assistance.

___ I agree to participate actively in a plan for self-sufficiency and understand that further assistance will be contingent upon this active participation. If a referral for financial counseling or other services is part of the plan, and I choose not to connect with the referral, I may not be eligible for further financial assistance.

___ I agree that my demographic information will be shared with the Maine Bureau of Veterans' Services to meet contractual reporting requirements.

___ I certify that all information I have provided during intake is true and correct to the best of my knowledge for purposes of applying for financial assistance.

___ I grant permission to American Legion Department of Maine to verify all information on my financial assistance application.

Print Applicant Name

Sign Applicant Name

Date



VEFAP Financial Assistance Program

Referral Information

Maine Bureau of Veterans' Services, Veterans' Services Officers: (for benefit counseling)

| Location | Phone | Physical Address |
|------------------------------|--------------|--|
| Bangor | 207-941-3005 | 35 State Hospital Drive, Bangor |
| Caribou | 207-492-1173 | 14 Access Highway, Suite 5, Caribou |
| Lewiston | 207-753-9106 | 35 Westminster St, Lewiston |
| Machias | 207-255-3306 | 7 Court St., Suite 2, Machias |
| Portland | 207-822-2391 | 151 Jetport Boulevard, Room 138W, Portland |
| Springvale | 207-324-1839 | 634 Main St., Springvale |
| Togus | 207-287-9933 | VA Admin Center, Bldg 248, Room 110, Togus |
| Homeless Veteran Coordinator | 207-287-7019 | 194 Winthrop St., Augusta |

Veteran Service Organizations at Togus VAMC

| Organization | Phone | Location |
|------------------------------------|------------------------|-------------------|
| American Legion | 207-623-5726 | Bldg 205, Rm 318 |
| Veterans of Foreign Wars | 207-623-5723 | Bldg 248, Rm 117 |
| Disabled American Veterans | 207-623-5725 | Bldg 248, Rm 114 |
| Military Order of the Purple Heart | 207-623-8411, ext 4649 | Bldg 248, Rm 205K |
| Paralyzed Veterans of America | 207-623-5723 | Bldg 248, Rm 112 |

Maine Bureau of Veterans' Services, Director: (for appeal if denied)

| | | |
|----------|--------------|--------------------|
| Director | 207-430-6035 | mainebvs@maine.gov |
|----------|--------------|--------------------|

Crisis Services

| | | |
|----------------------|-----------------------|-----------|
| Veterans Crisis Line | 800-273-8255, Press 1 | National |
| Maine Crisis Line | 888-568-1112 | Statewide |

**If you need immediate mental health support, please go to your nearest emergency room.*

Housing and Homelessness Resources

| | | |
|--|----------------|-----------|
| Homeless Veterans Coordinator | 207-430-6036 | Statewide |
| Preble Street Veteran Housing Services | 800-377-5709 | Statewide |
| VA Homeless referral line | 623-8411 x2950 | Statewide |

Domestic Violence Support

| | | |
|-----------------------------|--------------|-----------|
| Domestic Violence Help Line | 866-834-4357 | Statewide |
|-----------------------------|--------------|-----------|

Veteran Case Management Resources

| | | |
|-------------------------|----------------|---|
| Health Affiliates Maine | (877) 888-4304 | <i>Office location:</i> 306 Rodman Rd. Auburn Statewide service delivery |
|-------------------------|----------------|---|

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I _____ (the veteran) authorize The American Legion Department of Maine Veterans Emergency Assistance Program to disclose/receive information to/from Maine Bureau of Veterans' Services, 117 State House Station, Augusta, Maine 04333

The disclosure of information authorized is limited to the following (Check as appropriate):

| | | | |
|--------------------------|--|--------------------------|---------------------------------|
| <input type="checkbox"/> | Progress Notes | <input type="checkbox"/> | Evaluations |
| <input type="checkbox"/> | School Records: Psychological, IEP, etc | <input type="checkbox"/> | Lab Results |
| <input type="checkbox"/> | Service Plans: ISP, RSP, IFSP | <input type="checkbox"/> | Medication History |
| <input type="checkbox"/> | Adoption Reports | <input type="checkbox"/> | Neuro-Imaging Results |
| <input type="checkbox"/> | Treatment Plan | <input type="checkbox"/> | Vocational Employment |
| <input type="checkbox"/> | Specialist Consultation Reports | <input type="checkbox"/> | Financial Budget Information |
| <input type="checkbox"/> | Physical Medical Exam Records | <input type="checkbox"/> | Functional Skills Assessment(s) |
| <input type="checkbox"/> | Other: Share demographic information to help identify eligibility for specific veterans benefits | | |

This authorization extends to the release of records that may be related to (check applicable choices):

Alcohol/Drug Treatment Psychiatric Genetic Testing Communicable Diseases

If a specific box is checked, that specific information **WILL** be released.

It is required for the following purpose(s): Coordination of Care, Evaluation of Services, Referral Services, and Other _____.

Unless earlier revoked, this authorization terminates on: One year from the date of signature or on this date: _____.

The provider cannot require you to sign this Authorization as a condition to the provision of services.

This Authorization permits the American Legion Department of Maine (the "Provider") to use and disclose your Protected Health Information for the purposes of other than treatment. You have the right to revoke this Authorization by providing the provider with written notice of revocation. The revocation will be effective upon receipt by the provider except with respect to or disclosures made prior to the receipt and reliance upon this Authorization.

Please note that once the requested information is disclosed pursuant to this Authorization, the provider will no longer have control over the information and there is a potential that it may be re-disclosed by the recipient and will no longer be protected by the privacy rules under the Health Insurance Portability and Accountability Act. (HIPPA)

Print Name (Veteran or Guardian)

Signature (Veteran or Guardian)

Date Signed

Print Name (Witness)

Signature/Relationship

Date Signed