

**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.**