



**THE American Legion Foundation Corporation
Minnesota Veterans Assistance Fund (MVAF)**

Department Use Only;

Case No. _____

Date Received: _____

Date Sent to the Foundation: _____

____ Approved ____ Denied

Completion Date: _____

American Legion Department of Minnesota, Post _____

Please print legibly or type. Instructions located on page 4 of this application.

VETERAN

Full Name _____

Social Security No. _____ Date of Birth _____

Street Address _____ Phone _____

City _____ State _____ Zip Code _____

Active-Duty Dates _____ Characterization of Discharge _____

Official documentation (DD214, VA, orders, etc.) that proves honorable service during an eligible period must accompany this application.

Employment Status ☐ Fulltime ☐ Part-time ☐ Laid-off ☐ Worker's Compensation ☐ Unpaid Leave ☐ Not Employed

If not employed, the investigation report must explain why and what steps are being taken to secure employment.

OTHER PARENT or GUARDIAN

Full Name _____ ☐ Father ☐ Mother ☐ Other _____

Social Security No. _____ Date of Birth _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Employment Status ☐ Fulltime ☐ Part-time ☐ Laid-off ☐ Worker's Compensation ☐ Unpaid Leave ☐ Not employed

If not employed, the investigation report *must* explain why and what steps are being taken to secure employment.

CHILDREN

Full Name _____ Age _____ Grade _____

Full Name _____ Age _____ Grade _____

Full Name _____ Age _____ Grade _____

Full Name _____ Age _____ Grade _____

List additional children on a separate sheet.

Are both parents living in the home? ☐ Yes ☐ No

If applicable, which parent is absent? ☐ Father ☐ Mother ☐ Other _____

Reason ☐ Deceased ☐ Deployed ☐ Divorced ☐ Separated ☐ Other _____

Does the child or children reside in the home full-time? ☐ Yes ☐ No

Who has legal custody of the minor child or children? _____

Attach supporting custody documentation if applicable.

OTHER ASSISTANCE

In order to be considered for a Foundation's Minnesota Veterans Assistance Fund grant, list all other forms of possible assistance applied for and results. **Failure to completely document this in the following section will result in delay or denial of the application.**

Source	Date Applied	Status	Amount approved or explanation of ineligibility
Post, Unit, or Squadron		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Assistance for Needy Families		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
VA Disability Pension		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Social Security Disability		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Supplemental Security Income		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Medicaid		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Public Assistance		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Unemployment		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Private Charities		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Food Stamps		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Women, Infants, & Children (WIC)		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Other		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	

CREDITOR INFORMATION

Most approved checks will be two-party, made payable to the veteran or guardian and the creditor, or direct payment to the creditor. Please ensure that creditor information is accurate and the name is legible. Only listed creditors in this section will be considered for payment.

Mortgage • Landlord _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Utility Company/ Other _____ Phone _____

Utility Company/ Other _____ Phone _____

Utility Company/ Other _____ Phone _____

Utility Company/ Other _____ Phone _____

Attach current statements, bills, disconnection/eviction notices, and all other expenses to be considered.

FINANCIAL INFORMATION

Include only recurring monthly gross income and expenses. Do not include one-time assistance or accumulative balances on past due expenses. Gross income must include earnings of all persons in the household.

Monthly Gross Income

Earnings of Veteran/Guardian \$ _____
Earnings of other Parent \$ _____
Earnings of others \$ _____
VA Pension \$ _____
Social Security \$ _____
Child Support \$ _____
Other monthly income \$ _____

Monthly Expenses

Shelter \$. _____
Electricity \$. _____
Gas \$. _____
Water/ sewage \$ _____
Food \$ _____
Automobile \$ _____
Clothing \$. _____
Other \$ _____
Specify _____

Total Gross Monthly Income \$ _____

Total Expenses \$ _____

INVESTIGATOR'S REPORT

The investigation must include a detailed description the applicant's situation, steps taken to improve the situation, and follow-up plans of the Post, District and/or investigator. Incomplete investigation reports will result in delay or denial of the application.

Attach additional sheet(s) as needed.

SIGNATURES

Investigator

I certify that I conducted the above investigation and that the applicant has exhausted all other forms of known assistance.

Name & Title _____ Phone _____

Address _____

Signature _____ Date _____

Applicant

I, the applicant, certify that the information contained in this application is true and current to the best of my knowledge.

Signature _____ Date _____

Department of Minnesota Adjutant or VA&R Benefits Coordinator (VA&RBC) or DSO

I have thoroughly reviewed this application and recommend the following: ☐ Approval \$ _____ ☐ Denial

Comments _____

Signature _____ Date _____

FOUNDATION's MINNESOTA VETERANS ASSISTANCE FUND INSTRUCTIONS AND PROCEDURES

1. Prior to completing an investigation and application, determine if the applicant is eligible for MVAf. The minor child must not be older than 17, and be in the legal custody of an eligible veteran. An eligible veteran has served honorably and at least one day of active duty during the eligibility period. Active duty must be Federal active duty (Title 10).

Eligible Periods

World War II December 7, 1941 - Present

If the veteran does not have active service within these dates, the applicant will not be eligible. There are no exceptions.

2. Once you have determined that the applicant is eligible, make an appointment with the family at their residence to complete the application if possible. Secure all requested documentation and provide all requested information. Your report must include a detailed description of the applicant's financial need, steps taken to alleviate the situation, and follow-up plans of the Post, District and/or Investigator.

MVAf is strictly for the basic needs of Veteran's, families of deployed serviceman and surviving children including shelter, utilities, transportation, food, clothing, and medical. Health grants must be approved prior to treatment and must be accompanied by a physician's statement and estimated costs.

MVAf will not pay for: Cable, Consumer Debt, Internet Services, Insurance, Taxes, Previous Debt, or any expense that does not contribute to the active basic needs of the applicant.

3. The following documents must accompany the MVAf application:

DD214, VA statement of service, military orders, or other official proof of active-duty discharge type

Birth certificates of children

Marriage license

Custody documentation and legal name changes

All current statements, bills, leases, foreclosures, eviction notices, disconnection notices to be considered.

Expenses not documented will not be considered.

4. Ensure all sections of the application are complete and the appropriate signatures are obtained. Incomplete applications may result in delays or denial.

5. MVAf recipients may not reapply until 30 days from the issue date of the last check. All previous recipients require a new completed application to include current statements and expenses to be considered.

6. Applications must be sent to your Minnesota Department Headquarters for review. All applications sent directly to the foundation will be returned to the appropriate Post or District without review or action.

Before sending a MVAf application to the Minnesota Department Headquarters, did you:

- ☐ Determine that the Veteran is eligible for MVAf?
- ☐ Determine that the child or children are eligible for MVAf?
- ☐ Determine that the family of a deployed serviceman are eligible for MVAf?
- ☐ 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?

All communication about submitted applications should be directed to the Minnesota Department Headquarters. To protect the privacy of applicants, Minnesota Department Headquarters will not release any information other than to the VA&RBC or DSO.