THE AMERICAN LEGION
Americanism Division

Temporary Financial Assistance Application

American Legion Department of

NATIONAL HQ USE ONLY

Case No. _____

Date Rec. _____

Please print legibly or type. Instructions located on page 6 of this application.

VETERAN

Veteran Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Name

Date of Birth

☐ Father ☐ Mother ☐ Other _____

Street Address

Phone

City

State

Zip Code

American Legion Membership ID#
Must be current at date of application

Character of Service (listed on DD-214)
or Attach a copy of ***current*** active duty orders.

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

Date of last day of employment

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

OTHER PARENT or GUARDIAN

Name

Date of Birth

☐ Father ☐ Mother ☐ Other _____

Street Address

Phone

City

State

Zip Code

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

Date of last day of employment

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

The form continues on next page ...

CHILDREN

Full Name	Age	Grade
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 Temporary Financial Assistance grant, ***all other forms of possible assistance must be applied for and exhausted. Failure to completely document this in the following section and attach official supporting documentation will result in delay or denial of the application.***

Source	Date Applied	Status	Amount approved by resources listed below or explanation of ineligibility
Legion post, Unit or Squadron		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Department		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Assistance for Needy Families		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
VA Disability Pension		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Social Security Disability		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Supplemental Security Income		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Medicaid		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Public Assistance		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Unemployment		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Private Charities		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Food Stamps		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Women, Infants & Children (WIC)		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Other		☐ Approved ☐ Denied ☐ Pending ☐ Not Eligible	
Explanation			

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CREDITOR INFORMATION

Most approved checks will be two-party, made payable to the veteran or guardian and 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 or Landlord		Phone
Street Address		
City	State	ZIP
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. Include paystubs for the last 60 days and statement from the applicant's employer verifying employment status.

Monthly Gross Income	**Monthly Expenses**
Earnings of Veteran/Guardian	Shelter
Earnings of other Parent	Electricity
Earnings of others	Gas
VA Disability/ Pension	Water/ sewage
Social Security	Food
Child Support	Automobile
Other monthly income	Clothing
Specify	Other
	Specify
Total Gross Monthly Income 0	***Total Expenses*** 0

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INVESTIGATOR'S REPORT

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

Date of home visit	Time
Name of investigator conducting home visit	
Title	Contact number
Name of individual(s) accompanying investigator on home visit	

INVESTIGATOR'S SUMMARY

Attach additional sheet(s) as needed.

The form continues on next page ...

SIGNATURES

INVESTIGATOR

I certify that I fully conducted the above investigation and that the applicant has exhausted all other forms of known assistance. I understand that by having entered my investigative information in this application, and by providing my full name and date in the box below, it is the equivalent to my legal signature and by submitting this application to The American Legion, that I hereby affirm all information provided herein is true and accurate to the best of my knowledge and without any deliberate falsification, misrepresentation, or omission of fact on my part.

Name and Title	
Email	Phone
Street Address	
Signature	Date

APPLICANT

I understand that by having entered my information in this application, and by providing my full name and date in the box below, it is the equivalent to my legal signature and by submitting this application to The American Legion, that I hereby affirm all information provided herein is true and accurate to the best of my knowledge and that any deliberate falsification, misrepresentation, or omission of fact on my part may be grounds for rejecting my application for an American Legion Temporary Financial Assistance grant.

Signature	Date

NOTICE

If you are a recipient of a Temporary Financial Assistance (TFA) grant and would like to be contacted by staff from The American Legion National Headquarters to publicly share your story of how the Legion assisted you, please sign below. Your testimonial will be used in print, marketing, and online American Legion media. Personal TFA stories promote The American Legion Veterans & Children Foundation efforts, through which grants are made possible, and how donations to the foundation support ongoing assistance for veterans and their families in need.

Note: Declining to provide your signature will in no way adversely affect the evaluation of your TFA grant application.

(Optional) Applicant Signature	Date

DEPARTMENT CHILDREN & YOUTH CHAIRMAN OR AUTHORIZED DEPARTMENT OFFICIAL

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

Comments

Signature	Email	Date

The form continues on next page ...

TEMPORARY FINANCIAL ASSISTANCE (TFA) INSTRUCTIONS AND PROCEDURES

1. Prior to completing an investigation and application, determine if the minor child(ren) is eligible for TFA. The minor child must not be older than 17 or 20 if still enrolled in high school or is physically handicapped. The minor child must be the biological child, stepchild, or in the legal custody of, a qualifying veteran. A qualifying veteran is defined as a member of the United States Armed Forces serving on federal orders current under Title 10 of the United States Code, inclusive of all components, OR any veteran possessing an up-to-date membership in The American Legion. Active duty applicants can be considered without being a member of The American Legion. A single onetime non-repayable Temporary Financial Assistance grant of up to $1,500 will be permitted for the minor child (ren) of a qualifying veteran.
2. Once you have determined that the minor child (ren) is eligible, make an appointment with the family at their residence to complete the application if possible. Secure all official documentation and provide all requested information. Your report must include a detailed description of the family's financial need, steps taken to alleviate the situation, and follow-up plans of the post and/or investigator.
3. TFA is strictly for the basic needs of minor children including shelter, utilities, food, clothing and medical. Medical grants must be approved prior to treatment and must be accompanied by a physician's statement and estimated costs.

   TFA <u>will not</u> pay for cable, consumer debt, Internet services, insurance, taxes, transportation, previous debt, or any expense that does not contribute to the active basic needs of minor children.
4. The following documents must accompany the TFA application:
   - ✓ Current American Legion membership or military orders
   - ✓ Birth certificates of children
   - ✓ Marriage license
   - ✓ Death Certificate (if applicable)
   - ✓ DD214 (for verification of Legion eligibility) when veteran parent is not in the child(ren)'s life
   - ✓ Custody documentation and legal name changes
   - ✓ Statement from employer on employment status
   - ✓ Pay stubs for the last 60 days
   - ✓ Bank Statements (less than 60 days old)
   - ✓ All current statements, bills, leases, foreclosures, eviction notices, disconnection notices to be considered. **Expenses not documented will not be considered.**
5. Ensure all sections of the application are complete and the appropriate signatures are obtained. Incomplete applications may result in delays or denial.
6. Applications must be sent to your American Legion department Children & Youth chairman or headquarters for approval. All applications sent directly to National Headquarters will be returned to the appropriate department without review or action.

Before sending a 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 application?

All communication about submitted applications should be directed to the department Children & Youth chairman or department headquarters. To protect the privacy of applicants, National Headquarters will not release any information other than to the department.