



The American Legion Department of Arkansas

702 Victory Street – PO Box 3280
Little Rock, AR 72203

The aim of The American Legion is to assist Honorably Discharged Arkansas Veterans with little or no income who qualify for assistance. If eligible, we can assist with rent or house payment and utilities, up to 3 months maximum in a one-year period.

THE FOLLOWING INFORMATION MUST BE RECEIVED BEFORE ELGIBILITY CAN BE DETERMINED

1. Completed American Legion Department Arkansas Veterans Child Welfare Service Application.
2. Copy of MILITARY HONORABLE DISCHARGE - (DD214)
3. Copy of driver's license or photo ID
4. Copy of birth certificate or other military/VA identification for all eligible children.
5. Copies of current utility bills – (electric, water and gas bills only) or
6. A current letter or statement from a landlord or mortgage company verifying any past due balance (if applicable) Letter must include name, address, and telephone number where they can be reached.
7. Death Certificate of Deceased Veteran if applicable.
8. Proof that Veteran has custody of all minor age child (ren) in the home, if he or she is divorced or separated.

Since each family's needs are different, each case will be evaluated separately.

ANY FALSE INFORMATION OR STATEMENTS MADE WILL RESULT IN DENIAL OF THE CASE

The American Legion Department of Arkansas does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

APPLICATION VETERANS' CHILD WELFARE SERVICE

1. Full name of Veteran: _____

(Last) (First) (Middle) (Maiden, if any)

2. Present address:

(Street & PO Box) (City) (State) (Zip Code)

3. Telephone number: _____

(Home)

(Veteran Cell)

(Spouse Cell)

4. Social Security Number: _____

5. Service Record: Date of enlistment _____ Date of
discharge _____

6. Occupation _____

7. Usual salary or income _____

8. Employed by _____ Last day worked

9. If deceased – Date and cause of death

10. Surviving Spouse's Name: _____

11. Spouse's Current Occupation (if applicable) _____

Salary: _____

12. RECORD OF CHILDREN

Name _____ School (Y or N) _____ Grade: _____

Name _____ School (Y or N) _____ Grade: _____

Name _____ School (Y or N) _____ Grade: _____

Name _____ School (Y or N) _____ Grade: _____

Describe your immediate financial needs:

Please note, assistance is in the form of payment directly to the utility company/mortgage company, etc...

I certify that the information presented is factual and true.

(Signature)

(Date)