



The American Legion

Department of Arkansas

702 Victory Street - PO Box 3280
Little Rock, Arkansas 72203

Phone (501) 375-1104 Fax (501) 375-4236 Toll Free (877) 243-9799 EMail alegion@swbell.net

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. Additional assistance per adjutant's discretion.

THE FOLLOWING INFORMATION MUST BE RECEIVED BEFORE ELGIBILITY CAN BE DETERMINED

1. Completed American Legion Department Arkansas Veterans Child Welfare Service Application.
2. Doctor's statement or referral from Social Worker including date of admission, date of discharge, and expected prognosis. If applicable.
3. Written statement from veteran on why the financial situation exists and what the assistance is for, i.e. rent or utilities. **Please note, assistance is in the form of payment directly to the utility company/mortgage company, etc...**
4. Copy of MILITARY DISCHARGE - (DD214)
5. Copy of Birth Certificates for all children under 18 years of age in the home of the Veteran.
6. Copy of Marriage License.
7. Verification of **All INCOME** family is receiving. Example: check stubs, bank statement, letter from Social Security, VA Disability Awards, Tax Return, Child Support
8. Letter or statement from Department of Human Services that verifies that veteran applied for SNAP and TEA - Transitional Employment Assistance.
9. Copies of current utility bills – (electric, water and gas bills only)
10. Current letter or statement from Landlord or Mortgage Company that verifies the monthly amount due, due date, and amount currently owed. **Letter must include name, address, and telephone number where they can be reached.**

WHEN APPLICABLE, PLEASE PROVIDE THE FOLLOWING INFORMATION

- A. Letter from employer stating whether or not Veteran has a job to return to.
- B. Death Certificate of Deceased Veteran.
- C. Proof that Veteran has custody of all minor age child (ren) in the home, if he or she is divorced or separated.
- D. Name of Person and/or Agency referring the American Legion Department of Arkansas for assistance
- E. If veteran is a member of American Legion Department of Arkansas, list post number veteran is a member of _____.

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.

15. Date of TEA (Transitional Employment Assistance) _____ Status _____
 Date approved and amount _____
16. SHELTER COSTS FOR CURRENT MONTH
- Name, address, phone number of landlord or mortgage co. _____

- Rent or mortgage account number, amount due, & due date _____
- Name, address, phone number of electric co. _____

- Electric account number, amount due, & due date _____
- Name, address, phone number of gas/butane co. _____

- Gas/butane account number, amount due, & due date _____
- Name, address, phone number of water co. _____

- Water account number, amount due, & due date _____
- Total amount due for current month \$ _____
17. INCOME OF FAMILY FOR CURRENT MONTH
- | | |
|---------------------------------|----------|
| Earnings of father | \$ _____ |
| Earnings of mother | \$ _____ |
| Earnings of others in household | \$ _____ |
| Veterans compensation | \$ _____ |
| Veterans pension | \$ _____ |
| Government insurance | \$ _____ |
| Other insurance | \$ _____ |
| Social Security | \$ _____ |
| Social Security Disability | \$ _____ |
| Worker's compensation | \$ _____ |
| Child support | \$ _____ |
| Other income (specify) | \$ _____ |
| Total income for month | \$ _____ |
18. On behalf of the children listed on page 1 of this application, I wish to make application to the American Legion Department of Arkansas Veterans Child Welfare Service for temporary financial assistance. Signature of parent or guardian of children in home of veteran:

 (Signature)

 (Date)



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To Whom It May Concern:

I hereby request and authorize to release any information, from my records to the American Legion Department of Arkansas:

This information is regarded with confidentiality and is to be used for the processing of applications filed with the American Legion Department of Arkansas for financial assistance to the children of eligible Arkansas Veterans.

Date

Veterans/Spouse/Guardian
Signature

Date

Witness Signature