



New and Improved Temporary Financial Assistance (TFA) Application

Life just got a little easier.

In the past many of you have asked, “Why isn’t the TFA grant application a fillable PDF?” The Committee on Children & Youth is pleased to announce a new fillable TFA application. By transitioning the TFA application into a fillable PDF, applicants, investigators and departments now have greater versatility and ease in completing it.

A fillable version helps remove the guesswork of trying to decipher handwriting. Another bonus is that TFA applications and supporting documentation can truly be transmitted and maintained in a paperless fashion. This enhanced time efficiency is invaluable. When an applicant reaches out to The American Legion for help for their children, they are already distressed about their financial situation. The time it takes to manually fill out the application, photocopy documentation, and mail it in further exacerbates the situation. By creating a fillable TFA application the amount of time it takes from when an applicant requests help to when they actually receive will be shortened.

You will also see the new application requires even more information regarding the circumstances surrounding the needs of a child, thereby achieving a more thorough and accurate assessment by the investigator and approving officials.

The following updates have been added to the TFA application.

Marital status. It is not always clear on the application whether an applicant is single, married, divorced, separated or widowed. By including this specific question, greater clarity is achieved as to how many adults are in the home and what documentation needs to be included when submitting the TFA application packet.

Department assistance. Many times, TFA applicants sign up on legion.org/join for American Legion membership in order to be eligible for a TFA grant. They are then placed into a department holding post. This in turn means that those applicants do not have a specific post to first reach out to for assistance. With this in mind, on page 2 titled “Other Assistance,” a “Department” section has been added. This provides documentation of any assistance by that new member’s department, since they are not a member of a specific post.

Home visit date, time and by who. In Resolution No. 8 on TFA policy, a home visit is required as part of the investigation process, however, that requirement was suspended earlier this year due to health and safety concerns related to the COVID-19. Since that time investigators have been conducting TFA investigations and obtaining documentation through telephonic, electronic and virtual means. Those methods of TFA investigation should continue until such time that local, state and federal mandates, as well as an investigator’s personal comfort level, allows for a return to conducting home visits.

Although home visits are not being conducted at this time, you will see that documentation of date, time and who conducted the home visit has been added to the form. This will be available when the time comes for resuming home visits. As a safety reminder, it is highly recommended that a TFA investigator never conduct a home visit alone; seek someone to accompany you for the safety and security of all involved.

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Date of last employment for both applicant and spouse. This will help more thoroughly substantiate a timeline of events that potentially contributed to the financial need.

Documentation of income. As with any request for financial assistance, a review of an applicant's financial records must be conducted to determine the amount needed in order to assist with their current financial situation. Currently, the TFA application seeks the gross income of an applicant and all working members of the household. Gross pay does not provide an accurate picture of "take home" (net) pay, as some states impose a state tax while others do not. Going forward, a TFA application must include copies of paystubs for all working members in the household from the previous 60 days. Paystubs provide greater clarity into a household's income/expense ratio so an investigator may better assess the actual financial assistance needed.

Documentation of VA disability/pension income. In the past, VA income was accounted for under the earnings from a job, VA pension or "other." Inputting the financial information on the correct line will provide an accurate accounting of all finances. Also, as a new function on the improved form is that the financial section will automatically total all income and expenses at the bottom of that section. This will take out the possibility of human error when doing calculations.

In addition to these new TFA application changes, the following are a few important reminders:

- It is mandatory for all items on the "Other Assistance" page to be fully complete prior to submitting an application packet to National Headquarters. Boxes on page 2 must all be filled in accordingly, and notes must document the reason for ineligibility or denial of a particular assistance, or in the case of assistance received, noting the amount and date it was received. This is crucial as documentation and verification by an investigator that an applicant has sought all other forms of assistance prior to seeking a TFA grant. And it is required by Resolution No. 8, "Restructure of Financial Assistance Statement of Policy," approved by the National Executive Committee in October 2017. Failure to fully complete page 2 will result in National Headquarters returning the application to the department for completion.

- Ensure that bills are dated less than 60 days old when submitted as part of a TFA application packet. Bills dated over 60 days will not be considered, as the current balance due may have fluctuated depending upon whether payments have been made or additional fees have been added in the interim.

- It is vital to remember that all signatures must be provided on a TFA application, as again, an incomplete application will result in its return.

Please discontinue use of all previous versions of the TFA application form no later than Dec. 1, 2020.

During these rather complicated times, the Committee on Children & Youth hopes you find ease in using the new streamlined TFA application form. Please do not hesitate to contact Youth Welfare Program Manager Stacy Cope at (317) 630-1323 or Americanism@legion.org should you have any questions.

It cannot be said enough – thank you for all you do to help the children of fellow veterans and military servicemembers.



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 <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Name _____			
Date of Birth _____		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	
Street Address _____		Phone _____	
City _____	State _____	Zip Code _____	
American Legion Membership ID# <i>Must be current at date of application</i>			
Character of Service (listed on DD-214) or Attach a copy of current active duty orders.			
Employment Status <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Laid-off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Not Employed			
Date of last day of employment _____			
<i>If not employed, the investigation report must explain why and what steps are being taken to secure employment</i>			

OTHER PARENT or GUARDIAN			
Name _____			
Date of Birth _____		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	
Street Address _____		Phone _____	
City _____	State _____	Zip Code _____	
Employment Status <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Laid-off <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Not Employed			
Date of last day of employment _____			
<i>If not employed, the investigation report must explain why and what steps are being taken to secure employment</i>			

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		<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible	
Department		<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	

Explanation

The form continues on next page ...

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

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	Total Expenses

The form continues on next page ...

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
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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
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DEPARTMENT CHILDREN & YOUTH CHAIRMAN OR AUTHORIZED DEPARTMENT OFFICIAL

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

Comments

Signature	Email	Date
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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 will not 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.