



**Colorado Veterans Kids Fund
Temporary Financial Assistance Application
American Legion Department of Colorado**



VETERAN

Full Name _____ Father ___ Mother ___ Other ___
 Social Security Number _____ Date of Birth _____
 Street Address _____ Phone _____
 City _____ State _____ Zip _____
 Active Duty Dates _____ Type of Discharge _____
 Guard or Reserve Dates _____ Current Status _____
 (Must provide proof of service (DD214, VA, Orders, Active Duty ID, other valid proof)
 Employment Status ___ Full Time ___ Part Time ___ Laid Off ___ Not Employed ___ Disabled ___ Other ___

OTHER PARENT OR GUARDIAN

Full Name _____ Father ___ Mother ___ Other ___
 Social Security Number _____ Date of Birth _____
 Street Address _____ Phone _____
 City _____ State _____ Zip _____
 Active Duty Dates _____ Type of Discharge _____
 Guard or Reserve dates _____ Current Status _____
 (Must provide proof of service (DD214, VA, Orders, Active Duty ID, other valid proof)
 Employment Status ___ Full Time ___ Part Time ___ Laid Off ___ Not Employed ___ Disabled ___ Other ___

CHILDREN

Full Name _____ Age _____ Grade _____
 Full Name _____ Age _____ Grade _____
 Full Name _____ Age _____ Grade _____

(list additional children on separate page)

Are both parents living in the home ___ Yes ___ No
 If applicable which parent is absent ___ Father ___ Mother
 Reason ___ Deceased ___ Deployed ___ Divorced ___ Separated ___ Other ___

Does the Child or Children live in the home full time ___ Yes ___ No
 Who has legal custody of the Minor Children ___ Father ___ Mother ___ Both ___ Guardian

(Supply supporting custody documentation if applicable)

OTHER ASSISTANCE APPLIED FOR OR CURRENTLY RECEIVING

To be considered for funds from the Colorado Veterans Kids fund other sources of financial assistance must be pursued. If you are eligible for any of these please indicate their status.

Source	Date Applied	Status			Amount Receiving or to receive
		Approved	Pending	Not Eligible	
VA Disability Pension					
Unemployment					
S.N.A.P.					
SS Disability					
WIC					
Medicaid/Medicare					
Other					

If Active Duty have you contacted the Family Support Group at your active duty station? ___Yes___No

Financial Obligations

Utility Companies	Amount Due	Past Due Yes/No	Termination Notice Yes/No
Gas and Lights			
Water/Sewer/			
Phone			
Other			

If cut off notice has been given by utility company please provide copy.

Rent/Mortgage

Name of Landlord or Mortgage Holder _____

Address _____ City _____ State _____ Zip _____

Phone _____ FAX _____

If eviction notice has been given by landlord please provide copy

Immediate assistance requested.

Food \$ _____ Children's Clothing \$ _____

Gas and Lights \$ _____ Water/Sewer \$ _____ Phone \$ _____

Fuel \$ _____ Shelter \$ _____

Applicant certification

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

Signature _____ Date _____

Investigators Report

The investigator must include a detailed description of the applicants needs for requested funds. The maximum amount that can be disbursed for immediate needs is \$250.00. All additional amounts will need to be considered under the national TFA program if the veteran is eligible or refer the veteran to other sources of financial assistance.

Investigators recommendation:

Gift Cards \$ _____ (Food and Fuel)

Utility Payments

Gas and Lights \$ _____

Water/Sewer \$ _____

Phone \$ _____

Signature _____ email _____ Phone _____ Date _____

Department Approval:

The total to be disbursed to this applicant is \$ _____

Disbursed by: Check # _____ Check Amount \$ _____

Gift Card # _____ Gift Card Amount \$ _____

Cash amount \$ _____

Department Official _____ Title _____ Date _____

Applicant Receipt:

I Certify that I have received \$ _____ of financial assistance from the Colorado Veterans Kids Fund.

Applicant Signature _____ Date _____

Guidelines

The veteran applying for funds must have served in any of the United States branches of service during with such service to have taken place on or after December 7, 1941 and must have minor children living in the household.

Active duty veterans and current serving National Guard and Reserves members with minor children in the home are also eligible provided that assistance has been applied for from their branch of service through the Family Support Group on base.

Documentation must be provided to prove eligibility. Those documents can include DD214, VA statement of service, military orders, or other official proof of service and type of discharge if applicable.

The CVKF is strictly for the basic needs of minor children in the household including shelter, utilities, food, clothing and medical needs, including prescriptions. Medical grants for surgery or other procedures must be approved prior to the treatment and must be accompanied by a physician's statement with an estimated cost.

The CVKF will not pay for: cable, consumer debt, Internet service, insurance, taxes, vehicle repairs or payments, previous debt or any expense that does not contribute to the active basic needs of minor children.

Additional documentation will be required to substantiate the need for funds. Those documents may include; marriage certificate, birth certificates, proof of custody of children, court documents of any name changes of the applicants, sources of income and other documents requested by the committee to substantiate the need for funds.

All decisions of the committee as to disbursement of funds will be final. The committee will maintain additional reference sources for those they cannot assist.

COLORADO VETERANS KIDS FUND

