County of Shiawassee
DEPARTMENT OF VETERANS AFFAIRS
201 N. Shiawassee St., 3rd Floor, Surbeck Building
Corunna, MI 48817
P: 989-743-2231 F: 989-743-2393
www.shiawassee.net/Veterans-Affairs

Indigent Relief Fund Policy Manual & Checklist

Dear Sir/Madam,

Shiawassee County Department of Veteran Affairs would like you to know that we appreciate your service to the United States of America, allowing all of us to enjoy our freedoms and Americans. This fund is made available to Veterans and their Surviving Spouses with 90 days of Active Duty Service and at least one day of service in the following periods of conflict *OR has an Armed Forces Expeditionary Medal.*

WWII	Dec. 02, 1941	to	Dec, 31, 1946
Korea	Jun. 27, 1950	to	Jan. 31, 1955
Vietnam	Feb. 28, 1961	to	May 07, 1975
	*Jan. 31, 1955 (on or after and received the Armed Forces Expeditionary Medal or Vietnam Service Medal)		
Persian Gulf	Aug. 02, 1990	to	TBD

To better serve you, we have simplified our policy manual for emergency relief. We will compile all the documentation needed to file the application for assistance. After the application is submitted, we ask that you allow our office up to 72 hours to make a determination on our request. Applications exceeding $500.00 must go to the Shiawassee County Veterans Affairs Committee for consideration and approval. If you application is required to be brought to the committee for approval or denial, we encourage you to attend in person. The Shiawassee County Veterans Affairs Committee meets each month on the third Wednesday at 3:00pm. The location of the meeting is: 201 N. Shiawassee St, 3rd Floor Surbeck Bld., Corunna, MI 48817 in the conference room (unless otherwise noted).

To help you gather the documents needed to make a application for assistance, we have included a checklist of the information you need to bring to your appointment. Please ensure that you have all of the required documentation on the checklist, our office will not complete processing your application without this required information.

After you gather the items on the checklist, that are applicable to your situation, contact the Shiawassee County Veteran's Affairs office at (989) 743-2231 to schedule your appointment. Please note that your appointment may take up to one hour to complete the application.

Sincerely,

Shiawassee County
Veteran Affairs Department

Emergency Assistance Checklist

Check off the items below as you get them together for your application.

Veteran Information

_____ Discharge Papers / DD-214 original or certified

_____ Driver's License or Michigan ID

_____ Proof of all bills paid for a 30 day period

_____ Mortgage Statement or lease agreement

_____ Bank Statement List of Transactions covering last 60 days

_____ Proof of Monthly Income (Entire House Hold if more than one occupant working)

_____ Copy of most recent tax returns

_____ Vehicle Repair (Title, Proof of Registration, Insurance and 2 quotes)

_____ Home Repair (Current Property Tax Statement, 2 quotes form licensed contractor)

_____ State Assistance (i.e. food or cash assistance being received)

_____ Copy of rated decision if receiving disability form V. A.

Dependent(s) Information

Spouse

_____ Marriage Certificate

_____ Proof of Income

_____ Driver's License

_____ Death Certificate of Veteran (if deceased)

Children residing in home

_____Birth Certificate

_____ Income (if any)

Examples of acceptable requests for aid:

1. Food
2. Home Repair
3. Rental / Mortgage Assistance
4. Vehicle Repair
5. Utilities

SHIAWASSEE COUNTY DEPARTMENT OF VETERANS AFFAIRS AND SERVICES
VETERANS' RELIEF FUND

APPLICATION FOR EMERGENCY GRANT

1. VETERAN'S NAME (Last, First, Middle Initial)	2. DATE OF BIRTH	3. COUNTY OF RESIDENCE
4. STREET ADDRESS	CITY / ZIP CODE	5. PHONE NUMBER
6. SERVICE NUMBER/SOCIAL SECURITY #	7. IS THE VETERAN DECEASED ☐ YES ☐ NO	8. HONORABLE DISCHARGE ☐ YES ☐ NO
9. ELIGIBILITY (Be sure to include ALL periods of active duty)	ENTRY DATE(S)	RELEASE DATE(S)

DETERMINATION	YEARS	MONTHS	DA
Length of active duty			
☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed			

10. NAME OF APPLICANT (If other than veteran)	11. RELATIONSHIP	12. PHONE NUMBER ( ) -	13. SOCIAL SECURITY #
14. ADDRESS (including Street, City, ZIP Code)		15. REASON VETERAN IS NOT APPLYING DECEASED	

16. List each legal dependent of the veteran, including relationship & age (spouse & children) and any others living in the household

NAME	RELATIONSHIP	AGE

17. MOST RECENT EMPLOYER (Veteran)	FROM TO	MOST RECENT EMPLOYER (Spouse)	FROM TO

18. HAS VETERAN RECEIVED VRF ASSISTANCE IN THE PAST ☐ YES ☐ NO	19. DATE	20. PURPOSE

21. Purpose for seeking emergency grant. Items listed here are the only ones that will be considered by the VRF Committee/Agent.

TYPE OF ASSISTANCE NEEDED (Mortgage, Rent, Electric, etc.)	(a)	(b)	(c)	(d)	(e)
AMOUNT NEEDED					

22. ADDITIONAL COMMENTS

23. *Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by SCDVA VRF shall be prosecuted to the full extent of the law.

I certify that the above information is true and factual to the best of my knowledge, and I authorize the Shiawassee County VRF Committee/Agent to recei and transmit any information that may be necessary to document my request for financial assistance.

SIGNATURE OF APPLICANT	DATE

FOR OFFICE USE ONLY

APPLICATION #	# OF APPLICATIONS THIS FISCAL YEAR	PURGE YEAR

SHIAWASSEE COUNTY DEPARTMENT OF VETERANS AFFAIRS AND SERVICES
VETERANS' RELIEF FUND

FINANCIAL STATEMENT

Under the authority of Public Act 214 of 1899, (MCL 35.21 et seq), the following information is required to supplement Page 1 of this application.

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)

MONTHLY INCOME		MONTHLY EXPENSES	
TYPE	AMOUNT	TYPE	ACTUAL AMT PAID
WAGES (VETERAN)		RENT*	
WAGES (SPOUSE)		MORTGAGE*	
SOCIAL SECURITY (VET)		FOOD	
SOCIAL SECURITY (SP)		HEATING/GAS*	
SSI BENEFITS		AUTO PAYMENT(S)*	
VA COMPENSATION		ELECTRICITY*	
MILITARY RETIREMENT		TELEPHONE*	
VA PENSION		WATER/GARBAGE*	
CIVILIAN PENSION		PROPERTY TAXES*	
RENTAL INCOME		INSURANCE (HOUSE)*	
INVESTMENTS		MEDICAL*/PRESCRIPTIONS	
UNEMPLOYMENT		CAR INSURANCE*	
ADC		CHILD SUPPORT/CARE*	
FOOD STAMPS		GASOLINE	
SDI (STATE)		CABLE TV*	
OTHER		CREDIT CARDS	
Long-term disability (employer)		OTHER	
TOTAL		**TOTAL**	

***Copy of current bank statement(s) for all living in the household is required. *These items must be verified by bill/statement**

ASSETS (Annotate Totals)					LIABILITIES (Balances)	
Savings/Checking*		Auto	Value	Lien	Mortgage Balance	
IRA's/Bonds/CD's*		Auto	Value	Lien	Loan(s) Balance	
Home Value		Other			Credit Cards	
Other-Real Estate		Other			Medical Bills	

I hereby certify that I and/or my dependents and those living in the household have no other financial resources other than those listed above. Combined with the information on the veteran's relief application, this is an accurate presentation of my financial status.

SIGNATURE OF APPLICANT	DATE

VRF Applicant's Name:_____Date:_____

TO BE COMPLETED BY THE VETERANS' RELIEF FUND APPLICANT

(01) When sharing living expenses with another person (including your dependents), please list all who live in your home and report everyone's income (household income):

_____

_____

_____

_____

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(02) Explain what your unforeseen emergency is, what caused it and why do you need assistance from the Veterans' Relief Fund (proof of an emergency is required):

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TO BE COMPLETED BY THE VETERANS' RELIEF FUND APPLICANT

(03) Is your emergency situation temporary/short term? (Yes) or (No) Explain why:

_____

_____

_____

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_____

(04) If you are unable to manage your financial obligation at this time, how do you plan to cover this expense/responsibility in the future (what's your plan to resolve the problem)?

_____

_____

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_____

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_____

(05) Explain what you have done to resolve the emergency before seeking assistance from the Veterans' Relief Fund (payment plan, assistance from other agencies, etc...). Please provide documented proof that you have made an effort to meet your obligation:

_____

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_____ _____

Signature of Applicant Date

SHIAWASSEE COUNTY DEPARTMENT OF VETERANS AFFAIRS AND SERVICES
VETERANS' RELIEF FUND

INTERVIEW SUMMARY

Under the authority of Public Act 214 of 1899, (MCL 35.21 et seq), the following information is required to supplement Page 1 and 2 of this application.

VETERAN'S NAME	APPLICANT'S NAME (if other than veteran)	DATE

24. COMMITTEE/AGENT'S INVESTIGATION (Attach additional sheets if necessary)
See attached page

25. DETAILED REASON(S) FOR THE COMMITTEE'S/AGENT'S APPROVAL, DISAPPROVAL, OR RECOMMENDED APPROVAL FOR REVIEW OF THIS APPLICATION

26. APPLICANT REFERRED TO (Agency) (Date)

27. ASSISTANCE (CROSS-REFERENCE WITH ITEM #21 ON PAGE ONE) LIST ALL DECISIONS

TYPE OF ASSISTANCE	(a)	(b)	(c)	(d)	(e)
AMOUNT REQUESTING					
AMOUNT DISAPPROVED					
AMOUNT APPROVED					
VOUCHER ORDER #					

IF DENIED, OR PARTIALLY DENIED, A NOTICE OF DECISION WAS SENT TO APPLICANT ON_____(DATE)

The signatures below certify that the Committee's and/or Agent's decision has been reached in accordance with the VRF Policies and Procedures

Approved	Disapproved	Partial	Deferred	Committee Member's/ Agent's Signatures	Date

SIGNATURE OF INTERVIEWER

APPLICATION WAS WITHDRAWN REASON (DATE)

Veteran must read and initial the following:

"Income" means earned and unearned income from any source, including windfalls, income tax refunds, property tax refunds, VA compensation/pension and rebates, reduced by amounts paid or withheld for federal and state income taxes, and social security taxes.

_____I have reported **ALL** money received and expected to be received from **ALL** sources.

_____All of the information that I have provided on this application is true, correct and complete and I have not withheld nor misrepresented any information.

It is my understanding that access to this information may be provided to the Shiawassee County Veterans Relief Committee. No other use, not specifically authorized by law, will be made of this without my prior written consent.

Veterans Signature: **Date:**