



Cowlitz County Health & Human Services Departments

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www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
VACANT District 3

Veteran's Relief Fund Application

- Cowlitz Veterans Service Center VFW Post 1045

Date: _____ Time: _____

APPLICANT INFORMATION

1. Personal Information

- a. Applicant Name: _____
b. Date of Birth: _____
c. Married Single Death/Cremation Request
d. Number of dependent children supporting (must be living in home): _____

2. Total income for the past 12 Months: Total Amount _____
(Includes **all** income including but not limited to food stamps, _____)
(SSI, spouses income, Cowlitz County Veteran's Relief Fund, etc.)

3. Has the applicant received VRF assistance in the past 12 months?
(Includes from other Service Agencies)

Yes No

If Yes, please provide type of assistance and amount:

Food	\$	_____	Medical Assistance/Counseling Services	\$	_____
Rent	\$	_____	Miscellaneous	\$	_____
Utilities	\$	_____	Natural Disaster	\$	_____
			Housing Assistance	\$	_____

4. Have you lived in

- a. Washington State for 1 year, or more, from application date Yes No

If No, please explain: _____

- b. Cowlitz County for 3 months, or more, from application date Yes No

If No, please explain: _____

Applicant Name: _____

ELIGIBILITY

5. Does applicant fall below 150% Poverty Guidelines? Yes No
 N/A (Death Benefit Only)

6. Does the applicant meet Residency Guidelines? Yes No

7. Does applicant have an Honorable Discharge? Yes No

Type of proof provided:

- DD-214 Certification of Discharge (prior to 1950)
- Medical Card VA Claim ID Card
- Other – Please Explain: _____

8. Copy of Photo ID provided N/A (Death Benefit Only)

9. Has applicant received over \$1200 Total County Assistance in a 12 month period?

- Yes No - Total Amount Prior to Current Request: _____
- N/A (Death Benefit/Natural Disaster Only)

10. Is there an exception being requested? Yes No

If Yes, Explain: _____

Name of CCHHS Staff giving approval: _____

Service Office Comments

Applicant Name: _____

TYPE OF REQUEST

Food Assistance Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Have they reached their maximum requests? Yes No

Rent Assistance Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Check Made Payable To: _____

Address Check Mailed To: _____

Utility Assistance Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Check Made Payable To: _____

Address Check Mailed To: _____

Medical Assistance and Counseling Services Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Check Made Payable To: _____

Address Check Mailed To: _____

Miscellaneous Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Check Made Payable To: _____

Address Check Mailed To: _____

Housing Assistance Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Check Made Payable To: _____

Address Check Mailed To: _____

Death/Cremation Request Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Check Made Payable To: _____

Address Check Mailed To: _____

Natural Disaster Assistance Amount Requested _____

Does the request meet the P&P guidelines? Yes No

Check Made Payable To: _____

Address Check Mailed To: _____

Applicant Name: _____

TO BE COMPLETED BY APPLICANT:	
I _____ reviewed the above application with the Veteran's Organization. This request has not been requested through another Veteran's Organization and is true and correct.	
Applicant: _____	_____
Print Name	Signature

APPROVALS

TO BE COMPLETED BY CONTRACTED VETERAN'S ORGANIZATION:	
I hereby certify that I have carefully reviewed the application with the applicant.	
I hereby certify that I have reviewed the application to abide with the requirements outline in the Memorandum of Understanding and said recommendation is just and correct.	
Screening Officer: _____	_____
Print Name	Signature
We, the undersigned, being the official Screening Committee, have reviewed the application to ensure it abides with the requirements outline in the Memorandum of Understanding and agree with said recommendation to approve request.	
Screening Committee: _____	_____
Print Name	Signature
Screening Committee: _____	_____
Print Name	Signature

FOR COUNTY USE ONLY:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Veteran's Relief Coordinator or designee: _____	
Print Name	Signature