



Cowlitz County Health & Human Services Department

1952 9th Avenue
Longview, WA 98632
TEL (360) 414-5599
FAX (360) 425-7531
www.co.cowlitz.wa.us/hhs

Board of County Commissioners

Arne Mortensen District 1
Dennis Weber District 2
Richard R. Dahl District 3

Veteran's Relief Assistance Program Application

Cowlitz Veterans Service Center DAV Chapter 32 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 Assistance, etc.)

3. Has the applicant received County Veteran's Relief Assistance in the past 12 months? (Includes from other service agencies)

Yes No

If yes, list type of assistance and amount:

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

4. Has the applicant 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: _____

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 outlined 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 outlined 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