

Veterans Relief Assistance Application

Contact one of the following organizations to apply for assistance

**Cowlitz County
Veterans Service
Center**

1005 Fir Street
Longview, WA 98632
360-200-4611

Veterans Service
Center

**Disabled American
Veterans (DAV) Chapter 32**

729 Vandercook Way
Suite 240
Longview, WA 98632
360-261-3539

DAV Chapter 32

**Helping Every
Veteran in Need
(HEVIN)**

1207 Commerce Ave
Longview, WA 98632
360-749-2016

HEVIN

**Veterans of Foreign
Wars (VFW) Post 1045**

4307 Ocean Beach Hwy
Longview, WA 98632
360-577-6757

VFW Post 1045

Date: _____ Time: _____

APPLICANT INFORMATION

1. Personal Information

- a. Applicant Name: _____
- b. Applicant Phone Number: _____
- c. Date of Birth: _____
- d. Married Single Death/Cremation Assistance Request
- e. 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, spouse's income, Cowlitz County Veterans Relief Assistance, etc.)

3. Has the applicant received County Veterans 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	\$ _____	School Supplies and Tuition	\$ _____
Utilities	\$ _____	Natural Disaster	\$ _____
Miscellaneous	\$ _____	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: _____

ELIGIBILITY

5. Does applicant fall below 150% poverty guidelines? Yes No

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 (Burial/cremation only)

9. Has applicant received over \$2,400 total county assistance in a 12-month period?

Yes No - Total amount prior to current request: _____

N/A (Burial/cremation/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: _____

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

APPROVALS

TO BE COMPLETED BY CONTRACTED VETERANS 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 this 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 this 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	
Veterans Relief Coordinator or designee:	
_____	_____
Print Name	Signature