

# **DEPARTMENT OF NORTH CAROLINA**

## **RELIEF FUNDS DISTRIBUTION SOP**

From time to time it may become necessary to distribute relief funds in an expeditious manner. In that event, the following Standard Operating Procedures shall be followed.

The Quartermaster of the Department shall be the custodian of the relief fund and shall expend monies therefrom, as directed by the Council of Administration or by the Relief Fund Committee, for the following purposes only.

- (a) Aid, assistance, relief, and comfort of needy or disabled veterans or members of the Armed Forces and their dependents, and the surviving spouses and orphans of deceased veterans.
- (b) Maintenance and expansion of the VFW National Home for Children and other facilities devoted exclusively to the benefit and welfare of the dependents, surviving spouses, and orphans of disabled, needy or deceased veterans or members of the Armed Forces.
- (c) Necessary expenses in providing entertainment, care, and assistance to hospitalized veterans or members of the Armed Forces.
- (d) Veterans rehabilitation, welfare, and service work.
- (e) To perpetuate the memory of deceased veterans and members of the Armed Forces, and to comfort their survivors.
- (f) To foster true patriotism through historical and educational programs.

The Relief Fund Committee shall be composed of the Department Commander, Senior Vice Commander, Junior Vice Commander, Adjutant, and a member of the Budget Committee that is not a Past Department Commander and the District Commander from which the request for aid originates. The Chairman of the Committee will be the Department Commander.

An initial dollar amount of \$2000.00 approved by the Council of Administration will be available to the Relief Fund Committee for immediate distribution to deserving recipients. The applicant shall complete and submit to the Department a Relief Fund Application for review, by the Relief Committee. At no time will the Council of Administration approve an amount that exceeds the restricted relief fund balance.

The Relief Fund Committee will review any requests for aid and approve or disapprove distribution of funds. If approved by a majority of the Committee, the Committee Chairman will direct the Department Quartermaster to disburse the funds in compliance with Unmet Needs directives.

After funds are distributed the entire Council of Administration will have access to documentation outlining the request, justification and distribution of funds with the redaction of sensitive personal information. At that time the Council of Administration will approve replenishment of funds available to the Relief Fund Committee by a simple majority vote.



## DEPARTMENT OF NC VFW RELIEF FUNDS APPLICATION FORM

All applications are individually reviewed on a case-by-case basis.

Submitting an application does not guarantee payment of funds.

### APPLICANT'S INFORMATION

\*REQUIRED FIELD

NAME\*: \_\_\_\_\_ BIRTHDATE\*: \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

COUNTRY\*: \_\_\_\_\_

PHONE\*: \_\_\_\_\_ EMAIL\*: \_\_\_\_\_

RELATION TO MILITARY MEMBER\*: \_\_\_\_\_ SOCIAL SECURITY NUMBER\*: \_\_\_\_\_

Excluding Military Member, please list all dependents residing in the home\*:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### MILITARY MEMBER'S INFORMATION

NAME\*: \_\_\_\_\_ BIRTHDATE\*: \_\_\_\_\_

ADDRESS\*: \_\_\_\_\_

CITY\*: \_\_\_\_\_ STATE\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

HOME OF RECORD (City and State only)\*: \_\_\_\_\_

PHONE\*: \_\_\_\_\_ SOCIAL SECURITY NUMBER\*: \_\_\_\_\_

Branch\* (choose one)

Status\* (choose one)

Pay Grade/Rank\*: \_\_\_\_\_

Home station unit or last unit  
if not currently active\*  
\_\_\_\_\_

**Please complete the sections below and provide as much detail as possible. Failure to provide the information requested will result in the denial of your application.**

### FINANCIAL HARDSHIP

Eviction/Foreclosure has occurred or is scheduled to occur.

Approximate Date:

\_\_\_\_\_

Utilities have been disconnected or are Scheduled for disconnect.

Approximate Date:

\_\_\_\_\_

Repossession has occurred or is scheduled to occur.

Approximate Date:

\_\_\_\_\_

### FINANCIAL HARDSHIP

Please describe the expenses you need assistance with (i.e. Rent, utilities, medical expenses, food)\*:

Please tell us the amount of funds needed/requested\*: \$ \_\_\_\_\_

Please describe why you are unable to meet this need on your own. Please explain if/how the military member's service affected this hardship\*:

Please explain what action you have taken to resolve this hardship on your own, other than applying for financial assistance\*:

Please list the other agencies you are working with (i.e. VA, Salvation Army, local church)\*:



**INCOME**

\*required field

Military Member Monthly Income\*:  
\$ \_\_\_\_\_Spouse/Fiancee/Roommate Monthly Income\*:  
\$ \_\_\_\_\_

Additional Monthly Income\*:

Type	Amount
VA Benefits	\$
Housing-BAH	\$
Food Subsistance-BAS	\$
Hazardous Duty/imminent Danger Pay	\$
Separation pay	\$

Type	Amount
Unemployment	\$
Child Support (recieved)	\$
SSI/SSDI	\$
Welfare	\$
Food Stamps	\$
Other _____	\$

**Total Household Monthly Income: \$0.00****MONTHLY EXPENSES**

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

Rent/Mortgage	\$
Utilities	\$
Phone 1	\$
Phone 2	\$
Phone 3	\$
Cable	\$
Internet	\$
Vehicle #1	\$
Vehicle #2	\$
Insurance(s)	\$
Vehicle(s) Fuel	\$
Recreation Vehicle	\$
Food	\$
Household Items	\$
Child Care	\$
Child Support (Paid)	\$
Credit/Charge Cards	\$
Loans	\$
Student Loans	\$
Savings	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$

Notes/Explanation:

**Without a completed budget your  
Application will not be considered.**

Updated 11/15/2015

**Total Monthly Expenses: \$0.00**

**\*This form must be signed and initialed and then mailed or e-mailed to our office.\***

## **RELIEF FUND PROGRAM TERMS AND CONDITIONS**

Please initial all blocks below and sign the bottom. This form is essential to the review and approval process. We want to emphasize that each application will be reviewed independently and each case will stand on its own merit.

\_\_\_\_\_ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

\_\_\_\_\_ I agree to allow the Relief Funds Program to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VFW personnel.

\_\_\_\_\_ I understand that the Relief Funds Program will only pay for approved merchandise or services directly. I will not receive any funds directly.

\_\_\_\_\_ I understand the primary purpose of the Relief Funds Program is to meet immediate and urgent needs of Active Duty Military, Reserve and National Guard personnel, Military Veterans and their immediate family members.

\_\_\_\_\_ I understand that because demand is so great, I can only apply to the program once every eighteen (18) months, even if my application has been denied.

\_\_\_\_\_ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

\_\_\_\_\_ I understand that the Veterans of Foreign Wars may require that I submit to an interview, and may request to use my name and the particulars of the gift in press and promotional efforts. I understand that there is no promise of compensation for my participation. If I choose to maintain case confidentiality, it will in no way influence my application. The VFW may use my written statements and documentation enclosed as needed for these purposes.

\_\_\_\_\_ I understand that the Relief Funds Program is funded by public donations and success is based solely upon public support of the program. The Department of North Carolina Veterans of Foreign Wars, and the Relief Funds Program are not government funded.

\_\_\_\_\_ I agree to hold the Department of NC Veterans of Foreign Wars of the United States, their officers, employees, agents, and sponsor harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

### **Please initial your preference:**

\_\_\_\_\_ I am willing to be interviewed and featured in VFW news stories. I understand that any photos I provide to VFW become the property of VFW and may be used in fundraising or other publicity materials with no promise of compensation for participation.

**OR**

\_\_\_\_\_ I do not wish to be featured in any VFW or other publications.

\_\_\_\_\_  
Military Member/Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Please verify that the following documents are enclosed with the application\*:**

☐

**DD214-Member Copy #4** or Military Member's most recent orders.

☐

Copy of the bills for which you are requesting assistance. This must include the account holder's name and the account number, as well as the creditor's name and phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead are required. (For example, if requesting assistance with rent, a copy of your lease agreement is required.)

**YOUR APPLICATION CAN NOT BE REVIEWED WITHOUT ALL OF THE  
ABOVE SUPPORTING DOCUMENTATION!**

**Application and Supporting documentation may be mailed or emailed to our offices.**

**DEPARTMENT OF NC VFW**

Relief Fund Request

917 New Bern Avenue

Raleigh, NC 27601

**E-mail: [adj@vfwnc.com](mailto:adj@vfwnc.com)**

Once we have received your completed application a representative will contact you to discuss the specifics of the case and/or to request additional information. This contact does not imply approval of your application.

The approval process may take up to twenty (20) business days or more.

We will contact you as soon as a final determination has been made in your case

**Please Note: We are unable to respond to status check requests while your file is being processed. If you have not received contact from us after twenty (20) business days from submitting your application, please contact us.**