

BECAUSE WE CARE ELIGIBILITY CRITERIA

The Service Member or Veteran must have been Honorable Discharged from the military within the past 12 months or have been active duty within the past 12 months prior to applying.

The applicant must be the service member, or the applicant must be currently listed or eligible to be listed as a dependant of the service member under the DEERS.

The hardship must be primarily due to:

- Deployment, military service, or natural disaster
- The result of the onset of a medical emergency or death of the service member or his/her dependant(s)

The hardship cannot be caused primarily by:

- Civil, legal or domestic misconduct, or any issues that are a result of spousal separation or divorce
- Financial mismanagement by self or others, due to Bankruptcy

Applicants can receive funds only once, all grants are paid directly to the creditor and not to the applicant.

EXPENSES ELIGIBLE FOR PAYMENT:

- Housing expenses-mortgage, rent repairs, insurance
- Vehicle expenses-payments, insurance, repairs
- Utilities and primary phone
- Food and incidentals
- Children's clothing, diapers, formula, necessary school or childcare expenses
- Medical bills, prescriptions & eyeglasses-the patient's portion for necessary or emergency medical care only

INELIGIBLE EXPENSES:

- Credit cards, military charge/debt cards, retail store cards
- Personal, student and payday loans
- Unauthorized travel expenses
- Negative Bank accounts
- Cable, Internet, and Secondary Phones
- Investigational or cosmetic medical procedures & expenses
- Taxes-property or otherwise
- Child support, alimony, or legal expenses
- Military debt, or debt owned to a friend/family member
- Furniture, electronic equipment & vehicle rentals
- Down payments on homes or vehicles
- Reimbursements for items already paid for
- Bills obviously due to excessive use or mismanagement

The Veterans of Foreign Wars Department of Florida, because we Care Program reserve the right to make exceptions a case-by case basis to the fore mentioned criteria.

Because we care 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. 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 Because We care 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 Because We Care personal.

___ I understand that the Because We care Program elects to pay for approved merchandise or services directly. I will have thirty (30) days to redeem the merchandise, or the grant will be forfeited. I will be required to submit receipts for said merchandise or services.

___ I understand the primary purpose of the Because We Care Program is to meet immediate and urgent needs of the recently Active Duty Military, Reserve and National Guard personnel, and their immediate family members.

___ I understand that because demand is so great, I can only apply to the program once.

___ I agree to obey all the policies of the program and comply with any reasonable directions with respect to the 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 Because We Care Program is funded by public donations and success is based solely upon public support of the program. The Veterans of Foreign Wars Department of Florida VFW Foundation and the Because We Care Program are not government funded.

___ I agree to hold the Because we Care Florida VFW Foundation, The Veterans of Foreign Wars Department of Florida 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.**
- **A written statement from the Military Unit point of contact (member of Chain of Command, Family Assistance Center Representative, VA Representative or VFW Representative) that verifies the member's military status and financial hardship. This statement must be signed and dated by the Military Unit point of contact, and on letterhead if possible.**
- **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 the 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!

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

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 (20) business days from submitting your application, please contact us.

Please send completed application to our VFW State Director:

**State "Because we Care" Director, Dave Harris
9851 Gilchrist Drive
Seffner, Florida 33584
Or E-mail: 17aircav@tampabay.rr.com**

VFW DEPARTMENT OF FLORIDA

“BECAUSE WE CARE” APPLICATION FORM

All applications are individually reviewed on a case-by-case basis.
 Submitting an application does not guarantee payment of funds.
 The VFW reserves the right to make exceptions on a case-by-case basis.

APPLICANT'S INFORMATION		*REQUIRED FIELD
NAME*:	BIRTHDATE*:	
ADDRESS*:		
CITY*:	STATE*:	ZIP*:
COUNTRY*:		
PHONE*:	EMAIL*:	
RELATION*:	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*:		
MILITARY SERVICE INFORMATION		
<input type="checkbox"/> Y <input type="checkbox"/> N Military member is currently active duty*. If NO, what is the approximate discharge date of last active duty service? What was this period of active duty service for? _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N Military member is currently deployed in support of OEF/OIF*.	
	<input type="checkbox"/> Y <input type="checkbox"/> N Military member is currently experiencing a service connected injury or medical emergency*.	

MILITARY POINT OF CONTACT

***required field**

First Name* _____

Last Name* _____

Rank/Title* _____

Relationship to the Military Member*:

Primary Phone*: _____

- Member of Chain of Command-E8 or above
- Family Assistance Center
- VA Representative
- VFW Representative

Alternate Phone: _____

Email*: _____

This person is aware of my situation and will provide written verification to Unmet Needs*. choose one

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)*:

Military Point of Contact Letter

This letter must be prepared by a **Member of Chain of Command (E8 or above), Family Assistance Center Coordinator, Medical Hold Case Worker, VA Representative, or VFW Service Officer.** The letter must verify the cause of the financial hardship. This statement must be signed and dated by the **Military Unit point of contact, not the applicant.** Please feel free to attach any additional information that will help the Unmet Needs committee make a decision on this request.

The Service Member is currently active duty or has served on active duty within the past three years prior to applying

Active Duty date _____ to _____

**How was the hardship caused by the military or a deployment?
Explanation Required (If there is a military-related injury, documentation is required)*:**

Current Pay Status

The service member is currently receiving: (check all that apply)

- Active Duty Pay
- Incapacitation Pay
- VA Benefits Disability Rating _____%

The SM has applied/waiting for:

- VA Benefits Applied on: _____
- Incapacitation Pay Applied on: _____
- VOC Rehab Applied on: _____
- ESGR Complaint Applied on: _____ File#: _____

Military Point of Contact Name (Please Print): _____

Signature: _____

Phone Number: _____

Title: _____

Organization: _____

No electronic signatures accepted

Incomplete/unsigned forms will be returned.

INCOME

*required field

Military Member Monthly Income*:
\$ _____

Spouse/Fiance/Roommate Monthly Income*:
\$ _____

Additional Monthly Income*:

Type	Amount	Type	Amount
VA Benefits	\$	Unemployment	\$
Housing-BAH	\$	Child Support (recieved)	\$
Food Substantance-BAS	\$	SSI/SSDI	\$
Hazardous Duty/Imminent Danger Pay	\$	Welfare	\$
Seperation pay	\$	Food Stamps	\$
Total Household Monthly Income: \$0.00		Other _____	\$

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:

Total Monthly Expenses: _____

Without a completed budget your Application will not be considered.