

TEMPORARY FINANCIAL ASSISTANCE APPLICATION

**THE AMERICAN LEGION
AMERICANISM AND CHILDREN & YOUTH**

National HQ Use Only

Case No. _____

Date Rec. _____

American Legion Department of: _____

Veteran's War Period: WWII Korea Vietnam Grenada/ Lebanon Panama Persian Gulf

Please print legibly or type. Instruction located on last page of application

VETERAN

Veteran's Full Name: _____ Father Mother

Date of Birth: _____ Social Security No. _____ Resident of State: _____ year(s)

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Active Duty Dates: _____ Type of Discharge: _____

!!! Important: Attach DD 214, VA printout, or other official proof that clearly indicates dates of active service and discharge!!!

Is veteran employed? Yes Work status: Full-time Part-time Laid-off Worker's Compensation

No Please explain: _____

What specific steps have been taken to secure employment? _____

SPOUSE or PARENT

Spouse or Parent's Full Name: _____ Father Mother

Date of Birth: _____ Social Security No. _____ Resident of State: _____ year(s)

Street Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Is spouse or parent employed? Yes Full-time Part-time Laid-off Worker's Compensation Unpaid leave

No Please explain: _____

What specific steps have been taken to secure employment? _____

FAMILY INFORMATION

Are both parents living in the home? Yes No

Which parent is absent? Father Mother Not Applicable

Reason: Deceased Divorced Deserted Separated Other: _____

Who has legal custody of the minor child or children? _____

Does the child or children reside in the home full-time? Yes No