



CRAWFORD COUNTY VETERANS SERVICE COMMISSION

112 East Mansfield Street, Suite 95, Bucyrus, OH 44820
Phone: 419-562-7761 Fax: 419-562-0662

EMERGENCY FINANCIAL ASSISTANCE APPLICATION APPOINTMENT NOTIFICATION

The Crawford County Veterans Service Commission emergency financial aid is governed by
OHIO REVISED CODE TITLE 59.

We are **NOT** part of, nor under the auspices of the **DEPARTMENT OF VETERANS AFFAIRS**.

Funding for this program is provided in accordance with the ORC Title 59 (Military Affairs) through the property taxes of all Crawford County citizens be they veteran or non-veteran.

The employee assisting you with your application
DOES NOT have authority to approve or deny your request for aid.

Veteran/Applicant: _____ Date of Pick Up: _____

Your appointment is for:

Day of Week: _____ Date: _____ Time: _____ Location: _____ Meeting Date: _____

CANCELLATION NOTICE IS REQUIRED AT LEAST TWENTY-FOUR (24) HOURS BEFORE SCHEDULED APPOINTMENT

Your application for emergency financial assistance will be considered based upon the information obtained from the following documents:

- VALID OHIO DRIVERS LICENSE or OHIO STATE ID:** Required prior to each application.
- DD214 STATING HONORABLE or UNDER HONORABLE SERVICE BEYOND TRAINING:**
Service must be with Regular Armed Forces of the United States.
- PROOF OF CRAWFORD COUNTY RESIDENCY FOR THE LAST 90 DAYS:** Proof considered can be Rent Receipts, Mortgage Payments, Voter Registration, Notarized Statement from Landlord/Employer, Utility Bill in Veteran or Spouse Name.
- SOCIAL SECURITY CARDS OF ALL HOUSEHOLD MEMBERS.**
- BIRTH CERTIFICATES OF CHILDREN AND IF APPLICABLE CUSTODY PAPERS.**
- MARITAL STATUS:** Marriage Record, Divorce Decree, Legal Separation Papers.
- DISABILITY:** If you or your spouse are unable to work due to a disability you must bring in medical documentation from your doctor stating the reason and when, or if, you will be able to return to work.
- VERIFICATION OF ALL MONIES AVAILABLE TO THE HOUSEHOLD OVER THE PAST 4 WEEKS TO INCLUDE:**
Stocks, Bonds, Recent Bank Statements (Must be less than 1 week old), Pay Stubs, Human Services, Earning Statements, ALL Social Security benefits, ALL VA benefits
Self-Employed: Provide accounting statement or verifiable documents, previous year Income Tax Return and current year financial ledger.
- BASIC MONTHLY LIVING EXPENSES:** Rent Receipts/Agreement, Mortgage (Payment Insurance & Taxes), Utility Billings, Car Payments, Internet Billings, Cash Advance Statements, Home Furnishing Rental Payment Statements, Home Phone Billings, Cellular Phone Billings, Recurring Medical Billings



CRAWFORD COUNTY VETERANS SERVICE COMMISSION

EMERGENCY FINANCIAL ASSISTANCE APPLICATION SUSPICION OF FRAUD NOTICE

If a Veterans Service Commission (VSC) employee suspects an applicant of fraud, or attempted fraud, in the process of applying for, or receiving emergency financial assistance from the VSC, the VSC employee will discuss the matter with the Executive Director, presenting all information related to the allegation.

Initial for acknowledgement of review and understanding of the above: _____

If, after reviewing all relevant information, the Executive Director determines that the applicant may have engaged in conduct that constitutes fraud, he/she will notify the Sheriff's Office and request further investigation.

Initial for acknowledgement of review and understanding of the above: _____

Purchasing of restricted items or misuse of food and toiletries vouchers may result in termination of future assistance and prosecution. The veteran's signature on the voucher signifies comprehension of the restricted items and use of the voucher.

Initial for acknowledgement of review and understanding of the above: _____

Applicant Name: _____

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY:

Fraud Suspected: Yes / No	Date: _____
Executive Director Informed of Details of Suspicion: Yes / No	Date: _____
Executive Director Authorized Investigation: Yes / No	Date: _____
VSO Employee Assigned to Investigate and Report: Yes / No	Date: _____
Fraud Found: Yes / No	Date: _____
Fraud Reported to Crawford County Sheriff's Department: Yes / No	Date: _____
Further action and recommendations:	_____



Crawford County Veterans Service Office

RELEASE OF INFORMATION

I, _____, hereby authorize any and all doctors, hospitals, psychologists, therapists, counselors, agencies (including Job and Family Services), landlords, schools, past or present employers, attorneys, courts, and law enforcement agencies having any information concerning me, any person for which I have a domestic partnership, or any member of my family to relate to the Crawford County Veterans Service Office any and all information they may request as fully as if I had personally requested the information.

Information that may be released includes, but is not limited to:

- Any and all medical records
- Social Security records
- Financial records
- Evaluation of rehabilitation records
- Child Support Enforcement Agency records
- Department of Human Services records
- Ohio Bureau of Employment Services records
- Complete personnel records
- Arrest records
- Any and all court records
- Job and Family Services records

This authorization shall apply not only to records made prior to the date show on this authorization, but also to records made within one year after that date. This authorization is subject to revocation at any time except to the extent that any person authorized to make any disclosure has already taken action in reliance on it.

This authorization will terminate one (1) year from the date of signature.

A photocopy of this authorization shall have the same force and effect as the original. This information will be used to determine eligibility for financial assistance.

Giving false information can jeopardize my eligibility for assistance from the Crawford County Veterans Service Office and is a prosecutable offense.

Date: _____ Signature: _____

SSN: _____

Reply: _____

Signature: _____ Date: _____

Agency: _____ Phone #: _____



CRAWFORD COUNTY VETERANS SERVICE COMMISSION

EMERGENCY FINANCIAL ASSISTANCE: YOUR STORY

This is your story. Take your time and be detailed.

What is your emergency?

What circumstances caused this emergency situation?

What other actions are you taking to remedy your financial distress?

I certify that the information given in this story is correct to the best of my knowledge. I understand that false statements made in this story may lead to prosecution.

Date Signed

Applicant's Signature



CRAWFORD COUNTY VETERANS SERVICE COMMISSION

EMERGENCY FINANCIAL ASSISTANCE APPLICATION PAYMENT AUTHORIZATION AND DISCLOSURE OF ADULT RESIDENTS OF HOUSEHOLD

I authorize the Crawford County Veterans Service Commission/Office, via the Crawford County Auditor office, at any time to make payment(s) to any agency, creditors, company, individuals, or businesses or others on my behalf or as necessary for the grant(s) of Emergency Financial Assistance by the Crawford County Veterans Service Commission or a Veterans Service Commissioner.

ALL ADULTS IN THE HOUSEHOLD MUST SIGN THIS DOCUMENT
FAILURE TO DISCLOSE ALL ADULT RESIDENTS OF THE HOUSEHOLD CONSTITUTES FRAUD

VETERAN'S PRINTED NAME: _____

VETERAN'S SIGNATURE (APPLICANT): _____

ALL OTHER ADULT MEMBERS OF HOUSEHOLD:

PRINT NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ SSN: _____

SIGNATURE: _____ DATE: _____

Crawford County Veterans Service Commission

EMERGENCY FINANCIAL ASSISTANCE APPLICATION

This application must be completed by answering all questions.

Veteran's Name: Last			First		M.I.		SSN:			
								Occupation		
Date of Birth:		Date of Death:		Marital Status:		Date of Marriage:		Date of Divorce:		
Spouse:				Spouse SSN:			Spouse Date of Birth:			
Note: Common law marriages are recognized in Ohio only if they were established prior to October 10, 1991										
Applicant Address:			City:			State:		Zip:	Date Moved In:	
Date Established Residency In Crawford County: (PROOF REQUIRED)					All Telephone Contact Numbers:					
Previous Address:			City:			State:		Zip:	Date Moved In & Out:	
Name of Current Landlord/Mortgage Co.:					Telephone:			Fax:		
IF APPLICANT IS NOT THE VETERAN, COMPLETE THE FOLLOWING										
Name:				SSN:			Date of Birth:			
MILITARY SERVICE (MUST HAVE PROOF OF SERVICE)										
Date From:		Date To:		Type of Discharge:		Branch of Service:		Verified (Office Use Only): Yes - No - DD214 - VA		
Date From:		Date To:		Type of Discharge:		Branch of Service:		Verified (Office Use Only): Yes - No - DD214 - VA		
DEPENDENTS										
Name:		Relationship:		SSN:		Date of Birth:		In Custody of Who:	Child Support \$	
Does anyone else live in your household? (Explain)										
Has anyone in your household applied for assistance from any other agency in the past 90 days? (Explain)										
Agency:					Assistance:					
Agency:					Assistance:					

EMPLOYMENT	VETERAN	SPOUSE	OTHER
Employer Name:			
Employer Address:			
Employer Phone:			
Dates of Employment:			
Rate of Pay:			

Are you seeking employment? Where?

If not seeking employment, EXPLAIN WHY:

ASSETS

Type	Value	Type	Value	Loan Balance Remaining
Checking	\$	Home	\$	\$
Savings	\$	Vehicle	\$	\$
Cash on Hand	\$	Vehicle	\$	\$
Other	\$	Other	\$	\$

INCOME AND BILLS

ASSISTANCE REQUESTED

Income Type <u>NET</u>	Last 30 Days	Next 30 Days	Bill Type	Last 30 Days	Next 30 Days	Type/To	Amount
Wages - Veteran	\$	\$	Food & Toiletries	\$	\$		
Wages - Spouse	\$	\$	Rent/Mortgage	\$	\$		
Wages - Other Member	\$	\$	Electric	\$	\$		
ALL VA Benefits	\$	\$	Water/Sewer	\$	\$		
Private Retirement	\$	\$	Natural Gas/Propane	\$	\$		
Social Security-Veteran	\$	\$	Other	\$	\$		
Social Security-Spouse	\$	\$	Auto Pay & Insurance	\$	\$		
Social Security-Children	\$	\$	Other Insurances	\$	\$		
Welfare	\$	\$	Prescriptions/Medical	\$	\$		
Food Stamps	\$	\$	Gasoline	\$	\$		
Unemployment Benefits	\$	\$	Cash / Title Loans	\$	\$		
Worker's Comp	\$	\$	Telephone (Cell: Y / N)	\$	\$		
Child Support Received	\$	\$	Internet	\$	\$		
Household - Other	\$	\$	Cable	\$	\$		
TOTAL NET INCOME:	\$	\$	TOTAL EXPENSES:	\$	\$	TOTAL:	\$

Previous Year State Income Tax Return Amount:
\$

Previous Year Federal Income Tax Return Amount:
\$

I HAVE COMPLETED AND/OR REVIEWED ALL INFORMATION PERTAINING TO MY APPLICATION FOR FINANCIAL ASSISTANCE. I CERTIFY THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AM GIVING PERMISSION TO ANY GOVERNMENT ORGANIZATION TO REVIEW THE COMPLETE FINANCIAL FILE. I UNDERSTAND THAT FALSE STATEMENTS MADE ON THIS APPLICATION MAY LEAD TO PROSECUTION.

Date Signed

Applicant's Signature



INCOME / EXPENSES WORKSHEET

LIST BILLS/EXPENSES YOU WILL PAY WITH YOUR INCOME FOR THE NEXT 30 DAYS

EXAMPLE: BILL YOU WILL BE PAYING: RENT TO ABC RENTALS AMOUNT: \$450.00

Bill YOU will be paying: _____ AMOUNT: _____

Bill YOU will be paying: _____ AMOUNT: _____

Bill YOU will be paying: _____ AMOUNT: _____

Bill YOU will be paying: _____ AMOUNT: _____

Bill YOU will be paying: _____ AMOUNT: _____

Bill YOU will be paying: _____ AMOUNT: _____

Bill YOU will be paying: _____ AMOUNT: _____

Bill YOU will be paying: _____ AMOUNT: _____

FOOD STAMPS FOR THE NEXT 30 DAYS: _____

NEXT 30 DAYS AMOUNT OUT OF POCKET FOR FOOD AND TOILETRIES: _____

TOTAL BILLS/EXPENSES PAID FROM
YOUR INCOME FOR NEXT 30 DAYS:

TOTAL NET INCOME
FOR NEXT 30 DAYS:

(-) SUBTRACT

TOTAL BILLS/EXPENSES PAID FROM
YOUR INCOME NEXT 30 DAYS:

(=) EQUALS

REMAINING INCOME NOT USED
ON BILLS LISTED ABOVE: