



## **VETERANS ASSISTANCE PROGRAM**

**ONLY ONE GRANT PER ELIGIBLE VFW FAMILY IS AVAILABLE — NOT TO EXCEED \$500.00**

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 or denial of your application.

Decisions about your case are based on all information available to us.

### **Decisions of the Foundation are final and not subject to appeal.**

The purpose of this application for the Veterans Assistance Program is to assist existing VFW and Auxiliary members in good standing with basic life sustaining needs due to a manmade or natural emergency.

**Please Note:** Due to privacy concerns *status check requests for your application must be made by email* while your file is being processed. Status checks by phone will be denied, and you will be directed to correspond your status check by email at [foundation@texasvfw.org](mailto:foundation@texasvfw.org). Please include your full name in the request.

**NOTE: ALL APPLICATIONS MUST BE REVIEWED BY THE POST OR DISTRICT COMMANDER.**

Completed applications may be mailed, faxed, or emailed to our offices.

**Texas VFW Foundation**  
**Attn: Veterans Assistance Program**  
**P.O. Box 14468 Austin, Texas 78761**  
**Phone: 512 291-6850 Fax: 512 834-9232**  
**E-Mail: [foundation@texasvfw.org](mailto:foundation@texasvfw.org)**  
**Website: [www.texasvfw.org](http://www.texasvfw.org)**



## VETERANS ASSISTANCE PROGRAM

### VFW/AUXILIARY MEMBER INFORMATION

MEMBER OF POST/AUXILIARY #:		MEMBERSHIP NUMBER:	
NAME:		BIRTHDATE:	AGE:
ADDRESS:			
CITY:	STATE:	COUNTY:	ZIP:
PHONE:		EMAIL:	
SOCIAL SECURITY NUMBER:			
ARE YOU INSURED?		IF ANSWER IS NO, EXPLAIN WHY.	
AMOUNT OF DEDUCTABLE?			
HAVE YOU APPLIED FOR FEMA ASSISTANCE?		IF ANSWER IS NO, EXPLAIN WHY NOT.	
<i>Please describe the event and expenses you need assistance with.</i>			

**CERTIFICATION**

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE FUNDS ARE LIMITED AND THE DEMAND IS GREAT AND WILL BE APPORTIONED ON AN "AS NEEDED" BASIS. I ALSO UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS SUBJECT ME TO POSSIBLE CRIMINAL LIABILITY AND/OR DISCIPLINARY ACTION UNDER THE BY-LAWS OF THE VFW.

\_\_\_\_\_

(SIGNATURE OF APPLICANT) \_\_\_\_\_  
(DATE)

**FOR VFW POST/DISTRICT USE ONLY POST/DISTRICT COMMANDER REVIEW:**

I HAVE REVIEWED THIS APPLICATION AND VERIFY THAT THE APPLICANT IS A MEMBER IN GOOD STANDING PRIOR TO THE INCIDENT OF THE VFW POST OR AUXILIARY AND HAS BEEN AFFECTED BY THE SITUATION AS DESCRIBED.

REMARKS:

\_\_\_\_\_

SIGNATURE OF POST/DISTRICT COMMANDER: \_\_\_\_\_  
DATE:



## VETERANS ASSISTANCE PROGRAM

### TERMS AND CONDITIONS:

Please complete all signatory blocks below and return immediately. 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.

\_\_\_\_\_ Due to privacy concerns, status check requests for applications must be made by email while your file is being processed, status checks by phone will be denied and you will be directed to correspond your status check by email at [foundation@texasvfw.org](mailto:foundation@texasvfw.org) please include your full name in the request. We will let you know the status of your application as soon as possible.

\_\_\_\_\_ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, expense/income information, and medical information. This information may be shared with other agencies to assist in processing my application for assistance. This 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 Veterans Assistance Program (VAP) to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VAP personnel.

\_\_\_\_\_ I understand that if the VAP 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 VAP is to meet the immediate and urgent needs of Texas military/veterans, and their immediate family members.

\_\_\_\_\_ 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 Texas Veterans of Foreign Wars Foundation may require that I submit to an interview, and may request to use my name and the particulars of the grant 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 Texas VFW may use my written statements and documentation enclosed as needed for these purposes.

\_\_\_\_\_ I understand **FEDERAL FALSE CLAIMS ACT—31 USC 3729-3733**. (Updated August 2010 an incorporating passage of Pub. L. No. 111-203, 124 Stat. 1376) § 3729. **False claims**—(a) Liability for certain acts. (1) In general. Subject to paragraph (2), any person who-- (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; ... is liable to the United States Government for a civil penalty of not less than \$ 5,000 and not more than \$ 10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104-410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

\_\_\_\_\_ I agree to hold the Texas VFW Foundation, the Veterans of Foreign Wars of the United States, the Texas VFW, the State of Texas, The Texas VFW Foundation their agencies, officers, employees, agents, sponsors and subordinate units 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:

\_\_\_\_\_ To help reach other veterans in need I am willing to be interviewed and featured in VFW News stories and other state agency publications. I understand that any photos I provide to the VFW and/or the Texas VFW Foundation become the property of the VFW and/or the Texas VFW Foundation and may be used in fundraising or other publicity materials with no promise of compensation for participation.

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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