

**‘Veteran’s Emergency Financial Assistance Program (VEFAP)  
Applicant Checklist**

**Eligibility:**

On behalf of the Maine Bureau of Veteran Services, The American Legion Department of Maine may provide financial assistance for a veteran who is a resident of Maine and demonstrates to the Bureau's satisfaction a financial need that includes, but is not limited to the following areas:

- a. Damage to home due to fire, flood, or hurricane that is not fully compensable by insurance;
- b. Illness or the illness of an immediate family member;
- c. Hardship that would result in the veteran becoming homeless;
- d. Experiencing hardship and has filed a valid VA pension and is awaiting a decision.

**Right to Appeal:**

If you are denied you may request reconsideration and review by the director of Maine Bureau of Veterans’ Services.

**Instructions:**

Complete application and assemble all documents identified below. Send fully developed application in *one single* email, fax, or via US Mail, attention to our Department Adjutant:

American Legion Department of Maine  
Attn: Adjutant (VEFAP Applicant)  
5 Verti Drive  
Winslow, ME 04901

Fax: 207-872-0501  
E-mail: VEFAP@mainelegion.org

**Checklist:**

- 1. Proof of Residency (Maine Driver’s License, Vehicle Registration, etc.)
- 2. Copy of DD Form 214
- 3. Completed and Signed Application (Attached)
- 4. Estimate/Bill from Vendor OR Lease and Notice of Arrears from Landlord
- 5. Completed Veterans Count Financial Assistance Policy and Agreement (Attached)
- 6. Two months of most recent bank statements
- 7. Proof of hardship, as applicable (i.e. eviction notice, proof pension has been filed, etc.)
- 8. Signed release for the Maine Bureau of Veterans’ Services (Attached)



American Legion Department of Maine

Veteran's Emergency Financial Assistance Program (VEFAP) Application – Version 04/2019

Please send completed application and all supporting documentation to the Adjutant via email to legionme@mainelegion.org

Service Member/Veteran Information

Name			DOB			Gender		
Address			E-Mail			Phone		
Town		State		Zip			County	
Mil Branch	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard		Component	<input type="checkbox"/> Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty				
Active Duty Time Other than Training	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Are You	<input type="checkbox"/> Currently Serving <input type="checkbox"/> Retired <input type="checkbox"/> Completed Enlistment <input type="checkbox"/> Medical Separation <input type="checkbox"/> Other Separation/Discharge <input type="checkbox"/> Unknown							
When Separated	<input type="checkbox"/> Separated Pre 9/11 <input type="checkbox"/> Separated Post 9/11 <input type="checkbox"/> Not Applicable (Still Serving)							
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable							
Proof of Veteran Status	<input type="checkbox"/> DD214 <input type="checkbox"/> VA ID Card <input type="checkbox"/> VA Award Letter <input type="checkbox"/> Other			Dates of Service				
Service Era	<input type="checkbox"/> Didn't serve during wartime <input type="checkbox"/> OEF/OIF/OND <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Vietnam <input type="checkbox"/> Korean War <input type="checkbox"/> Other Wartime Era							

Additional Information

Is veteran working with another agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, who?				
# of people in household			Household gross Income				
Minor Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do minors reside with SM/V?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does SM/V have transportation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does SM/V have a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Does SM/V need a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Underemployed			
Housing	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Resides with Family Member						
Does family have insurance? (Check all that apply)			<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Healthcare <input type="checkbox"/> Private Insurance <input type="checkbox"/> TriCare <input type="checkbox"/> Other				
Is SM/V a class member under Maine Consent Decree?			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Describe the financial hardship that you are experiencing?

**Long-Term Plan**

What steps are you taking to prevent a similar financial need in the future?

In the last week, have you had any thoughts of harming yourself?  Yes  
 No

**If you answered yes, please see Page 6 for additional supports or visit your nearest emergency room.**

I hereby affirm the information I have provided is true and accurate to the best of my knowledge and that I have not received financial assistance under the Veteran's Emergency Financial Assistance Program within the last 12 months.

**Signature**

**Date**

**American Legion Department of Maine**

**Veterans Emergency Financial Assistance Program**

**Financial Sustainability Assessment – *Version 04/2019***

**Average Monthly Income**

	<b>Self</b>	<b>Spouse/Partner</b>	<b>Total</b>
Net Wages			
VA Benefits			
Pension/Retirement			
Social Security			
Child Support			
Alimony			
Rental Income			
Unemployment			
TANF			
Food Stamps			
Other			
<b>Total</b>			

**Average Monthly Household Expenses**

	<b>Amount</b>		<b>Amount</b>
Auto - Payment/Lease		Mortgage/Rent	
Auto - Fuel		Laundry	
Auto - Insurance		Personal Care	
Childcare		Pet Food/Care	
Child Support		Recreation	
Children's Activities		Savings	
Cigarettes		Student Loans	
Clothing		Tuition/School Supplies	
Credit Cards		Utility – Cable TV	
Food/Dining Out		Utility – Cell Phone	
Food/Groceries		Utility – Electricity	
Health/Dental Insurance		Utility – Gas/Oil Heat	

Home/Rental Insurance		Utility – Phone (landline)	
Life Insurance		Utility – Trash Disposal	
Medical Prescriptions		Utility – Water	
Medical Co-Pays		Utility - Wood	
Membership Fees		Other	
Subtotal		Subtotal	
Total Average Monthly Expenses			
<b>Assets</b>			
	Value		Value
Checking Balance		Real Estate	
Saving Balance		Automobiles (resale value)	
Cash On Hand		Stocks	
Subtotal		Subtotal	
Total Available Assets			



**American Legion Department of Maine**  
**VEFAP Financial Assistance Program**  
**Policy and Agreement Form**

**Please initial/sign/date as indicated:**

\_\_\_ I understand that the Veterans' Emergency Financial Assistance Program is intended for emergencies and critical unmet needs.

\_\_\_ I understand that bank statements and proof of income may be required in order for this request to be considered. I further agree to provide complete, accurate information as requested and understand that failure to do so may affect eligibility for assistance.

\_\_\_ I agree to participate actively in a plan for self-sufficiency and understand that further assistance will be contingent upon this active participation. If a referral for financial counseling or other services is part of the plan, and I choose not to connect with the referral, I may not be eligible for further financial assistance.

\_\_\_ I agree that my demographic information will be shared with the Maine Bureau of Veterans' Services to meet contractual reporting requirements.

\_\_\_ I certify that all information I have provided during intake is true and correct to the best of my knowledge for purposes of applying for financial assistance.

\_\_\_ I grant permission to American Legion Department of Maine to verify all information on my financial assistance application.

\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Sign Applicant Name**

\_\_\_\_\_  
**Date**



## VEFAP Financial Assistance Program

### Referral Information

#### **Maine Bureau of Veterans' Services, Veterans' Services Officers: (for benefit counseling)**

<b>Location</b>	<b>Phone</b>	<b>Physical Address</b>
Bangor	207-941-3005	35 State Hospital Drive, Bangor
Caribou	207-492-1173	14 Access Highway, Suite 5, Caribou
Lewiston	207-753-9106	35 Westminster St, Lewiston
Machias	207-255-3306	7 Court St., Suite 2, Machias
Portland	207-822-2391	151 Jetport Boulevard, Room 138W, Portland
Springvale	207-324-1839	634 Main St., Springvale
Togus	207-287-9933	VA Admin Center, Bldg 248, Room 110, Togus
Homeless Veteran Coordinator	207-287-7019	194 Winthrop St., Augusta

#### **Veteran Service Organizations at Togus VAMC**

<b>Organization</b>	<b>Phone</b>	<b>Location</b>
American Legion	207-623-5726	Bldg 205, Rm 318
Veterans of Foreign Wars	207-623-5723	Bldg 248, Rm 117
Disabled American Veterans	207-623-5725	Bldg 248, Rm 114
Military Order of the Purple Heart	207-623-8411, ext 4649	Bldg 248, Rm 205K
Paralyzed Veterans of America	207-623-5723	Bldg 248, Rm 112

#### **Maine Bureau of Veterans' Services, Director: (for appeal if denied)**

Director	207-430-6035	mainebvs@maine.gov
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#### **Crisis Services**

Veterans Crisis Line	800-273-8255, Press 1	National
Maine Crisis Line	888-568-1112	Statewide

*\*If you need immediate mental health support, please go to your nearest emergency room.*

#### **Housing and Homelessness Resources**

Homeless Veterans Coordinator	207-430-6036	Statewide
Preble Street Veteran Housing Services	800-377-5709	Statewide
VA Homeless referral line	623-8411 x2950	Statewide

#### **Domestic Violence Support**

Domestic Violence Help Line	866-834-4357	Statewide
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#### **Veteran Case Management Resources**

Health Affiliates Maine	(877) 888-4304	<i>Office location:</i> 306 Rodman Rd. Auburn <b>Statewide service delivery</b>
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## AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I \_\_\_\_\_ (the veteran) authorize The American Legion Department of Maine Veterans Emergency Assistance Program to disclose/receive information to/from Maine Bureau of Veterans' Services, 117 State House Station, Augusta, Maine 04333

The disclosure of information authorized is limited to the following (Check as appropriate):

<input type="checkbox"/>	Progress Notes	<input type="checkbox"/>	Evaluations
<input type="checkbox"/>	School Records: Psychological, IEP, etc	<input type="checkbox"/>	Lab Results
<input type="checkbox"/>	Service Plans: ISP, RSP, IFSP	<input type="checkbox"/>	Medication History
<input type="checkbox"/>	Adoption Reports	<input type="checkbox"/>	Neuro-Imaging Results
<input type="checkbox"/>	Treatment Plan	<input type="checkbox"/>	Vocational Employment
<input type="checkbox"/>	Specialist Consultation Reports	<input type="checkbox"/>	Financial Budget Information
<input type="checkbox"/>	Physical Medical Exam Records	<input type="checkbox"/>	Functional Skills Assessment(s)
<input type="checkbox"/>	Other: Share demographic information to help identify eligibility for specific veterans benefits		

This authorization extends to the release of records that may be related to (check applicable choices):

Alcohol/Drug Treatment     Psychiatric     Genetic Testing     Communicable Diseases

If a specific box is checked, that specific information **WILL** be released.

It is required for the following purpose(s): Coordination of Care, Evaluation of Services, Referral Services, and Other \_\_\_\_\_.

Unless earlier revoked, this authorization terminates on: One year from the date of signature or on this date: \_\_\_\_\_.

**The provider cannot require you to sign this Authorization as a condition to the provision of services.**

**This Authorization permits the American Legion Department of Maine (the "Provider") to use and disclose your Protected Health Information for the purposes of other than treatment. You have the right to revoke this Authorization by providing the provider with written notice of revocation. The revocation will be effective upon receipt by the provider except with respect to or disclosures made prior to the receipt and reliance upon this Authorization.**

**Please note that once the requested information is disclosed pursuant to this Authorization, the provider will no longer have control over the information and there is a potential that it may be re-disclosed by the recipient and will no longer be protected by the privacy rules under the Health Insurance Portability and Accountability Act. (HIPPA)**

\_\_\_\_\_  
Print Name (Veteran or Guardian)

\_\_\_\_\_  
Signature (Veteran or Guardian)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name (Witness)

\_\_\_\_\_  
Signature/Relationship

\_\_\_\_\_  
Date Signed