

Combat Wounded Veterans of South Mississippi Application Form

Contact Date:		OIF / OEF CM Name _____ # _____			
Complex Case: ___ Yes ___ No		HUDVASH POC:			
Age _____	DOB _____	Race _____	M/F _____	Emergency Contact:	
Veteran Information					
Last Name		First		MI	Marital Status
Veteran Contact Number:			Email:		Vehicle Yes No
					Homeless Yes No
Address			City	State	Zip Code
Employed Yes No			Employed by:		
How Long?					
Dependents Name		Age	Relationship		Contact Number
Military Information					
Military Branch		Rank	Deployment Dates		Time in service
VA % rating		Purple Heart		Date of Discharge	
		Yes No			
Combat Mission (re: OIF/OEF)			Injured during Combat:		
			Yes No		
Financial Information					
Income	Amount	Monthly Expenses	Amount	Expenses	Amount
VA Disability		Rent/Mortgage		Child Care	
S/S Disability		Utilities		Child Support	
Pension		Phone		Credit Cards	
Unemployment		Cable		Food	
Child Support		Internet		Other	
Social Services		Vehicle		Other	
Spouse Income		Insurances		Other	
Other		Fuel		Other	
Total Income		Loans		Total expenses	
Eviction/Foreclosure occurred or scheduled?			y/n	Date	
Utilities disconnected or scheduled to be?			y/n		
Repossession occurred or scheduled to be?			y/n		
Total amount requested/needed			\$		

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Other agencies contacted	y/n	Date	POC/Number

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 merits via the documentation provided by applicant.

I understand that the proper stewardship requires I (the applicant) provide information to substantiate my request, including governmental records, expenses/income information, and medical information. *(This information will be kept confidential.)*

I understand that if this request cannot be substantiated, it will not be considered for approval.

I agree to allow Combat Wounded Veterans of South Mississippi to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification purposes by C.W.V.S.M. representatives.

I understand that the primary goal of Combat Wounded Veterans of South Mississippi is to assist with immediate and urgent needs of combat wounded veterans and their immediate family members in time of need as well as to advocate on behalf of said combat wounded veterans.

I agree to obey all policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

I understand that Combat Wounded Veterans of South Mississippi is a nonprofit organization funded solely upon public support of the program and is NOT government funded.

I agree to hold Combat Wounded Veterans of South Mississippi, their officers, agents, and sponsors harmless as a result of this request and the handling of it and I 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 news stories, articles, and other media outlets to help combat Wounded Veterans of South Mississippi raise awareness of the needs of its members.

I will allow Combat Wounded Veterans to share my personal story with various news/media outlets to raise awareness.

I consent for my name to be used.

I consent for pictures of me to be used.

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___ I **DO NOT** wish neither to be featured in any Combat Wounded Veterans of South Mississippi publications or to have my story shared.

Veteran Signature _____ Date _____

Veterans printed name _____ Date _____

Please verify that the following documents are enclosed with this application:

___ DD 214 – Member copy #4

___ Copy of 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 the phone number with area code.

___ Proof of Deployment – if not indicated on DD 214

___ Verification of all household income

___ VA approval letter

*** Note:** for assistance with repairs or other services, please provide a name of your local company that provides such services. *

****** It is the sole responsibility of the application to provide all requested information

*****Incomplete applications and unsubstantiated requests will NOT be considered *****

Veterans signature _____

Please provide a contact number and name if other than veteran if any question arise regarding this application:

Name _____ Phone _____

Email _____

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

Requirements:

- Emergent need be related to deployment (OIF/OEF), military pay issue, military illness or injury, or natural disaster.
- Applicant must be the service member or eligible dependant listed under DEERS.
- Request applicants be assigned to the OIF/OEF Program
- Request Applicant have case worker assigned

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Expenses Eligible for consideration of payment:

- Household expenses- mortgage, rent, repairs, insurance.
- Vehicle expenses- payments, insurance, repairs (major repairs for vehicles over ten years old will not be considered)
- Utilities.
- Food and Clothing.
- Medical bills, prescriptions, & eyeglasses- the patient's portion for necessary or emergency medical care only.

Expenses Ineligible for consideration for payment:

- Credit cards, Military charge cards, or retail store credit cards.
- Personal, student or payday loans.
- Cable, Internet and secondary phone.
- Cosmetic or investigational medical procedures and expenses.
- Taxes- property or otherwise.
- College Expenses.
- Furniture rentals.
- Any other expenses not determined to be a basic life need.

The eligible and ineligible expense lists are not all inclusive and each expense will be considered on a case-by-case basis. Payments will be made at the discretion of the approval committee. Payments are made directly to creditors.

Send all application information and documents to:

Combat Wounded Veterans of South MS

1636 Popps Ferry Rd, Suite 216

Biloxi, Ms 39532

Phone: 228-243-7272

Fax: 1 228 273 1711

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Describe Hardship: _____

Emergent Needs Identified:

Food Utilities Cloths

Gas Mortgage/Rent

Bus Pass Car Payment

Plan of

Care: _____

Funding Approved: Yes No

Case Funding Approved by: Donna Sheila Karen Camille Naomi Cournty

Case less than 30 days

Case greater than 30 days

(Complex) refer to Ms. Wood

Resource Check list

Funding:

Date:	Paid to	PAYMENT/ TYPE Ck #	AMOUNT

******* Please make copy of application and provide to Ms Anderson within one week *******

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CWVSM Resource Checklist

Resource	POC	Phone Number	Date	Signature
OEF/OIF Program	John Sherman	228-523-5000		
Biloxi Vet Center	Henry McNeal	228-388-9938		
VA Comp/Pension	Robert Bailey- Open Door Policy	228-523-4319		
VA HUDVASH		228-523-5000		
VA Homeless Prog	Jocelyn/Eileen	228-523-5000		
Win Center (Biloxi)		228-388-7997		
Gulfport		228-897-6900		
Hancock Resource Center		228-463-8887		
Legal Services		228-896-9148		
USA Cares		800-773-0387		
Bethel Free Health Clinic	Judith Jones, RN	228-594-3640		
Non Profits				
Disability Connect		228-870-7775		
VFW		228-374-4112		
Crusaders for Vets	Kevin Cuttill	217-781-4673		
WW MS	Cheryl Bruce	601-750-3062		
Disabled Amer Vet	Silva Royer	228-324-1888		
UTIL/RENT/FOOD				
Salvation Army		228-896-1188		

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Back Bay Mission Catholic Charities		228-432-0301		
-Biloxi -Gulfport		228-702-2100 228-854-4221		
-Pascagoula -Waveland		228-567-0001 228-467-2600		
-Hattiesburg Angel Food Min.		601-261-5308 228-669-9096		
Interfaith Hospitality Network	Lisa	228-388-3061		
W.I.C Dept Human SVC		601-576-7100 228-897-5782		
Gulf Coast Community Ministries		228-868-8202		

Contacts:

Biloxi VA Emergency Room: 228-523-5000

Biloxi VA Walk-in Services Mental Health Outpatient Clinic: 228-223-5000

Suicide/ Veterans Crisis Line: 1-800-273-8255, Press “1