

Combat Wounded Veterans of South Mississippi Application Form

Contact Date		CWVSM Rep			
Veteran Information					
Last Name		First		MI	Marital Status
Combat Wounded Veteran Contact Number			Sex		M/F
Home Street Address			City		State
					Zip Code
Email Address					
Dependents Name		Age	Relationship		Contact Number
Military Information					
Military Branch		Rank	Date of Deployment	Date of Discharge	Deployment Unit
VA % rating		Purple Heart Received		VA unit Rep	Rep contact number
		y/n			
Combat Mission (re: OIF/OEF)		Injury received during Combat?		Length of Service	
		y/n			
Financial Information					
Describe Hardship					
Monthly Income	Amount	Monthly Expenses	Amount	Monthly 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	0	Loans		Total expenses	0
Eviction/Foreclosure occurred or scheduled?			y/n		Date
Utilities disconnected or scheduled to be?			y/n		
Repossession occurred or scheduled to be?			y/n		
Other agencies contacted			y/n	Who	
Total amount requested/needed			\$		

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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.

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 _____

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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 _____

ACTIONS BY COMMITTEE

(to be filled out by committee members)

Committee voting (Yes or No): Donna ___ Reb ___ Roger ___ Naomi ___

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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.

ALL the following Eligibility Criteria must be met for your case to be considered:

- The service member has served Active Duty, other than the training, within the **past three years** prior to applying.
- The hardship must be due to one of the following:
 - Deployment, military pay issue, military illness or injury, or natural disaster.
- Applicant must be the service member or eligible dependant listed under DEERS.

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

1636 Popp's Ferry Rd, Suite 110

Biloxi, Ms 39532

Or Phone: 228-348-0643

Fax: 228-392-9743