

“BECAUSE WE CARE” ELIGIBILITY CRITERIA

The Service Member or Veteran must have been Honorably Discharged from the military.

The applicant must be the service member, or the applicant must be currently listed or eligible to be listed as a dependant of the service member under the DEERS.

The hardship must be primarily due to:

- Deployment, military service, or natural disaster
- The result of the onset of a medical emergency or death of the service member or his/her dependant(s)
- Unemployment as a direct result of deployment or service related illness

The hardship cannot be caused primarily by:

- Civil, legal or domestic misconduct, or any issues that are a result of spousal separation or divorce
- Financial mismanagement by self or others, due to Bankruptcy

Applicants can receive funds only once, all grants are paid directly to the creditor and not to the applicant.

EXPENSES ELIGIBLE FOR PAYMENT:

- Housing expenses-mortgage, rent repairs, insurance
- Vehicle expenses-payments, insurance, repairs, fuel
- Utilities and primary phone
- Food and incidentals
- Children’s clothing, diapers, formula, necessary school or childcare expenses
- Medical bills, prescriptions & eyeglasses-the patient’s portion for necessary or emergency medical care only

INELIGIBLE EXPENSES:

- Credit cards, military charge/debt cards, retail store cards
- Personal, student and payday loans
- Unauthorized travel expenses
- Negative Bank accounts
- Cable, Internet, and Secondary Phones
- Investigational or cosmetic medical procedures & expenses
- Taxes-property or otherwise
- Child support, alimony, or legal expenses
- Military debt, or debt owned to a friend/family member
- Furniture, electronic equipment & vehicle rentals
- Down payments on homes or vehicles
- Reimbursements for items already paid for
- Bills obviously due to excessive use or mismanagement

The Veterans of Foreign Wars Department of Florida and the Because We Care Program reserve the right to make exceptions to the established criteria on a case-by case basis.

VFW DEPARTMENT OF FLORIDA
“BECAUSE WE CARE” APPLICATION FORM

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

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

- The Service member served honorably on Active Duty
- The hardship is primarily due to deployment or military service. Civil, personal, legal and domestic situations DO NOT fulfill this requirement.
- The applicant must be the service member listed or eligible to be listed as a dependent of the service member 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
- Children’s clothing, diapers formula, school or childcare expenses.
- 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/debit cards, retail store credit cards
- Personal, student or payday loans
- Cable and internet and secondary phone.
- Cosmetic or investigational medical procedures and expenses
- Taxes-property or otherwise
- College Expenses
- Furniture rentals
- Any other expense not determined to be basic living needs.

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

Please Fax completed application to – 352-622-3869
This form must be signed and initialed and then faxed or mailed to our office.

Because We Care Terms and conditions

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.

___ I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information. This information 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 Because We care Program access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by the Department of Florida VFW.

___ I understand that the Because We Care Program 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 Because We Care Program is to meet immediate and urgent needs of recently discharged Active Duty Military, Reserve and National Guard personnel, and their immediate family members.

___ I understand that because demand is so great, I can only apply to the program once.

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

___ I understand that the Veterans of Foreign wars may require that I submit to an interview, and may request to use my name and the particulars of the gift 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 VFW may use my written statements and documentation enclosed as needed for these purposes.

___ I understand that the Because We Care Program is funded by public donations and success is based solely upon public support of the program. The Veterans of Foreign Wars Department of Florida VFW Foundation and the Because We Care Program are not government funded.

___ I agree to hold the Because We Care, Florida VFW Foundation, The Veterans of Foreign Wars Department of Florida of the United States, their officers, employees, agents, and sponsor 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:

___ I am willing to be interviewed and featured in VFW news stories, I understand that any photos I provide to VFW become the property of VFW and may be used in fundraising or other publicity materials with no promise of compensation for participation.

OR

___ I do not wish to be featured in any VFW or other publications.

Military Member/Applicant Signature

Printed Name

Date

Phone#

E-mail