

“BECAUSE WE CARE”

Please verify that following documents are enclosed with the application:

D-214 and two Picture ID's

Please have the verification of Status signed by a VFW “Veterans of Foreign Wars” Post or an Assistance Center Representative or VA “Veterans Administration” Representative.

This statement must be signed and dated by the Representative.

Sign: _____ Date: _____ Phone: _____

Copy of the bills for which you are requesting assistance. This must include the account holder's name and account number, as well as the creditor's name and phone number with the area code. For assistance with repairs or other services, two different written estimates on the company letterhead are required. (For Example, if requesting assistance with rent, a copy of your lease agreement is required.)

YOUR APPLICATION CAN NOT BE REVIEWED WITHOUT ALL OF THE ABOVE SUPPORTING DOCUMENTATION!

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 of your application.

We will contact you as soon as a final determination has been made in your case.

Please Note: We are unable to respond to status check requests while your file is being processed. If you have not received contact from us after (2) business days from submitting your application, please contact us.

Please send completed application to our VFW State Director:

VFW State "Because We Care" Director

David Cain 15000 Gulf Blvd Apt #306, Madeira Beach, FL 33708

Phone: (210) 324-1775

E-mail: cainda@tgti.net

BECAUSE WE CARE ELIGIBILITY CRITERIA

Applicant's requirements:

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 dependent(s)

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
- 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 owed 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, because we Care Program reserve the right to make exceptions a case-by case basis to the fore mentioned criteria.

Any Additional information you would want to add:

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 merit.

- _____ 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 to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by Because We Care personal.
- _____ 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 shall 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 the recently 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 and agree that the Veterans of Foreign wars may require that I submit to an interview.
- _____ 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 and the Because We Care Program are not government funded.
- _____ I agree to hold the Because we Care Florida and 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.

Applicant Signature

Printed Name

Date

Phone# & Email _____:Address _____

POINT OF CONTACT

•required field

First Name•

Last Name•

Rank/Title•

☐ VFW Representative All Application must be approved by a VFW Post

This person is aware of my situation and will provide written verification to Because We Care

FINANCIAL HARDSHIP (Need letter of Hardship)

Eviction/Foreclosure has
Occurred or is scheduled
to occur.
Approximate Date:

Utilities have been
disconnected or are
scheduled for disconnect.
Approximate Date:

Repossession has occurred
or is scheduled to occur.
Approximate Date:

FINANCIAL HARDSHIP

Please describe the expenses you need assistance with (i.e. Rent, utilities, medical expenses, food:

Please tell us the amount of funds needed/requested: \$ _____

Please describe why you are unable to meet this need on your own. Please explain if/how the military member's service affected this hardship*:

Please explain what action you have taken to resolve this hardship on your own, other than applying for financial assistance*:

Please list the other agencies you are working with (i.e. VA, Salvation Army, local churches:

VFW DEPARTMENT OF FLORIDA

"BECAUSE WE CARE" APPLICATION FORM

All applications are individually reviewed on 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.

APPLICANT' S INFORMATION

* REQUIRED FIELD

*NAME: _____

*PHONE: _____ *EMAIL: _____

*Address _____

*RELATION to VETERAN: _____

FOR ACTIVE DUTY MILITARY MEMBERS

*NAME: _____

*ADDRESS: _____

*PHONE: _____ *EMAIL: _____

*BRANCH: _____ *STATUS: _____

*SIGNATURE: _____ *DATE: _____