

## **“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**

**Dave Harris 9851 Gilchrist Drive, Seffner, FL 33584**

**Phone: (813) 310-1653**

**E-mail: [17aircav@tampabay.rr.com](mailto:17aircav@tampabay.rr.com)**

# 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:

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**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: \_\_\_\_\_