**REQUEST FOR VETERAN ASSISTANCE**

All requests should be emailed to Jacque@nojeepleftbehind.com

To qualify for assistance:

* Veterans dishonorably discharged from the US Armed Forces are not eligible
* Veteran status and discharge must be verified by case manager using DD214
* Veteran must be a Florida resident
* Veteran's homelessness status must be one of the following:
	+ ​Literally Homeless
	+ Facing Homelessness
		- ​Received Eviction Notice and must be out within 30 days
	+ Enrolled in Veteran Housing Program
		- ​HUDVASH-Must meet one of the following conditions: ​
			* ​Moved into housing within last 30 days
			* Currently enrolled in HUDVASH and searching for housing
		- TIP (Transitioning In Place)
		- GPD (Grant Per Diem)
		- Veteran Housing Programs not listed: please contact us.
* Application must be filled out and signed by veteran's case manager. Case manager can be from:
	+ VA
	+ SSVF
	+ Homeless Shelter
	+ Veteran Housing Program
	+ ​​If you feel that you have a qualifying veteran in your program and your program is not listed here, please contact us. ​
* The following programs are currently available:
	+ **FRAG** (Families Requiring Assistance Gear): Provides veteran families with necessary items for them and their children. ie: backpacks, hygiene products, blankets, clothes, etc.
	+ **BASE**﻿ (Bicycles And Safety Equipment): provides bicycles, helmets and locks for veterans in need of transportation to VA appointments, work or school.

Veteran Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Veteran a Florida resident (circle one): Yes No

Veteran Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of Military: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of service: In\_\_\_\_\_\_\_\_ Out\_\_\_\_\_\_\_\_\_\_

Discharge status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterans Status verified by DD214: Yes No If no, how was it verified?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of program you are applying for (circle one): FRAG BASE

If applying for **FRAG** (Families Requiring Assistance Gear):

 How many people in veteran family: \_\_\_\_\_\_\_\_\_\_\_\_

 If requesting a school backpack & supplies, age/sex:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If diapers are needed, what size?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If clothing is needed, what sizes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applying for **BASE** (Bicycle and Safety Equipment):

How tall is the veteran?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What size helmet? Sm. Med. Lg

What is Veteran’s current housing status (please check one):

* Literally Homeless

 How long has veteran been homeless?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of shelter (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shelter Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How long has veteran been at shelter?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Facing Homelessness (must be out within 30 days)

 Date eviction received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* HUDVASH (check one)

 Move in Date (must be within last 60 days)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Currently searching for housing 

* TIP
* GPD
* Other

 Name of Veteran Housing Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address where supplies should be delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any additional information that you feel will help us in assisting the veteran:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Information of Case Manager submitting application:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager’s phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization website address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager’s Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



 Case Manager Signature Date