**REQUEST FOR VETERAN ASSISTANCE**

All requests should be emailed to [Jacque@nojeepleftbehind.com](mailto: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