



Richard H. Stewart, Jr., American Legion Post 543
St. James, NC 28461

CLAIM# ____/____

APPLICATION FOR VETERANS ASSISTANCE

Date of Request ____/____/____

Name: _____

SS / ID # XXX-XX-_____(last 4) Birthdate ____/____/____

Street Address: _____

Additional Address: _____

City: _____, North Carolina

Zip Code: _____ Telephone Number: () _____ - _____

Branch of Service: _____

Dates Served on Active Duty: _____

Type of Discharge: _____ DD-214 ATTACHED -- Y/N

AREA OF CONCERN: EMPLOYMENT EDUCATION MENTOR

GUIDANCE SELF-EMPLOYMENT GUIDANCE VA CLAIMS ASSISTANCE

HOUSING MEDICAL OTHER _____

I attest that that the information I have provided is true and correct.

SIGNED: _____

Applicant's Signature

WITNESS: _____

Service Officer's Signature



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Log of Visits and Contacts

<u>Date</u>	<u>Time Expended</u>	<u>Person or Agency Contacted</u>	<u>Purpose of Visit or Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(ATTACH ADDITIONAL PAGES AS REQUIRED)

FINAL DISPOSITION REPORT

Date request received: _____ Date completed: _____

Total time expended: _____ Funds expended: \$ _____
HH:MM Receipt(s) attached: Y / N

THE FOLLOWING ASSISTANCE WAS PROVIDED:

Name of Person Completing the Report: _____

Back



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VETERANS ASSISTANCE APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I understand that all personal information provided to representatives of the "Richard H. Stewart, Jr., American Legion Post 543, Inc.," St. James, Department of North Carolina, will be held in strict confidence. It will only be shared with those persons and agencies listed below for whom I have given permission in order to facilitate my request for assistance:

1. The member of American Legion Post 543 Executive Committee that has been assigned to assist: (name) _____
2. The Commander of Post 543: (name) _____
3. Members of the Post 543 Executive Committee identified by the Post Commander, who have a need to know specific information to complete my assistance request.

Other individuals and agencies:

4. _____
5. _____
6. _____
7. _____
8. _____

<p>YOU HAVE MY PERMISSION TO LEAVE MESSAGES ON MY VOICE MAIL ASSOCIATED WITH TELEPHONE NUMBER: () _____</p>
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I have read and understand all items on this page and by my signature authorize representatives of the Richard H. Stewart, Jr., American Legion Post 543, Inc., to proceed with the processing of my application for assistance.

Applicant's Signature: _____

Witness Signature: _____
Service Officer (or designee)