



## VETERANS ASSISTANCE POLICY

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### 1 PURPOSE

- 1.1 This policy establishes an effective, accountable and transparent framework for rendering assistance to veterans that come to the attention of NC Post 543.

### 2 SCOPE

- 2.1 The policy applies to NC Post 543 members and to any veteran, not a post member, that may require assistance.

### 3 POLICY STATEMENT

- 3.1 If the applicant is not a NC Post 543 member, he/she must be a veteran residing within the service area of the Post. In certain, isolated circumstances, assistance may be extended to the child of a NC Post 543 member regardless of place of residence.
- 3.2 The applicant must have served on active duty and received an honorable discharge or a general discharge under honorable conditions.
- 3.3 Assistance may be provided in kind or it may consist of referral to other assistance organizations of Brunswick County. Financial assistance can only be offered on a very limited basis and only after careful vetting and consideration. The Post will not provide cash payments directly to the applicant.

### 4 RESPONSIBILITIES

#### **Compliance, monitoring and review**

- 4.1 The Service Officer (or his designee) will screen all requests and, if deemed eligible for consideration pursuant to section 3, above, is authorized to expend up to \$100.00 without any additional approval.
- 4.2 If the amount required to assist the veteran exceeds \$100.00, the Service Officer will forward the relevant information to the Post Commander.
- 4.3 The Post Commander will call for a vote of the Executive Committee. The Post Commander will advise the Service Officer of the result of the Executive Committee vote.
- 4.4 If assistance is approved, the Service Officer (or his designee) will ensure that the request (and any subsequent assistance) is documented on an *Application for Veterans Assistance* and that the applicant also completes an *Authorization to Release Information*.



- 4.5 The actual expenditure for assistance may not exceed the initial estimate unless the Executive Committee approves.
- 4.6 The maximum amount that can be expended on any one veteran is \$750.00 unless a higher amount is approved by three-quarters (3/4) of the Executive Committee.

**Reporting**

- 4.7 The Service Officer will report all Veterans Assistance activity for the preceding month, including the total amount of time expended, at each Executive Committee meeting.
- 4.8 The Post Commander will include this data every year in the Post’s annual report.

**Records management**

- 4.9 The Service Officer must maintain all records relevant to administering this policy in a secure recordkeeping system.

**5 RELATED DOCUMENTS**

Application for Veterans Assistance  
Veterans Assistance Applicant’s Authorization to Release Information  
NC Post 543 Bylaws  
NC Post 543 Constitution

**6 APPROVAL AND REVIEW DETAILS**

Approval and Review	Details
Approval Authority	Executive Committee
Administrator	Service Officer
Next Review Date	10/19/2020

Approval and Amendment History	Details
Original Approval Authority and Date	Executive Committee 10/15/2018
Amendment Date	N/A

**7 APPENDICES**

- 7.1 Application for Veterans Assistance
- 7.2 Veterans Assistance Applicant’s Authorization to Release Information



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

### 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: \_\_\_\_\_

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

## 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 NC 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 NC Post 543 Executive Committee that has been assigned to assist: (name) \_\_\_\_\_
2. The Commander of NC Post 543: (name) \_\_\_\_\_
3. Members of the NC 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. \_\_\_\_\_

**YOU HAVE MY PERMISSION TO LEAVE MESSAGES ON MY VOICE MAIL  
ASSOCIATED WITH TELEPHONE NUMBER:  
(        ) \_\_\_\_\_**

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).

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