An electronic update for the new Temporary Financial Assistance (TFA) Application

A new year always brings new beginnings and possibilities. This year is no different. We want to celebrate The American Legion Veterans & Children Foundation (VCF) and the vital work that it does for our veterans and their families of this great country. In effort to promote the foundation and the services it provides to our nation’s veterans and their families, we have to take a new approach.

One of the ways to get the word out about VCF is by sharing testimonial’s from Temporary Financial Assistance (TFA) grant recipients. We recognize that for some veterans their story of need may be a sensitive subject in which they are not willing to share. However, for veterans willing to share how The American Legion supported their family in a time of need with a TFA grant, we want to hear their story. This lets other veterans and their family know that they are not alone; The American Legion is here to help through the VCF. TFA grant testimonials can provide a connection with other veterans who share the same experiences and hardships. A veteran’s story can bring hope to another veteran and their family who is in a similar situation.

We want to inform you that the TFA grant application has been updated to help facilitate the sharing of these TFA stories. You will see that a new notice has been added to the application that reads:

NOTICE

If you are a recipient of a Temporary Financial Assistance (TFA) grant and would like to be contacted by staff from The American Legion National Headquarters to publicly share your story of how The American Legion assisted you, please sign below. Your testimonial will be used in print, marketing and online American Legion media. Personal TFA stories promote The American Legion Veterans & Children Foundation efforts, through which grants are made possible, and how donations to the foundation support ongoing assistance for veterans and their families in need.

NOTE: DECLINING TO PROVIDE YOUR SIGNATURE WILL IN NO WAY ADVERSELY AFFECT THE EVALUATION OF YOUR TFA GRANT APPLICATION.

The notice advises a grant applicant of the national organization’s interest to share their story of how The American Legion TFA grant assisted them; for others to know that help is available. The notice gives the applicant an option for personalizing their story by allowing the Media and Communications staff to use their identity and image to accompany the story in print, marketing and online American Legion media. Participation to have their identity used in a story is 100 percent voluntary – regardless of whether the applicant chooses to allow the use of their identity and image, or not, their decision will have absolutely no bearing upon the evaluation and outcome of their TFA grant application.

Please do not hesitate to contact Youth Welfare Program Manager Stacy Cope at (317) 630-1323 or Americanism@legion.org should you have any questions about this new update to the TFA grant application. Thank you for continuing to serve and help fellow veterans and their families!
TEMPORARY FINANCIAL ASSISTANCE APPLICATION

THE AMERICAN LEGION
AMERICANISM DIVISION

Please print legibly or type. Instructions located on page 4 of this application.

VETERAN

Full Name ___________________________________  □ Father  □ Mother  □ Other __________

Date of Birth __________________________________

Street Address ___________________________________  Phone __________________________

City __________________________  State ________  ZIP __________

American Legion Membership ID # ________________  (Must be current at date of application)

OR

Attach a copy of current active duty orders.

Employment Status  □ Fulltime  □ Part-time  □ Laid-off  □ Worker's Compensation  □ Unpaid Leave  □ Not Employed

If not employed, the investigation report must explain why and what steps are being taken to secure employment.

OTHER PARENT or GUARDIAN

Full Name ___________________________________  □ Father  □ Mother  □ Other __________

Date of Birth __________________________________

Street Address ___________________________________  Phone __________________________

City __________________________  State ________  ZIP __________

Employment Status  □ Fulltime  □ Part-time  □ Laid-off  □ Worker's Compensation  □ Unpaid Leave  □ Not Employed

If not employed, the investigation report must explain why and what steps are being taken to secure employment.

CHILDREN

Full Name ___________________________________  Age ________  Grade ________

Full Name ___________________________________  Age ________  Grade ________

Full Name ___________________________________  Age ________  Grade ________

List additional children on a separate sheet.

Are both parents living in the home?  □ Yes  □ No

If applicable, which parent is absent?  □ Father  □ Mother  □ Other __________

Reason □ Deceased  □ Deployed  □ Divorced  □ Separated  □ Other __________

Does the child or children reside in the home full-time?  □ Yes  □ No

Who has legal custody of the minor child or children? ____________________________________________

Attach supporting custody documentation if applicable.
**OTHER ASSISTANCE**

In order to be considered for a Temporary Financial Assistance grant, all other forms of possible assistance must be applied for and exhausted. Failure to completely document this in the following section and attach official supporting documentation will result in delay or denial of the application.

<table>
<thead>
<tr>
<th>Source</th>
<th>Date Applied</th>
<th>Status</th>
<th>Amount approved or explanation of ineligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legion post, Unit or Squadron</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Assistance for Needy Families</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>VA Disability Pension</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Social Security Disability</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Supplemental Security Income</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
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<tr>
<td>Public Assistance</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
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<tr>
<td>Unemployment</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Private Charities</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Women, Infants &amp; Children (WIC)</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>□ Approved □ Denied □ Pending □ Not Eligible</td>
<td></td>
</tr>
</tbody>
</table>

**CREDITOR INFORMATION**

Most approved checks will be two-party, made payable to the veteran or guardian and the creditor. Please ensure that creditor information is accurate and the name is legible. Only listed creditors in this section will be considered for payment.

Mortgage or Landlord ___________________________ Phone ___________________________

Street Address ___________________________

City ___________________________ State _____ ZIP ___________________________

Utility Company/ Other ___________________________ Phone ___________________________
Utility Company/ Other ___________________________ Phone ___________________________
Utility Company/ Other ___________________________ Phone ___________________________
Utility Company/ Other ___________________________ Phone ___________________________

Attach current statements, bills, disconnection/eviction notices, and all other expenses to be considered.
**FINANCIAL INFORMATION**

Include only recurring monthly gross income and expenses. Do not include one-time assistance or accumulative balances on past due expenses. Gross income must include earnings of all persons in the household.

<table>
<thead>
<tr>
<th>Monthly Gross Income</th>
<th>Monthly Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earnings of Veteran/Guardian</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Earnings of other Parent</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Earnings of others</td>
<td>$ ___________</td>
</tr>
<tr>
<td>VA Pension</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Social Security</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Child Support</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Other monthly income</td>
<td>$ ___________</td>
</tr>
<tr>
<td>Specify</td>
<td>Specify</td>
</tr>
<tr>
<td></td>
<td>Total Gross Monthly Income: $ ___________</td>
</tr>
</tbody>
</table>

**INVESTIGATOR’S REPORT**

The investigator’s report must include a detailed description the applicant’s situation, steps taken to improve the situation, and follow-up plans of the post and/or investigator. **Incomplete investigation reports will result in delay or denial of the application.**

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**SIGNATURES**

Investigator

I certify that I conducted the above investigation and that the applicant has exhausted all other forms of known assistance.

Name & Title ______________________ Email ______________________

Phone __________________________

Street Address ____________________

Signature ________________________ Date ____________

Applicant

I, the applicant, certify that the information contained in this application is true and current to the best of my knowledge.

Signature ________________________ Date ____________

TFA Form Revised January 2020
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NOTE: DECLINING TO PROVIDE YOUR SIGNATURE WILL IN NO WAY ADVERSELY AFFECT THE EVALUATION OF YOUR TFA GRANT APPLICATION.

(Optional) Applicant Signature ___________________________________________ Date __________

Department Children & Youth Chairman or Authorized Department Official

I have thoroughly reviewed this application and recommend the following: ☐ Approval $ __________________________ ☐ Denial

Comments ________________________________________________________________

Signature ___________________________________________ Email ______________________

Date ________________________________________________________________

TEMPORARY FINANCIAL ASSISTANCE (TFA) INSTRUCTIONS AND PROCEDURES

1. Prior to completing an investigation and application, determine if the minor child(ren) is eligible for TFA. The minor child must not be older than 17 or 20 if still enrolled in high school or is physically handicapped. The minor child must be the biological child, stepchild, or in the legal custody of, a qualifying veteran. A qualifying veteran is defined as a member of the United States Armed Forces serving on federal orders current under Title 10 of the United States Code, inclusive of all components, OR any veteran possessing an up-to-date membership in The American Legion. Active duty applicants can be considered without being a member of The American Legion. A single onetime non-repayable Temporary Financial Assistance grant of up to $1,500 will be permitted for the minor child (ren) of a qualifying veteran.

2. Once you have determined that the minor child (ren) is eligible, make an appointment with the family at their residence to complete the application if possible. Secure all official documentation and provide all requested information. Your report must include a detailed description of the family’s financial need, steps taken to alleviate the situation, and follow-up plans of the post and/or investigator.

3. TFA is strictly for the basic needs of minor children including shelter, utilities, food, clothing and medical. Medical grants must be approved prior to treatment and must be accompanied by a physician’s statement and estimated costs.

TFA will not pay for cable, consumer debt, Internet services, insurance, taxes, transportation, previous debt, or any expense that does not contribute to the active basic needs of minor children.

4. The following documents must accompany the TFA application:
   ✓ Current American Legion membership or military orders
   ✓ Birth certificates of children
   ✓ Marriage license
   ✓ Custody documentation and legal name changes
   ✓ All current statements, bills, leases, foreclosures, eviction notices, disconnection notices to be considered.

   Expenses not documented will not be considered.

5. Ensure all sections of the application are complete and the appropriate signatures are obtained. Incomplete applications may result in delays or denial.

6. Applications must be sent to your American Legion department Children & Youth chairman or headquarters for approval. All applications sent directly to National Headquarters will be returned to the appropriate department without review or action.

Before sending a TFA application to the department C&Y chairman or department headquarters, did you

☐ Determine that the child or children are eligible for TFA?
☐ Complete all sections of the application and attach all required documents?
☐ Obtain all required signatures?
☐ Conduct a complete investigation and ensure that all other forms of assistance have been exhausted?
☐ Make a copy for your records in case of lost or destroyed application?

All communication about submitted applications should be directed to the department Children & Youth chairman or department headquarters. To protect the privacy of applicants, National Headquarters will not release any information other than to the department.