



VILLAGERS FOR VETERANS

Helping Veterans Regain Their Independence

A 501(c)(3) Public Charity

Villagers for Veterans Vetting Form

This needs to be completed by Veterans requesting assistance from our organization.

Veteran's Name: _____
(Please print)

Please check ONE program listed below that you are applying for from Villagers for Veterans:

- MOBILITY and INDEPENDENCE
- SERVICE DOG
- VETERANS IN NEED—Villagers for Veterans
- ASHLEY'S HOUSE—WOMEN VETERAN TRANSITION HOUSE

Forms required:

- I. Submission of Letter to Villagers for Veterans indicating why program assistance is needed and how it would help is approved.
- II. DD-214 for proof of military service
- III. Supporting documents as needed—ensure remaining pages are submitted also.

Please USPS mail or email the completed information to the address(s) listed below:

EMAIL: villagersforveterans@gmail.com

ADDRESS: 2518 Burnsed Boulevard, The Villages, FL 32162

CONTACT INFORMATION FOR VILLAGERS FOR VETERANS

Website: villagersforveterans.org

Email: villagersforveterans@gmail.com

Phone: 352-751-7611

Facebook: <https://www.facebook.com/villagersforveterans/>

CAUTION: THIS DOCUMENT CONTAINS SENSITIVE HIPPA DATA. DESTROY BY SHREDDING ONLY!

VILLAGERS FOR VETERANS (V4V) VETTING FORM - 7 pages of Information

(Please print - put overflow information on Page 7 of 7)

***** REFERRAL INFORMATION *****

Who referred you to V4V? _____

***** CONTACT INFORMATION *****

Vet's Full Name: _____
First Name Middle Initial Last Name

Social Security Number: _____ (last 4)

Address: _____

Homeless No Permanent Address Address Inactive

City/Town: _____ State: _____ Zip: _____ County: _____

Home Phone: () _____ Work Phone: () _____ Mobile: () _____

Email Address: _____ @ _____

***** VETERAN'S DEMOGRAPHIC INFORMATION *****

Birth Date/Age: _____/____ Male Female Vet Dependent

Marital Status: Married Widowed Divorced Separated Never Married

Partner's Full Name: _____ Age: _____ Email: _____

***** MILITARY INFORMATION *****

WWII Korea Vietnam Grenada/Lebanon Panama Persian Gulf *OEF *OIF *OND

*OFS *OIR Other _____ ERA - use this if not deployed but only served during a particular war,

like Vietnam Era, or Persian Gulf Era. Explain: _____

*OEF: Operation Enduring Freedom *OIF: Operation Iraq Freedom *OND: Operation New Dawn *OFS Operation Freedom's Sentinel

*OIR: Operation Inherent Resolve

Current Military Status: _____ Rank/Grade: _____ Served overseas? Yes No

If Yes (Served Overseas), Location(s): _____

Discharge Pending? Yes No VA Disability? Yes No Percentage: ____%

Service Connected? Yes No Non-Service Connected? Yes No VA Disability Received? Yes No

Branch of Service Entry Date Discharge Date Type of Discharge*

*Honorable *General *Medical *Other-Than-Honorable *Bad Conduct *Dishonorable *Entry Level Separation

Wounded/Injured? Yes No Service connected? Yes No Dependency filed? Yes No

***** RECORD OF ELIGIBLE CHILDREN (AGES, SCHOOL GRADE, LIVING AT HOME OR AWAY) *****

Child Name/Age/Grade: _____ Child Name/Age/Grade: _____

Child Name/Age/Grade: _____ Child Name/Age/Grade: _____

Child Name/Age/Grade: _____ Child Name/Age/Grade: _____

Are both parents living in the home? Yes No Which parent is absent? _____

Reason for absence: _____ Who has legal custody of minor child/children? _____

Does the child or children reside in the home full-time? Yes No (Circle Child's name if YES)

***** VETERAN EMPLOYMENT DETAILS *****

Employment status: Full-time Part-time Looking for work (Hours working per week: _____)

(If unemployed, explain on Page 7) Skills: _____

Employer's Name/Address/Phone: _____

Years/Months on the job: _____ Supervisor Name/Title: _____

***** PARTNER EMPLOYMENT DETAILS *****

Employment status: Full-time Part-time Looking for work (Hours working per week: _____)
(If unemployed, explain on Page 7 of 7)

Skills: _____

Employer's Name/Address/Phone: _____

Years/Months on the job: _____ Supervisor Name/Title: _____

***** ASSISTANCE RECEIVED TO DATE OR APPLIED FOR *****

- *American Legion: _____ Date Applied (_____) Approved Pending Denied
- County Veterans Services: _____ Date Applied (_____) Approved Pending Denied
- DAV: _____ Date Applied (_____) Approved Pending Denied
- DSS Public Assistance: _____ Date Applied (_____) Approved Pending Denied
- Friends: _____ Date Applied (_____) Approved Pending Denied
- MEDICAID: _____ Date Applied (_____) Approved Pending Denied
- MEDICARE: _____ Date Applied (_____) Approved Pending Denied
- Parents: _____ Date Applied (_____) Approved Pending Denied
- Private Charities: _____ Date Applied (_____) Approved Pending Denied
- Siblings: _____ Date Applied (_____) Approved Pending Denied
- SNAP (Supplemental Nutrition Assistance): _____ Date Applied (_____) Approved Pending Denied
- State Veterans Counselor: _____ Date Applied (_____) Approved Pending Denied
- Supplemental Security Income: _____ Date Applied (_____) Approved Pending Denied
- Social Security Disability Insurance: _____ Date Applied (_____) Approved Pending Denied
- VA Disability: _____ Date Applied (_____) Approved Pending Denied
- *VFW: _____ Date Applied (_____) Approved Pending Denied
- WIC: (*Women, Infants, and Children* nutrition) _____ Date Applied (_____) Approved Pending Denied
- *AMVETS: _____ Date Applied (_____) Approved Pending Denied
- Other: (_____) Date Applied (_____) Approved Pending Denied

SSI = need-based according to income and assets see <http://www.disabilitysecrets.com/page5-13.html>

SSDI = must be younger than 65 and have earned a certain number of work credits

***** CREDITOR (DEBT) INFORMATION *****

Examples: mortgage, rent, utilities, automobile, insurance, credit card, personal loan, education, etc.

1. Creditor Name: _____ Purpose: _____
Address: _____ Telephone: () _____
Name on account: _____ Account #: _____
Monthly payments: \$ _____ Months behind: _____ Total owed: \$ _____
2. Creditor Name: _____ Purpose: _____
Address: _____ Telephone: () _____
Name on account: _____ Account #: _____
Monthly payments: \$ _____ Months behind: _____ Total owed: \$ _____
3. Creditor Name: _____ Purpose: _____
Address: _____ Telephone: () _____
Name on account: _____ Account #: _____
Monthly payments: \$ _____ Months behind: _____ Total owed: \$ _____

IF MORE CREDITORS, LIST THEM ON PAGE 7 OF 7. ONLY INCLUDE MONTHLY CREDITOR PAYMENTS ON YOUR MONTHLY EXPENSES WORKSHEET, PAGES 4 OF 7 AND 5 OF 7.

***** FAMILY ASSISTANCE *****

Family members (siblings, parents, grandparents, friend, etc. who can assist you with funding): _____

<i>MONTHLY RECURRING INCOME</i> FINANCIAL INFORMATION	MONTHLY GROSS \$	MONTHLY NET \$	REMARKS EXPLAIN ON PAGE 7 IF NEEDED
MONTHLY INCOME			
Wages from 1 st job			Explain:
Wages from 2nd job			Explain:
Wages of your Partner			
Wages of other family members			
Social Security (veteran & partner)			
Social Security Supplemental Income (SSI)			
Social Security Disability Income (SSD)			
VA Disability Compensation			
VA Education Benefits			
Child Support			Explain:
Alimony			
SNAP			
WIC			
Other pension(s)			Explain:
Unemployment compensation			End Date:
Workman's compensation			End date:
Rental income			
Business income			
Public assistance (DSS)			
Parental assistance			
Sibling assistance			
Other			
Other			
Other			
TOTAL MONTHLY INCOME	\$	\$	

REMARKS:

MONTHLY RECURRING EXPENSES FINANCIAL INFORMATION	NET MONTHLY RECURRING \$	REMARKS EXPLAIN ON PAGE 7 IF NEEDED
<i>Home Expenses</i>		
Rent or Mortgage		Explain:
Trailer Lot Rental		
Electric		Provider:
Natural Gas		Provider:
Propane		Provider:
Fuel Oil/Kerosene		Provider:
Water/Sewer/Garbage		
Homeowners/Renters Insurance		
Flood Insurance		
HOA Fees/Taxes		
Taxes (Property/School/Library/Federal)		
Security Systems		
Cell Phone/How Many?		Provider:
Home Phone		Provider:
Cable		Provider:
Internet		Provider:
Home Repairs/Maintenance		
Storage Unit Fees		
<i>Transportation</i>		
Gasoline		
Vehicle Maintenance		
Vehicle Insurance		Provider:
Vehicle Registration		How Many:
Vehicle Loan(s)		\$ Each Vehicle
Parking/Tolls/Public Transportation		
<i>Health</i>		
Insurance (Life, MEDICARE, Other)		Explain:
Medical (Copays)		
Dental		
<i>Living</i>		
Groceries		
Fast Food/Dining Out		
Clothing		
Laundry/Dry Cleaning		
Haircuts/Salons		
Personal Care		
Tobacco		
Alcohol		

MONTHLY RECURRING EXPENSES FINANCIAL INFORMATION (CONTINUED)	PAGE 5 OF 7 <i>Living</i> (Continued)	REMARKS EXPLAIN ON PAGE 7 IF NEEDED
Legal Expenses		
Childcare		
Payout of Child support		
Payout of Alimony		
Diapers		
Household Supplies		
Pet Food and/or Pet Fees		
Pet Medical		
Loan Payments		Explain:
Debt Payments		Explain:
Credit Card Payments		
Bank Fees		
<i>Contributions</i>		
Support to parents or siblings		
Support to Children		Explain on Page 7:
Charities		
<i>Children/School</i>		
Activities/Sports/Allowances		
Tuition		
School Lunches/Supplies		
Uniform/Lessons/Tutors		
<i>Entertainment</i>		
Nights Out/Movies		
Memberships		
Books/E-books/Magazines		
Leisure/Hobbies/Gambling/Gaming		
Gifts		
Holidays		
Other		
Other		Explain:
Other		Explain:
Other		Explain:
Other		Explain:
Other		Explain:
Other		Explain:
TOTAL MONTHLY EXPENSES	\$	

REMARKS:

***** **CONTINUATION & REMARKS** *****

Once you have completed this vetting form, please return it to V4V via mail or USPS (see first page), along with a **clear copy of your DD form 214** showing your type of discharge and any references or statements supporting your request for assistance.

Please summarize below what support the veteran is requesting from V4V and reasons why:

Continuation from items on previous pages entitled _____:

Item Name or Paragraph number: _____: