



WDVA FINANCIAL ASSISTANCE APPLICATION

COUNTY: _____

APPLICATION DATE: _____

Date Stamp

Client ID: _____

Referred by: _____ Phone: _____ Location: _____

CASE MANAGER USE ONLY		
Program applying for if known		
VIP	HVRP	OTHER

PERSONAL INFORMATION

Full Name (First Middle Last) _____

Phone: _____ SSN: _____

Email: _____

Active Duty Military Service (regular not Title 10 activation):

Date of Entry: _____ Date of Discharge: _____ Type of Discharge: _____

Branch of Service: ARMY USN USAF USMC Coast Guard

Verification: DD-214 VA Letter / Data System Other: _____

Guard/Reserve Service:

National Guard Air Guard Which State? _____

Army Reserves USN Reserves USAF Reserves USMC Reserves Coast Guard Reserves

Date Activated -Title 10 _____ Date De-Activated -Title 10 _____

Campaign or Expeditionary Medal:

Vietnam Afghanistan SW Asia Kosovo Iraq New Dawn Armed Forces Navy/Marine GWOT

Military Occupational Skill(s) _____

Are you a US Citizen Yes No What country, city and state were you born in: _____

Are you homeless Yes No If Yes, how long? _____

Current Living Situation / Location:

No residence (outdoors, vehicle, abandoned building, etc): _____

Shelter or Transitional Housing – Name & Location: _____

Other: _____

CONTACT INFORMATION

_____	_____	
Phone Number	Message Number	
_____	_____	_____
Home Address	City	Zip Code
_____	_____	_____
Mailing Address (if different)	City	Zip Code

VA Benefits & Entitlements Status:

Have you filed a claim for VA Disability (SC Compensation)? Yes No

If yes, date filed: _____ Who is your Representative (POA) _____

Award granted? Yes No If yes, percentage: _____

List disabilities: _____

Have you accessed other VA Benefits & Entitlements? Yes No

If Yes, which? Health Care Education & Training Life Insurance Home Loan

DEMOGRAPHICS

Gender: Male Female

Marital Status: Single Married Divorced Separated Widowed

Ethnicity: Asian/American American Indian/Native Alaskan African American

 Hispanic/Latino Native Hawaiian/Pacific Islander Caucasian

Other: _____

Welfare/Public Assistance Disabled VA Disability (> 30%) Newly Separated (< 36 months)

Chronically Homeless Stand Down Participant

Are you currently homeless? Yes No

Have you previously experienced homelessness? Yes No

How many times in the past 3 years have you been homeless: 0 1 2 3 4 or more

Last Performed Military Service:

< 3 years ago 4–7 years ago 8–11 years ago 12–15 years ago 16–19 years ago >20 years

EMPLOYMENT

Employment (Self): Full-Time Part-Time Unemployed Retired Unable to Work

Employer Name/Address: _____

Hours per week _____ Wage \$ _____

Job Title: _____ Job Duties: _____

If Unemployed, what is the last date you worked _____

Have you registered with your Local Veterans Employment Representative (LVER) or Disabled Veterans Outreach Program (DVOP) specialist at the Work Source Center (Employment Security)?

Yes No If No, why not? _____

Are you currently receiving Unemployment Insurance (UI)? Yes No

If yes, date UI Benefits began? _____ Date UI benefits expire? _____

Employment (Spouse, if applicable): Full-Time Part-Time Day Labor Unemployed Retired Unable to Work

Employer Name/Address: _____

Hours per week _____ Wage \$ _____

Job Title: _____ Job Duties: _____

If not employed, are you a full-time student? Yes No If yes, where: _____

If yes, are you receiving VA Education Benefits? Yes No

If yes, which benefit: MGIB MGIB-R Post 9/11 GIB Voc Rehab Other: _____

If not employed, is your spouse a full-time student? Yes No If yes, where: _____

If yes, are they receiving VA Education Benefits? Yes No

If yes, which benefit: MGIB MGIB-R Post 9/11 GIB Voc Rehab

If yes to Post 9/11 GIBill or Voc Rehab, are you in receipt of: BHA Stipend

Are you participating in the VA Work-study Program? Yes No

If Yes, where: _____

FAMILY INFORMATION

List all individuals who currently live with you (Spouse, friend, partner, roommate, etc)

Name	Age	Relationship	Employed	
			Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

HEALTH CARE

Are you enrolled in a Health Care plan? Yes No

Is your family enrolled in a Health Care plan? Yes No

If yes, which one: _____

LEGAL INFORMATION

Criminal History: _____

Do you have any outstanding warrants? Yes No

Do you have any legal issues pending? Yes No Type: Civil Criminal

Have you been ordered to pay child support? Yes No Amount: _____

Do you have a valid drivers' license? Yes No State ____ / _____

IMMEDIATE NEEDS

I am applying for the following types of assistance

- Food
- Rent/Mortgage
- Employment services
- Utilities (gas, electric)
- Child Care
- Tuition/Books/Fees
- Transportation

Other, please list: _____

Do you have an eviction or foreclosure notice? Yes No

If yes, date issued: _____ Effective Date: _____

Do you have or expect to receive a utility shut off notice? Yes No

If yes, date issued: _____ Effective Date: _____

What other resources have you applied for?

- County Veterans Assistance Fund
- American Legion -Temp Family Assistance
- Salvation Army
- Minuteman
- Soldier's Angels
- Local Faith Based Organization
- Other: _____

Describe assistance received: _____

EXPENSES

INCOME

Total Household Expenses (Monthly):

Rent/Mortgage _____

Utilities _____

Water _____

 Gas _____

 Electrical _____

 Telephone _____

Car Payment _____

Car Insurance _____

Fuel, oil, parking _____

Food _____

Household Supplies _____

Day Care _____

Child Support _____

Other: _____

Total Household Income (Monthly):

Employment (*self*) _____

Employment (*spouse*) _____

Guard/Reserve Pay _____

VA Comp / Pension _____

VA MGIB VocRehab _____

VA Work-Study/Stipend _____

Unemployment _____

L& I _____

SSI / SSDI _____

 GA-U / GA-X _____

Food Stamps _____

Child Support _____

Other: _____

DECLARATION AND SIGNATURE

I declare under penalty of perjury that the information I gave in this application is true, correct, and complete to the best of my knowledge. I understand that I can be criminally prosecuted if I incorrectly receive financial assistance because I have willfully made a false statement or willfully failed to report something I should report.

Signature of Applicant or Legal Representative

Date

Case Manager

Telephone

Location

E-Mail



WDVA FINANCIAL ASSISTANCE RELEASE OF INFORMATION

Release of Information Form for _____

(client name)

I understand that by giving **WDVA** permission to share any types of information in the WDVA system, that shared information will be identified with my personal information (*such as name, social security number, date of birth, gender, etc.*) so that the Partner they are sharing it with will know who the information is about.

They may share this information about me in the HVRP system with:

(Choose one)

- Any** WDVA Partners necessary to provide me the service I need
- Any** WDVA Partners **except for** the following agencies and programs: _____
- Only** the following agencies and programs: _____

Note that we are not required to agree to additional restrictions that you request beyond those listed here. But, if we do agree to additional restrictions (that you request in writing), then they are binding on this Agency and on our other partner agencies.

By signing this, I certify I understand that:

- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.
- The Agency may deny me services if I do not give them permission to enter my data into programs system or share it with other agencies.
- I am entitled to a copy of this release and sharing form.
- I may revoke this sharing permission at any time by delivering or mailing a written statement canceling my consent and/or release of information to the Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect.
- The current list of Agencies who are WDVA Partners that may have access to my information is listed at www.dva.wa.gov I understand that additional agencies may partner WDVA at any time and will also have access to my personal information unless I excluded them. I understand that upon my request, the Agency must provide me with a list of current Partner Agencies before I sign this release and sharing form, and must allow me to view the updated list of Partner Agencies so long as my release/sharing permission remains in effect.
- I have reviewed a copy of the *WDVA Client Privacy Rights* posted at this Agency.

Client Signature

Date

Print Name

Agency Representative Signature

Date

Print Name

DIRECT CLIENT SERVICES

CASE MANAGER/DVCM/LVER USE:

If applicable, fill in the date training or service was first provided to the participant:

Job Search Assistance	Yes	No	Date: _____
Counseling/Vocational Guidance	Yes	No	Date: _____
Job Club Workshop	Yes	No	Date: _____
Compensated Work Therapy	Yes	No	Date: _____
Tools/Fees/Specific Work Clothing/Boots	Yes	No	Date: _____
Other Supportive Services	Yes	No	Date: _____
Classroom Training	Yes	No	Date: _____
On-The-Job Training (Contract No:)	Yes	No	Date: _____
Occupational Skills Training	Yes	No	Date: _____
Apprenticeship Training	Yes	No	Date: _____
Upgrading and Retraining	Yes	No	Date: _____
Life Skills/Money Management Training	Yes	No	Date: _____
Other Training (Specify)	Yes	No	Date: _____

(HVRP Coordinator Use Only) ASSESSMENT, ENROLLMENT & PLACEMENT INFORMATION

Enrollment Date/Quarter: _____	1st	2nd	3rd	4th
Placement Date/Quarter: _____	1st	2nd	3rd	4th
Quarter Exited:	1st	2nd	3rd	4th
Quarter Placed in				
Transitional or Permanent Housing:	1st	2nd	3rd	4th
Quarter Referred to VA for Benefits:	1st	2nd	3rd	4th
Hourly Wage at Placement: \$ _____	Hours per week: _____			

Green Job (if applicable) Yes No Description: _____

EXAMPLES OF GREEN JOBS INCLUDE:

Energy-efficient building, construction, and retrofits industries,
Renewable electric power industry
Energy efficient and advanced drive train vehicle industry,
Bio-fuels industry, Deconstruction and materials use industries,
Energy efficiency assessment industry serving the residential, commercial, or industrial sectors
Manufacturers that produce sustainable products using environmentally sustainable processes
and materials Other (Describe in quarterly Technical Performance Narrative-TPN)