

## Application For Assistance: Department Emergency Aid Fund

Date: \_\_\_\_\_

<b>Veteran's Name:</b>	<b>Spouse's Name:</b>
Address:	Address:
Occupation:	Occupation:
Disability:	Disability:
Currently receiving VA benefits?	Currently receiving VA benefits?

Service Number:	
Date of Entry:	
Date of Discharge:	
Branch of Service:	



Child's Name:	Age:

**Reason for emergency aid request:**


Amount Requested:	Amount Approved:	Signature of person to whom check is payable:

Signature of Post Officer or D.V.S.O.:	Signature of Department Welfare Officer:

\*A copy of the veteran's separation document is required.