

SALUTE, INC.

Home Base Veteran & Family Care Program *Financial Assistance Application*

Please note when completing the application:

- The application must be complete. On a separate sheet of paper, include any other information you feel is pertinent to your situation. ***An incomplete application cannot be processed.***
- A legible copy of your DD214 must accompany the completed application
- **Your military Point-of-Contact information must be complete, including the phone number and email address. This person should be your VA case worker or mental/physical health counselor. The Point-of-Contact must understand your history and current situation, and have written consent from you to discuss your case.**
- Any copies of bills that you are requesting assistance with paying.

Name of Recipient Applicant: _____

Address: _____
(Street Address, including Apartment Number, if applicable) (City, State, Zip Code)

Phone (with Area Code): _____ **Email** _____

Marital Status: Single Married Divorced **Spouse's Name** _____ **Employed?** _____

Branch of Service: US Army ___ USN ___ USAF ___ USMC ___ USCG ___ **Date of Birth** _____

Began active duty date: _____ **Ended active duty date:** _____

What military campaign did you serve in and where?

After serving in the above campaign(s), which of the following applies?

- ___ I am not injured.
- ___ I am service connected and currently rated @ _____%
- ___ I am currently being evaluated/re-evaluated for service connection rating
- ___ I have a permanent disability.
- ___ I have been rated unemployable
- ___ I am currently undergoing a rehabilitation or recuperation program
- ___ Other

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Have you received financial assistance from any other organizations? If so, please list the sources and amount of aid.

Mandatory Point of Contact Information

Home Base Mental Health Counselor Point of Contact –

Name: _____ Title: _____

Telephone: _____ Email _____

The verification & release of all case information must be provided before application can be processed.

FINANCIAL RECORD

MONTHLY INCOME

LES- Separation Leave of
Earnings Statement..... _____

Veterans Compensation/
Pension from VA..... _____

Social Security Benefits.... _____

Food Stamps/State Aide.... _____

Work income..... _____

Child Support..... _____

Unemployment _____

Earnings of Spouse..... _____

Loans/GI Bill..... _____

Caregivers Pay..... _____

Additional Income..... _____

Other..... _____

TOTAL _____

MONTHLY NEEDS

Mortgage/Rent.... _____

Car Payment..... _____

Car Insurance..... _____

Utilities..... _____

Phone..... _____

Other..... _____

TOTAL _____

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Goals & Objectives

What are you requesting help with? Please list the most critical needs in order of importance.

How will your situation be financially improved in 3-6 months assuming Salute gives you financial assistance?

If requested by SALUTE, INC. I am willing and able to provide documentation to support this claim.

I certify the above information to be true and correct. I authorize verification/release of the information that I am providing on this application. Disclosure of information on this form is voluntary. Failure to provide the requested information, however, will prohibit the processing of this application. In accordance with applicable laws, SALUTE, INC. will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or an otherwise required by law.

Signature of Applicant Recipient – Required
(Must be signed not printed or typed)

Date - Required

If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:

Name of Representative: _____

Relationship to Intended Recipient: _____

Address of Representative: _____

(Street Address, including Apartment Number, if applicable)

(City, State, Zip Code)

(Telephone Number)

(E-Mail Address)

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Signature of Representative – *(Must be signed not printed or typed)*

Date – Required

Three ways to submit applications:

Fax Application to 847-359-8818

Email Application to saluteinc@yahoo.com

*Mail to: SALUTE, INC.
P.O. Box 2663
Palatine, IL 60078-2663*

If you have any questions, please call the Salute main office at 847-359-8811