



SHIRLEY RYAN ABILITY LAB Financial Assistance Application

Name of Veteran Applicant: _____ Date of Birth ____/____/____

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

Phone (with Area Code): _____ Email _____

Ethnicity- Please circle one: American Indian/Alaskan Native | Asian | Hispanic/Latino
Black/ African American | Native Hawaiian or Pacific Islander | Multi Ethnic

Are you employed? _____ Marital Status: Single Married Divorced Separated
If married, what is your spouse's name: _____ Is spouse employed? _____
Do you have children? _____ How many? _____

Branch of Service: US Army __ USN __ USAF __ USMC __ USCG __

Began active duty date ____/____/____ Ended active duty date ____/____/____ Active now? _____

After your discharge, 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

Briefly list the injuries incurred during your time in service _____

Does veteran require a caregiver? _____ Caregiver's Name _____

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



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:* _____

Address of Representative: _____
(Street Address & Apt. #- City, State, Zip Code)

(Telephone Number)

(E-Mail Address)

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

Date – Required

Three ways to submit applications:

- **Fax:** 847-359-8818 (preferred way to submit)
- **Scan & Email:** gethelp@saluteinc.org * Pictures of application and documents taken from a phone or camera are not acceptable.
- **Mail to:** SALUTE, INC./ P.O. Box 2663 / Palatine, IL 60078

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