

IOWA VETERANS TRUST FUND ASSISTANCE REQUEST

+Please Submit to:

IOWA DEPARTMENT OF VETERANS AFFAIRS
 Camp Dodge, Bldg A6A, 7105 NW 70th Ave.
 Johnston, Iowa 50131-1824
 Phone (515) 242-5331
www.iowava.org



Personal and Military Data

Full Name _____
 (Last) (First) (Middle)
 Social Security # _____
 Date of Birth _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Rent (Y / N) Own (Y/N)
 Home Phone _____ Work _____
 Cell _____ U.S. Citizen (Y / N)
 Veteran (Y / N) Widow of a veteran (Y / N)

Branch (select one): Army/Navy/Marines/Air Force/
 Coast Guard/Merchant Marine

Dates of Service _____ to _____
 Type of Discharge _____
 Length of Iowa Residency _____
 Previous State/County _____
 Current Employer and Address _____

Household Contributor Data

Full Name _____
 (Last) (First) (Middle)
 Relationship _____
 Date of Birth _____
 Home Phone _____ Work _____
 Cell _____ U.S. Citizen (Y / N)
 Veteran (Y / N) Widow of a veteran (Y / N)
 Current Employer and Address _____

Dependent Data

Name _____ Date of Birth _____
 Relationship _____
 Name _____ Date of Birth _____
 Relationship _____
 Name _____ Date of Birth _____
 Relationship _____
 Name _____ Date of Birth _____
 Relationship _____

Total Household Monthly Income

Income Source	Applicant	Spouse
Take Home Pay	\$	\$
Unemployment	\$	\$
Food Support	\$	\$
Social Security	\$	\$
Supplemental Security Income (SSI)	\$	\$
IPERS	\$	\$
Child Support	\$	\$
Pension	\$	\$
Interest/Dividend/Rental	\$	\$
FIP	\$	\$
Total Gross Income	\$	\$
VA Compensation	\$	\$
VA Pension	\$	\$
Any Other Income	\$	\$

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Liquid Asset Data

Cash on Hand _____
Checking Account Balance _____
List Account Financial Institutions and Accounts

Savings Account Balance _____
List Account Financial Institutions and Accounts

Money Market Account Balance _____
List Account Financial Institutions and Accounts

Stocks/Bonds amount _____
Certificates of Deposit Amounts _____
Treasury Bills _____
Other Liquid Assets _____

Non-Trust Fund Assistance

Title XIX _____
Health Insurance Company _____
Policy # _____
Food Support _____
Fuel Assistance _____
Medically Needy Spend down Amount _____
County Relief (Y /N)
If yes, which county _____
Assistance Receiving _____
Assistance from Other Counties _____
Assistance from Other Agencies _____

Expenses

Monthly Payments

Rent or Mortgage Payment _____
Trailer Lot Rent _____
Electric / Gas Bill _____
Water/Sewer/Trash Bills _____
Food _____
Vehicle Gas and Maintenance _____

Child Care _____
Phone _____
Cell Phone _____
Cable Television _____
Doctor Bills _____
Hospital Bills _____
Medication Costs _____
Dental Bills _____
Credit Card Debt _____
Installment Payments _____
Car Payment _____
Car Insurance _____
Wage Garnishment _____
Other Monthly Bills _____

TOTAL MONTHLY EXPENSE \$ _____

Bills owed but not being paid

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Trust Fund Assistance Application

In order to qualify for assistance from the trust fund, the applicant must have a household income at or below 300 percent of the Federal Poverty Guidelines and less than \$15,000 in liquid assets. Further asset guidelines may apply and are identified within the applicable option.

_____ 14.4(1) Travel expenses for wounded veterans or visiting spouse, directly related to follow-up medical care.

Due to the current level of interest funds available in the Iowa Veterans Trust Fund, the Iowa Commission of Veterans Affairs has suspended payments for this area of assistance until a future date.

_____ 14.4(2) Job training or college tuition assistance.

Due to the current level of interest funds available in the Iowa Veterans Trust Fund, the Iowa Commission of Veterans Affairs has suspended payments for this area of assistance until a future date.

_____ 14.4(3) Unemployment assistance during a period of unemployment due to prolonged physical or mental condition or disability resulting from military service. *Maximum monthly benefit - \$500. Maximum in a 12 month period - \$3,000. Lifetime maximum benefit - \$6,000.*

Amount of Request \$ _____
Date Unemployment Began _____
Reason for Unemployment _____

Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
 - Denials from other agencies;
 - Verification of assistance from other agencies or counties; and
 - Evidence that the mental condition or disability is service connected and evidence that the veteran is unemployed for the period of payments.
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_____ 14.4(4) Dental, vision, hearing, and prescription drug assistance for veterans. Payment will be made directly to the medical provider for medical needs not covered by Medicaid, Medicare, insurance, or VA. *Maximum benefit for dental care - \$2,500, vision care - \$500, hearing care - \$1,500 per ear, and prescription drugs - \$1,500. Liquid assets cannot exceed \$5,000.*

Type of Request: Dental/Vision/Hearing/Prescription Drugs.

Amount of Request \$ _____

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Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
- Denials from other entities;
- Verification of assistance from other agencies or counties;
- Medical documentation of the health care need;
- Estimated cost of the care on a statement from the health care provider / or the unpaid portion of an unpaid medical invoice; and
- Federal ID number and contact information for the institution where payment will be made _____.

_____ **14.4(5) Durable equipment to allow a veteran to remain in their home or to fully utilize their home.** *Lifetime maximum - \$2,500. Liquid assets cannot exceed \$5,000.*

Amount of Request \$ _____

Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
- Denials from other agencies;
- Verification of assistance from other agencies or counties;
- Medical documentation of the needed equipment and how it will aid the veteran in remaining in their home or fully utilizing their home;
- Invoice from a supplier or installer of durable medical equipment or estimate cost of equipment and installation.
- Federal ID number and contact information for the entity where payment will be made _____.

_____ **14.4(6) Individual or family counseling and substance abuse programs.** Veterans who are eligible for VA health care must initially access VA psychiatric care and may use the trust fund to supplement that care if it will occur with a greater frequency or is closer than VA care . For non-VA services, up to \$150 per hour and \$75 per half-hour is available for outpatient counseling visits and \$40 per hour for group counseling. *Total benefits cannot exceed \$5,000 per family in a 12 – month period, with reduced limits based on the following: Individual veteran counseling services - \$2,500 maximum. Individual veteran substance abuse treatment and counseling combined - \$3,500 maximum. Family counseling services that may also include individual counseling and substance abuse services - \$5,000. Liquid assets cannot exceed \$5,000.*

Amount of Request \$ _____

Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
- Denials from other agencies;

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- Verification of assistance from other agencies or counties;
- If VA eligible, evidence of treatment at a VA medical center;
- Evidence of attendance of a counseling program and documentation of the cost of the program; and
- Federal ID number and contact information for the entity where payment will be made_____.

14.4(7) Ambulance and emergency room services for veterans who are trauma patients.

Due to the current level of interest funds available in the Iowa Veterans Trust Fund, the Iowa Commission of Veterans Affairs has suspended payments for this area of assistance until a future date.

14.4(8) Emergency housing repair, emergency transitional housing assistance, and emergency vehicle repair (*suspended*).

Housing Repair: Housing repair is limited to repairs that are required to improve the conditions and integrity of the home and are necessary for the safety and security of the residents. In situations where a home is damaged beyond repair, assistance under this subrule is available to assist the applicant in purchasing a new home.

Transitional Housing: Assistance for transitional housing may be provided to applicants who are displaced from their home during a period of repairs related to a disaster, vandalism, home accident, or other reason that make staying the home hazardous to the health of the residents. Any refunded security deposits paid for under this subrule shall be returned to the Iowa veterans trust fund.

Vehicle Repair: *Due to the current level of interest funds available in the Iowa Veterans Trust Fund, the Iowa Commission of Veterans Affairs has suspended payments for this area of assistance until a future date.*

The maximum amount that may be paid for any consecutive 12-month period may not exceed \$3,000 for housing repair and \$1,000 for transitional housing. Liquid assets cannot exceed \$3,000.

Amount of Request \$_____

Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
- Denials from other agencies;
- Verification of assistance from other agencies or counties;
- Rental agreement for transitional housing;
- Repair estimates from the entity that will be performing the vehicle or home repair or an unpaid repair invoice; and
- Federal ID number and contact information for the entity where payment will be made_____.

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14.4(9) Expenses related to establishing a minor child is a dependent of a deceased veteran.

Due to the current level of interest funds available in the Iowa Veterans Trust Fund, the Iowa Commission of Veterans Affairs has suspended payments for this area of assistance until a future date.

I understand that I am required to ensure that the information I have entered on this form is as complete and accurate as feasible on the date it was completed. I further understand that the data I have supplied on this form will be investigated and used by any and all members of the Iowa Veterans Commission or Iowa Department of Veterans Affairs to determine my eligibility for the assistance requested. I also understand that intentionally providing false information could lead to a six month bar from receiving any benefits from the Iowa Veterans Trust Fund. Therefore, I hereby authorize release of this information to and only to these individuals.

(Applicant's Signature)

(Date)

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Johnston, Iowa 50131-1824
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***** FOR COUNTY VA USE ONLY*****

1. Please include a signed letter from the County Veterans Affairs office indicating the pertinent facts surrounding this application.

2. Did your investigation of the facts agree with the application? Y____ N____

If no, explain _____

3. Did you find additional pertinent facts not shown on the application? Y____ N____

If yes, explain _____

4. What is your recommendation concerning this application? Approve____ Disapprove_____

Partially Approve _____ Defer _____

Explain reason for recommendation_____

County Officer Signature _____ County _____

Updated – February 13, 2009