



**Jo-Daviess County
Veterans Assistance
Program**

P.O. Box 6433

Galena, Il., 61036

Phone 563-580-3733

Email: jdcvap@gmail.com

Application for Financial Assistance

Veterans /Applicants Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Marital Status: _____ Spouse's Name: _____

I am requesting assistance for myself and the following family members who reside with me.

Name:	Relationship:	Age:	Social Security Number:
	Applicant / Veteran		

Are you and/or your family currently homeless? Yes: _____ No: _____

Do you currently own your own residence? Yes: _____ No: _____

Do you currently own real estate other than your residence? Yes: _____ No: _____

Complete information below for each family member that is employed and lives in your residence:

Name:	Name and Address of Employer

Describe the circumstances that best relate to your financial hardships. Be specific; i.e. home repairs, increase in utilities, loss of income, etc.

Complete the following section of Basic Monthly Living Expenses and Financial Assistance Requested:

List All Monthly Expenses If none, write "None"		Financial Assistance Requested		Approved Amount
Mortgage/ Rent	\$	Mortgage/ Rent	\$	\$
Electric	\$	Electric	\$	\$
Gas	\$	Gas	\$	\$
Water	\$	Water	\$	\$
Trash	\$	Trash	\$	\$
Phone	\$	Phone	\$	\$
Food	\$	Food	\$	\$
Prescriptions	\$	Prescriptions	\$	\$
Medical Co-Pays	\$	Medical Co-Pays	\$	\$
Other	\$	Other	\$	

Financial Information

Present Income and Cash Resources Fill in every blank. If none, write "None".

Source	Person or Persons Receiving	Description / Name of Resource	Total Monthly Amount
Employment: Salary			\$
Unemployment:			\$
Workman's Comp.:			\$
Public Aid / HUD:			\$
VA Benefits:			\$
Social Security / SSI :			\$
Annuities / Pensions:			\$
Alimony /Child Support:			\$
Friends / Relatives:			\$
Farm Income:			\$
Stocks/Bonds Income:			\$
Rental Income:			\$
Other Income:			\$

Banking Information and Other Cash Resources.

Does any member of your family residing with you presently have a savings or checking acct. that is overdrawn? Yes: _____ No: _____

Complete the following information for each person residing with you that is the owner/holder of any bank or financial institution savings or checking acct.

Acct. Owner Name	Name of Financial Institution or Bank	Account Number	Account Balance

Mandatory Information Required

Documents below must be returned with this completed and signed application before Veterans Assistance can be processed.

---- Copy of Veterans DD-214, (Military Discharge showing honorable discharge).

----Copy of current State Photo ID or State Drivers License.

I understand that if I have given any false information or intentionally failed to disclose information and it is discovered at a future time, I will be barred from the Jo-Daviess County Veterans Assistance Program and I may be subject to prosecution; criminal, civil, or both under 42 U.S.C. and other statues that apply given the circumstances. I certify, under the penalty of perjury, that all of the required information that I have provided for this program is accurate and truthful to the best of my knowledge.

Veterans / Applicants Signature _____ Date: _____

For office use only

Application Received	Decision	Applicant Notified of Decision
Date: _____	Date: _____	Date: _____

Assigned Applicant Code: _____

CURRENT LOCAL VETERAN SERVICES AVAILABLE

VA: IOWA CITY: 319-338-0581 MADISON WI: 608-256-1901

1. Health care
2. Service connected disability payments
3. Vocational rehab and employment
4. Pensions
5. Education and training
6. Home loan guarantees
7. Life insurance
8. Burial and memorial benefits
9. Dependents and survivors health care
10. Military records and medals

STATE OF ILLINOIS DEPT OF VETERANS AFFAIRS: 815-233-5092

1. Provides a representative that visits the county monthly
2. Assistance with VA benefits and issues DD-214
3. Educational benefits, scholarships, teacher to troops
4. IL veteran's homes application for
5. Employment assistance programs
6. Real estate exemptions DNR fees
7. VA referral and counseling

JO DAVIESS COUNTY: 653-580-3733

1. Financial Aid.
2. Guidance

To obtain your DD-214 <http://www.va.gov/ww/education/education.asp>

Administration Services:

Illinois Department of Veterans' Affairs is available to help Veterans, family members and survivors in filing claims for both federal and state benefits. They can also aid with record gathering and appeals in cases of denial.

A representative is available at the West Galena Township Building the 4th Wednesday of the month. Phone 815-233-5092 or <http://www.va.gov/ww/education/education.asp>

Transportation:

Veterans with proof of service ride free on the Jo Daviess County Transit System. For frequent users a pass can be obtained at the system office 710 S West St Galena. Care givers accompanying a Veteran also ride free. Coverage includes VA Clinics in Dubuque and Freeport. Phone 815-777-8088 to schedule your ride or ask questions.

Other Veterans Community Services:

Veterans Administration Clinic Freeport:	815-235-4881
Veterans Administration Clinic Dubuque:	563-588-5520
VA Legal Services	773-340-3838
Energy Assistance (LHEAP)	833-711-0374
Hope Foundation:	815-573-7313
Senior Resource Center	815-235-9777
Dental	815-906-0133
Salvation Army	815-777-5112
United Way of NW IL	211

Food Services:

Caring Neighbors Warren	815-745-3441
East Dubuque:	563-580-1456
Food Basket Elizabeth	815-990-3128
Food Pantry Hanover	815-275-4987
United Churches Galena	815-777-1456
Society St. Vincent d ePaul	815-777-4041