



# Community Blueprint



serving with veterans, military  
service members and their families

## **Southern Tier Veterans Support Group, Inc. (STVSG)**

A 501(c)(3) Public Charity

***Attached please find the STVSG Vetting Form to be completed by veterans requesting assistance from our organization.***

***Please USPS mail, email, or fax the completed form to the address or Fax number below.***

### **Contact:**

Web: [www.stvsg.org](http://www.stvsg.org)

Email: [info@stvsg.org](mailto:info@stvsg.org)

Email: [southerntiervsg@gmail.com](mailto:southerntiervsg@gmail.com)

Telephone: [607-205-8332](tel:607-205-8332)

FAX: [607-348-1432](tel:607-348-1432)

Facebook: <http://tinyurl.com/stvsg-facebook>

USPS: [PO Box 1201, Vestal NY 13851](mailto:PO Box 1201, Vestal NY 13851)

### **Submitted by:**

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**SOUTHERN TIER VETERANS SUPPORT GROUP VETTING FORM**

(Please print – put overflow information at bottom of Page 6)

**\*\*\*\*\* STVSG ADMIN INFORMATION \*\*\*\*\***

Received Date/Time: \_\_\_\_\_ Received By: \_\_\_\_\_ From: \_\_\_\_\_

Other Agency Prior Request  If so, Agency Name/Location: \_\_++\_\_\_\_\_

Has This Need Been Vetted? Yes No If so, by whom: \_\_\_\_\_

**\*\*\*\*\* CONTACT INFORMATION \*\*\*\*\***

Vet’s Full Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Social Security Number: \_\_\_\_\_ (if required)

Address/Zip: \_\_\_\_\_  
 Homeless  No Permanent Address  Address Inactive

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**\*\*\*\*\* VETERAN’S DEMOGRAPHIC INFORMATION \*\*\*\*\***

Birth Date: \_\_\_\_\_  Male  Female  Vet  Dependent

Marital Status:  Married  Widowed  Divorced  Separated  Never Married

Spouse’s Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*\*\* MILITARY INFORMATION \*\*\*\*\***

WWII  Korea  Vietnam  Grenada/Lebanon  Panama  Persian Gulf  \*OEF  \*OIF  \*OND  
 \*OFS  \*OIR  Other \_\_\_\_\_

Current Military Status: \_\_\_\_\_ Rank/Grade: \_\_\_\_\_ Served overseas?  Yes  No

Discharge Pending?  Yes  No VA Disability?  Yes  No Percent: \_\_\_\_% Service Connected? Y N

VA Disability Received?  Yes  No Expected Start Date of VA Payments: \_\_\_\_\_

Branch of Service Entry Date Discharge Date \*\*\*\*\*Type Discharge\*\*\*\*\*  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  Honorable  General  Medical  OTHC\*  
 Bad Conduct  Dishonorable  Entry Level Separation

Wounded/Injured?  Yes  No

Service connected?  Yes  No Dependency filed?  Yes  No

**\*\*\*\*\* RECORD OF ELIGIBLE CHILDREN (AGES, SCHOOL GRADE, LIVING AT HOME OR AWAY) \*\*\*\*\***

Child Name/Age/Grade: \_\_\_\_\_ Child Name/Age/Grade: \_\_\_\_\_

Child Name/Age/Grade: \_\_\_\_\_ Child Name/Age/Grade: \_\_\_\_\_

Are both parents living in the home?  Yes  No Which parent is absent? \_\_\_\_\_

Reason for absence: \_\_\_\_\_ Who has legal custody of minor child/children? \_\_\_\_\_

Does the child or children reside in the home full-time?  Yes  No (Circle Child’s name if YES)

**\*\*\*\*\* VETERAN EMPLOYMENT DETAILS \*\*\*\*\***

Employment status: Full-time  Part-time  Looking for work (Hours working per week: \_\_\_\_\_)

(If unemployed, explain on Page 6) Skills: \_\_\_\_\_

Employer’s Name/Address/Phone: \_\_\_\_\_

Years/Months on the job: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

\*OEF: Operation Enduring Freedom \*OIF: Operation Iraq Freedom \*OND: Operation New Dawn \*OFS Operation Freedom’s Sentinel  
\*OIR: Operation Inherent Resolve \*OTHC: Other Than Honorable Conditions

\*\*\*\*\* SPOUSE EMPLOYMENT DETAILS \*\*\*\*\*

Employment status: Full-time  Part-time  Looking for work (Hours working per week: \_\_\_\_\_)

(If unemployed, explain on Page 6) Skills: \_\_\_\_\_

Employer's Name/Address/Phone: \_\_\_\_\_

Years/Months on the job: \_\_\_\_\_ Supervisor Name/Title: \_\_\_\_\_

\*\*\*\*\* ASSISTANCE RECEIVED TO DATE OR APPLIED FOR \*\*\*\*\*

American Legion: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Assistance for Needy Families: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

County Veterans Services: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

DAV: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

DSS Public Assistance: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Friends: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

MEDICAID: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

MEDICARE: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Parents: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Private Charities: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Siblings: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

SNAP (Supplemental Nutrition Assistance): \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

State Veterans Counselor: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Supplemental Security Income: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Social Security Disability Insurance: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

VA Disability: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

VFW: \_\_\_\_\_ Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

WIC: (Women, Infants, and Children nutrition) Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

Other: (\_\_\_\_\_) Date Applied (\_\_\_\_\_)  Approved  Pending  Denied

SSI = need-based according to income and assets see <http://www.disabilitysecrets.com/page5-13.html>

SSDI = must be younger than 65 and have earned a certain number of work credits

\*\*\*\*\* CREDITOR INFORMATION \*\*\*\*\*

Examples: mortgage, rent, utilities, automobile, insurance, credit card, personal loan, education, etc.

1. Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name on account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_ Months behind: \_\_\_\_\_ Total owed: \$ \_\_\_\_\_

2. Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name on account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_ Months behind: \_\_\_\_\_ Total owed: \$ \_\_\_\_\_

3. Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name on account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_ Months behind: \_\_\_\_\_ Total owed: \$ \_\_\_\_\_

4. Creditor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Name on account: \_\_\_\_\_ Account #: \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_ Months behind: \_\_\_\_\_ Total owed: \$ \_\_\_\_\_

If there are more than four creditors, enter them on page 6.

<b>MONTHLY RECURRING INCOME FINANCIAL INFORMATION</b>	<b>MONTHLY GROSS \$</b>	<b>MONTHLY NET \$</b>	<b>REMARKS</b>
Wages of veteran			
Wages of spouse			
Income of other family members			
Rental income			
VA pension			
Other pension(s)			
Business income			
Other income			
Social Security (veteran & spouse)			
<b>Social Security Supplemental Income (SSI)</b>			
<b>Social Security Disability Income (SSD)</b>			
Public assistance			
SNAP (Food Stamps)			
Alimony			
Received child support			
Unemployment insurance compensation			
Workers compensation			
Parental assistance			
Sibling assistance			
Other			
Other			
Other			
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>\$</b>	

**REMARKS:**

<b>MONTHLY RECURRING EXPENSES FINANCIAL INFORMATION</b>	<b>MONTHLY RECURRING \$</b>	<b>REMARKS</b>
Mortgage		
Rent		
Taxes (property, school, library)		
Home insurance		
Home repairs		
Trailer lot rental		
Electricity		
Heating/cooking gas or propane		
Heating oil		
Water and/or sewer		
Groceries		
Clothing		
Child support paid		
Other child expenses		
Alimony paid		
Support to parents or siblings		
Unreimbursed medical		
Unreimbursed education		
Automobile loan(s)		
Automobile fuel		
Automobile repairs		
Automobile insurance		
Pet food		
Pet medical		
Cell phone (type, carrier, amount)		
Cable and/or internet		
Loans		
Debits		
Credit cards		
Tobacco		
Alcohol		
Legal		
Other		
Other		
Other		
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	

**REMARKS:**

\*\*\*\*\* **CONTINUATION & REMARKS** \*\*\*\*\*

Please summarize what support the veteran is requesting from STVSG and reasons why:

*Continuation from items on previous pages entitled \_\_\_\_\_:*

\*\*\*\*\* **STVSG VETTER'S SUMMARY AND RECOMMENDATIONS** \*\*\*\*\*