



**Veteran's Name:** \_\_\_\_\_

**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 on Page 7 of 7)

\*\*\*\*\* REFERRAL INFORMATION \*\*\*\*\*

Who referred you to STVSG? \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ (last 4)

Address: \_\_\_\_\_  
☒ Homeless ☐ No Permanent Address ☐ Address Inactive

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

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

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

\*\*\*\*\* VETERAN'S DEMOGRAPHIC INFORMATION \*\*\*\*\*

Birth Date/Age: \_\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female ☐ Vet ☐ Dependent  
Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married  
Partner's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

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

☐ WWII ☐ Korea ☐ Vietnam ☐ Grenada/Lebanon ☐ Panama ☐ Persian Gulf ☐ \*OEF ☐ \*OIF ☐ \*OND  
☐ \*OFS ☐ \*OIR ☐ Other \_\_\_\_\_ ☐ ERA - use this if not deployed but only served during a particular war,  
like Vietnam Era, or Persian Gulf Era. Explain: \_\_\_\_\_

\*OEF: Operation Enduring Freedom \*OIF: Operation Iraq Freedom \*OND: Operation New Dawn \*OFS Operation Freedom's Sentinel

\*OIR: Operation Inherent Resolve

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

If Yes (Served Overseas), Location(s): \_\_\_\_\_

Discharge Pending? ☐ Yes ☐ No VA Disability? ☐ Yes ☐ No Percentage: \_\_\_\_%

Service Connected? ☐ Yes ☐ No Non-Service Connected? ☐ Yes ☐ No VA Disability Received? ☐ Yes ☐ No

Branch of Service Entry Date Discharge Date Type of Discharge\*  
\_\_\_\_\_  
\_\_\_\_\_

\*Honorable \*General \*Medical \*Other-Than-Honorable \*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: \_\_\_\_\_

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 7) Skills: \_\_\_\_\_

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

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

\*\*\*\*\* **PARTNER EMPLOYMENT DETAILS** \*\*\*\*\*

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

(If unemployed, explain on Page 7 of 7)

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 ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
County Veterans Services: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
DAV: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
DSS Public Assistance: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Friends: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
MEDICAID: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
MEDICARE: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Parents: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Private Charities: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Siblings: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
SNAP (Supplemental Nutrition Assistance): _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
State Veterans Counselor: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Supplemental Security Income: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Social Security Disability Insurance: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
VA Disability: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
VFW: _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
WIC: (Women, Infants, and Children nutrition) _____	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> Denied
Other: ( _____ )	Date Applied ( _____ )	<input type="checkbox"/> Approved	<input type="checkbox"/> Pending	<input type="checkbox"/> 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 (DEBT) INFORMATION** \*\*\*\*\*

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

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

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

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

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

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

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

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

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

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

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

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

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

**IF MORE CREDITORS, LIST THEM ON PAGE 7 OF 7. ONLY INCLUDE MONTHLY CREDITOR PAYMENTS ON YOUR MONTHLY EXPENSES WORKSHEET, PAGES 4 OF 7 AND 5 OF 7.**

\*\*\*\*\* **FAMILY ASSISTANCE** \*\*\*\*\*

Family members (siblings, parents, grandparents, friend, etc. who can assist you with funding):

<b><i>MONTHLY RECURRING INCOME</i></b> <b>FINANCIAL INFORMATION</b>	<b>MONTHLY GROSS \$</b>	<b>MONTHLY NET \$</b>	<b>REMARKS EXPLAIN ON PAGE 7 IF NEEDED</b>
<b><i>MONTHLY INCOME</i></b>			
Wages from 1 <sup>st</sup> job			Explain:
Wages from 2nd job			Explain:
Wages of your Partner			
Wages of other family members			
Social Security (veteran & partner)			
<b>Social Security Supplemental Income (SSI)</b>			
<b>Social Security Disability Income (SSD)</b>			
VA Disability Compensation			
VA Education Benefits			
Child Support			Explain:
Alimony			
SNAP			
WIC			
Other pension(s)			Explain:
Unemployment compensation			End Date:
Workman's compensation			End date:
Rental income			
Business income			
Public assistance (DSS)			
Parental assistance			
Sibling assistance			
Other			
Other			
Other			
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	<b>\$</b>	

**REMARKS:**

MONTHLY RECURRING EXPENSES FINANCIAL INFORMATION	NET MONTHLY RECURRING \$	REMARKS EXPLAIN ON PAGE 7 IF NEEDED
<b>Home Expenses</b>		
Rent or Mortgage		Explain:
Trailer Lot Rental		
Electric		Provider:
Natural Gas		Provider:
Propane		Provider:
Fuel Oil/Kerosene		Provider:
Water/Sewer/Garbage		
Homeowners/Renters Insurance		
Flood Insurance		
HOA Fees/Taxes		
Taxes (Property/School/Library/Federal)		
Security Systems		
Cell Phone/How Many?		Provider:
Home Phone		Provider:
Cable		Provider:
Internet		Provider:
Home Repairs/Maintenance		
Storage Unit Fees		
<b>Transportation</b>		
Gasoline		
Vehicle Maintenance		
Vehicle Insurance		Provider:
Vehicle Registration		How Many:
Vehicle Loan(s)		\$ Each Vehicle
Parking/Tolls/Public Transportation		
<b>Health</b>		
Insurance (Life, MEDICARE, Other)		Explain:
Medical (Copays)		
Dental		
<b>Living</b>		
Groceries		
Fast Food/Dining Out		
Clothing		
Laundry/Dry Cleaning		
Haircuts/Salons		
Personal Care		
Tobacco		
Alcohol		

<b>MONTHLY RECURRING EXPENSES</b> <b>FINANCIAL INFORMATION</b> <b>(CONTINUED)</b>	<i>Living</i> <i>(Continued)</i>	<b>REMARKS</b> <b>EXPLAIN ON PAGE 7</b> <b>IF NEEDED</b>
Legal Expenses		
Childcare		
Payout of Child support		
Payout of Alimony		
Diapers		
Household Supplies		
Pet Food		
Pet Medical		
Loan Payments		Explain:
Debt Payments		Explain:
Credit Card Payments		
Bank Fees		
<b><i>Contributions</i></b>		
Support to parents or siblings		
Support to Children		Explain on Page 7:
Charities		
<b><i>Children/School</i></b>		
Activities/Sports/Allowances		
Tuition		
School Lunches/Supplies		
Uniform/Lessons/Tutors		
<b><i>Entertainment</i></b>		
Nights Out/Movies		
Memberships		
Books/E-books/Magazines		
Leisure/Hobbies/Gambling/Gaming		
Gifts		
Holidays		
Other		
Other		Explain:
Other		Explain:
Other		Explain:
Other		Explain:
Other		Explain:
Other		Explain:
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	

**REMARKS:**

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

Once you have completed this vetting form, please return it to STVSG via mail or fax (see first page), along with a **clear copy of your DD form 214** showing you type of discharge and any references or statements supporting your request for assistance. Additional questions (Answer below): Have you contacted your county Veteran Service Agency? If so, who and when and what did they say? Have you received support from our organization before? If yes, when and for what? Also, please provide at least 3 personal references. These can be clergy, former employers, co-workers, or close friends. Do not include immediate family members. Please summarize below what support the veteran is requesting from STVSG and reasons why:

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

*Item Name or Paragraph number:* \_\_\_\_\_: