



Community Blueprint



serving with veterans, military
service members and their families

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

Email: info@stvsg.org

Email: 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

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 (_____) 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 (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):

MONTHLY RECURRING INCOME FINANCIAL INFORMATION	MONTHLY GROSS \$	MONTHLY NET \$	REMARKS EXPLAIN ON PAGE 7 IF NEEDED
MONTHLY INCOME			
Wages from 1 st job			Explain:
Wages from 2nd job			Explain:
Wages of your Partner			
Wages of other family members			
Social Security (veteran & partner)			
Social Security Supplemental Income (SSI)			
Social Security Disability Income (SSD)			
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			
TOTAL MONTHLY INCOME	\$	\$	

REMARKS:

MONTHLY RECURRING EXPENSES FINANCIAL INFORMATION	NET MONTHLY RECURRING \$	REMARKS EXPLAIN ON PAGE 7 IF NEEDED
<i>Home Expenses</i>		
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		
<i>Transportation</i>		
Gasoline		
Vehicle Maintenance		
Vehicle Insurance		Provider:
Vehicle Registration		How Many:
Vehicle Loan(s)		\$ Each Vehicle
Parking/Tolls/Public Transportation		
<i>Health</i>		
Insurance (Life, MEDICARE, Other)		Explain:
Medical (Copays)		
Dental		
<i>Living</i>		
Groceries		
Fast Food/Dining Out		
Clothing		
Laundry/Dry Cleaning		
Haircuts/Salons		
Personal Care		
Tobacco		
Alcohol		

MONTHLY RECURRING EXPENSES FINANCIAL INFORMATION (CONTINUED)	PAGE 5 OF 7 Living (Continued)	REMARKS EXPLAIN ON PAGE 7 IF NEEDED
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		
Contributions		
Support to parents or siblings		
Support to Children		Explain on Page 7:
Charities		
Children/School		
Activities/Sports/Allowances		
Tuition		
School Lunches/Supplies		
Uniform/Lessons/Tutors		
Entertainment		
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:
TOTAL MONTHLY EXPENSES	\$	

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.

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: _____:

