



AMERICAN LEGION AUXILIARY

DEPARTMENT OF WISCONSIN



P. O. Box 140, Portage, WI 53901 ~ OFC: 608-745-0124 / FAX: 608-745-1947

HOMELESS WOMEN VETERANS GRANT GUIDELINES

The American Legion Auxiliary Department Executive Committee has approved the continuation of the Homeless Women Veterans Grant Program due to the ongoing need for assistance and support for women veterans, especially those who are homeless or at risk of becoming homeless.

Since 1921, members of the American Legion Auxiliary have come together to support veterans, military families, children and our communities. We are pleased to report that our members are responding to our motto, "Service not Self" with donations designated for the direct assistance of Homeless Women Veterans.

Requests for assistance require sponsorship by a veterans' benefit representative who verifies honorable discharge status. The veterans' DD214 must be included with the grant application. Before submitting a request for assistance to the American Legion Auxiliary, the sponsor should make the veteran aware of any benefits or programs she may be eligible for and assist her in seeking help, if applicable.

Women veterans receiving assistance from the American Legion Auxiliary, Department of Wisconsin must be participating in a support program within or approved by the Federal or State VA system. Applications must include the name/location of the Veterans Affairs program she is participating in and the name of the counselor/case worker the veteran is working with.

The American Legion Auxiliary offers assistance in the form of grants to homeless or at-risk of homeless women veterans and their children using the following guidelines:

- This is a one-time only assistance grant for Wisconsin female veterans who have been honorably discharged.
- The veteran must have been a resident of Wisconsin for at least 30 days.
- National Guard members who may still be serving but have never served "active duty" are eligible to apply.
- Grant money can only be used for the direct assistance of a homeless or at-risk of being homeless woman veteran and her family. Funds will be paid directly to the landlord, utility company or other vendor, but not to the veteran.
- Applications for assistance must include:
 - A legible copy of the DD214 showing honorable discharge.
 - Details of the need, purpose and amount of assistance money requested on narrative form.
 - Current living arrangements, including number of dependents and total monthly income of all members 18 or older living in the household.
 - A completed financial worksheet. Failure to provide, or providing false information, will result in an automatic denial of the grant application.

The American Legion Auxiliary Homeless Women Veterans Chairman will review all requests as soon as possible, submit a recommendation to the Review Committee, and notify the veteran and her sponsor of the final decision. All decisions of the Committee are final. Applications take approximately 10 business days for the review/approval process. Payments are issued directly to the landlord/vendor/supplier; assistance will not be paid to the veteran.

The American Legion Auxiliary believes this outreach to women veterans is a "win-win" for all involved: creating an awareness for our members and our communities of the military service of women veterans and an awareness by women veterans that they are appreciated and supported by the American Legion Auxiliary.



AMERICAN LEGION AUXILIARY, DEPARTMENT OF WISCONSIN HOMELESS WOMEN VETERANS GRANT PROGRAM

The American Legion Auxiliary, Department of Wisconsin (ALA-Wisconsin) offers assistance to women veterans who are homeless or at-risk of becoming homeless, in an effort to help them achieve a healthy and independent future.

GRANT APPLICATION: to be completed by SPONSOR (VA benefit representative, case worker, CVSO, etc.)

Mail to: ALA-Wisconsin, P. O. Box 140, Portage, WI 53901 (Office: 608-745-0124)

or FAX to: 608-745-1947 **or Email to:** deptsec@amlegionauxwi.org

Sponsor's Name/Title/Address:		
Contact information:	Phone #: ()	Email: _____
VA program participating in:	Program title & location: Phone: ()	
Other VA Benefits or Programs veteran may be eligible for	Name(s) of program/benefit: Applied for: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was program approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DD214 copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Branch: _____	Service dates: _____	to _____
May we contact the Veteran directly? <input type="checkbox"/> Yes <input type="checkbox"/> No		

WOMAN VETERAN'S INFORMATION:

Veteran's Name:		
Address:		
Contact Info:	Phone #: ()	Email: _____
Current living arrangements:	Total monthly household income: (all sources) \$ _____	Living w/veteran: Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No # Dependents: _____ # Others: _____
Details of need and purpose:	<i>(attach additional pages, if necessary)</i>	
Amount requested:	\$ _____	Date funds needed: _____
Payable to: (landlord, vendor)	Name: _____ Address: _____ Phone: ()	

I agree all information provided above is correct and grant will be used for its intended purpose.

Veteran's Signature _____ Date: _____

Sponsor's Signature _____ Date: _____

GRANT APPLICATION, FINANCIAL WORKSHEET, DD214 AND NARRATIVE MUST BE ATTACHED.

Revised February 2020

ALA-WISCONSIN HOMELESS WOMEN VETERANS GRANT APPLICATION FINANCIAL WORKSHEET

Veteran: _____

Date: _____

HOUSEHOLD INCOME	MONTHLY AMOUNT	EXPENSES	MONTHLY AMOUNT
Applicant's Gross Monthly Income		Rent/Mortgage	
Spouse/Significant Partner Gross Monthly Income		Electric	
Earnings of others living in household		Gas	
Veterans Pension		Sewer & Water	
Veterans Disability Pension/compensation		Cable	
Child Support		Internet	
Alimony		Phone 1	
Unemployment Compensation		Phone 2	
Workman's Compensation		Home or Rental Insurance	
County/State Assistance		Vehicle Insurance	
Social Security		Health Insurance	
SSI		Life Insurance	
SSD		Child Care	
Food Share/Stamps		Child Support Paid	
WIC		Credit Card 1	
Other Pensions		Credit Card 2	
Stock Dividends		Credit Card 3	
Other Income (please specify)		Student Loan	
		Student Loan	
		Store Charge Card	
		Store Charge Card	
		Other	
TOTAL MONTHLY INCOME		TOTAL EXPENSE	

I declare the financial information provided is complete and accurate to the best of my knowledge.

Veteran's Signature _____ Date: _____

