



The American Legion – Department of Michigan

PATRIOT FUND / WOUNDED WARRIOR APPLICATION FOR ASSISTANCE

Date: _____

Veteran's Name: _____

Address: _____ City: _____

State: ____ Zip: _____ Own / Rent / Lease? _____ Phone: _____

Have you Applied and/or receiving VA benefits currently? Yes No Percent? _____

Occupation: _____ Currently working: Yes No Explain:

Disability? _____

Do you have a legal spouse? Yes No Is Spouse Employed? Yes No

Spouse Name: _____ Spouse Live with Veteran: Yes / No

Hours per week and approx. wages per week: _____

Other income from you or spouse? _____

Are you a parent or legal guardian of children Under 18? Yes No

Do the children live with veteran full time? Yes No

Names & Ages:

Have you sought other assistance and where?

Reason for request for assistance?

Please return a copy of DD-214 – Birth Certificates of children living with veteran and a copy of the bill or bills they are requesting assistance with. Be sure to indicate how the check or checks should be made payable, as well as any memo line info such as address, or account number. Also, please be sure to indicate the correct mailing address for the checks. The checks have to be made payable to the party owed by the veteran, not to the veteran, and mailed directly to the party owed. Email these items back to this address or fax to me at [\(586\)412-3050](tel:5864123050).

I certify that I meet the requirements for applying for the PATRIOT FUND assistance

Signature of Veteran: _____ Date: _____

OFFICE USE ONLY

- 1) Check to be written to: _____ Amount: \$ _____
- 2) Check to be written to: _____ Amount: \$ _____
- 3) Check to be written to: _____ Amount: \$ _____

Please provide address where check(s) to be sent

If this was a referral please provide name and agency:

Authorized Wounded Warrior representative

Name: _____ Signature: _____

Signature of Department Adjutant: _____ Date: _____

American Legion Department of Michigan Reconnect Committee Temporary Financial Assistance Instructions

The Reconnect TFA Application is used to apply for the Patriot Fund and the Michigan Wounded and Returning Warrior Program.

Instructions for Assistance:

To apply for Patriot Fund or Michigan Wounded and Returning Warrior Program Assistance, please have the veteran complete the Reconnect TFA application and return it along with:

- Contact Information: (phone and email)
- A copy of their DD-214 showing an Honorable character of service.
- A copy of the bill(s) they are requesting assistance with.
- Documentation can be emailed to: gtanner364@gmail.com

NOTES:

Be sure to indicate how the check(s) should be made payable to the party owed, as well as any memo line info such as address, or account numbers.

Please be sure to indicate the correct mailing address for the party owed.

For auditing purposes, Temporary Financial Assistance checks have to be made payable to the party owed by the veteran, not to the veteran and mailed directly to the party owed.

- **Legal Fees, Credit Card Debt and non-essential, (luxury items or services), bills are not eligible for the American Legion Department of Michigan Temporary Financial Assistance.**

The American Legion National Headquarters offers a National TFA grant through their Children and Youth Commission. The National TFA application can be processed at the veteran's request instead of the Reconnect TFA with the help of an American Legion State Service Officer if there are dependent children in the veteran's home whose quality of life would be improved by the National Children and Youth TFA grant.