

SALUTE, INC.

Direct Assistance Program

Revised December, 2009

DESCRIPTION OF PROGRAM

This program offers financial support to eligible active and veteran military personnel and their families who are experiencing financial challenges and hardships due to loss of income, reduced benefits, and increased expenses brought on by deployment joblessness and/or injury. SALUTE, INC. meets practical needs by offering financial assistance for: delinquent rent/mortgage payments, tax bills, food, counseling, medical bills, phone and utility bills, car payments, outpatient transportation, moving expenses, insurance, therapeutic and recreational therapy, personal needs, and miscellaneous expenses.

ELIGIBILITY REQUIREMENTS

1. If you have been wounded, injured or are in a financial situation while on active duty in the military campaigns associated with the recent armed conflicts and be willing and able to provide requested documentation to prove your status.
2. Provide a copy of DD214 (copy 2 or 4) or a statement showing your present status with the military.
3. A written reason for the need for financial assistance.
4. A medical statement from the military or a VA facility as to the nature of your disability/disabilities (need not be in medical terms).
5. Proof of enrollment in trade, college or specialty school (if applicable).
6. Distance recuperation program is from your immediate family (wife, children or parents).
7. Application must be completed in full. Any additional information may be submitted on a separate sheet of paper.
8. You must sign (signature) and mail application and necessary information to: SALUTE, INC. P.O. Box 236, Prospect Heights, Il 60070-0236, Attn: Client Advocate Nancy.

COPIES OF ANY BILLS/SUPPORTING DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION.

SALUTE, INC.

APPLICATION

Note: If application is submitted by someone other than the intended recipient, please provide the additional information at the bottom of this application.

Name of Recipient Applicant: _____

Current Address: _____

(Street Address, including Apartment Number, if applicable)

(City, State, Zip Code)

Current Phone Number (with Area Code): _____

Email address: _____

Branch of Service: US Army ___ USN ___ USAF ___ USCG ___ Date of Birth: _____

Beginning active duty date: _____ Ending active duty date: _____

Military Unit: _____ Military Rank: _____

Military Point of Contact for Verification

Name: _____

Position/Title: _____ Telephone: _____

Email address: _____

I hereby attest that I served in the following campaigns and am willing and able to furnish documentation to verify my assignment:

___ Operation Noble Eagle

___ Operation Northern Watch

___ Operation Enduring Freedom

___ Executive Order #13223

___ Operation Iraqi Freedom

___ Other _____

___ Operation Southern Watch

I hereby attest that at the time I was on active duty in the above campaign(s), I was wounded or injured in the time of duty and the following applies:

___ I am not injured.

___ I have a permanent disability.

___ I am currently undergoing a rehabilitation or recuperation program that has lasted or is scheduled to last thirty (30) days or more.

Is veteran currently employed? Yes ___ No ___ If No, why not? _____

SALUTE, INC.

If employable, have steps been taken to secure employment? Yes _____ No _____

List steps _____

Spouse

Spouse's Full Name _____

Is spouse currently employed? Yes _____ No _____ If No, why not? _____

If employable, have steps been taken to secure employment? Yes _____ No _____

List steps _____

RECORD OF CHILDREN (under age 18 – under age 21 if disabled)

First Name	Age	Present School Grade	Is Child Working?	Where is Child, if not at Home?
1.				
2.				
3.				
4.				

FINANCIAL RECORD

MONTHLY INCOME

Earnings of Veteran\$ _____

Earnings of Spouse\$ _____

Earnings of Others in Household\$ _____

Veterans Compensation/
Pension from VA\$ _____

MONTHLY NEEDS

Shelter\$ _____

Food\$ _____

Clothing\$ _____

Fuel for Heating\$ _____

SALUTE, INC.

Aid to Families with
Dependent Children.....\$ _____

Old Age and Survivors
Insurance (Social Security).....\$ _____

Other forms of Public Aid
(Local, state, federal).....\$ _____

Private Charity (Red Cross, Family
Welfare Society, Inc.)\$ _____

Aid from Other Veteran
Organizations\$ _____

Other Income
(Specify).....\$ _____

TOTAL INCOME.....\$ _____

Utilities (electricity,
gas, water, etc.)\$ _____

Minor current medical needs
(For family members not covered
by insurance, Champva or
Tricare).....\$ _____

School Expenses\$ _____

Other (itemize)\$ _____

_____ \$ _____

TOTAL NEEDS\$ _____

Personal Comments:

SALUTE, INC.

If requested by SALUTE, INC. I am willing and able to provide documentation to support this claim.

I certify the above information to be true and correct. I authorize verification/release of the information that I am providing on this application. Disclosure of information on this form is voluntary. Failure to provide the requested information, however, will prohibit the processing of this application. In accordance with applicable laws, SALUTE, INC. will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or an otherwise required by law.

Signature of Applicant Recipient – Required
(Must be signed not printed or typed)

Date - Required

If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:

Name of Representative: _____

Relationship to Intended Recipient: _____

Address of Representative: _____

(Street Address, including Apartment Number, if applicable)

(City, State, Zip Code)

(Telephone Number)

(E-Mail Address)

Signature of Representative – (Must be signed not printed or typed)

Date – Required

**MAIL APPLICATION TO:
SALUTE, INC.
P.O. Box 236
Prospect Heights, IL 60070**

Office Use:

Date Received: _____ *Accepted* _____ *Denied/Reason:* _____

Computer Delivered via: _____ *on* _____

Officer Approved Signature: _____

SALUTE, INC.

Donations

If you would like to donate to this Program or to contribute to SALUTE, INC., please go to the “Donate NOW” star on our website www.saluteinc.org or send your donation directly by mail to:

SALUTE, INC.
P.O. Box 236
Prospect Heights, Illinois 60070-0236

Request for Assistance Form

SALUTE, INC.
