

# SALUTE, INC.

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## Direct Assistance Program

Please note when completing the application:

- The application must be complete. On a separate sheet of paper, include any other information you feel is pertinent to your situation. ***An incomplete application cannot be processed.***
- A legible copy of your DD214 must accompany the completed application
- **Your military Point-of-Contact information must be complete, including the phone number and email address. This person should be your VA case worker or mental/physical health counselor. The Point-of-Contact must understand your history and current situation, and have written consent from you to discuss your case.**
- Any copies of bills that you are requesting assistance with paying.

Name of Recipient Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address, including Apartment Number, if applicable) (City, State, Zip Code)

Phone (with Area Code): \_\_\_\_\_ Email \_\_\_\_\_

Marital Status: Single Married Divorced Spouse's Name \_\_\_\_\_ Employed? \_\_\_\_\_

Branch of Service: US Army \_\_\_ USN \_\_\_ USAF \_\_\_ USCG \_\_\_ Guard \_\_\_ Date of Birth \_\_\_\_\_

Began active duty date: \_\_\_\_\_ Ended active duty date: \_\_\_\_\_

What military campaign did you serve in and where?

After serving in the above campaign(s), which of the following applies?

- \_\_\_ I am not injured.
- \_\_\_ I am service connected and currently rated @ \_\_\_\_\_%
- \_\_\_ I am currently being evaluated/re-evaluated for service connection rating
- \_\_\_ I have a permanent disability.
- \_\_\_ I have been rated unemployable
- \_\_\_ I am currently undergoing a rehabilitation or recuperation program
- \_\_\_ Other

Have you received financial assistance from any other organizations? If so, please list the sources and amount of aid.

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## Mandatory Point of Contact Information

### Military/VA Case Worker/Mental Or Physical Health Counselor Point of Contact –

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

The verification & release of all case information must be provided before application can be processed.

## FINANCIAL RECORD

### MONTHLY INCOME

Veterans Compensation/  
Pension from VA..... \_\_\_\_\_

Social Security Benefits.... \_\_\_\_\_

Work income..... \_\_\_\_\_

Unemployment Benefits... \_\_\_\_\_

Earnings of Spouse..... \_\_\_\_\_

Other...../\_\_\_\_\_

**TOTAL** ..... \_\_\_\_\_

### MONTHLY NEEDS

Mortgage/Rent..... \_\_\_\_\_

Car Payment..... \_\_\_\_\_

Car Insurance..... \_\_\_\_\_

Utilities..... \_\_\_\_\_

Phone..... \_\_\_\_\_

Other..... \_\_\_\_\_

**TOTAL** ..... \_\_\_\_\_

## Goals & Objectives

What are you requesting help with? Please list the most critical needs in order of importance.

How will your situation be financially improved in 3-6 months assuming Salute gives you financial assistance?

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**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

## **Three ways to submit applications:**

*Fax Application to 847-359-8818*

*Email Application to [saluteinc@yahoo.com](mailto:saluteinc@yahoo.com)*

*Mail to: SALUTE, INC.*

*P.O. Box 236*

*Prospect Heights, IL 60070*

***If you have any questions, please call the Salute main office at 847-359-8811***