

CRYSTAL VETERANS COMMITTEE FINANCIAL ASSISTANCE REQUEST FORM

TO: Crystal Veterans Committee
Fort Defiance Agency

DATE: _____

FROM: _____ VETERAN: _____

RELATION TO VETERAN: _____ TELEPHONE NO: _____

REGISTERED CHAPTER: _____ E-MAIL ADDRESS: _____

ARMY MARINE NAVY AIRFORCE NATIONAL GUARD IRAQ AFGHANISTAN
 WW II KOREAN VIETNAM PERSIAN GULF DESERT STORM PEACETIME COAST GUARD

If you are a veteran spouse or widow and do not have a copy of your marriage license on file with the Crystal Veterans Committee, please attach a copy of marriage license.

SUBJECT: Building Material Assistance Assistance (8510) Attach 3 quotes for requested material
 Hospital Travel Expense Assistance (8060) Provide appointment slip
 Traditional Healing Ceremony Assistance (6912) Attach Traditional Healing Assistance Form
 Hardship Assistance . Attach Documents to justify request (NTUA Bill, etc)
 Carpenter Assistance (2320) Attach a summary of the applicable project
 Other: _____

BRIEF STATEMENT FOR REQUEST: _____

Are you employed: Yes No If yes, Permanent Temporary

Which veteran programs or agencies have you requested and/or received financial assistance from? _____

I hereby certify that the above information is true and to be used for the consideration of the above Financial Assistance Request.

 Signature Date

FORT DEFIANCE AGENCY ONLY			
I have verified the following:	Discharge Document <input type="checkbox"/>	Supporting Documents <input type="checkbox"/>	Marriage license (if applicable) <input type="checkbox"/>
	Social Security # <input type="checkbox"/>	Census Number <input type="checkbox"/>	DD - 214 <input type="checkbox"/>
Has Veteran been assisted this FY? If yes, indicate type of assistance: _____			
REASON: _____			
Fort Defiance Agency Representative - Title			Date

CRYSTAL CHAPTER STAFF ONLY	
I have verified the following:	CVC Minutes & Sign-in sheet pertaining to this request <input type="checkbox"/> Crystal Chapter Registry <input type="checkbox"/>

Chapter Official Signature - Title _____ Date _____

APPROVED: or DISAPPROVED:

Comment _____

Implemented: 7-24--08 ms

Rev: 12-22-09 ms A copy will be forwarded to the Fort Defiance Veterans Agency Office.