



Veterans Assistance Commission of DuPage County

421 N. County Farm Road – Wheaton, Illinois 60187 – 630-407-5655 – Fax 630-407-5656

www.dupageco.org/vac Email: duplicatevac@dupageco.org



VAC REQUIRED CLIENT DOCUMENTATION

Please review the list below.

This is the information we need to process a request for assistance.

Please bring this information with you when you visit the VAC.

SP# _____

CLIENT NAME: _____

DATE: _____

HOUSING:

- Valid Lease Agreement (Required even for month to month)
- Mortgage payment book/coupon

IDENTIFICATION:

- DD-214 or Report of separation (prior to Jan 1, 1950)
(Program requires a discharge under Honorable Conditions and active duty of 180 days or more)
- SSN cards or birth certificates of those under 18 in your household
- Wedding license
- State ID card or driver's license

INCOME:

- Previous Year Federal Tax Return
- Last 90 days pay stubs or income verification for vet and or spouse/last 90 days bank statements
- Letter of employment verification (should include start date, rate of pays and hours to be worked)
- SSI or SSDI benefit letter
- Unemployment benefit letter
- Workers Comp benefit letter
- Affidavit of support letter
- Retirement income benefit letter
- Child support/alimony benefit letter
- Other (specify) _____

MEDICAL:

- Detailed current medical bills

TRANSPORTATION:

- State Registrations for vehicle(s)
- Auto payment coupon or bill (must have VIN# and name)
- Auto insurance bill
- 2 to 3 auto repair estimates(one from approved VAC Repair Facility may be required)

UTILITIES:

- Current electric bill
- Current gas bill
- Current water bill
- Current telephone bill (medical necessity only)
- Current waste removal bill

OTHER (specify):

-
-

VETERAN

AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO: _____ DATE: _____
LEAVE BLANK LEAVE BLANK

The DuPage County Veterans Assistance Commission is presently in the process of providing me with financial aid and requires information for the purpose of establishing a claim on my behalf.

A. I hereby authorize any person, bank, firm, corporation, governmental agency, or institution to furnish the Veterans Assistance Commission (VAC) any request of information relative to my accounts, deposits, investments, securities, employment, and business of any nature. I also authorize the VAC to obtain a credit report from any of three major credit bureaus.

B. I understand that the responses I/You submit are considered confidential (38 U.S.C. 5701). The information requested on all VAC forms is considered relevant and necessary to determine maximum benefits provided under law and will only be used in order to process my application for emergency financial assistance.

C. I hereby agree that upon my signature to this letter no penalty will be assessed of you or the Veterans Assistance Commission for providing this information.

D. I also understand that my personal data is entered in the Service Point Client Management system. This information is confidential but may be shared with other agencies only in cases, which are directly related to VAC Services for the purpose of coordination of services.

Veteran

Name (Print): _____

Signature of Applicant: _____

Witness: _____ Date: _____

“This release will remain in effect for 15 months”

SPOUSE

AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO: _____ DATE: _____
LEAVE BLANK LEAVE BLANK

The DuPage County Veterans Assistance Commission is presently in the process of providing me with financial aid and requires information for the purpose of establishing a claim on my behalf.

A. I hereby authorize any person, bank, firm, corporation, governmental agency, or institution to furnish the Veterans Assistance Commission (VAC) any request of information relative to my accounts, deposits, investments, securities, employment, and business of any nature. I also authorize the VAC to obtain a credit report from any of three major credit bureaus.

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D. I also understand that my personal data is entered in the Service Point Client Management system. This information is confidential but may be shared with other agencies only in cases, which are directly related to VAC Services for the purpose of coordination of services.

Spouse

Name (Print): _____

Signature of Applicant: _____

Witness: _____ Date: _____

“This release will remain in effect for 15 months”

CLIENT PROFILE

Date: _____ # of DD214s _____

Name (first): _____ (mi) _____ (last) _____

Social Security: _____ - - _____ Birthdate: _____ / _____ / _____
m d y

Address: _____
_____ Previous Address: _____

Years/Months at current address: _____

Home Phone: () - _____ Work Phone: () - _____

City/state of birth: _____ E-mail: _____

Sex: M _____ F _____ Language: _____

Race: _____ (optional, statistical purposes only)

Marital Status: _____ Head of Household? Yes _____ No _____

Emergency Contact: _____ Emergency Contact Telephone: () - _____

Relationship: _____

HIGHEST LEVEL OF EDUCATION

Military Service

Branch: _____

Active Duty Dates: From _____ To _____

Type of Discharge: _____

OTHER HOUSEHOLD MEMBERS

First _____ Middle _____ Last _____

SSN _____ - _____ - _____ Relationship _____ Sex M _____ F _____

DOB ____/____/____ Age _____ School _____

Disability _____

First _____ Middle _____ Last _____

SSN _____ - _____ - _____ Relationship _____ Sex M _____ F _____

DOB ____/____/____ Age _____ School _____

Disability _____

First _____ Middle _____ Last _____

SSN _____ - _____ - _____ Relationship _____ Sex M _____ F _____

DOB ____/____/____ Age _____ School _____

Disability _____

First _____ Middle _____ Last _____

SSN _____ - _____ - _____ Relationship _____ Sex M _____ F _____

DOB ____/____/____ Age _____ School _____

Disability _____

First _____ Middle _____ Last _____

SSN _____ - _____ - _____ Relationship _____ Sex M _____ F _____

DOB ____/____/____ Age _____ School _____

Disability _____

RESIDENTIAL/EMPLOYMENT INFORMATION

Residential Record

Current Living Situation (i.e., rent/own home, homeless): _____
Landlord's Name and Phone Number: _____
Landlord's Address: _____
If Homeless, Primary Reason: _____
If Living in Shelter, Name of Shelter: _____
Are you being evicted? _____ If yes, date of eviction: _____

Employment Record

Veteran

Employer: _____
Supervisor: _____
Address: _____
Phone: _____
Date you began: _____
Hours Per Week: _____
Hourly Wage: _____
Health Benefits? Y/N

Spouse or other household member

Employer: _____
Supervisor: _____
Address: _____
Phone: _____
Date you began: _____
Hours Per Week: _____
Hourly Wage: _____
Health Benefits? Y/N

Assistance

Why are you asking for assistance from the VAC? Have you experienced an unexpected loss of income? Have you had an unexpected expense? Please explain in detail.

How can we help? Please be specific. Are you late paying a utility bill? Is your mortgage or rent payment overdue? A bill for each request will be required to process your application.

Have you applied for assistance at another agency with these bills or any other bills in the last 180 days? _____

INCOME/EXPENSE STATEMENT

Gross Income	Monthly Amount		Expenses	Monthly Amt.
	Veteran	Spouse		
Employment	_____	_____	Rent/Mortgage	_____
Social Security	_____	_____	Gas	_____
Disability	_____	_____	Electric	_____
SSI	_____	_____	Water	_____
Severance Pay	_____	_____	Groceries	_____
Unemployment	_____	_____	Cable TV	_____
Business Income	_____	_____	Telephone	_____
Worker's Comp	_____	_____	Child Care	_____
Recurring Gifts	_____	_____	Child Support	_____
VA Benefits	_____	_____	Internet	_____
Pensions/Annuities	_____	_____	Personal	_____
Stocks/Bonds/ CDs/Interest	_____	_____	Health Insurance	_____
Child Support	_____	_____	Medical Bills	_____
Alimony	_____	_____	Loans	_____
Public Aid/AFDC	_____	_____	Tuition	_____
Food Stamps	_____	_____	Clothing	_____
Student Loans	_____	_____	Alimony	_____
Scholarships	_____	_____	Legal Fees	_____
Educ. Grants	_____	_____	Bankruptcy	_____
Son	_____	_____	Auto Payment	_____
Daughter	_____	_____	Gas/Oil	_____
Family Member	_____	_____	Auto Insurance	_____
Other	_____	_____	Maintenance	_____
			Transportation	_____
			Other Debt	_____

FOR OFFICE USE ONLY IN THIS BOX

Total Monthly Gross Income: \$ _____

Total Monthly Expenses: \$ _____ **250% OF POVERTY** _____

Net Income: \$ _____ **HOUSEHOLD OF** _____

(Failure to report or disclose all expenses and sources of income can result in significant delays in processing your request for assistance from the Veteran's Assistance Commission and may result in Criminal and/or Civil Legal Action)

I certify that all income and expense information is true and correct.

PRINT NAME _____

APPLICANTS SIGNATURE _____ DATE _____

TRUTH ACKNOWLEDGEMENT

I, the undersigned, certify that the information given on this application for financial assistance is true and correct to the best of my knowledge. I fully understand that if I knowingly falsify, or if the VAC discovers through their verification process, any information herein given to be false information, either written or verbally, I will be determined ineligible and denied current and future assistance from the DuPage County Veteran's Assistance Commission under this program. In addition, I fully realize that misrepresentation of myself as a Veteran discharged under Honorable Conditions or any other falsification of facts is a crime under Illinois Law.

I further understand that all forms, sheets, databases, notices, records, and other case file documents used by the DCVAC become the sole property of the DCVAC. Additionally, I understand that I may request a copy of this Truth Acknowledgement.

By my signature below I attest that I have been discharged from the military with an Honorable or Under Honorable Conditions (General) discharge and that I served a minimum of 180 days of creditable days of active duty service.

Signature of Applicant: _____

Date: _____

How did you hear about the Veterans Assistance Commission? _____

SECTION II
RIGHTS, PRIVILEGES, AND RESPONSIBILITIES

The following are the rights, privileges, and responsibilities of applicants for assistance through the VAC Program.

Applicants have the following RIGHTS and PRIVILEGES:

- You have a right to file a written application for assistance and to receive help in completing the application.
- You have the right not to be discriminated against because of your race, religion, national origin, gender, age, physical impairment or political affiliation.
- You have the right of privacy regarding the information you provide to the VAC. It *must* be kept confidential unless the VAC requires disclosure of the information to determine your eligibility for assistance or to coordinate your assistance with other agencies.
- You have a right to be treated with respect and in a courteous and considerate manner.
- Your living arrangements must conform to VAC rules. The VAC has the right to deny rent payments to parents and to third parties in sub-lease situations.
- You have a right to choose where you will obtain the goods and services for which the VAC will provide financial assistance. However, you may be required to get estimates in advance for the services you are requesting. As all bills are processed through the County Finance Department, vendors should not expect immediate payment. The VAC has no control over whether any provider will give you specific goods and services in exchange for payment by the VAC.
- You have a right to ask questions about your application and inspect, in the presence of VAC personnel, the case file containing your records and information during regular VAC office hours. However, the case file may contain certain information which has been provided to the VAC on the condition that it would not be revealed to you. The VAC has a right to remove such confidential information from your case file before you see it.
- You are encouraged to contact other agencies and apply to other programs that may be of assistance. A list will be furnished to you at the time of the interview.
- You have a right to expect the VAC to make a decision on your application for assistance within 30 days. You have a right to a decision in writing. If your income and assets are more than VAC guidelines allow, you have a right to see how the VAC calculated them.
- You have a right to appeal-in writing- any action, inaction, or decision of the VAC office to the President of the VAC Board or his/her designated representative. VAC staff will provide you with a “Notice of Appeal” and assist you in completing the form. The Board President will convene a hearing to examine your case. Hearing officers will include the following: Board President or designee, Judge Advocate or designee, and at least one other member. Their decision will be final.
- You have a right to voluntarily repay the VAC for any assistance they provide to you.

Applicants have the following RESPONSIBILITIES:

- You have the responsibility to treat the personnel working in the VAC office with courtesy and consideration. Any action or threat made by you to harm a VAC employee or behavior that is insulting and disrespectful may be grounds for denial of VAC assistance, expulsion from the building, and/or arrest.
- You must complete a written “Application for Assistance”. The application will contain information used in evaluating your case.
- A current photograph of all applicants is required in the VAC case file.
- You must keep all scheduled appointments with VAC personnel. If a circumstance arises that prevents you from keeping your appointment, you must contact the VAC promptly.
- You must provide the VAC with all the information needed for a determination of your eligibility and must assist the VAC in obtaining any other documentation that may be required.
- You must apply at the ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS) office, and/or your township of residence if applicable, as a condition for VAC assistance. The result of your application from IDHS and your township is required documentation that must be added to your file.
- You must maintain current registration for employment at the Job Service section of the Illinois Department of Employment Security (IDES) and apply for unemployment compensation if eligible.
- You must accept and follow through in good faith *any* referral by the VAC to any other agency or person or for any benefit that might alleviate your present needs. If you are referred to another human service agency for assistance and refuse to apply for help from that agency, the VAC may determine that you are ineligible for financial assistance on the basis that you failed to seek services and financial aid that might be available from a primary source.
- You must notify the VAC of any change in your personal status such as a job change, an altered family situation, a different dependent status, or any other material fact that would alter your eligibility.
- You must consent to and sign “Truth Acknowledgement” and “Release of Information” statements so the VAC can obtain information and verify data given on your application. Providing false, fraudulent, or misleading statements disqualifies applicants from receiving any assistance from the VAC and will result in criminal prosecution to the fullest extent of the law.

Signature _____ Date _____