

ST. CLAIR COUNTY DEPARTMENT OF VETERANS AFFAIRS
APPLICATION FOR CVSF-ER
County Veteran Service Fund Emergency Relief Grant & Meijer Food Voucher

1. VETERAN'S NAME (Last, First, Middle Initial)		2. DATE OF BIRTH		3. COUNTY OF RESIDENCE		
4. STREET ADDRESS		CITY		ZIP CODE	5. PHONE NUMBER () -	
6. SERVICE NUMBER/SOCIAL SECURITY #		7. IS THE VETERAN DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO			8. HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. ELIGIBILITY (Be sure to include ALL periods of active duty or peace time)		ENTRY DATE(S)		RELEASE DATE(S)		
DETERMINATION		REQUIRED*		YEARS	MONTHS	DAYS
World War II: 12/7/41 – 12/31/46		180 days				
Korean Conflict: 6/27/50 – 1/31/55		180 days				
Post Korean: 2/1/55 – 2/27/61. (Must have the Armed Forces Expeditionary Medal AFEM or Vietnam Service Metal VSM listed on DD214.)		180 days				
Vietnam Era: 2/28/61 – 5/7/75		180 days				
Persian Gulf: 8/2/90 – to be determined		180 days				
Other Conflicts: (Must have the Armed Forced Expeditionary Medal—AFEM) (WW1 requires 90 days)		180 days				
Peace Time		Peace Time No Days Served				
<i>I have reviewed the service dates and certify this applicant meets the service requirements for the Financial Assistance – CVSF-ER Program</i>						
SIGNATURE OF INTERVIEWER			EMAIL		DATE	
The remaining sections are to be filled out by the applicant (with assistance, if necessary). Answer all items/state "none" if appropriate.						
10. NAME OF APPLICANT (If other than veteran)		11. RELATIONSHIP		12. PHONE NUMBER		13. SOCIAL SECURITY #
14. ADDRESS (including Street, City, ZIP Code)				15. REASON VETERAN IS NOT APPLYING:		
16. List each legal dependent of the veteran, including relationship & age (spouse & children)						
NAME			RELATIONSHIP		AGE	
17. MOST RECENT EMPLOYER (Veteran)		FROM TO	MOST RECENT EMPLOYER (Spouse)		FROM TO	
18. HAS VETERAN RECEIVED ANY KIND OF ASSISTANCE IN THE PAST <input type="checkbox"/> YES <input type="checkbox"/> NO			19. DATE		20. COUNTY	
21. Purpose for seeking financial assistance. Items listed here are the only ones that will be considered by the agent.						
Type of assistance requested (Home /Car Repairs, Medical Exp.)		(a)	(b)	(c)	(d)	(e)
Amount Needed						
TO BE COMPLETED BY VA STAFF MEMBERS ONLY:						
22. Meijer Voucher - Voucher bar code number(s) & Denomination amounts:						
I certify that the above information is true and factual to the best of my knowledge, and I authorize the Agent of St. Clair County Department of Veterans Affairs to receive and transmit any information that may be necessary to document my request for financial assistance.						
SIGNATURE OF APPLICANT					DATE	