



Medical Funding Application Form

Biographical Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Dates of military service of the Veteran: _____

Veteran with honorable discharge (DD-214), or equivalent: _____ YES _____ NO

Check one:

- I am a disabled Veteran
- I am a Veteran, and the parent or guardian of a child with a physical or developmental disability

Description of Need:

1. What is the dollar amount requested?: _____

2. Have you attempted to get this item covered by your insurance? _____

3. Why should the applicant be selected for the program? How will the modification/accommodation impact the applicant's day-to-day living? (Attach additional pages if necessary). _____

Financial Need Information:

Please follow steps for EITHER A or B below:

A. Are you currently qualified for any of the following assistance programs (check all that apply; documentation is **REQUIRED):**

- Any Virginia State Waiver Program (ID/EDCD/DD/etc)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP), i.e. Food Stamps

O R:

B. Please provide the following personal documents:

- Front Page of individual's more recent Form 1040
- Two most recent payroll check stubs

Recipient must demonstrate at least ONE of the following in addition to the above Personal Documents (Check One)

- Adjusted Gross Income of less than \$80,000, less unreimbursed medical expenses; or if retired, less than \$80,000 in assets, not including a residence, and less than \$40,000 in countable income per year, less unreimbursed medical expenses.
- Dependent Child with special needs (proof of medical diagnosis from a physician)
- Extraordinary financial circumstances
- Not covered by private health insurance or VA health care

All applicants must sign this statement:

I hereby certify that the information contained in this application is correct. I understand that the American Legion Post 177 has the right to verify the information provided on this application and may require additional documentation or request a personal interview to verify this information or income eligibility. I understand if the American Legion Post 177 finds any information contained in this application to be false, it may revoke any funds bestowed as a result of this application. If I am approved for funding, I agree to turn in receipts for all approved expenses prior to funds disbursement by American Legion Post 177.

Signature of Applicant:

Parent/Guardian Signature if Applicant is a minor or unable to sign:
