

William Hanna
Superintendent



Carroll County VAC
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Application for Veterans Assistance

SECTION I: INSTRUCTIONS

Use these instructions, the attached Notice of Rights and Responsibilities, and the attached application to apply for Veterans Assistance. Section II of this form notifies you of your rights and responsibilities as it applies to the Veterans Assistance Program. Please answer all questions in Sections III through Section VIII of this application. Be sure you, and if applicable your spouse, signs this application before you submit it. When submitting this application, be sure to include a copy of each one of your DD-214's (military separation papers), a copy of your marriage certificate if applicable, a copy of dependency documents such as birth certificates or adoption decrees for children if applicable, a copy of your government-issued photo identification card with a current Carroll County address, a copy of your spouse's government-issued photo identification card with a current Carroll County address if applicable, documents proving your current income, proof of a current hardship.

Submit your application and those documents in person during normal business hours, by mail, or by **fax to: (815) 244-6295**. If you mail or fax your application, be sure to call our **office at (815) 244-0226** to ensure that we received it.

SECTION II: NOTICE OF RIGHTS AND RESPONSIBILITIES

Applicant's Responsibilities: You have the responsibility to remain compliant with Federal and State Laws and regulations in addition to the regulations provided in the Veterans Assistance Rules. You are also obligated to:

- Disclose all required information during the application process. Failure to disclose required information or misrepresenting information is tantamount to perjury and may be subject to civil and/or criminal prosecution for violating state law including but not limited to 720 ILCS 5/16-1 and 720 ILCS 5/17-6.
- Immediately report any changes in household income, job status, residence, death, or contact information. You are obligated by law to keep the Commission current with all information that affects your right to Veterans Assistance. Failure to promptly disclose changes in required information or misrepresenting information is tantamount to perjury and may be subject to civil and/or criminal prosecution for violating state law including but not limited to 720 ILCS 5/16-1 and 720 ILCS 5/17-6.
- Actively pursue all other applicable assistance programs. It is the intent of the Commission that Veterans Assistance should promote the welfare of eligible recipients through this program in addition to any other local assistance program(s). This program is not intended to provide long-term assistance to sustain an individual or their family.
 - Manage your income in a responsible manner. The Commission cannot be expected to support individuals that habitually exhibit bad financial planning or misuse of their income.

Right to Notification of Rights: You have the right to a summary of rights as prescribed in the Veterans Assistance Rules. Section II of this application constitutes our notice to you of your rights.

Right of Non-Discrimination: You have the right to be treated by the Commission in a fair and impartial manner. You will not be discriminated against or denied assistance by the Commission because of your race, color, national or ethnic origin, age, religion, disability, gender, sexual orientation, gender identity and expression, or political affiliation.

Right of Confidentiality:

- Your case file and information are subject to strict confidentiality. Your case file may not be released without your express written consent unless the release is otherwise specifically authorized by federal, state, or local laws and regulations, or as prescribed in the Veterans Assistance Rules.
- Your case file is the property of the Commission and may be released to you upon your written request. Information contained in your case file that is exempt from disclosure under federal, state, or local law may not be released.
- To further protect your case file, a unique "Film Number" will be assigned to you for our use.
- Your case file may be released if specifically requested by the Carroll County Board Chairman or his/her

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designated officer pursuant to 330 ILCS 45/9 or the Carroll County Auditor pursuant to 55 ILCS 5/3-1005 to maintain a continuous internal audit of the operations and financial records of the officers, agents, or divisions of the county. • In a judicial proceeding, except those directly concerned with the administration of Public Aid, or those in which an applicant is a party thereto, the above information is considered to be privileged communications, defined as "a communication between parties to a confidential relationship such that the person receiving the communication cannot be legally compelled to disclose it as a witness."

- Your case files will be made available when subpoenaed subject to the consent of the Carroll County State's Attorney or his or her designee.
- If your name and/or address is furnished to other governmental agencies, those agencies must adopt regulations necessary to prevent their publication or use for purposes not directly connected with the administration of assistance under the Illinois Public Aid Code.

Right of Consideration:

- Upon the receipt of your completed and signed application, we will process your application in a timely manner. A completed application is defined as the completion of this application form in its entirety which is signed and submitted with the veteran's separation papers, dependency documents, and a valid government-issued photo identification card which lists your current address.
- In the course of processing the application, Commission staff subject to the provisions of this manual, may be required to request additional documentation regarding income, net worth, employment, military service status, school attendance, criminal history, medical treatment, and government benefits to determine eligibility. Commission staff will notify you of any additional required documentation by writing and in a timely manner.
- To allow you sufficient time to obtain any required documentation, your assessment will be scheduled no sooner than 14 days from the time we respond to your application. You can request a sooner assessment if you have obtained all required information. You may also reasonably extend your assessment appointment in order to obtain necessary documentation. Any request made by you to reduce or extend your assessment time will be noted in your case file.
- The Commission has a duty to adjudicate every complete application received and to notify you of the decision of your application or renewal assessment. A decision will not be rendered if you withdraw from further assistance. Any withdrawal shall be made in writing and signed by you.

Right of Inclusion:

- Upon your request, you may receive a copy of the forms that you signed at the conclusion of the application or assessment process.
- We will furnish you, as much as practicable, the addresses and locations of any other agencies and organizations that might be able to provide additional help with your individual circumstances. You have a responsibility to pursue other resources that can enhance your welfare. If you appear to be eligible for other government assistance, you will be referred to the respective agencies. If you fail to pursue those benefits, you will lose eligibility for Veterans Assistance until you demonstrate compliance.
- A paper copy of the Veterans Assistance Program Rules are available for review at our office during normal business hours.

Right of Review:

- If your application or assessment was denied, you will be granted the right to present additional evidence to Commission staff that may have a bearing on your eligibility if you request.
- If you are dissatisfied with a decision made by Commission staff, you have the right to file an appeal. Additional information about appeals will be included in our decision to you.

Right of Notification: You have the right to receive notification of our decision in addressing your eligibility for Veterans Assistance. Notification shall be by a Notice of Decision which shall be given to you in person or delivered by U.S. Postal Service. The Notice of Decision will include the decision made and reasons for the decision and a notice to you of your right to appeal our decision.

Right to Appeal: If you disagree with any part of the Notice of Decision issued to you, you have the right to appeal that decision. Additional information about appeals will be included in the Notice of Decision.

NOTES:	
SECTION V: EMPLOYMENT INFORMATION	
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF YOUR EMPLOYER?
IS YOUR SPOUSE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF YOU SPOUSES EMPLOYER?
IS ANYONE ELSE LIVING WITH YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF EMPLOYER?

SECTION VI: BANKING INFORMATION		
BANK NAME:		PHONE NUMBER:
CHECKING ACCOUNT #:	CURRENT BALANCE:	OVERDRAWN: <input type="checkbox"/> YES <input type="checkbox"/> NO
SAVINGS ACCOUNT #:	CURRENT BALANCE:	OVERDRAAWN: <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION VII: FINANCIAL INFORMATION			
LIST ALL MONTHLY INCOME FROM ALL SOURCES FOR YOU, YOUR SPOUSE, OR ANYONE ELSE LIVING WITH YOU.			
SOURCE OF INCOME:	YOURSELF	SPOUSE	OTHER PERSON(S)
EMPLOYMENT:	\$	\$	\$
BUSINESS INCOME:	\$	\$	\$
RENTAL INCOME:	\$	\$	\$
SOCIAL SECURITY:	\$	\$	\$
VA BENEFITS:	\$	\$	\$
UNEMPLOYMENT:	\$	\$	\$
RETIREMENT/PENSION:	\$	\$	\$
STOCKS/BONDS/MUTUAL FUNDS:	\$	\$	\$
CHILD SUPPORT:	\$	\$	\$
PUBLIC AID: CASH / HOUSING / IBT	\$	\$	\$
TRI-COUNTY ASSISTANCE:	\$	\$	\$
OTHER:	\$	\$	\$

SECTION VIII: MONTHLY COST VS. FINANCIAL ASSISTANCE				
MONTHLY EXPENSES		FINANCIAL ASSISTANCE REQUESTED		APPROVED AMOUNT
THE CAN ONLY PAY EXPENSES FOR BASIC LIVING EXPENSES				
MORTGAGE OR RENT:	\$	MORTGAGE OR RENT:	\$	\$
ELECTRIC:	\$	ELECTRIC:	\$	\$
GAS:	\$	GAS:	\$	\$
WATER:	\$	WATER:	\$	\$
THRASH:	\$	THRASH:	\$	\$
PHONE: (FOR MEDICAL USE ONLY)	\$	PHONE: (FOR MEDICAL USE ONLY)	\$	\$
CABLE / SATELLITE:	\$	CABLE / SATELLITE:	\$ Not authorized	\$ Not authorized
INTERNET:	\$	INTERNET:	\$ Not authorized	\$ Not authorized
FOOD:	\$	FOOD:	\$	\$
PRESCRIPTIONS:	\$	PRESCRIPTIONS:	\$	\$
MEDICAL CO-PAYS:	\$	MEDICAL CO-PAYS:	\$	\$
CAR PAYMENT:	\$	CAR PAYMENT:	Not authorized	Not authorized
CAR INSURANCE:	\$	CAR INSURANCE:	Not authorized	Not authorized
VEHICLE FUEL: (FOR MEDICAL USE ONLY)	\$	VEHICLE FUEL: (FOR MEDICAL USE ONLY)		
CHILD CARE:	\$	CHILD CARE:	Not authorized	Not authorized
CHILD SUPPORT	\$	CHILD SUPPORT	Not authorized	Not authorized
HOMELESS EXPENSES: (IF APPLICABLE)	\$	HOMELESS EXPENSES: (IF APPLICABLE)	\$	\$
OTHER:	\$	OTHER:	\$	\$

SECTION IX: HARDSHIP INFORMATION		
PLEASE SELECT ONE OF THE CIRCUMSTANCES BELOW THAT DESCRIBES THE REASON FOR YOUR FINANCIAL HARDSHIP.		
INCREASE IN RENT OR MORTGAGE: <input type="checkbox"/>	MEDICAL / DENTAL EXPENSES: <input type="checkbox"/>	INCREASE IN UTILITIES: <input type="checkbox"/>
FUNERAL EXPENSES: <input type="checkbox"/>	INCREASE IN CHILD SUPPORT: <input type="checkbox"/>	LOSS OF IMCOME: <input type="checkbox"/>
NEW FAMILY MEMBER IN RESIDENCE: <input type="checkbox"/>	AUTO REPAIRS: (Necessary for Medical Use Only) <input type="checkbox"/>	HOME REPAIRS: (Necessary to Maintain Shelter) <input type="checkbox"/>
VETERINARY BILLS: (Service / Support Animals Only) <input type="checkbox"/>	NATURAL DISASTER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>
PLEASE PROVIDE CONTACT INFORMATION FOR THE CIRCUMSTANCES SELECTED ABOVE.		
COMPANY NAME:		POINT OF CONTACT (If Known):
PHONE NUMBER:	ADDRESS:	
CITY:	STATE:	ZIPCODE:
SUPPORT DOCUMENTS		
<input type="checkbox"/> BILL(S) <input type="checkbox"/> INVOICE(S) <input type="checkbox"/> NOTICE(S) <input type="checkbox"/> COURT DOCUMENT(S) <input type="checkbox"/> LETTER(S)		

SECTION X: APPLICATION CERTIFICATION AND SIGNATURE(S)	
<ul style="list-style-type: none"> • I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM. • I HAVE RECEIVED A COPY OF THIS APPLICATION. • I ACKNOWLEDGE THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. • I UNDERSTAND THAT IF I HAVE FALSIFIED ANY INFORMATION ON THIS FORM, I WILL BE INELIGIBLE FOR ASSISTANCE NOW AND IN THE FUTURE AND THAT I CAN BE PROSECUTED TO THE FULL EXTENT OF THE LAW. • I UNDERSTAND THAT EMERGENCY ASSISTANCE IS A ONCE A YEAR (BUDGET) ASSISTANCE AND WILL BE PROCESSED BY ILLINOS STATUES AND VAC RULES. • SIGNING BELOW INDICATES THAT THE PERSON SIGNING UNDERSTANDS THAT PROVIDING THE ABOVE INFORMATION IS A REQUIREMENT TO BE CONSIDERED FOR FINANCIAL ASSISTANCE. FAILURE TO PROVIDE THE REQUIRED INFORMATION IS GROUNDS FOR AUTOMATIC DENIAL FOR FINANCIAL ASSISTANCE. 	
SIGNATURE OF APPLICANT:	DATE:
SIGNATURE OF SPOUSE (If applicable):	DATE:
HOW DID YOU HEAR ABOUT THE VAC?	
<input type="checkbox"/> ONLINE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> VFW <input type="checkbox"/> AMERICAN LEGION	