



# WISCONSIN VFW FOUNDATION, INC

## MENTAL HEALTH SUPPORT FUND APPLICATION

### "Journey To Healing Together Grant"

All application are individually reviewed on a case-by-case basis.  
Submitting an application does not guarantee payment of funds.

#### APPLICANT'S INFORMATION \*REQUIRED FIELD

*NAME:		*DATE:	
*ADDRESS:			
*CITY:		*STATE:	*ZIP:
*PHONE:		*CIVILIAN EMAIL:	
*RELATION TO SERVICE MEMBER:			

#### \*EXCLUDING SERVICE MEMBER, LIST ALL DEPENDENTS RESIDING IN THE HOME

NAME:	AGE:	RELATIONSHIP:

#### SERVICE MEMBERS INFORMATION

*NAME:		*BIRTHDATE:	
*ADDRESS:			
*CITY:		*STATE:	*ZIP:
*PHONE:		*E-MAIL:	
*CURRENT MILITARY COMPANY/LOCATION:			

*BRANCH OF SERVICE:	Army	Marines	Navy
	Air Force	Space Force	Coast Guard

*STATUS OF SERVICE MEMBER:	Active Duty (to include AGR)
	Reserves
	National Guard

PLEASE COMPLETE THE SECTION BELOW AND PROVIDE AS MUCH DETAIL AS POSSIBLE. FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD RESULT IN THE DENIAL OF YOUR APPLICATION.

\*REQUIRED FIELD

**SERVICE MEMBER'S MENTAL HEALTH INFORMATION**

\*MENTAL HEALTH PROVIDER:

\*NAME:

\*ADDRESS:

\*MENTAL HEALTH PAYMENT ASSISTANCE REQUEST:

Co-Payment

Full-Payment

\*SUMMARIZE MENTAL HEALTH NEED (Continue on separate sheet if needed)

Initial:

\*CONTINUED EDUCATION FINANCING SERVICE MEMBER/DEPENDENT(S): YES

NO

Scholarship

GI Bill

Student Loans

VA Benefits

\*COLLEGE CURRENTLY ATTENDING:

\*COLLEGE DEGREE:

**PLEASE COMPLETE THE SECTION BELOW AND PROVIDE AS MUCH DETAIL AS POSSIBLE. FAILURE TO PROVIDE THE INFORMATION REQUESTED COULD RESULT IN THE DENIAL OF YOUR APPLICATION.**

**\*FINANCIAL CHECKLIST FOR CURRENT HOUSEHOLD INCOME AND BILLS** **\*REQUIRED FIELD**

- |   |                |
|---|----------------|
| 1. Income Statements (Military LES, Civilian Pay Stub, VA Compensation)   | Initial: _____ |
| 2. Checking Account Statements (Last Two Months)  | Initial: _____ |
| 3. Savings Account Statement (Last Two Months)  | Initial: _____ |
| 4. Proof of Household Expenses (Housing, Utilities, Insurance)  | Initial: _____ |
| 5. Credit Card Statements (Last Two Months)   | Initial: _____ |
| 6. Vehicle Expenses (Car Payments, Repair Estimates, Insurance Premium)   | Initial: _____ |
| 7. Loans (Consumer, Car, Recreational Vehicles, Student, etc.)  | Initial: _____ |
| 8. Miscellaneous Expenses (Estimate Food, Transportation Costs)   | Initial: _____ |
| 9. Other (List and Identify - Child Care, Medical, Dental)  | Initial: _____ |
| 10. Payment App (Venmo, PayPal, etc.) showing details regarding who the funds recipient is and reason for the funds transfer.   | Initial: _____ |
| 11. Documents for Hardship (Eviction, Foreclosure, Cost Estimate for Repair, Denial Letter of Insurance Coverage, Explanation of Benefits with Uncovered Costs, Insurance Premiums, etc.) | Initial: _____ |

Indicate Hardship if Applicable:

Eviction:                      Foreclosure:                      Repossession:                      Collections:

**\*SUMMARIZE AND DOCUMENT HARDSHIP (Continue on separate sheet if needed)** Initial: \_\_\_\_\_

**\*ACKNOWLEDGEMENTS**

**\*REQUIRED FIELD**

1. I acknowledge that if the WING Foundation grants financial assistance to cover hardship expense that payment will be made payable to creditors.

Initial: \_\_\_\_\_

2. I acknowledge that if the WING Foundation requests that I and or eligible dependent complete financial counseling and provide documentation. If I (we) fail to comply that I (we) will be required to return funds back to the WING Foundation fund.

Initial: \_\_\_\_\_

3. I acknowledge that I have provided the account numbers and mailing addresses for all debts or expenses eligible for relief on page 5 of this checklist.

Initial: \_\_\_\_\_

4. I acknowledge that I have provided a report from the money transfer app(s) that I use and I indicated who received the funds and what the funds were for on each item listed on the report.

Initial: \_\_\_\_\_

5. I acknowledge the WING Foundation process may take at least seven (7) days if the application is complete and all supporting documents are included. If the requested amount exceeds \$1,000 or the application is not complete and additional supporting documents are required, the process could take longer than seven (7) days.

Initial: \_\_\_\_\_

6. I acknowledge that all decisions of the WING Foundation are final and that I cannot request reconsideration of their final determination.

Initial: \_\_\_\_\_

7. I acknowledge that I can only apply for financial assistance one (1) time a calendar year.

Initial: \_\_\_\_\_

Applicant Signature

Date

# WI VFW FOUNDATION GRANT FINANCIAL WORKSHEET

**\*All Line Items Are Monthly Totals\***

HOUSEHOLD INCOME	TOTAL	EXPENSES	TOTAL	TOTAL PAST DUE
SM Civilian Gross Income		Rent/Mortgage		
Spouse Gross Income		Electric		
VA Compensation		Gas		
SM Military Income		Sewer & Water		
Spouse Military Income		Cable		
Housing-BAH		Internet		
Food Subsistence-BAS		Home Phone		
Hazardous Duty Pay		Cell Phone(s)		
Separation Pay		Home or Rental Insurance		
Unemployment		Auto/Motor Cycle Insurance		
Child Support Received		Health Insurance		
SSI/SSDI		Food		
W2 Benefits		Gas		
Food Stamps		Recreation Vehicle		
Other (Explain)		Payroll Taxes		
<b>TOTAL INCOME</b>		Household Items		
<b><u>NOTES/EXPLANATIONS:</u></b>		Child Care		
		Child Support Paid		
		Credit Cards		
		Auto Loan		
		Student Loans		
		Medical Bills		
		Dental Bills		
		Mental Health Bills		
		College		
		Other (Explain)		
		Other (Explain)		
		Other (Explain)		
		Other (Explain)		
		<b>Total Expenses</b>		

# Creditor Information

Creditor Name:	COMMITTEE USE
Address:	Pay This Amount:
Account Number:	
Name on Account	
	Pay This Amount:
Creditor Name:	
Address:	
Account Number:	Pay This Amount:
Name on Account	
Creditor Name:	
Address:	Pay This Amount:
Account Number:	
Name on Account	
	Pay This Amount:
Creditor Name:	
Address:	
Account Number:	
Name on Account	
Creditor Name:	
Address:	
Account Number:	
Name on Account	