



Union County Veterans Commission Veterans Service Office

835 East Fifth Street, Suite B
Marysville, Ohio 43040
(937) 642-7956 • (800) 686-2308 • Fax (937) 642-9282
Email: ucvets@unioncountyohio.gov



FINANCIAL ASSISTANCE POLICY for 2021

By direction of the Veterans Service Commissioners

By Ohio law, the Union County Veterans Service Commission may provide “temporary and emergency” financial assistance to eligible veterans and/or their families - based on the veteran’s discharge and financial need. The Commissioners designate office staff to evaluate these factors before any financial assistance is considered. Evaluations are done as often as necessary, but no less than once a year, to determine (1) the client’s actions to eliminate the need for on-going assistance and (2) if an emergency still exists to warrant assistance or continued assistance.

Be advised: This agency does not provide long-term financial assistance

I. All new and/or previously assisted clients must:

- a. Complete (in full) and sign/date a Veterans Service Financial Assistance application form.
- b. Provide documentation to substantiate **all sources of household income*** from past 30 days.
- c. Provide **full and complete bills*** to support all reported expenses (except food and transport gas)
- Simple receipts are not sufficient. Computer-generated bills are accepted if information is complete.
- d. Report any changes to income or expenses as they occur!
- e. Provide Job & Family Services’ letter(s) showing spend down amount, cash assistance and/or medical card assistance.
- f. Provide a doctor’s statement of unemployability, Social Security letter, or Veteran’s disability claim if stating you or your spouse are unable to work.
- g. Provide documentation to show you are seeking employment, if requested by office staff.
- h. Sign information release forms, if requested by office staff.
- i. Provide any other documents requested by office staff.

***IMPORTANT NOTICE:**

The lack of any information may delay financial assistance from this agency.

II. Clients who received over \$2,000.00 in financial aid (including food vouchers) in 2021:

- a. Must bring in all documentation as listed above **AND**
- b. Personally meet the Veterans Service Commissioners for approval of further assistance in **2021**.
- The Veterans Service Commissioners meet every first and third Tuesday of the month at 12:00 p.m. (Noon)
Please schedule with office staff member to get on the Commissioners’ agenda.

Thank you for your cooperation. – Please turn this sheet over.

"TEMPORARY EMERGENCY" Financial Assistance is based on need:**

- **Financial Assistance** for "Food Assistance". Food Voucher amount(s) is based on family size and need. Food assistance does not necessarily have limits for the number of times granted or length of time allowed. **However, food assistance is not a long-term program.** If you receive food stamps (SNAP) from Job and Family Services (JFS), you are not required to report it to this office. Receiving JFS food stamps (SNAP) will not prevent our agency from providing food assistance when needed.
- **Financial Assistance** for "Basic Utilities" (electric, water/sewer, gas, propane, fuel oil).
- **Financial Assistance** for "Apartment Rents, Lot Rents and/or Mortgage Assistance". These are exclusively approved by the Veteran Service Commissioners (VSC). Clients must personally meet the Commission to discuss these requests at a regularly scheduled meeting held every 1st and 3rd Tuesday of the month 12:00 p.m. (Noon) at this office.
- **Financial Assistance** for "Dental or Medical Invoice Assistance". These are exclusively approved by the Veteran Service Commissioners (VSC). Clients must personally meet the Commission to discuss these requests at a regularly scheduled meeting held every 1st and 3rd Tuesday of the month 12:00 p.m. (Noon) at this office.
- **Financial Assistance** for "Vehicle Repair" Assistance. These are exclusively approved by the Veteran Service Commissioners (VSC). Clients must personally meet the Commission to discuss these requests at a regularly scheduled meeting held every 1st and 3rd Tuesday of the month 12:00 p.m. (Noon) at this office.
- **Financial Assistance** with "Prescriptions" (for absolute medical necessity) are from Dave's Pharmacy only.

**** Financial Assistance Requests is based on a "as needed" basis. Financial Assistance is not a Federal Veterans Affairs (VA) Benefit. Financial Assistance (of any kind) is not guaranteed to start or continue. Further, NO payments are automatic. In an effort to fully assist our clients in becoming financially stable, the Veterans Service Office staff members or VSC may often make referrals and recommendations. If a client does not make any attempt to follow through with those referrals or recommendations, the VSC may cease financial assistance.**

_____ Yes No
Client's Name Date Policy Provided Were policies explained

New Financial Application provided? Yes No

Was an appointment set to do the Financial Assistance Review? Yes No; If So, when _____

I acknowledge that I have received and understand the policies contained within this form.

_____ Date Signed _____ VSO Representative
Client's Signature

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 uc vets@co.union.oh.us

Name: _____

Address: _____

Phone #: _____ Date: _____

UNION COUNTY FINANCIAL ASSISTANCE CHECKLIST

Please bring all the following marked documents and information with you to the review.

- | Need | N/A | Date Rcvd | |
|--------------------------|--------------------------|-----------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Military Separation (DD214 or equivalent).IF NOT AVAILABLE, WE CAN HELP YOU OBTAIN ONE! |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Have you been a Union County resident for the last 3 continuous months? |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Photo identification of Veteran, spouse or divorced spouse with children. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Power of Attorney Decree (if you have one) with photo identification. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Marriage certificate or license. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Birth Certificates for all <u>legally dependent</u> children 18 and under. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Divorce or Dissolution Decrees (If alimony is paid out or received). |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Decrees showing child support paid out or received, and/or child custody/guardianship. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Any documents pertaining to a VA claim and the claim number. |
| <input type="checkbox"/> | | _____ | ** INCOME: Proof of ALL household income sources for the past 30 days (pay stubs, Social Security letters, VA pension and/or compensation amounts, other pension/retirement incomes, receipt of workers compensation, unemployment benefits, insurances, AFLAC amounts, etc). |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Copies of your last checking and savings account statements. |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Bankruptcy paper (Only if current and NOT discharged). |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | Rent lease or letter from landlord confirming rent amount and other rental charges or Mortgage information to include company information and all mortgage charges. |
| <input type="checkbox"/> | | _____ | ** EXPENSES: Full utility bills (original and not just the payment coupon) AND Complete bills for all other expenses claimed on the back of the FINANCIAL ASSISTANCE FORM . Only exceptions to this: For Food and transportation gas amounts, provide a reasonable monthly estimate for these two items. |
| <input type="checkbox"/> | | _____ | ** Fully completed and signed Veterans Service Financial Assistance Form (UCVSO Form 2. (Please pick up one PRIOR to your scheduled review.) |

**** Critical Notice**:** Income and expense information **MUST** be substantiated (other than the two above exceptions). The lack of this information may delay financial assistance from this office.

Other Documents as Required or Requested: _____

UNION COUNTY VETERANS SERVICE COMMISSION FINANCIAL ASSISTANCE APPLICATION

This application must be completed by answering all questions. Complete this page PRIOR to your appointment.

(Note: Disclosure of Social Security Numbers is voluntary, but failure to provide such information may delay your application for financial assistance.)

Veterans Name: Last First Middle				SSN:	
				Occupation Vet:	
Date of Birth	Marital Status	Date of Marriage	Date of Divorce/Separation		If Deceased, date of death
Spouse Name (First name and maiden name)			Spouse SSN		Spouse Date of Birth

Note: Common law marriages are recognized in Ohio ONLY if they were established prior to October 10, 1991.

Veterans Address: Street City State Zip				Applicant Phone #1	
Name of current Mortgage Company or Landlord				Applicant Phone #2	
Previous Address if at current address less than 90 days				Landlords Phone Number	

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING INFORMATION

Name		Relation to Veteran		Date of Birth	SSN:	Occupation:
Address	City	State	Zip	Telephone Number with area code		

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE) VERIFIED BY REVIEWER

Date From	Date To	Branch of Service	Type of Discharge	Verified by VSO
Date From	Date To	Branch of Service	Type of Discharge	Verified by VSO

OTHER DEPENDENTS IN THE HOUSEHOLD (DO NOT INCLUDE YOURSELF OR YOUR SPOUSE)

Names	Relationship	Date of Birth	SSN of Dependents	Live with/Supported by Applicant	
				Yes	No
				Yes	No
				Yes	No

Does anyone else live in your household (other than a spouse and dependents)? (If Yes, please explain)

Has anyone in your household ever applied for assistance from any other county agency in the last thirty days? (If Yes, please explain)

Agency	Type Assistance
Agency	Type Assistance

I understand if I make false statements to Union County Veterans Service, or give false information on this application, or provide false income or expense information, I could be prosecuted or denied all future Union County Veteran Service Commission financial assistance. I have completed all the information pertaining to my application and I certify it is correct to the best of my knowledge.

Applicant's Signature _____ Date _____ Reviewed by _____
VSO Representative

Monthly Income Worksheet

Applicant's Name: _____ **Date:** _____

Applicant's Address: _____ **Phone Nr 1:** _____

Veterans Income: _____ **Phone Nr 2:** _____

Current or Former Employer: _____

Employer Address: _____ Rate of Pay: _____ Hourly/Salary

Employer Telephone #: _____ Dates of Employment: _____

If not employed, is the Veteran looking for work? Yes No Has the Veteran signed up with JFS Vet Rep? Yes No

Spouses Income:

Current or Former Employer: _____ Rate of Pay: _____ Hourly/Salary

Employer Address: _____

Employer Telephone #: _____

Dates of employment: From _____ To _____

Present Monthly NET Income (round off) (must present latest documents to confirm income)

Wages, Veteran	\$ _____	
Wages, Spouse	\$ _____	
Wages, Other	\$ _____	(anyone in your household that provides income or support to you)
VA Pension/Compensation	\$ _____	
Retirement Income	\$ _____	Other Assets
Social Security – Veteran	\$ _____	Checking \$ _____
Social Security – Spouse	\$ _____	Savings/CDs \$ _____
Social Security – Others	\$ _____	401K \$ _____
Unemployment Benefits	\$ _____	Other \$ _____
Workman's Compensation	\$ _____	(List all sources, if none, state none)
Income from Child Support	\$ _____	
Income provided from others	\$ _____	

Total of Monthly Income (net): \$ _____
(Transfer Total Monthly income to Total Net Income on next sheet)

Monthly Expenses Worksheet

Major Loan Information

Vehicle Year, Make, Model	Amount still owed	Percentage	Monthly Payment
Vehicle #1			
Vehicle #2			
Boat/motorcycle/camper/other (specify which)			

Expense Type	Payment
Food-Grocery Store (estimated - weekly amount spent x 4)	
Gasoline/Transportation (estimated - weekly amount x 4)	
Rent/Mortgage	
Lot Rent	
Gas/Oil/Propane (Home)	
Electric	
Water/Sewage/Garbage Pickup	
Home Phone (Indicate if included with Cable and/or internet)	
Cell Phone (Number of phones in family)	
Homeowner's/Tenant Insurance (if not included in mortgage)	
Car Insurance	
Life Insurance	
Cable /Satellite TV (Indicate if it includes telephone or internet)	
Vehicle Payments (Total from above)	
Prescriptions (on a monthly basis)	
Medical (doctor, dentist, eye care, prescriptions, co-pays)	
Child Support paid out	
Daycare	
House Taxes (if not included in mortgage)	
Charge Account Name (Total owed: \$) % ()	
Charge Account Name (Total owed: \$) % ()	
Charge Account Name (Total owed: \$) % ()	
Charge Account Name (Total owed: \$) % ()	
**Charge Account Name (Total owed: \$) % ()	
Installment loan with (Total owed: \$) % ()	
**Installment loan with (Total owed: \$) % ()	
Other expenses (explain)	
Internet access (Indicate if it is included with cable and/or telephone)	
Total Expenses:	

(All expenses MUST be verified by providing latest statements or bills)

Note: If there are more information, installment loans or charge accounts than can be listed above, please put on another sheet.

\$ _____ - \$ _____ = \$ _____
Total Net Income (From page 1) **Total Expenses** **Balance (Positive/Negative)**

I understand if I make false statements to Union County Veterans Service or give false information on this application or provide false income or expense information, I could be prosecuted or denied all future Union County Veteran Service Commission financial assistance. I have completed all the information pertaining to my application and I certify it is correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____ Reviewed by: _____

VSO Representative



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2021 FOOD VOUCHER POLICY and Application

Client's Name: _____

Address: _____

Phone: # _____

You have been authorized by Union County Veteran Service Office to receive a food voucher(s) as follows:

Effective date: _____ Amount: \$ _____

Vouchers **"MAY"** be issued every two (2) weeks as approved by the Executive Director or VSO Staff Member.

Vouchers are to be used at **Mosier's Market in Raymond, Ohio only.**

Vouchers must be used within five (5) calendar days of issue, including the day of issue.

Vouchers may be redeemed for any amount up to the total amount issued.
(Use of this voucher is one time use only. Clients are encouraged to purchase as close to the issued amount).

You are responsible to pay for any additional amount over the amount of the issued voucher.

You will also be responsible to pay for any unauthorized items that is purchased.
(See the attached sheet for examples of authorized and unauthorized items).

The voucher must be used by the person(s) listed below.
(Please indicate below those of your family authorized to receive and/or the issued voucher(s)).

Client: _____ Spouse: _____ Other: _____

I agree to abide by the above policy and will only purchase items authorized.
I agree to pay the store for any identified unauthorized items purchased.

Client Signature: _____ Date: _____

Policy explained/issued by: _____ Date: _____
(VSO Personnel)

Examples of Authorized Items

Meats
Vegetables
Fish
Fruits
Breads
Dairy Products
Cereals
Products
Canned Goods
Coffee
Tea (Bag or Bottled)
Juices
Kool Aids
Gatorades

Personal Needs Items

Bar soaps (Personal)
Shampoo / Conditioners (Or Both)
Personal Hygiene Items
(Deodorant, Mouthwashes, Toothpaste, Toothbrush,
Shaving Cream & Razors)

Examples of Unauthorized Items

Sodas (Pop)
Beer
Wine
Any Alcohol Products
Tobacco Products (All)
Hand and Body Lotions

Energy Drinks
Power Drinks
Candies
Pet Foods / Products
School Supplies

Laundry Soaps (liquid or powders)
Bleach
Fabric Softeners

Freezer Bags or Storage Bags
Food Wraps (aluminum, wax or plastic)
Food Storage Containers

Baby Needs (w/prior authorization)

Baby Foods
Formulas
Diapers
Other Infant products

Kitchen Trash Bags (tall)

Pedialyte (w/prior authorization)
Bottle Water (individual)
Water (gallon jugs)

Toilet Paper
Facial Tissues (boxed)

Medications (w/o prior approval)

First Aid Items (w/o Prior approval)

Books & Magazines

Garbage Bags (All sizes)

Note: The above lists (examples) are NOT all inclusive. If you have any questions about whether or not you may purchase a particular item(s), please contact our office staff prior to the purchase of that item at **937-642-7956**.

Note: The office staff member reviewing the store receipt has the right to question or identify any item(s) purchased by the client. The item(s) may not be paid by the Veterans Service Office (VSO) and the client will have to pay the store for the identified item(s).



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Consent to Disclose Form

Date: _____

Clients Name: _____

Address: _____ Phone: _____

I, _____, presently a client of the Union County Veterans service Office for Financial Assistance, authorize the staff of the Union County Veterans service Office staff members to exchange information with the following agencies:

- ____ Department of Job and Family Services _____
- ____ Children Services _____
- ____ Legal Authorities and/or Probation Authorities _____
- ____ Apartment Managers and/or Landlords _____
- ____ Metropolitan Housing Authority of _____
- ____ Hospitals, Doctors, or Mental Health Agencies _____
- ____ Emergency Shelters _____
- ____ Employment Assistance Programs _____
- ____ Community Action _____
- ____ Child Support Enforcement Agency _____
- ____ HUD VASH Program, - Columbus VA Clinic _____
- ____ Public or Private School Officials _____
- ____ Utility Companies – including _____
- ____ Employers (Current or Previous) _____
- ____ Other: _____
- ____ Other: _____

My status or my current residency is provided to the Union County Veterans Service Office for the establishing eligibility for Ohio State Benefits - Financial Assistance only.

This "Consent to Disclose Form" may be revoked by me (the client) in writing at any time except for information that has been previously released in accordance with this authorization and except to the extent that action had been taken in reliance thereon. This consent (unless expressly revoked in writing) expires one (1) year from the above date.

Signature (Veteran): _____ Date: _____

Signature (Spouse): _____ Date: _____

Witness: _____ Date: _____



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2020 Transportation Policy (Client)

Dear Client,

In accordance with the Ohio Revised Code (ORC) Section 5901-03(H), the Union County Veterans Service is mandated to provide veterans transportation to federal Department of Veterans Affairs (VA) or VA-referred facilities. The ORC does not tell each county Veterans Service Office (VSO) how to meet this mandate – only that it will provide transportation.

Union County provides one of the most client-oriented transportation services in the state of Ohio. However, **we are not an ambulance service. If you are experiencing crisis health issues, you MUST call 911.** Inform the emergency room you are enrolled in the VA and which VA facility. Then request a Social Worker to work with your VA doctor. We do not guarantee the VA will pay for your transportation or emergency room care at a non-VA facility.

Your Veteran Service Commissioners (our bosses), developed a comprehensive transportation service for you. We are fortunate to have a fleet of 5 vehicles and 4 Contract Drivers – all just to get you to your VA appointment. Our agency makes every effort to get you where you need to be and as close to your appointment time as possible. This, however, is not always possible. Let me explain.

Our drivers are “on-call”. That means they drive only when you request a ride to get to a VA appointment. The 48-hour notice we require to schedule your ride is critical for two reasons:

1. We need to confirm a driver is available to make the trip.
2. If we need to change the scheduled departure time for any reason, then we need time to notify all parties – the driver and other passengers.

In order to accommodate each veteran's transportation request, we may need to schedule the trip earlier than your appointed time. We schedule departure times based on the earliest appointment. For example, if an individual has an appointment at 8:00 a.m. and yours is at 11:00, then we'll depart based on the earliest individual's appointment time.

If you have any concerns, problems, or positive comments about any of our drivers, please contact me directly. Your feedback is always welcomed.

On the back of this Policy Letter, you will find our Transportation Guidelines.

If you have any questions at all, call me. I'll be glad to address any question or issue. It's our pleasure to serve you.

**Our office hours are Monday, Tuesday and Thursday, Friday, 08:30 to 4:00 pm.
Wednesday, 08:30 to 5:00 pm, you may leave messages at (937) 642-7956.**

In case of an emergency, if you need to contact your passenger, please call the Union County Sheriff's Office (937-645-4110) and talk to the dispatcher. They will contact the Executive Director to find out the status of the vehicle and the passengers of that vehicle.

(OVER)

Transportation Guidelines

1. **We need at least 48 hours notice for a transportation request.** Requests less than 48 hours will be honored only if a run to that facility is already scheduled, the departure time is not affected, and there is room for the client.
2. We transport only to VA facilities in our **VA Medical Center District** or VA-referred facilities.
 - a. You must let us know exactly which VA facility you need to go to. The facilities that are in our **VA Medical Center District** and we transport to are as follows:

Columbus VAACC, Chillicothe VAACC, Dayton VAACC, Cleveland VAAACC, Grove City CBOC, Marion CBOC, Newark CBOC and Zanesville CBOC. All other medical facilities (civilian) only as required by the Columbus VA Clinic (referrals). Referral documentation is required.
 - b. **For all VA-referred facilities, you'll need to provide us the exact address of that referred facility.**
3. Let us know if your spouse or caregiver needs to accompany you. Drivers **can not** act as caregivers, per VA Clinic requirements.
4. **Let us know if you require a wheelchair or the use of the lift-van. This vehicle's availability is limited to a "First come, first serve basis".**
5. **We do not** pick-up clients as a matter of convenience. Clients are generally expected to be at our agency's office at the scheduled departure time. Let us know if you need picked up. Your reason for pick up must be validated by the VSO staff member.
6. Departure time is based on the earliest appointment time – if several clients require Transportation on the same day and will return after the last appointment.
7. The driver will wait **five minutes** after the scheduled departure time for passengers to show up at the office or client's home. They will leave at that point. **Please be on time.**
8. Notify us immediately if you or the VA cancels or reschedules your appointment.
9. Clients who do not show-up (without notifying us) may be denied future transportation rides.
10. We do not transport on weekends or federal holidays. **We do NOT provide emergency transportation. In the event of a possible emergency, call 911.**
11. If bad weather (snow, ice, sleet, etc.) is imminent or unexpected, transportation may be cancelled on very short notice. We will notify you as soon as possible so you can reschedule.
12. All occupants of our vehicles must wear seat belts. Vehicle cell phones are for business use only.
13. **No smoking, eating, or drinking, or use of tobacco products is permitted in any vehicle.**
14. As a courtesy, we will call you the day before your appointment to confirm the scheduled departure time. However, if you do not hear from us, it is your responsibility to call us **before 12:00 noon** to confirm the departure time.
15. Notify us if your address or telephone number changes.
16. Drivers have the option to refuse transportation to anyone who appears seriously ill or appears to be under the influence of drugs or alcohol. In such a case, the driver will notify the office as soon as possible of the situation.

I acknowledge receipt and understanding of this policy.

Signed by: _____ Date: _____ VSO Rep _____
Client

UNION COUNTY VETERANS SERVICE COMMISSION

Transportation APPLICATION

This application must be completed by answering all questions. Complete this page PRIOR to your appointment.

(Note: Disclosure of Social Security Numbers is voluntary, but failure to provide such information may delay your application.)

Veterans Name: Last First Middle				SSN:	
Date of Birth	Marital Status	Date of Marriage	Date of Divorce/Separation		If Deceased, date of death
Spouse Name (First name and maiden name)			Spouse SSN		Spouse Date of Birth

Veterans Address: Street City State Zip				Applicant Phone #1
Name of Emergency Contact Person(s)				Applicant Phone #2
Previous Address if at current address less than 90 days				Emergency Contact Phone Number

IF APPLICANT IS NOT THE VETERAN, PLEASE COMPLETE THE FOLLOWING INFORMATION

Name (Spouse or Caregiver)		Relation to Veteran		Date of Birth	SSN
Address	City	State	Zip	Telephone Number with area code	

MILITARY SERVICE (MUST HAVE PROOF OF SERVICE) VERIFIED BY REVIEWER (Please provide copy of discharge)

Date From	Date To	Branch of Service	Type of Discharge	Verified by VSO
Date From	Date To	Branch of Service	Type of Discharge	Verified by VSO

I understand if I make false statements to Union County Veterans Service, or give false information on this application, or provide false income or expense information, I could be prosecuted or denied all future Union County Veteran Service Commission financial assistance. I have completed all the information pertaining to my application and I certify it is correct to the best of my knowledge.

Applicant's Signature _____ Date _____ Reviewed by _____
VSO Representative