



VAC REQUIRED CLIENT DOCUMENTATION

Veterans Assistance Commission of DuPage County



421 N. County Farm Road – Wheaton, Illinois 60187

Phone 630-407-5655 – Fax 630-407-5656

Website: www.dupageco.org/vac Email: duplicatevac@dupageco.org

Please review the list below.

This is the information we need to process a request for assistance.

You only need to provide some of these documents, which we will specify.

Please bring this information with you when you visit the VAC.

CLIENT NAME: _____ DATE: _____ SP# _____
(office use only)

1. IDENTIFICATION:

- DD-214 or Report of Separation (prior to Jan 1, 1950)
(Program requires a discharge under Honorable Conditions and active duty of 180 days or more)
- SSN cards or birth certificates of those under 18 in your household
- Wedding license
- State ID card or driver's license

2. INCOME:

- Previous Year Federal Tax Return
- Last 90 days pay stubs or income verification for vet and or spouse/last 90 days bank statements
- Letter of employment verification (should include start date, rate of pay and hours to be worked)
- SSI or SSDI benefit letter
- Unemployment benefit letter
- Workers Comp benefit letter
- Affidavit of support letter
- Retirement income benefit letter
- Child support/alimony benefit letter
- Other (specify) _____

3. HOUSING:

- Valid Lease Agreement (Required even for month to month)
- Mortgage payment book/coupon

4. UTILITIES:

- Current electric bill
- Current gas bill
- Current water bill
- Current telephone bill (medical necessity only)
- Current waste removal bill

5. TRANSPORTATION:

- State Registrations for vehicle(s)
- Auto payment coupon or bill (must have VIN# and name)
- Auto insurance bill
- 2 to 3 auto repair estimates (one from approved VAC Repair Facility may be required)

6. MEDICAL:

- Detailed current medical bills

7. OTHER (specify):

AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO: _____
LEAVE BLANK

DATE: _____
LEAVE BLANK

The Veterans Assistance Commission DuPage County is presently in the process of providing me with financial aid and requires information for the purpose of establishing a claim on my behalf.

A. I hereby authorize any person, bank, firm, corporation, governmental agency, or institution to furnish the Veterans Assistance Commission (VAC) any request of information relative to my accounts, deposits, investments, securities, employment, and business of any nature. I also authorize the VAC to obtain a credit report from any of three major credit bureaus.

B. I understand that the responses I/You submit are considered confidential (38 U.S.C. 5701). The information requested on all VAC forms is considered relevant and necessary to determine maximum benefits provided under law and will only be used in order to process my application for emergency financial assistance.

C. I hereby agree that upon my signature to this letter no penalty will be assessed of you or the Veterans Assistance Commission for providing this information.

D. I also understand that my personal data is entered in the Service Point Client Management system. This information is confidential but will be shared with other agencies. I may opt-out of this section if I choose to.

Veteran

Spouse

Name (Print): _____

Name (Print): _____

Signature: _____

Signature: _____

Witness: _____
(Leave Blank)

Date: _____
(Leave Blank)

CLIENT INFORMATION, continued

16. Emergency Contact Name: _____ 17. Relationship to Client: _____
18. Emergency Contact Address: _____
19. Emergency Contact Phone/Email address: _____
20. Character of Military Discharge: _____
21. Receive Veteran's Services/Benefits?: Yes No Specify: _____
22. Any income in the last 30 days? Yes No 23. Total Gross Monthly Income: _____
24. Employer's Name and Phone: _____
Employer's Address: _____
Hourly Rate: _____ Typical Number of Hours per week: _____
Spouse or Other Household Member's Employer's Name and Phone: _____
Employer's Address: _____
Hourly Rate: _____ Typical Number of Hours per week: _____
25. Do you have a disabling condition? Yes No If yes, specify _____
26. Highest level of Education **Completed**: _____
If High School: Diploma _____ or GED _____
27. Do you have health insurance? Yes No
If yes, specify: _____
28. Do you receive? Food Stamps/Link Card Yes No LIHEAP Yes No
29. Are you a victim or a survivor of Domestic Violence? Yes No
If yes, when? _____ Are you fleeing from Domestic Violence? Yes No
30. Do you own/lease a vehicle? (Circle One) OWN LEASE NONE
If yes, Year/Make/Model: _____
31. Does vehicle require emergency repair? Yes or No
If yes, specify: _____
32. Any other information we should have to assist you?

OTHER HOUSEHOLD MEMBERS

First _____ **Middle** _____ **Last** _____ **Gender** M ___ F ___

Relationship _____ DOB ___/___/___ Age ___ School _____

Disability/Other Information _____

First _____ **Middle** _____ **Last** _____ **Gender** M ___ F ___

Relationship _____ DOB ___/___/___ Age ___ School _____

Disability/Other Information _____

First _____ **Middle** _____ **Last** _____ **Gender** M ___ F ___

Relationship _____ DOB ___/___/___ Age ___ School _____

Disability/Other Information _____

First _____ **Middle** _____ **Last** _____ **Gender** M ___ F ___

Relationship _____ DOB ___/___/___ Age ___ School _____

Disability/Other Information _____

First _____ **Middle** _____ **Last** _____ **Gender** M ___ F ___

Relationship _____ DOB ___/___/___ Age ___ School _____

Disability/Other Information _____

Why are you asking for assistance from the VAC? Please explain in detail.

How can we help? A bill for each request will be required to process your application.

Have you applied for assistance at any other agency in the last 180 days? If so, which one(s):

INCOME AND EXPENSES

Gross Income	Veteran (Monthly)	Spouse (Monthly)	Expenses	Monthly Amt.
Employment	_____	_____	Rent/Mortgage	_____
Social Security	_____	_____	Gas (utility)	_____
Disability	_____	_____	Electric	_____
SSI	_____	_____	Water	_____
Severance Pay	_____	_____	Groceries	_____
Unemployment	_____	_____	Cable TV	_____
Business Income	_____	_____	Telephone	_____
Worker's Comp	_____	_____	Child Care	_____
Recurring Gifts	_____	_____	Child Support	_____
VA Benefits	_____	_____	Internet	_____
VA Pension/DIC	_____	_____	Personal	_____
Pensions/Annuities	_____	_____	Health Insurance	_____
Stocks/Bonds	_____	_____	Medical Bills	_____
CDs/Interest	_____	_____	Loans	_____
Child Support	_____	_____	Tuition	_____
Alimony	_____	_____	Clothing	_____
Public Aid/AFDC	_____	_____	Alimony	_____
Food Stamps	_____	_____	Legal Fees	_____
Student Loans	_____	_____	Bankruptcy	_____
Scholarships	_____	_____	Auto Payment	_____
Educ. Grants	_____	_____	Gas/Oil (vehicle)	_____
Family Member	_____	_____	Auto Insurance	_____
Other	_____	_____	Maintenance	_____
			Transport (bus, etc.)	_____
			Other Debt	_____

FOR OFFICE USE ONLY IN THIS BOX

Total Monthly Gross Income:\$ _____

Total Monthly Expenses:\$ _____

Gross Income Balance:\$ _____

25% OF POVERTY _____

HOUSEHOLD OF _____

(Failure to report or disclose all expenses and sources of income can result in significant delays in processing your request for assistance from the Veteran's Assistance Commission and may result in Criminal and/or Civil Legal Action)

I certify that all income and expense information is true and correct.

**APPLICANT'S
SIGNATURE** _____

DATE _____

RIGHTS, PRIVILEGES, AND RESPONSIBILITIES

The following are the rights, privileges, and responsibilities of applicants for assistance through the VAC Program.

Applicants have the following RIGHTS and PRIVILEGES:

- You have a right to file a written application for assistance and to receive help in completing the application.
- You have the right not to be discriminated against because of your race, religion, national origin, gender, age, physical impairment or political affiliation.
- You have a right to be treated with respect and in a courteous and considerate manner.
- You have the right of privacy regarding the information you provide to the VAC. It *must* be kept confidential unless the VAC requires disclosure of the information to determine your eligibility for assistance or to coordinate your assistance with other agencies.
- Your living arrangements must conform to VAC rules. The VAC has the right to deny rent payments to parents and to third parties in sub-lease situations.
- You have a right to choose where you will obtain the goods and services for which the VAC will provide financial assistance. However, you may be required to get estimates in advance for the services you are requesting. As all bills are processed through the County Finance Department, vendors should not expect immediate payment. The VAC has no control over whether any provider will give you specific goods and services in exchange for payment by the VAC.
- You have a right to ask questions about your application and inspect, in the presence of VAC personnel, the case file containing your records and information during regular VAC office hours. However, the case file may contain certain information which has been provided to the VAC on the condition that it would not be revealed to you. The VAC has a right to remove such confidential information from your case file before you see it.
- You are encouraged to contact other agencies and apply to other programs that may be of assistance. A list will be furnished to you at the time of the interview.
- You have a right to expect the VAC to make a decision on your application for assistance within 30 days. You have a right to a decision in writing. If your income and assets are more than VAC guidelines allow, you have a right to see how the VAC calculated them.
- You have a right to appeal-in writing- any action, inaction, or decision of the VAC office to the President of the VAC Board or his/her designated representative. VAC staff will provide you with a “Notice of Appeal” and assist you in completing the form. The Board President will convene a hearing to examine your case. Hearing officers will include the following: Board President or designee, Judge Advocate or designee, and at least one other member. Their decision will be final.
- You have a right to voluntarily repay the VAC for any assistance they provide to you.

RIGHTS, PRIVILEGES, AND RESPONSIBILITIES, continued

Applicants have the following RESPONSIBILITIES:

- You have the responsibility to treat the personnel working in the VAC office with courtesy and consideration. Any action or threat made by you to harm a VAC employee or behavior that is insulting and disrespectful may be grounds for denial of VAC assistance, expulsion from the building, and/or arrest.
- You must complete a written “Application for Assistance”. The application will contain information used in evaluating your case.
- You must provide the VAC with all the information needed for a determination of your eligibility and must assist the VAC in obtaining any other documentation that may be required.
- A current photograph of all applicants is required in the VAC case file.
- You must keep all scheduled appointments with VAC personnel. If a circumstance arises that prevents you from keeping your appointment, you must contact the VAC promptly.
- You must apply at the ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS) office, and/or your township of residence if applicable, as a condition for VAC assistance. The result of your application from IDHS and your township is required documentation that must be added to your file.
- You must maintain current registration for employment at the Job Service section of the Illinois Department of Employment Security (IDES) and apply for unemployment compensation if eligible.
- You must accept and follow through in good faith *any* referral by the VAC to any other agency or person or for any benefit that might alleviate your present needs. If you are referred to another human service agency for assistance and refuse to apply for help from that agency, the VAC may determine that you are ineligible for financial assistance on the basis that you failed to seek services and financial aid that might be available from a primary source.
- You must notify the VAC of any change in your personal status such as a job change, an altered family situation, a different dependent status, or any other material fact that would alter your eligibility.
- You must consent to and sign “Truth Acknowledgement” and “Release of Information” statements so the VAC can obtain information and verify data given on your application. Providing false, fraudulent, or misleading statements disqualifies applicants from receiving any assistance from the VAC and will result in criminal prosecution to the fullest extent of the law.

Signature

Date