

IOWA VETERANS TRUST FUND ASSISTANCE REQUEST

Please Submit to:

IOWA DEPARTMENT OF VETERANS AFFAIRS
Camp Dodge – Bldg 3465, 7105 NW 70th Avenue
Johnston, Iowa 50131-1824
Phone (515) 727-3443
<https://va.iowa.gov/>



Personal and Military Data

Full Name _____
(First) (Middle) (Last)

Social Security # _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Rent (Y/N) Own (Y/N)

Home Phone _____ Work _____

Cell _____

U.S. Citizen (Y/N) Veteran (Y/N)

Widow of a veteran (Y/N)

Branch (select one):

Army/Navy/Marines/Air Force

Coast Guard/Merchant Marine

Dates of Service _____ to _____

Type of Discharge _____

Length of Iowa Residency _____

Previous State/County _____

Current Employer and Address _____

Household Contributor Data

Full Name _____
(First) (Middle) (Last)

Relationship _____

Date of Birth _____

Home Phone _____ Work _____

Cell _____

U.S. Citizen (Y/N) Veteran (Y/N)

Widow of a veteran (Y/N)

Current Employer and Address _____

Dependent Data Do children reside in your home? (Y/N)

Name _____ Date of Birth _____
Relationship _____

Please note:
If you have a disabled child over the age of 18 that receives income, please note amounts/source below.

Total Household Monthly Income

Income Source	Applicant	Spouse	Child
Take Home Pay	\$	\$	\$
Unemployment	\$	\$	\$
Food Support	\$	\$	\$
Social Security	\$	\$	\$
Supplemental Security Income(SSI)	\$	\$	\$
IPERS	\$	\$	\$
Child Support	\$	\$	\$
Pension	\$	\$	\$
Interest/Dividend/Rent	\$	\$	\$
FIP	\$	\$	\$
Total Gross Income	\$	\$	\$
VA Compensation	\$	\$	\$
VA Pension	\$	\$	\$
Any Other Income	\$	\$	\$

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Liquid Asset Data

Cash on Hand \$ _____

Checking Account Balance \$ _____
List Account Financial Institutions and Accounts

Savings Account Balance \$ _____
List Account Financial Institutions and Accounts

Money Market Account Balance \$ _____
List Account Financial Institutions and Accounts

Stocks/Bonds amount \$ _____

Certificates of Deposit Amounts \$ _____

Treasury Bills \$ _____

Other Liquid Assets \$ _____

Expenses

Monthly Payments

Rent or Mortgage Payment \$ _____

Trailer Lot Rent \$ _____

Electric / Gas Bill \$ _____

Water/Sewer/Trash Bills \$ _____

Food \$ _____

Vehicle Gas and Maintenance \$ _____

Child Care \$ _____

Phone \$ _____

Cell Phone \$ _____

Cable Television \$ _____

Doctor Bills \$ _____

Hospital Bills \$ _____

Medication Costs \$ _____

Dental Bills \$ _____

Credit Card Debt \$ _____

Installment Payments \$ _____

Title XIX _____
Health Insurance Company _____
Policy # _____

Food Support _____

Fuel Assistance _____

Medically Needy Spend down Amount \$ _____

County Relief (Y/N)
If yes, which county _____
What kind of Assistance? _____

Assistance from Other Counties _____
Assistance from Other Agencies _____

TOTAL MONTHLY EXPENSE \$ _____

List bills owed but not being paid:

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Trust Fund Assistance Application

In order to qualify for assistance from the trust fund, the applicant must have a household income at or below 200 percent of the Federal Poverty Guidelines and less than \$15,000 in liquid assets. Further asset guidelines may apply and are identified within the applicable option.

14.4(1) Travel expenses for wounded veterans or visiting spouse, directly related to follow-up medical care. Travel expenses under this subrule include the unreimbursed cost of airfare, lodging and a per diem of \$25 per day for required out of state medical that exceeds 125 miles from the veteran's home. Not exceeding \$1,000.00.

Amount of Request \$ _____

14.4(2) Job training or college tuition assistance.

A veteran may not be paid more than \$3,000.00 for retraining or postsecondary education to enable the veteran to obtain gainful employment.

Amount of Request \$ _____

14.4(3) Unemployment assistance during a period of unemployment due to prolonged physical or mental condition or disability resulting from military service. Must be service connected.

Maximum monthly benefit: \$500.

Maximum in a 12 month period: \$3,000.

Lifetime maximum benefit: \$6,000.

Amount of Request \$ _____

Date Unemployment Began _____

Reason for Unemployment _____

Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
- Denials from other agencies;
- Verification of assistance from other agencies or counties; and
- Evidence that the mental condition or disability is service connected and evidence that the veteran is unemployed for the period of payments.

14.4(4) Dental, vision, hearing, and prescription drug assistance for veterans. Payment will be made directly to the medical provider for medical needs not covered by Medicaid, Medicare, insurance, or VA. **Maximum benefit for dental care - \$2,500, vision care - \$500, hearing care - \$1,500 per ear, and prescription drugs - \$1,500.**

Liquid assets cannot exceed \$15,000.

Lifetime maximum benefit \$10,000.

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Type of Request: Dental/Vision/Hearing/Prescription Drugs

Amount of Request \$ _____

Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
- Denials from other entities;
- Verification of assistance from other agencies or counties;
- Medical documentation of the health care need;
- Estimated cost of the care on a statement from the health care provider / or the unpaid portion of an unpaid medical invoice; and
- Federal ID number and contact information for the institution where payment will be made _____.

_____ **14.4(5) Durable equipment to allow a veteran to remain in their home or to fully utilize their home. Lifetime maximum - \$2,500. Liquid assets cannot exceed \$15,000.**

Amount of Request \$ _____

Documents Needed to Support Request

- Copy of a DD Form 214 or other relevant release form;
- Denials from other agencies;
- Verification of assistance from other agencies or counties;
- Medical documentation of the needed equipment and how it will aid the veteran in remaining in their home or fully utilizing their home;
- Invoice from a supplier or installer of durable medical equipment or estimate cost of equipment and installation.
- Federal ID number and contact information for the entity where payment will be made _____.

_____ **14.4(6) Individual or family counseling and substance abuse programs.** Veterans who are eligible for VA health care must initially access VA psychiatric care and may use the trust fund to supplement that care if it will occur with a greater frequency or is closer than VA care. For non-VA services, up to \$150 per hour and \$75 per half-hour is available for outpatient counseling visits and \$40 per hour for group counseling. **Total benefits cannot exceed \$5,000 per family in a 12 – month period, with reduced limits based on the following: Individual veteran counseling services - \$2,500 maximum. Individual veteran substance abuse treatment and counseling combined - \$3,500 maximum. Family counseling services that may also include individual counseling and substance abuse services - \$5,000. Liquid assets cannot exceed \$15,000.**

Amount of Request \$ _____

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Documents Needed to Support Request:

- Copy of a DD Form 214 or other relevant release form;
- Denials from other agencies;
- Verification of assistance from other agencies or counties;
- If VA eligible, evidence of treatment at a VA medical center;
- Evidence of attendance of a counseling program and documentation of the cost of the program; and
- Federal ID number and contact information for the entity where payment will be made _____.

14.4(7) Ambulance and emergency room services for veterans who are emergency patients and lodging for immediate family members.

Assistance to veterans for expenses related to ambulance trips, including air ambulance transportation, and emergency room visits for emergency care patients. All efforts should be made to utilize all other methods of payment prior to accessing assistance under this subrule. ***The maximum amount that may be paid may not exceed \$7,500.***

Amount of Request \$_____

14.4(8) Emergency housing repair, emergency transitional housing assistance, and emergency vehicle repair.

Housing Repair: Housing repair is limited to repairs that are required to improve the conditions and integrity of the home and are necessary for the safety and security of the residents. In situations where a home is damaged beyond repair, assistance under this subrule is available to assist the applicant in purchasing a new home. ***You must provide pictures of needed repairs, and at least two (2) estimates that state the rationale for the repairs (i.e., that they are needed for personal safety and/or security purposes). Contractors must be registered with the State of Iowa.***

Transitional Housing: Assistance for transitional housing may be provided to applicants who are displaced from their homes during a period of repairs related to a disaster, vandalism, home accident, or other reason that make staying the homes hazardous to the health of the residents. Any refunded security deposits paid for under this subrule shall be returned to the Iowa veterans trust fund.

Vehicle Repair: Assistance for vehicle repair is limited to expenses that are required for continued use of the vehicle. This assistance will only be granted in cases where the vehicle is needed for travel to and from work-related activities, the applicant is over the age of 65, or substantial hardship will occur if the vehicle is not repaired. ***You must provide pictures of needed repairs, and at least two (2) estimates that state the rationale for the repairs (i.e., that they are needed for personal safety and/or security purposes). All repairs must be done by an ASE certified mechanic. Approved amount will not exceed the value of the vehicle.***

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The maximum amount that may be paid for any consecutive 12-month period may not exceed \$3,000 for housing repair, \$1,000 for transitional housing, and \$2,500.00 for vehicle repair. Lifetime maximum benefit for housing repair & vehicle repairs is \$10,000.

Amount of Request \$_____

Documents Needed to Support Request:

- Copy of a DD Form 214 or other relevant release form;
- Denials from other agencies;
- Verification of assistance from other agencies or counties;
- Rental agreement for transitional housing;
- Repair estimates from the entity that will be performing the vehicle or home repair or an unpaid repair invoice; and
- Federal ID number and contact information for the entity where payment will be made _____.

_____ **14.4(9) Expenses related to establishing a minor child is a dependent of a deceased veteran.**

The maximum amount that may be paid may not exceed \$2,500.

Amount of Request \$_____

_____ **35A.13(6.n) Homelessness: Rental housing assistance for veterans who meet the definition of homeless, as set out in 42 U.S.C 11302, for payment of rental application fees to obtain rental housing. One-time basis per recipient not to exceed one thousand dollars per recipient.**

I understand that I am required to ensure that the information I have entered on this form is as complete and accurate as feasible on the date it was completed. I further understand that the data I have supplied on this form will be investigated and used by any and all members of the Iowa Veterans Commission or Iowa Department of Veterans Affairs to determine my eligibility for the assistance requested. I also understand that intentionally providing false information could lead to a six month bar from receiving any benefits from the Iowa Veterans Trust Fund. Therefore, I hereby authorize release of this information to and only to these individuals.

(Applicant's Signature)

(Date)

Please Submit to:

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***** FOR COUNTY VA USE ONLY*****

1. Please include a signed letter from the County Veterans Affairs office indicating the pertinent facts surrounding this application.

2. Did the county apply for all other state and federal benefits entitled to the veteran? (Y/N)
If yes, explain _____

Types of assistance:

	Unemployment / Vocational Rehabilitation Assistance	Dental Medical Vision	Emergency / Durable Housing Repair	Counseling	Transitional Housing	Vehicle Repair
Required forms:						
IDVA Trust Application	X	X	X	X	X	X
DD-214	X	X	X	X	X	X
Required county signature page	X	X	X	X	X	X
Service Connected letter, <u>if applicable</u>	X	X	X	X	X	X
Verification of unemployment dates, VA proof that unemployment is caused by service connection and able to return to work.	X					
Estimate, Federal ID/W-9 form		X	X			X
Two estimates with photos		X	X		X	X
Denial letters if applicable	X	X		X	X	X
Verification of assistance from other agencies if applicable (IWFD & Voc. Rehab.)		X		X	X	X
Evidence from VA (denial or eligibility)	X	X		X		
Rental agreement, Federal ID/W-9 form					X	
Proof copies of current license, vehicle insurance, registration & mileage						X

3. Did you find additional pertinent facts not shown on the application? (Y/N)

If yes, explain _____

What is your recommendation concerning this application? Approve _____ Disapprove _____ Defer _____

4. Explain reason for recommendation _____

County Officer Signature _____ County _____

Revised 7/1/18