

Food4Vets

Name:	Veteran Information		
	DOB:	Phone/Email:	
Address:	City:	ZIP:	
County of Residence:	Last Four SSN:	Character of Service:	
Applicant, if not veteran:	Relationship to veteran	Relationship to veteran:	
Address:	City:	Phone:	
Reason veteran is not completing applicatio	n:		
	Statement of Need		
Reason for needing food assistance:			
	Proof of Service		
☐ DD214 or 215 ☐ NGB22	☐ Veteran Health Identification Card (VHIC)	☐ Michigan DL/ID with veteran designation	
☐ Common Access Card (CAC)	☐ Uniformed Services ID card	☐ Military Retiree Card	
Application Affirmation Description	d cortify that all information provide	d is complete and true? Your signature also	
ndicates that you understand any misrepro oid the application and require restitution	esentation, falsification or omission	of any facts requested in the application may	
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Application must be completed and signed prior to distribution of "Food Only" card or certificate. Return completed application to your veteran service representative for processing and reporting. Questions regarding Food4Vets Program can be directed to MVAAFood4Vets@michigan.gov or by calling 1-800-MICH-VET and asking for the Food4Vet Program Manager.