



## AMERICAN LEGION AUXILIARY

Department of California

### Children and Youth Temporary Financial Assistance (TFA) Instructions

Eligibility for Temporary Financial Assistance is limited to minor children of veterans. The parent must have served at least one day of active duty in the Armed Forces of the United States during one the following periods:

- December 7, 1941 — December 31, 1946
- June 25, 1950 — January 31, 1955
- February 28, 1961 — May 7, 1975
- August 24, 1982 — July 31, 1984
- December 20, 1989 — January 31, 1990
- August 2, 1990 — Cessation of hostilities as determined by the U.S. Government.

#### ***MEMBERSHIP IN THE AMERICAN LEGION OR AUXILIARY IS NOT REQUIRED.***

Minor children include any unmarried child, stepchild, and adopted child 17 years or younger. Children 18 – 20 years old will be considered if a current disability requires special schooling or indefinite in-home care, or they are enrolled in an approved high school.

***No child is considered eligible for TFA until a complete investigation is conducted, a legitimate family need is determined, and all other available resources have been utilized or exhausted. All TFA applications must originate and be investigated at the local level. When all other possible resources have been exhausted, contact your local American Legion Auxiliary Unit.***

**How TFA Helps Children.** TFA is specifically designed to assist minor children of eligible veterans through cash grants. In order to maintain a stable home environment for the child or children, grants are awarded to help families meet the costs of shelter, utilities, food, and medical expenses.

**Maintenance Grants.** Maintenance grants may be used to assist with the basic need expenses such as shelter, food, utilities and clothing.

Maintenance grants can't be awarded for previously incurred debt, except to:

1. Prevent disconnection of utilities
2. Prevent eviction or foreclosure.

**Medical Grants.** Medical grants for a child may be used to assist with healthcare expenses such as medical care, surgery, medications, dental care, hospitalization and dietary needs.

Medical grants require a written statement from a physician outlining the problem, treatment, and estimated costs. This type of grant must be approved before services are rendered. Medical grants can't be awarded for previous medical expenses or care.

**Application Process/Unit Obligation** - The initial processing of all applications shall be the responsibility of the local Unit. The application for Temporary Financial Assistance must be filled out (all questions must be answered), using the reverse side of the form or an additional sheet of paper to explain the report of the Unit, family, community investigations and resources, and signed by the applicant, Unit

**Children and Youth Temporary Financial Assistance (TFA) Instructions, Continued**

Chairman and President, or duly authorized persons. Forward the application to the Department Children and Youth Chairman for final action. Whenever possible, Unit shall make some contribution (money or services), and contact all available community resources to meet the needs of a family before applying to Department for assistance. Department funds are not to be used to reimburse Units for money spent prior to the date of application except as provided in the National Children and Youth Guide. Unit shall cooperate with established agencies, public and private, so that permanent assistance may be obtained as quickly as possible for the family.

A local investigator personally visits with the family to determine the needs of the children. A completed application, with supporting documents and proof of military service, is forwarded to the American Legion Auxiliary Department Children & Youth Chairman. The Department Children & Youth Chairman reviews each case, and approves the amount that is authorized based upon the needs in the application and forwards the approved application and amount to the Department Headquarters where a check will be issued and will be mailed directly to the American Legion Auxiliary Unit Children & Youth Chairman or Unit President.

All assistance checks shall be made payable to the Unit Chairman and she shall pay whatever expenses are required to meet the financial needs of the veteran and his family. Under no circumstances shall funds be disbursed directly to applicant or his family. In the absence of the Unit Children & Youth Chairman, the Unit President will be responsible. A case number shall be assigned and reported keeping the name confidential. When unusual circumstances require additional assistance for a period over two months, the Department Chairman must have the written approval of the Department President and the Chairman of the Department Finance Committee before granting an extension.

**Receipt and Review Forms** - Consideration for additional assistance will not be given unless the Monthly Review Form for Department Child Welfare Case has been filled out, signed, receipts attached for check issued, and forwarded to the Department Children and Youth Chairman. The Department Welfare Receipt Form shall be completed, signed by the adult member of the family receiving aid, and returned to the Department Chairman as soon as money has been administered, but in any case no longer than 30 days after receipt of check. All funds not expended must be returned to the Department Chairman. Funds provided to a Unit for family aid must be used exclusively for that family.

**Special Medical** - In addition to maintenance and general health needs, special consideration is given to specific medical needs (including dental and optical) of veterans' children; eligibility requirements are the same as for other aid. This assistance is given only when there are no other available resources and is carried out with the financial assistance of the Unit and/or parent, if able. Application for specific medical care is handled in the same manner as other Department aid except a statement from the doctor, hospital or clinic performing the required services and estimated costs must be attached to the application for Child Welfare Assistance. Assistance must be requested from Department before the services are rendered. Department funds are not available for debts already incurred. Unit Chairmen are responsible for the disbursement of these funds following the same procedure for other Department aid. The Department will not assume an obligation for long term care.



# AMERICAN LEGION AUXILIARY

Department of California

## Children and Youth Temporary Financial Assistance Application

This application for Temporary Financial Assistance must be filled out (*all questions must be answered*), using the reverse side of the form or on a separate piece of paper to explain the report of the Unit, family, community investigations and resources, and signed by the applicant, Unit Chairman and President, or duly authorized persons. Forward the application to the Department Children and Youth Chairman for final action.

Name of Veteran Parent

Address

City, State, Zip

Condition of Health

Date of Hospitalization  Name of Hospital

If deceased, date/place of death

Serial Number  Claim Number

Mustered in Date:  Discharged Date:

American Legion Post Name and Number

Other organizations

Name of Second Parent

Address

Condition of Health

American Legion/American Legion Auxiliary Post or Unit Name and Number

	Names of Dependent children (use back or separate sheet if necessary)	Sex	Date of Birth	Condition of Health
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are children receiving proper care and supervision in home?   
Children and Youth Temporary Financial Assistance Application, Continued

How long has the family resided in the state?  Country?

What effort has been made to secure benefits that may be available through Federal, State, County or Community aid? Provide details, comments and recommendations in following space:

**Children and Youth Temporary Financial Assistance Application, Continued**

<b><i>Creditor Information</i></b>							
<b>Mortgage Company/Landlord</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><input type="text"/></td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Name of Institution</td> <td style="text-align: center;">Account # (if applicable)</td> </tr> <tr> <td colspan="2">Address <input style="width: 100%;" type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	Name of Institution	Account # (if applicable)	Address <input style="width: 100%;" type="text"/>	
<input type="text"/>	<input type="text"/>						
Name of Institution	Account # (if applicable)						
Address <input style="width: 100%;" type="text"/>							
<b>Utility Company or Other</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><input type="text"/></td> <td style="width: 30%;"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">Name of Company</td> <td style="text-align: center;">Account # (if applicable)</td> </tr> <tr> <td colspan="2">Address <input style="width: 100%;" type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	Name of Company	Account # (if applicable)	Address <input style="width: 100%;" type="text"/>	
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<input type="text"/>	<input type="text"/>						
Name of Company	Account # (if applicable)						
Address <input style="width: 100%;" type="text"/>							
<b>Important!!!!</b>							
Please attach all copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered. Applications lacking required information and documentation will take longer to process.							

Please fill out following Income and Estimated Monthly Need Information:

Sources of Present Income		Estimated Monthly Need	
Government Compensation	\$ <input style="width: 50%;" type="text"/>	Rent	\$ <input style="width: 50%;" type="text"/>
Disability Allowance	\$ <input style="width: 50%;" type="text"/>	Food	\$ <input style="width: 50%;" type="text"/>
From Earnings	\$ <input style="width: 50%;" type="text"/>	Clothing	\$ <input style="width: 50%;" type="text"/>
From Relatives	\$ <input style="width: 50%;" type="text"/>	Utilities	\$ <input style="width: 50%;" type="text"/>
State Aid	\$ <input style="width: 50%;" type="text"/>	Other	\$ <input style="width: 50%;" type="text"/>
County Aid	\$ <input style="width: 50%;" type="text"/>		\$ <input style="width: 50%;" type="text"/>
Red Cross	\$ <input style="width: 50%;" type="text"/>		\$ <input style="width: 50%;" type="text"/>
Community Agencies	\$ <input style="width: 50%;" type="text"/>		\$ <input style="width: 50%;" type="text"/>
American Legion Post/Unit	\$ <input style="width: 50%;" type="text"/>		\$ <input style="width: 50%;" type="text"/>
Miscellaneous	\$ <input style="width: 50%;" type="text"/>		\$ <input style="width: 50%;" type="text"/>

The above information about the sources of present income is a true statement of facts.

Signature of Applicant

Children and Youth Temporary Financial Assistance Application, Continued

Case Reported by

Date of Application

Unit Name and Number

*Please read and sign below statement. I have read the Temporary Financial Instructions (Pages 1-2) and certify that the needs of this family and children have been thoroughly investigated and that our Unit has helped as much as it can and that all local resources for help have been exhausted before applying to Department for assistance. A completed application (Pages 1-4), with supporting copies of all current utility statements, bills, eviction notices, disconnection notices and any other expenses to be considered and proof of military service, are enclosed. I understand that Department funds can't be used to reimburse Units for money spent prior to the date of application except as provided in the National Children and Youth Guide.*

Signature of Unit Children & Youth Chairman  Date

Print Name of Unit Children & Youth Chairman

Address

Phone Number

Signature of Unit President  Date

Signature of Department Children & Youth Chairman  Date