VETERAN SUPPORT APPLICATION

(Revised March 17, 2025)

Date: _____ Date of Birth: _____

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

Email: _____

Phone(s): _____ Are you a Colorado Resident? ☐ YES ☐ NO

Are you a veteran? ☐ YES ☐ NO If not, are you a veteran's spouse, child or parent? ☐ YES ☐ NO

Dates the veteran served: _____ Branch of Service _____

Note: DD214 or other supporting documents must be attached.

Marital Status: _____ Is your spouse also a veteran? ☐ YES ☐ NO

Names and ages of children living in your household: _____

Are you receiving compensation/benefits of any kind from the government? ☐ YES ☐ NO

If so, please explain: _____

Have you previously applied for help from another non-profit organization? ☐ YES ☐ NO

If so, name of organization and date applied: _____

Are you currently employed? ☐ YES ☐ NO If so, estimated annual income: _____

If not, please explain why not & when you were last employed: _____

_____

Please complete both pages of this application and the attached Release of Information Consent form.

We attempt to review support requests within 3-5 business days of receipt of this completed application, your supporting documents & release form. ***ONLY COMPLETED APPLICATIONS WITH PROPER DOCUMENTATION WILL BE CONSIDERED.*** All documents can be submitted by email to dgovethelp@gmail.com or dropped off at the VFW Post #4031, Elks Lodge #507 or American Legion Post #28.

VFW Post #4031
1550 Main Ave, Durango
(970) 247-0384

Elks Lodge #507
901 E 2nd Ave, Durango
(970) 247-2296

American Legion Post #28
878 E 2nd Ave, Durango
(970) 422-5209

Please write a detailed summary/explanation why you are applying for assistance at this time and specifically how can we help you. **Be specific in your request including your expected cost. Include any/all applicable receipts, invoices and/or estimates as documentation for your request.** Examples of acceptable requests are payments for rental assistance, utilities, medical or pharmaceutical bills, groceries, minor auto repairs, etc.

_____

_____

_____

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_____

_____

Veteran or Applicant Applying for Assistance:

_____

Signature Date

Approved financial support will be paid to the landlord, utility company, etc. No funds will be given directly to any applicant.

If a veteran believes they have been discriminated against, or would like to file a complaint in relation to the Veterans Trust Fund (VTF) please contact Lisa Stamm, DVA Grants Manager Lisa.Stamm@dmva.state.co.us 720-628-1480

Revised March 17, 2025

Southwest Colorado Veteran's Collaborative

Release of Information Consent Form for the
Release of Confidential Information about Housing, Health and Temporary assistance

Printed Client Name **AKA** **Date of Birth**

I hereby consent to communication about me to be disclosed and received between the following organizations that participate in the Veteran's Collaborative which include:

American Legion Posts 28, 75 & 108
Axis Health Systems
Bridge Shelter
Department of Labor and Employment – Workforce Center
Disabled American Veterans Chapters 44 & 48
Durango Community Based Outreach Clinic (CBOC)
Elks Lodge #507 & #1789
Housing Authority
Housing Solutions for the SW
HUD VASH
Manna Soup Kitchen
Salvation Army
Southwest Center for Independence
U.S. Senate Constituent Advocate
Vet Center (Farmington, NM)
Veterans Administration
Veterans for Veterans (Archuleta County)
Veterans of Foreign Wars Post 4031 & 5231
CO & NM Veteran Service Officers
Volunteers of America

Other Agencies Not Listed Above:_____

I give my permission for the information in the following areas to be disclosed:

- ▫ Housing navigation, housing placement, case management
- ▫ Coordination of healthcare, temporary financial assistance, community resources
- ▫ Other:_____

I also understand that this consent is subject to revocation at any time, except to the extent that the members the Veteran's Collaborative have already acted in reliance upon it. If not previously revoked, the consent will expire **one year** from the date signed or on this specific date: _____ /_____ /_____ (day/month/year).

I understand signing this disclosure form is voluntary.

Client Signature **Printed Name** **Date**

Medical Proxy/Guardian Signature **Printed Name** **Date**

Witness Signature **Printed Name** **Date**

Verbal Consent to Release information is acceptable if the participant is unable to provide a signature and verbal consent is witnessed by two persons. We, the undersigned, certify that _____ was unable to provide a signature, that he/she understood the nature of this release and freely gave his/her consent.

Witness Signature _____ Date _____

Witness Signature _____ Date _____