

199 County Road DF Juneau, WI 53039 Telephone: 920.386.3799 FAX: 920.386.3271

Request for Assistance from the Dodge County Veterans Service Commission

Required Documents for Application to be Considered						
1. Proof of Dodge County Residency						
Copy of Current Bank Statements for Checking and Savigns						
3. Copy of Bill/Statement for the assistance being requested						
4. DD 214 (If Reserves/National Gua	rd: proof of	service obligation co	mpleted	NBG 22 or similar)		
			Ī			
Veteran's Information	DOB:		SSN:			
Last Name	First Name			MI		
Military Service*	Active _	National Guard		Reserve		
Branch Entrance Date		Exit Date		Character of Discharge		
*must submit copy of DD-214 with applicatio	n					
Applicant Information (if other than Veteran)	DOB:		SSN:			
Last Name	First Nam			МІ		
Relationship to Veteran:						
Dodge County Residency proof must be submitted with application (Drivers License, Electric Bill etc)						
Street Address Apartment/Unit Number						
City	State		Zip Code			
Phone Number:		Email:		1		

-	Family Information							
Married	Divorced	_ Widow/Widow	ver	Separated	Never	Married		
Spouse's Information SSN:								
Last Name		First Nam	e			МІ		
List all other people living birth certificate/other evidence f						separate sheet if necessary. A		
Name (Last, First, MI)		Date of Bi				Relationship to You		
Employment Are y	ou currently e	mployed? Yes_		No				
What is the date you last w		pioyeu: 160_		ften are you p	paid?			
				, r				
Name of Employer	Name of Employer		Teleph	Telephone Number				
A.I. 6= :						l z. o .		
Address of Employer			City & S	State		Zip Code		
If you are unemployed, ple	ase provide re	ason:	1			l		
					_			
Spouse Emplo		ls you		se currently er		Yes No		
What is the date they last v	worked?		How o	ften are they	paid?			
Name of Employer			Teleph	one Number				
				_				
Address of Employer			City & S	State		Zip Code		
If they are unemployed, please provide reason:								
, a								
				•				

Income	You must list ALL	ou must list ALL money from ANY source. List GROSS amount (before taxes)					
Source of Inc	ome PER MONTH	Veteran	Spouse				
Earned Wages/E	Employment Income						
Socia	al Security						
Monetary Ber	nefits from the VA						
Any type	e of Pension						
Any other t	type of income						
Tota	l Income						
_							

State/Federal/Local Assistance	Do not leave any blank			
Are you eligible for any of the following?	Yes	No	Amount	Have you applied?
Unemployment Compensation				
Sick Benefits/Short/Long Term Disability				
Worker's Compensation				
BadgerCare/Medicaid				
WIC				
Heat & Rent for Heroes				
Center for Veterans Issues				

Assets	Do you have any of the following assets?				
Do you have any o	f the following assets?	Yes	No	Amount	
Saving	s Account*				
Checkir	ig Account*				
Stocks/Bond	ls/Mutual Funds				
IRA/401F	K/Retirement				
Any other	Cash Assets				

^{*}proof of current amount required for assistance

Monthly Expenses	Enter a N	umbor or Zoro f	or expenses (DO No	T E	I VVIK)	
Monthly Expenses	Enter a N	ullibel of Zelo i	Rent / Mortgage		LAINK)	
Food	Alcohol		Amount	\$		
1000	Alcohol		Do you rent or			
Utilities	Tobacco		own	Rent	Own	
Othities	Tobacco		Is it a: House	Δnartme	nt or	
Internet	Cell Phone		Condo	Apartific	111 01	
	OCH I HOHE		Are you/spouse in	the	Yes	
TV Streaming	Credit Cards		arrears for any chi		No	
Child	Orean ouras		If yes, explain:	ia capport	110	
Support	Insurance		п усо, схратт.			
Саррон	modranios					
Vehicles	Other					
Temelee	o tiroi					
Physical Assets						
Do you own any real estate	Yes No	-				
other than your primary	If yes, list location a	and value:				
residence?						
Do you own any vehicles?	Yes No			1		
Make/Model/Year:		Amount 0	Amount Owed:		Value:	
Make/Model/Year:		Amount 0	Owed:	Value:		
Do you own any?		•				
Boats	Yes No	. Amount 0	Owed:	Value:		
Motorcycles	Yes No	. Amount 0	Amount Owed:			
Snowmobiles	Yes No Amount)wed:	Value:		
ATVS	Yes No)wed:	Value:		
Assistance Details						
Assistance Details	*::	:+0 \\/\		46 - 1/-4	Daliaf for do	
Please explain what your situa What is your plan to prevent re			need assistance fro	m the veter	ans Relief fund?	
What is your plan to prevent re	currence or this situa	ition:				

Payment / Contact Information List in ord	er of priority					
Name Address and Account number*	Amount Requested	Due Date				
*Must provide copy of bill requesting assistance with						
Have your received assistance from any Veteran's Servior months? Yes No	ce Commission or any other a	gency within the past 12				
If yes, please list type of assistance, date received and the	ne name of the agency:					
I certify that the above information is true and correct to the best of my knowledge and my application for						
assistance is because of a need for help at this time. I u	•					
information will make me ineligible for assistance. I und						
or failing to provide all requested documents will cause giving my permission for the County Veteran Service Of	7	, ,				
agencies. I have reviewed the last page of application for	-					
Guidelines.						
Signed by Veteran or applicant:						
Date Signed:						
For office Use only						
WI Circuit Court Search						
VSC action:						
						

Dodge County Veterans Service Commission Fund Guidelines

Type of Service

- •To receive a grant from the Veterans Service Commission the veteran had to have served on "active duty" at least one day or completed full-service obligation for the National Guard/Reserves. "Active duty for training" does not qualify. Proof of completion of reserve obligation is required (1)
- •To receive a grant from the Veterans Service Commission the veteran had to have had an "honorable" discharge. An "Under honorable conditions" does not qualify. However, the honorable discharge does not have to have been the last discharge if there were more than one period of service. (2)

Residency Requirement

•To receive a grant from the Veterans Service Commission the veteran must provide proof of Dodge County residency (rental agreement, utility bill, telephone bill etc). There is no minimum time of residency required. (3)

Request Limitations

- There is no per year or lifetime limit for VSC funds. It is to be handled on a case by case basis. (4)
- Prior to second request being considered in one year, veteran/applicant must show proof of financial planning through one of the Budgeting Resources listed in "Dodge County Community Resources" Booklet. (6)
- Maximum amount paid for first request: \$2,000. Additional Requests made in the 12 month time frame: \$1,500. Assistance cannot be paid for two consecutive months for the same issue (6)

Special Authority

- Beginning January 1, 2013, the VSC secretary has the authority using their judgment to provide assistance to a
 veteran or surviving spouse of a veteran that does not exceed \$200.00 without requiring the completion of the
 VSC application. This special authority also expands the eligibility for assistance to include those veterans with a
 character of discharge of Under Honorable Conditions and under legislative changes (Don't Ask Don't Tell, Covid
 Refusals etc). (5)
- (1) Confirmed by Dodge County Veterans Service Commission at committee meeting dated August 23, 2006, July 26, 2007 & May 31, 2023
- (2) Confirmed by Dodge County Veterans Service Commission at committee meeting dated August 23, 2006 & July 26, 2007
- (3) Confirmed by Dodge County Veterans Service Commission at committee meeting dated July 26, 2007
- (4) Confirmed by Dodge County Veterans Service Commission at committee meeting dated August 7, 2008
- 5). Confirmed by Dodge County Veterans Service Commission at committee meeting dated August ,7 2012 & May 31, 2024
- (6) Confirmed by Dodge County Veterans Service Commission at committee meeting dated May 31, 2024