



AMERICAN LEGION AUXILIARY
Department of California

Temporary Financial Assistance VA&R - Unit
Investigation Report

Name of Veteran _____

Veteran's _____
Dependents: Wife/Husband (or Widow/Widower) _____
Date of Marriage _____

Number of Children _____

Ages of Children _____

Other Dependents _____

War Service: Date of Enlistment _____

Date of Discharge _____

Serial Number _____

Branch of Service _____

Present condition of veteran's health _____

If hospitalized, location of hospital and reason for hospitalization _____

Did the veteran receive any wounds or disabilities due to his/her service? _____

Is the veteran a member of the American Legion? _____

List other organizations in which he/she holds membership: _____

Present Residence _____

Street City State Zip

Previous Residence _____

Street City State Zip

How long has the veteran resided in the city? _____ State? _____ County? _____

What is the veteran's occupation or trade? _____

Is he/she presently working? _____ If so, at what wage? _____

Name of present employer _____

Source of Present Monthly Income		Estimated Monthly Needs	
Government Compensation	\$ _____	Rent	\$ _____
Disability allowance	\$ _____	Food	\$ _____
From Earnings	\$ _____	Clothing	\$ _____
From Relatives	\$ _____	Fuel Supplies	\$ _____
State Aid	\$ _____	List Other	\$ _____
County Aid	\$ _____	\$ _____
Red Cross	\$ _____	\$ _____
Community Agencies	\$ _____	\$ _____
From The American Legion	\$ _____	\$ _____
Post or Unit	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____

What effort has been made to secure aid from county, state, local agencies, church, other organizations, and family?

What is the veteran's particular problem? _____

Has he/she been contacted in his/her home surroundings? _____

Have you seen his/her discharge or other proof of military service? _____

What temporary financial assistance is recommended to temporarily assist the veteran to rehabilitate him/herself?

Case reported by _____

Member of _____

Unit Name

Unit Number

Remarks and recommendations (attach another sheet, if necessary) _____

Date of Application _____

Unit Name _____ Unit Number _____ District Number _____

Unit Chairman Name _____ Phone _____

Address _____

Unit President Name _____ Phone _____

Address _____

Unit Chairman: Submit this report to the Department VA&R Chairman.

Chairman Address Here

Date Received by Department Chairman: _____