



# Maine Veterans in Need

Service Member/Veteran Information									
Name		DOB			Gender				
Address			E-Mail			Phone			
Town		State		Zip		County			
Mil Branch		<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard			Component		<input type="checkbox"/> Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Active Duty		
Active Duty Time Other than Training		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Are You		<input type="checkbox"/> Currently Serving <input type="checkbox"/> Retired <input checked="" type="checkbox"/> Completed Enlistment <input type="checkbox"/> Medical Separation <input type="checkbox"/> Other Separation/Discharge <input type="checkbox"/> Unknown							
When Separated		<input type="checkbox"/> Separated Pre 9/11 <input type="checkbox"/> Separated Post 9/11 <input type="checkbox"/> Not Applicable (Still Serving)							
Discharge Status		<input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Other Than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable							
Proof of Veteran Status		<input type="checkbox"/> DD214 <input type="checkbox"/> VA ID Card <input type="checkbox"/> VA Award Letter <input type="checkbox"/> Other			Dates of Service				
Service Era		<input type="checkbox"/> Didn't serve during wartime <input checked="" type="checkbox"/> OEF/OIF/OND <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Vietnam <input type="checkbox"/> Korean War <input type="checkbox"/> Other Wartime Era							
Additional Information									
Is veteran working with another agency?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If so, who?					
# of people in household		Household gross income							
Minor Children		Do minors reside with SM/V?		Does SM/V have transportation?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Underemployed					
Does SM/V have a job?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Does SM/V need a job?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Underemployed			
Housing		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk of Homelessness <input type="checkbox"/> Resides with Family Member							
Does family have insurance? (Check all that apply)		<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Healthcare <input type="checkbox"/> Private Insurance <input type="checkbox"/> TriCare <input type="checkbox"/> Other							
Is SM/V a class member under Maine Consent Decree?		<input type="checkbox"/> Yes <input type="checkbox"/> No							

Describe the financial hardship that you are experiencing.

**Long-Term Plan**

What steps are you taking to prevent a similar financial need in the future?

I hereby affirm the information I have provided is true and accurate to the best of my knowledge and that I have not received financial assistance under the Veteran's Emergency Financial Assistance Program within the last 12 months.

**Signature**

**Date**

**MVN Assistance Program  
Financial Sustainability Assessment**

**Average Monthly Income**

	<b>Self</b>	<b>Spouse/Partner</b>	<b>Total</b>
Net Wages			
VA Benefits			
Pension/Retirement			
Social Security			
Child Support			
Alimony			
Rental Income			
Unemployment			
TANF			
Food Stamps			
Other			
<b>Total</b>			

**Average Monthly Household Expenses**

	<b>Amount</b>		<b>Amount</b>
Auto - Payment/Lease		Mortgage/Rent	
Auto - Fuel		Laundry	
Auto - Insurance		Personal Care	
Childcare		Pet Food/Care	
Child Support		Recreation	
Children's Activities		Savings	
Cigarettes		Student Loans	
Clothing		Tuition/School Supplies	
Credit Cards		Utility – Cable TV	
Food/Dining Out		Utility – Cell Phone	
Food/Groceries		Utility – Electricity	
Health/Dental Insurance		Utility – Gas/Oil Heat	
Home/Rental Insurance		Utility – Phone (landline)	
Life Insurance		Utility – Trash Disposal	
Medical Prescriptions		Utility – Water	
Medical Co-Pays		Utility - Wood	
Membership Fees		Other	
Subtotal		Subtotal	
<b>Total Average Monthly Expenses</b>			

<b>Assets</b>			
	<b>Value</b>		<b>Value</b>
Checking Balance		Real Estate	
Saving Balance		Automobiles (resale value)	
Cash On Hand		Stocks	
Subtotal		Subtotal	
Total Available Assets			

**For questions, contact:**

**David Patch  
(207) 751-5672  
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**Please return this form to:**

**David Patch  
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Brunswick, ME 04011**

**Or**

**Email to: dapatch@roadrunner.com**