



WNYHeroes, Inc.
Supporting Western New York Veterans

8205 Main Street. Suite # 1
Williamsville, New York 14221
Phone: 716-630-5020 Fax: 716-630-5023
WNY Heroes, Inc. is a 501.3c non-profit organization.

WNY Heroes, Inc. provides grants for financial assistance for veterans, active military and their families for everyday essential living needs (mortgage/rent & utilities). We cannot provide grants for insurance, motel bills, medical, house repairs, non-utility user fees, etc.

Grant Request

I hereby certify that I am a United States veteran, active military or military spouse and that the following information I am presenting is true to the best of my knowledge. I have resided in one of the twelve (12) counties for one (1) or more years. Grants will be approved or denied at the sole discretion of the Grant Review Committee. I understand that the grant funds are paid directly to the creditor (landlord, bank, utility company, etc.).

I also agree to release any & all information required by WNYHeroes, Inc. as necessary to verify the need for the grant. I understand that this is not an entitlement program; however, it is a program that offers assistance to those who served, where we see fit.

If you were approved for our grant previously, you must wait a minimum of three (3) years to apply again.
***If you are Denied for ANY reason, you must wait a full six (6) months before reapplying. If you should try reapplying within that six (6) month period, your denial starts over again ***

Print Veteran's Name: _____ OR Widow/Widower of Veteran: _____

Signature: _____

Date: _____

Please Print:

Age: ____ County: _____

Street Address: _____ City: _____

Phone: (____) _____ Cell: (____) _____ Zip: _____ Length of time at this residence: _____

Length of time in WNY? ____ Marital Status: _____ Email: _____@_____

Branch of Service: _____ ETS: _____ Length of service: _____

(Check one please): Are you a Veteran? ____ or Active Military? ____ or Military Spouse? ____

Combat Veteran? Y / N Theatre(s): _____

*Purple Heart Recipient? Y / N *Wounded/Disabled? Y / N *Support documentation required.

You must include the following documentation:

- A form of identification establishing your identity and residence. i.e. current/valid NYS driver’s license /Photo Id
- Documented proof showing that you are an honorably discharged veteran of the United States Military - must be a DD-214 Member 4 form - OR - that you are a current member of the United States Military, who has served/is serving either in a combat zone (CZ) or non-combat zone (NCZ).
- VA card or Active Military ID
- Grant requests are subject to the need for face to face interview/documentation, as well as, investigation and home visit, as proof of need of grant.
- Grants are awarded on a case-by-case basis.

*** Only grants that include all required documentation/information will be reviewed. ***

Part A

Please provide a brief summary as to why you are in need of assistance and how the situation occurred. This is NOT meant to be a way of humiliation, it is meant for us to have a better understanding of how your situation came about.

Please list all legal dependents’ names, ages **and** relationship to applicant (i.e. spouse, child, other – describe). If married with different last names, please provide copy of marriage certificate. If any children are adopted, please provide copy of adoption certificate.

Please describe any temporary or long term medical problem which contributes to or has contributed to your current circumstances:

Are they service connected? Yes: ___ No: ___

Please list all who referred you to WNYHeroes, Inc. for help. We need the contact name/number (i.e. caseworker), the organization name (i.e. VA Hospital, American Legion, AMVETS, VVA, VOC, VOS).

Part B

- If you have applied for assistance from other organizations and you are receiving assistance, please provide documentation stating amount of assistance OR
- If you have applied for assistance and are waiting to hear if you have been approved or denied, please provide documentation that you have applied for assistance, AND/OR
- If you have applied and have been denied assistance from another organization, please provide documentation of denial.

Please list any organizations in which you have applied for assistance in the last three (3) years. Please use back page if needed.

_____ Approved? ___ Denied? ___ Amount given: _____ Date: _____

_____ Approved? ___ Denied? ___ Amount given: _____ Date: _____

_____ Approved? ___ Denied? ___ Amount given: _____ Date: _____

_____ Approved? ___ Denied? ___ Amount given: _____ Date: _____

NEW YORK STATE DEPARTMENT OF VETERANS AFFAIRS CLAIMS

Do you currently have an open VA claim? Y: ____ No: ____ When was your last VA claim made? _____

Are you aware of all your benefits as a Veteran? Y: ____ N: ____

Would you like us to make an appointment for you with our claims officer regarding any other benefits? Y: ____ N: ____

INCOME: Please list ALL sources of FAMILY income, including, but not limited to: any salary, social security, VA benefits, support from other organizations, investment income etc. for ALL household members residing at the same address.

<u>Source of Income</u>	<u>Amount (per month)</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Income: \$ _____

*Are you a Veteran collecting VA benefits? Y ____ N ____

*If 'Yes', please provide a copy of your award letter showing amount and percentage.

Please include **ALL Family living expenses** (i.e. rent/mortgage, utilities, insurance, food, transportation, medical, credit cards and other living expenses whether or not you are requesting assistance for that specific expense). For each expense, please indicate if the expense is a recurring expense or a one-time expense. Please explain any unusual or exceptionally large expenses.

<u>Description</u>	<u>Cost</u>	<u>Recurring/One-time Expense (R/O)</u>
Rent/Mortgage	\$ _____	R / O
Utilities: Gas	\$ _____	R / O
Electric	\$ _____	R / O
Water	\$ _____	R / O
_____	\$ _____	R / O
_____	\$ _____	R / O
_____	\$ _____	R / O
_____	\$ _____	R / O
_____	\$ _____	R / O

Total monthly expenses: \$ _____

* If you need more space, please continue on back or separate piece of paper, and then put total on this page.

Part C

Amount of grant requested: \$ _____

Note:

Before you submit your request, if you are requesting assistance with utilities or mortgage, you need to call the utility or mortgage company and have them make a note on your account that you approve of representatives from WNYHeroes, Inc. to speak with them on your behalf. Due to privacy policies, these companies cannot speak to us without your explicit consent. **Initial:** _____

Please describe **specifically** what expense(s) the grant is needed for. List amounts for each expense.

- I hereby authorize WNYHeroes, Inc. to look into any and all information as needed. I also understand any false statement may result in termination of my request. **Initial:** _____
 - I will cooperate in any manner to expedite the request process as directed WNYHeroes, Inc. **Initial:** _____
 - **I understand that by not completely filling out the form, or by leaving blanks or by not providing required documentation (DD-214 Member 4 copy or Active Military Id, Photo, Identification, Bills, etc.) that this can and will delay the process.**
 - I do understand that a representative may contact me at any point during / following the process, and visit my home. **Initial:** _____
- If there is still missing documents, an attempt will be made to contact you. Should you not return the contact to our office within one (1) week, a denial letter will be sent to address listed on application. You will then be required to wait six (6) months before re-applying again. **Initial:** _____

WNYHeroes, Inc. - Volunteer Application

Are you able and willing to volunteer at any of our events or in another way? Yes ___ No ___

If Yes, please fill out the following form completely. Please return this form regardless of your ability to volunteer.

WNYHeroes, Inc. values the participation of others. Getting involved with charitable organizations such as WNYHeroes, Inc. can make a difference in your life and the lives of others. The privilege to participate in the philanthropic process and the joy that often comes from that generosity can bring great rewards. WNYHeroes, Inc. offers a variety of ways for you to get involved and begin impacting the lives of the heroic men and women who have served out country.

PERSONAL INFORMATION (please print)

Print Name: _____ Date: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Veteran or Active Military? _____

Please note: we are only able to provide notification for Special Event volunteering (i.e. Fairs, Festivals, Golf Tournament fundraisers, Motorcycle Runs, etc.) by email and on WNYHeroes.org and on our face book page.

There are many ways to support WNYHeroes, Inc. Please specify your preference or add any suggestions regarding your desired volunteering specifics. **Please circle one or more options, or write in your own.**

- Assisting with recruitment fairs, fundraising and/or special events
- Committee involvement
- Office help/answering phones, etc.
- Speak publicly
- Transportation (deliver food, gifts at Thanksgiving and Christmas)
- Writing
- Website/I.T. Skills
- Make a donation
- Getting your company involved

Your suggestions: _____

Please specify if you have any special needs (need to sit at events due to trouble standing for long periods of time, wheelchair access, etc.). _____

WNY Heroes, Inc.
Alcohol and Drug Use Policy

WNY Heroes, Inc. is an alcohol-free and drug-free organization. The purpose of this policy is to ensure the safety of all volunteers and to promote awareness. This policy applies to all volunteers of WNY Heroes, Inc.

Substances covered under this policy include alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

We reserve the right to inspect our premises for these substances.

We will remove you permanently from our volunteer database if you violate this policy, or provide false information.

Definitions under this policy:

A “substance” includes alcohol, illegal drugs, inhalants, and prescription and over-the-counter drugs.

An “illegal drug” is any substance that is illegal to use, possess sell or transfer.

“Drug paraphernalia” are any items used or intended for use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.

A “prescription drug” is any substance prescribed for an individual by a licensed health care provider.

An “inhalant” is any substance that produces mind-altering effects when inhaled.

You are “under the influence” if any substance:

- Impairs your behavior or your ability to work safely and productively
- Results in a physical or mental condition that creates a risk to your own safety, the safety of others, or property; including WNY Heroes, Inc. “Company Premises” – buildings, grounds, parking lots; and all inside and outside event locations and vehicles.

You must adhere to these rules while you are a WNY Heroes, Inc. volunteer. The rules apply at/during any time you are volunteering, including but not limited to volunteer events, 3rd party events and within the organization’s offices, including your own vehicle.

1. **Volunteers are not permitted to drink, possess, or be under the influence of alcohol while volunteering at any WNY Heroes, Inc. events, 3rd party events, on WNY Heroes, Inc. premises, at meetings, etc.**
2. **Volunteers are not permitted to use, possess, or be under the influence of illegal drugs.**
3. **Volunteers are not permitted to sell, buy, transfer or distribute and drugs or alcohol. It is against the law to do so, and we will report such actions to the authorities.**

Agreement to follow WNY Heroes, Inc. Alcohol and Drug use policy:

I have received and read a copy of the alcohol and drug use policy for WNY Heroes, Inc. I agree to follow the rules of this policy.

Volunteer Printed Name

Volunteer Signature

Date

Volunteer Coordinator Signature

Date

OTHER RESOURCES PROVIDED TO YOU

I hereby authorize my case worker and grant committee members through WNYHeroes, Inc. to contact any and all outside case workers who may be involved with my current situation. By doing such, I also authorize you to contact/speak on my behalf to come to any sort of resolution to my situation.

Veterans One Stop Case Worker: Sign: _____ Print: _____

Phone number: (____) _____

Veterans Outreach Center Case Worker: Sign: _____ Print: _____

Phone number: (____) _____

VA Health Care Systems Case Worker: Sign: _____ Print: _____

Phone number: (____) _____

Vet Center Case Worker: Sign: _____ Print: _____

Phone number: (____) _____

Other referring agency: Sign: _____ Print: _____

Phone number: (____) _____

I, (case worker, referring party) _____ am currently overseeing veteran _____. I have reviewed this application in its entirety and willing to cooperate within the protocol of the WNYHeroes, Inc. grant committee. I understand that by sending an incomplete application on behalf of my veteran, the application will not be considered.

Signed: _____ Print: _____ Date: ____/____/____

AUTHORIZATION FOR RELEASE OF INFORMATION

Welcome to the community of service providers powered by Unite US who will help you get the resources you need! In order to begin, we will need some information from you and your consent to share that information across our network of providers to connect you to ones who can help you. Your personal information will be kept in strict confidence and will be used solely for the purpose of helping you obtain the services you have voluntarily requested from us. Our service providers are required to comply with federal, state and local privacy and data protection laws, including federal HIPAA privacy regulations protecting health information. None of your protected health information will be used for any purpose other than treatment, payment, operations or other required activity, as specified in the HIPAA Privacy Rule, without your explicit further consent. There are state and federal laws protecting your right to privacy that require us to obtain your consent before we can proceed so please read carefully below and enter your signature at the bottom to indicate your understanding and consent of each of the following:

- I authorize the inputting of my information into the network powered by Unite US and its digital referral system;
- I understand and agree that the information I provide may be stored on our web-based network and may be accessible by service providers who are members of our network;
- I understand and agree that my personal information may be transmitted over the Internet;
- I authorize potential service providers, including Unite US, to transmit my personal information and file information for the purpose of helping me to obtain appropriate services; • I am solely responsible for the truth and accuracy of the information that I have submitted for inclusion in my file and I will timely request appropriate amendments to information in my file that I believe is not accurate or up to date;
- I understand that a service provider may choose to remove my personal information or file in whole or in part from the Unite US network for any reason and at any time;
 - I understand that I may occasionally be contacted by a service provider to fill out an optional feedback survey of my experiences;
- I give my permission for enrollment into programs with services and or training, which may be funded by a local, state or federal department or agency. These funding sources may contact me with questions or feedback in connection with the programs they are funding for verification purposes;
 - I understand that this form may be amended from time to time to ensure compliance with privacy laws and to protect the security of my personal information. I will be notified of any such changes and can rescind the form at any time if such changes are unacceptable to me; and
- I understand that I may withdraw my consent to participate or request to be dis-enrolled from receiving services through the Unite US network and that such disenrollment is subject to a processing time of at least one business day.

AGREED AND ACKNOWLEDGED

(Signature)

(Printed name)

Date: / / _____

Grant Request Checklist

Please complete this Checklist in its entirety and include with your Grant Request

Have you applied for a grant within the past 3 years? **Yes / No**

If 'Yes', was it Approved? **Yes / No** Date Approved/Denied: _____

(If you were approved for a grant previously, you must wait a minimum of three (3) years to apply again.)

- _____ Did I serve at least 180 days on active duty, NOT including training
- _____ DD-214 (MUST be Member 4 copy) OR active duty document
- _____ Copy of valid NYS Driver's license or other Photo ID
- _____ Copy of VA card or military ID
- _____ Copy of utility bills, lease to show proof of current residence
- _____ Copy of award letter for veterans' disability
- _____ Copy of SSD letter or any other assistance your are receiving or have applied for (if applicable)
- _____ Copies of **ALL** expense statements: utilities, credit cards, outstanding debt or expenses of any kind, etc. (**not just bills that you are in need of assistance with**)
- _____ Copies of **ALL** current bank statements, most recent three (3) months current or last paystub(s), any other income, investment statements. Submit most recent of three (3) stubs, if weekly,biweekly
- _____ If renting, surrender copy of lease
- _____ If you own, surrender copy of mortgage statement
- _____ If requesting Rent/Mortgage assistance, letter from landlord/mortgage holder, with contact information and stating how far behind.
- _____ If requesting assistance with utilities or mortgage, did you contact the company to give WNY Heroes, Inc. representatives permission to speak with them?
- _____ Do you have any dependent children? Did you include copy of birth/adoption certificate(s), if applicable.
- _____ Did you include a copy of your marriage certificate (if applicable)
- _____ Did you include the volunteer application?
- _____ If awarded a grant, I agree to send a letter stating that I received a grant award and how it specifically helped me/my family for WNYHeroes, Inc.'s audit requirements.
- _____ Did you fill in entire grant, not leaving any blanks?
- _____ Did you fill out **this** checklist and include it with the all other pages of Grant Request?

*I am aware that if **ANY** part of my application is left blank or if any required documentation is not provided, that my grant request will be considered incomplete and not reviewed; forfeiting my chances for assistance.

Signature: _____

Date: _____