



Department of Louisiana  
Joint Children & Youth Commission



Application for Direct Aid

VETERAN

Full Name: \_\_\_\_\_ ( ) Father ( ) Mother ( ) Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Status

( ) Full Time ( ) Part-Time ( ) Laid-off ( ) Worker's Compensation ( ) Unpaid Leave ( ) Unemployed

(IF NOT EMPLOYED, THE APPLICATION MUST EXPLAIN ON SEPARATE SHEET OF PAPER WHY AND WHAT STEPS ARE BEING TAKEN TO SECURE EMPLOYMENT)

Eligibility for Aid

American Legion Membership ID # \_\_\_\_\_

(Must be a current member in good standing at the date of the application)

OR

Currently serving on **ACTIVE DUTY** in the United States Military

(Must attach a current copy of active duty orders)

Veteran must provide a handwritten account of their circumstances and why they are seeking Direct Aid.

If this is not included then it can result in delay or denial of the application.

SPOUSE, OTHER PARENT, OR GUARDIAN

Full Name: \_\_\_\_\_ ( ) Father ( ) Mother ( ) Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employment Status

( ) Full Time ( ) Part-Time ( ) Laid-off ( ) Worker's Compensation ( ) Unpaid Leave ( ) Unemployed

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CHILDREN

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

(List additional children on a separate sheet)

Are both parents living in the home? ( ) Yes ( ) No

If applicable, which parent is absent? ( ) Father ( ) Mother ( ) Other \_\_\_\_\_

Reason? ( ) Deceased ( ) Deployed ( ) Divorced ( ) Separated ( ) Other \_\_\_\_\_

Does the child or children reside in the home full time? ( ) Yes ( ) No

Who has legal custody of the minor child or children? \_\_\_\_\_

(Attach supporting custody documentation if applicable)

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### Financial Information

Include only recurring monthly gross income and expenses. Do not include one-time assistance or accumulative balances on past due expenses. Gross income must include all earning of all persons in the household. **Proof of all bills are required.**

#### Monthly Gross Income

Earnings of Veteran/Guardian.....\$ \_\_\_\_\_

Earnings of Other Parent.....\$ \_\_\_\_\_

Earnings of Others.....\$ \_\_\_\_\_

VA Pension.....\$ \_\_\_\_\_

Social Security.....\$ \_\_\_\_\_

Child Support.....\$ \_\_\_\_\_

Other Monthly Income.....\$ \_\_\_\_\_

Specify: \_\_\_\_\_

Total Gross Monthly Income.....\$ \_\_\_\_\_

#### Monthly Expenses

Shelter.....\$ \_\_\_\_\_

Electricity.....\$ \_\_\_\_\_

Gas.....\$ \_\_\_\_\_

Water/Sewage.....\$ \_\_\_\_\_

Food.....\$ \_\_\_\_\_

Clothing .....\$ \_\_\_\_\_

Other.....\$ \_\_\_\_\_

Specify: \_\_\_\_\_

Total Gross Monthly Income.....\$ \_\_\_\_\_

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### APPLICANT

I, the applicant, certify that the information contained in this application is true and current to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Recommended By

\_\_\_\_\_  
Post Commander/Unit President

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

Each application for Direct Aid must have an investigation by a local Post or Unit. This report must be signed by the Post Commander or Unit President.

The investigator's report must include a detailed description of the applicant's situation, steps taken to improve the situation, and follow-up plans of the Post and/or investigator. **Incomplete or missing reports will result in delay or denial of the application.**

**(Attach additional sheets as needed.)**

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### DEPARTMENT JOINT CHILDREN & YOUTH CHAIRMAN OR AUTHORIZED DEPARTMENT REPRESENTATIVE

I have thoroughly reviewed this application and recommend the following: ( ) Approval \$ \_\_\_\_\_ ( ) Denial

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Secretary or Designated Auxiliary Representative

#### **Department Use Only**

Date Rec: \_\_\_\_\_

Case #: \_\_\_\_\_

## What is Direct Aid?

Direct Aid is strictly for the basic needs of minor children including shelter, utilities, food, and clothing.

Direct Aid will not pay for phone bills, car payments, cable, consumer debt, internet services, insurance, taxes, previous debt, or any expense that does not contribute to the active basic needs of minor children.

## Who is eligible?

The minor child must not be older than 17, or 20 if still enrolled in high school or is physically handicapped. The minor child must be the biological child, stepchild, or in the legal custody of, a qualifying veteran. A qualifying veteran is defined as a member of the United States Armed Forces serving on federal orders current under Title 10 of the United States Code, inclusive of all components, OR any veteran possessing an up-to-date membership in The American Legion. Active duty applicants can be considered without being a member of The American Legion. A single onetime non-repayable Direct Aid grant of up to \$200 will be permitted for the minor child(ren) of a qualifying veteran.

No child is considered eligible for Direct Aid until a complete investigation is conducted at the post level, and a legitimate family need is determined. Additionally, the Direct Aid application must originate and be filled out by someone at the local level.

## What documentation is required with an application?

1. Current American Legion Membership or active duty military orders.
2. Birth certificates of all children.
3. Marriage license.
4. Custody Documentation, if applicable.
5. All current statements, bills, leases, foreclosures, eviction notices, disconnection notices to be considered.