

Military Experience

Branch of Service: Army Marines Navy Air Force Coast Guard

Wounded or disabled while in the military? Yes No

Registered with the VA? Yes No

Current Disability Rating? _____

Are you currently receiving VA benefits monthly? Yes No

Type of Discharge: Honorable Other than Honorable

Contact Information

Address _____ City _____ Zip _____

Email you will monitor for communication with the Post: _____

Phone you will answer when called by the Post: _____

Is this number a cell you carry , home phone or phone of a friend ?

Services Requested (Please mark all that apply to you at this time.)

- | | |
|---|---|
| <input type="checkbox"/> Financial coaching or training | <input type="checkbox"/> Past Due Utilities |
| <input type="checkbox"/> Transitional support from military to civilian | <input type="checkbox"/> Past Due Vehicle Insurance |
| <input type="checkbox"/> Employment placement | <input type="checkbox"/> Past Due Vehicle Payment |
| <input type="checkbox"/> Critical Baby items like diapers | <input type="checkbox"/> Emergency Vehicle Repair |
| <input type="checkbox"/> Emergency Food | <input type="checkbox"/> Travel Assistance |
| <input type="checkbox"/> Immediate Housing | <input type="checkbox"/> Other - _____ |
| <input type="checkbox"/> Past Due Rent/Mortgage | |

Would you agree fill out a monthly budgeting worksheet. Yes No

We will contact you within 24 hours after this application is received by the Post. Please contact 949-673-5070 ext 117 or AL291veteranassistance@gmail.com for more information.