



## **The American Legion Department of Indiana Indiana Disaster Assistance Fund Program**

### **PURPOSE**

The Indiana Disaster Assistance Fund (IDAF) is designed to provide immediate, mid-term and long-term financial assistance to families with minor children in the home affected by natural disasters within the state of Indiana. The disasters must be declared by a competent government authority and distributions shall be made without regard to veteran status. Distributions shall also be made to veterans without children within the state of Indiana.

### **QUALIFYING NEEDS**

Grants from the IDAF may be used for such purposes as are listed below, but not exclusively so. Other needs will be considered, and decisions will be based on the unique circumstances surrounding the grant request. Permissible uses include, but are not necessarily limited to:

- Groceries
- Infant Formula and OTC Care and Comfort Products, Baby Food
- Month by Month Housing Costs (Rent or Payments To Prevent Foreclosure and Eviction)
- Utility Payments (to prevent suspension of service)
- Medical Co-Pays
- Transportation Repairs
- Appliances and Household Mechanical System Repairs
- Mandatory Educational Equipment and Supplies
- Textbook Rentals
- Seasonally Necessary Clothing

## **QUALIFICATION FOR GRANTS**

Applicants must provide evidence of the legal relationship of the child to the natural or adoptive parent or legal guardian, and proof of the child's residence in the veteran's home. Such evidence would include, but not necessarily be limited to, birth certificate, adoption decree, court order of custody, and/or order establishing legal guardianship.

Non-custodial caregivers must produce evidence that the minor child resides in the home permanently. Acceptable evidence includes, but is not limited to, a written statement signed by the legal guardian or natural or adoptive parent, and must describe the relationship between the child and the parent, and the relationship between the parent and the caregiver.

Veterans without children should provide proof of veteran status, i.e. DD-214 with honorable discharge.

## **EVIDENCE OF NEED**

Grant applicants must provide evidence of the need. Examples of such need can include, but are not limited to:

- Bank Statements
- Utility Cut-Off or Disconnect Notices
- Eviction or Foreclosure Statements
- Education Institutions' List of Fees or Demands For Payment
- Bills for Necessary Service and Repairs (Home and Auto)
- Signed Statement By Reliable, Knowledgeable Third Party

## **APPLICATION AND DECISION PROCESS**

Completed applications must be signed by the applicant and submitted to the nearest American Legion Post for approval and forwarding to the Community Involvement District Chairman in which the applicant resides. All necessary documentation must accompany the application EXCEPT IN EMERGENCY SITUATIONS, which will be determined by the Post Commander and or the Community Involvement District Chairman. In the event a grant request is determined to be an emergency request, required documentation must be provided to the District Community Involvement representative as soon as is reasonably possible after the request is submitted.

In all other instances, the District Community Involvement representative will review and approve, or deny, the application and request payment to the applicant directly. If, in the judgment of the District Community Involvement Representative the payment should be made immediately, the District may issue a check and seek reimbursement from the Community Involvement Committee upon presentation of a completed application with documentation if funds are available.

District Community Involvement Representatives, in the case of routine grant requests, will review the application, collect and verify the qualifying documents, request additional verification or information, and forward the completed application to the Community Involvement Committee.

#### **APPLICANT'S CHECKLIST**

1. Read and understand the qualifications for grant recipients.
2. Complete the attached application form.
3. Attach proof of qualifying military service, if veteran without children.
4. Attach evidence of legal guardianship of minor child(ren).
5. Attach proof of child(ren)'s approved permanent residence in your home
6. Attach evidence of qualifying need
7. Attach a statement describing the cause of the need and anticipated duration.
8. Forward, mail or deliver the completed application package to an American Legion Post of your choice. (A list of Indiana American Legion Posts and their locations is posted on The American Legion Department of Indiana website, [www.indianalegion.org](http://www.indianalegion.org).)

**Indiana Disaster Assistance Fund Application**  
**Community Involvement Committee**  
**The American Legion Department of Indiana**

Before Completing The Application, Please Read The Attached General Instructions.  
Please Type or Print Legibly. **Attach All Required Documentation.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If Veteran, Branch and Dates of Service: \_\_\_\_\_

Character of Discharge or Release From Active Duty: \_\_\_\_\_

Where Employed: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

If Not Employed, Reason For Unemployment: \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_

Relationship to Qualifying Child(ren).

\_\_\_\_\_ Natural Parent

\_\_\_\_\_ Adoptive Parent

\_\_\_\_\_ Legal Guardian

\_\_\_\_\_ Non-Custodial Caregiver

Names(s) of Qualifying Child(ren) and Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose of Fund: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

If Different From Qualifying Veteran. Otherwise enter N/A

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

Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructions to Post Officers and District Community Involvement Reps**

*Verify and Initial Compliance With The Following Check List, and Documents Attached:*

*Note To Post Officers:*

*Do Not Delay Application For Missing Documents; Forward To Community Involvement District Chairman*

Post Officer / District CEWF  
\_\_\_\_\_/\_\_\_\_\_ Application Completed and Signed  
\_\_\_\_\_/\_\_\_\_\_ Character of Service Documented  
\_\_\_\_\_/\_\_\_\_\_ Dates of Service Documented  
\_\_\_\_\_/\_\_\_\_\_ Custody of Children Documented  
\_\_\_\_\_/\_\_\_\_\_ Age of Children Documented  
\_\_\_\_\_/\_\_\_\_\_ Residence of Children in Veterans Home Documented  
\_\_\_\_\_/\_\_\_\_\_ Additional Financial Assistance Documented  
\_\_\_\_\_/\_\_\_\_\_ Income Verified  
\_\_\_\_\_/\_\_\_\_\_ Employment Status Verified  
\_\_\_\_\_/\_\_\_\_\_ Financial Need Verified

Recommendation: Approve Grant \_\_\_\_\_ / \_\_\_\_\_

Deny Grant: \_\_\_\_\_ / \_\_\_\_\_

If Denied, Give Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Issue Grant: \_\_\_\_\_ Immediately (Emergency Need)

\_\_\_\_\_ Upon District and Community Involvement

Review (Routine)

Date of Decision: \_\_\_\_\_

Signature: Post Officer/Title: \_\_\_\_\_

District Community Involvement Rep: \_\_\_\_\_

Community Involvement Official: \_\_\_\_\_

Dept. of IN, Director of Finance

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_