

INSTRUCTIONS

VETERANS ASSISTANCE GRANT APPLICATION (SUBSISTENCE AID)

Please submit this application if you are applying for Subsistence Aid due to an illness, injury or natural disaster which has resulted in a loss of income.

THIS APPLICATION MUST BE SUBMITTED WITHIN TWELVE (12) MONTHS FOLLOWING THE DATE OF THE LOSS OF INCOME

Subsistence Aid will be limited to the difference between the amount of earned and unearned income available before the loss of income and the earned and unearned income being received after the loss of income, subject to limitations under § 45.40(1m)(b) and (3), Stats.

- If you are the veteran completing this application, please complete the “Veteran’s Name” section.
- If you are the spouse or dependent of the veteran completing this application:
 - For yourself; please complete the “Veteran’s Name” **and** “Applicant’s Name” sections.
 - On behalf of the veteran, please complete the “Applicant’s Name” **and** “Patient’s Name” sections.

There is a \$3,000 maximum per 12-month period for this benefit and a combined lifetime maximum of \$7,500 for Health Care Aid and Subsistence Aid.

To be eligible, an applicant must meet the following requirements:

- Be a veteran as defined in Wis. Stat. § 45.01(12).
- Household income at or below 200 percent of the federal poverty guidelines in effect at the time the application is received by the department. Current federal poverty guidelines can be found here: <https://aspe.hhs.gov/poverty-guidelines>.
- Spouse or dependent of an activated or deployed member of the U.S. Armed Forces or Wisconsin National Guard must submit evidence that the service member has been deployed or activated, that due to the activation or deployment, a loss of income has occurred, that an economic emergency has occurred during the activation or deployment, and that the spouse and dependents are residents of this state.
- Does not have more than six (6) months in available liquid assets and available income to meet basic subsistence needs and is not eligible to or did not receive aid from other sources to meet those needs. The amount of liquid assets does not include the first \$50,000 of cash surrender value of any life insurance policy.

Required Documentation:

- Complete Application for Veterans Assistance Grant – Subsistence Aid (**Form WDVA 2453**).
- Declaration of Aid (**Form WDVA 2451**) signed by County Agent, CVSO, or the economic assistance consortium. **Must** be submitted with the application.
- Verification of Illness or Disability (**Form WDVA 2045**) **must** be received from the treating licensed health care provider, if loss of income is due to illness or injury.
- Notice of Decision (NOD) letter from local consortium that indicates the applicant has applied for Food Share and Medicaid or Badger Care.
- Copy of bank statements for the six (6) months immediately preceding date of application (highlight/circle living expenses).
 - * If bank statements cannot be obtained please submit the following: copy of current lease or mortgage statement for applicant’s primary residence, proof of current medical insurance premiums, and copies of electric, heat, and water bills for applicant’s primary residence, and applicant’s phone bill for the past six (6) months.
- Any other documentation or verification requested by the Department.

***NOTICE:** Application will be terminated if requested documentation and/or verification is not received at the department’s central office within 60 days of notification for additional documentation and/or verification.

Veteran's Name: _____
 Base File #: _____

Income – Verification Required (continued)

Recipient 2 _____

Current Income \$ _____ Frequency Monthly Annually Semi-Annually Quarterly

Semi-Monthly Bi-Weekly Weekly

- | | |
|---|---|
| <input type="checkbox"/> Wages – Employer \$ _____ | <input type="checkbox"/> Aid to Families with Dependent Children |
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Food Share (formerly called Food Stamps) |
| <input type="checkbox"/> Bonuses | <input type="checkbox"/> Rental (Income) |
| <input type="checkbox"/> Commissions | <input type="checkbox"/> National Guard/Reserve |
| <input type="checkbox"/> Sick/Disability Pay (from employer or insurance) | <input type="checkbox"/> Compensation - VA |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Compensation – Unemployment Insurance |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Compensation - Workers |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Pension – Other than Federal VA |
| <input type="checkbox"/> Retirement (pay) | <input type="checkbox"/> Pension – Federal VA |
| <input type="checkbox"/> Social Security - Regular | <input type="checkbox"/> Student Financial Aid (all types) |
| <input type="checkbox"/> Social Security - Disability | <input type="checkbox"/> Federal GI Bill |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> State or Federal Voc Rehab |
| <input type="checkbox"/> Other _____ | |

Liquid Assets (In Veteran, Spouse, or any Dependent's Name)

Owner 1 _____ I have no assets

<u>Asset Type</u>	<u>Value</u>	<u>Asset Type</u>	<u>Value</u>
<input type="checkbox"/> Checking Account	\$ _____	<input type="checkbox"/> Custodial Accounts (Children or Grandchildren)	\$ _____
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Gambling Winnings	\$ _____
<input type="checkbox"/> Money Market	\$ _____	<input type="checkbox"/> Tax Refunds	\$ _____
<input type="checkbox"/> Certificate of Deposit	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Cash on Hand	\$ _____		

Owner 2 _____ I have no assets

<u>Asset Type</u>	<u>Value</u>	<u>Asset Type</u>	<u>Value</u>
<input type="checkbox"/> Checking Account	\$ _____	<input type="checkbox"/> Custodial Accounts (Children or Grandchildren)	\$ _____
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Gambling Winnings	\$ _____
<input type="checkbox"/> Money Market	\$ _____	<input type="checkbox"/> Tax Refunds	\$ _____
<input type="checkbox"/> Certificate of Deposit	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Cash on Hand	\$ _____		

Veteran's Name: _____
 Base File #: _____

Living Expenses (Applicant's Primary Residence)

<u>Living Expense</u>	<u>Six Month Avg</u>	<u>Living Expense</u>	<u>Six Month Avg</u>
<input type="checkbox"/> Rent/Mortgage	\$ _____	<input type="checkbox"/> Child Care Required	\$ _____
<input type="checkbox"/> Food	\$ _____	<input type="checkbox"/> Electricity/Heat	\$ _____
<input type="checkbox"/> Current Medical Insurance Premium	\$ _____	<input type="checkbox"/> Water	\$ _____
<input type="checkbox"/> Current Prescribed Medication	\$ _____	<input type="checkbox"/> Telephone	\$ _____
<input type="checkbox"/> Essential Travel	\$ _____		

I certify that I have read, or have had read to me, all questions from this application and this paragraph and that my answers are true and complete to the best of my knowledge, and that I will promptly notify WDVA of any changes. I have applied for and accepted all benefits available from other agencies or organizations. If I receive, or am eligible to receive, money from another source which duplicates aid I received from this program, I will repay WDVA as soon as possible. I understand that I must provide the Wisconsin Department of Veterans Affairs, either personally or through my County Veterans Service Officer, with any information requested by the department within 60 days of the date of the request or I may be denied this benefit. I authorize the department and any of its employees to request and review any county, state or federal records relating to this application. I consent to the release by the Federal Department of Veterans Affairs (VA), Social Security Administration, Wisconsin Department of Revenue (DOR), and the County Veterans Service Office (CVSO) of all information necessary to process this grant application.

Phone () _____ Signature _____ Date _____

WARNING: If you knowingly make any false statement or submit fraudulent evidence in connection with this application, you are subject to severe penalties provided by law including fine, imprisonment or both and suspension of all veterans benefits from WDVA.