

COMMISSION OF VETERANS AFFAIRS

Mandy Coates, Director
Bill Blanchard, Chairperson
Larry Hingtgen, Secretary

JoAnne Downes
Chad Gerdes
Jacob Korbakes

JOHNSON COUNTY VETERAN AFFAIRS TEMPORARY EMERGENCY ASSISTANCE APPLICATION

Date of Initial Application: _____

Veteran Name:	Phone Number:
Applicant Name:	Email:
Address:	Dependent's name and Date of Birth 1. 2. 3. 4.
Address Continued:	3 Initials:

Has your household applied for Temporary Emergency Assistance before through this office?

☐ Yes ☐ No

Has your household applied for General Assistance through Johnson County before?

☐ Yes ☐ No

Is anyone in your household a student taking classes past high school? ☐ Yes ☐ No

Type of assistance you are seeking?

Rent	Electric/Gas	Water	Groceries	Other (describe)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many people are in your household (including yourself)? Adults: _____ Children: _____

Does anyone in your household receive any other type of assistance?

Food Assistance	Social Security	Housing/Section 8/SSVF/HUDVASH	Unemployment	Other (describe)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you supplied the following:

- ☐ DD-214 or discharge papers of eligible Veteran showing character of discharge
- ☐ Last 4 weeks of bank statements and pay stubs for all members of the household
- ☐ Current lease in Veteran or Spouse's name signed by landlord and applicant (if applying for rent)
- ☐ Utility invoice in Veteran or Spouse's name (if applying for utility assistance)

**Johnson County Commission of Veterans Affairs
Temporary Emergency Assistance Application**

CONSENT TO RELEASE OR EXCHANGE INFORMATION

I (we) authorize communication or release of confidential information by Johnson County, or its duly appointed representatives, to any individuals, institutions, businesses, and/or agencies necessary for determining eligibility for assistance, billing reimbursement purposes.

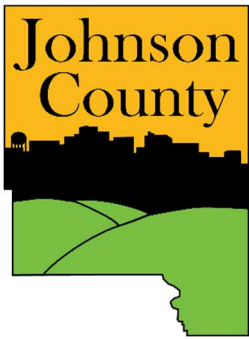
I (we) understand that I (we) have the right to inspect the disclosed information at any time. I (we) understand that this consent will remain in force until termination of assistance from Johnson County Commission of Veterans Affairs.

I (we) consent to and authorize any local, state, or government agency, private business, firm, agency, bank, trust company, postal savings department, insurance company, financial institution, or other applicable agencies to share information.

I (we) understand that I (we) may revoke the CONSENT TO RELEASE AND EXCHANGE INFORMATION at any time. I (we) do hereby and forever release and discharge all of the individuals, institutions, businesses, agencies, and JOHNSON COUNTY IOWA, its agents and employees, from any liability for releasing information whether such information is deemed confidential or not. A photocopy of this form shall be considered the same as the original.

Signature of applicant: _____

Date: _____



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Initial Assist Intake

1. Summarize your reason for this request and what your goals are:

2. If you are unemployed, how long have you been without a job? Did you quit or were you terminated?

3. Have you filed a Veterans Affairs Federal Compensation or Pension claim? (Explain)

To Be Completed for a Second and Third Assist

1. Have you returned your signed Iowa Workforce Development form and your Job Search Form? (Required for subsequent assistance) Have you applied for unemployment?

2. Have you returned SNAP (Supplemental Nutrition Assistance Program) application verification? (Required for subsequent assistance)

3. If not seeking employment due to a medical condition, did you submit the required medical note?

1 st Assist Request		Date:
Income (Last 4 Weeks)	Amount	
Gross Wages/Salary	\$	
VA Compensation/Pension	\$	
Social Security/SSI/SSDI	\$	
Unemployment	\$	
Food Assistance	\$	
Private Earnings (Cash)	\$	
HUD Housing (Section 8)	\$	
Child Support	\$	
Other Income	\$	

2 nd Assist Request		Date:
Income (Last 4 Weeks)	Amount	
Gross Wages/Salary	\$	
VA Compensation/Pension	\$	
Social Security/SSI/SSDI	\$	
Unemployment	\$	
Food Assistance	\$	
Private Earnings (Cash)	\$	
HUD Housing (Section 8)	\$	
Child Support	\$	
Other Income	\$	

3 rd Assist Request		Date:
Income (Last 4 Weeks)	Amount	
Gross Wages/Salary	\$	
VA Compensation/Pension	\$	
Social Security/SSI/SSDI	\$	
Unemployment	\$	
Food Assistance	\$	
Private Earnings (Cash)	\$	
HUD Housing (Section 8)	\$	
Child Support	\$	
Other Income	\$	

I have been offered access to the Johnson County Veterans Affairs Temporary Emergency Assistance Program Policy and Procedures for review in person or online @

<https://www.johnsoncountyiowa.gov/veterans-affairs/temporary-emergency-assistance-program-policy-and-procedures>

Fraudulent information may result in assistance being denied for up to two years and repayment of funds.

Applicant Signature: _____ **Date:** _____