



Veteran's Assistance Commission of Champaign County

VACCC Intake Application (VA & Assistance Claims)

Veteran's General Info	Veteran's First Name - Middle Initial - Last Name:															
	Single	Married	Separated	Divorced	Widowed	Civil Union	Ethnic Origin				Male	Female				
	Social Security Number				Date of Birth		City & State or Country of Birth									
	Home Phone:						Cell Phone:									
	E-Mail Address															
	Preliminary Interview Date						VSO Taking the Application									
Current Address	Current Address Information (Past 6 months)				FROM				TO							
	Name of Landlord or Mortgage Holder						Office Phone									
	Applicants Street Address															
	City						State		Zip Code							
Previous Address	Previous Address Information				FROM				TO							
	Name of Landlord or Mortgage Holder						Office Phone									
	Previous Street Address															
	Previous City						State		Zip Code							
Emergency Contact	Name															
	Street Address															
	City						State		Zip Code							
	Home Phone						Cell Phone									
	Work Phone															
	Relationship:			Spouse	Civil Partner	Parent	Sibling	Child	Friend	Neighbor	Caregiver	Other				
Military Service Info	MILITARY SERVICE INFORMATION															
	Army	Army Reserves	Army Nat'l Guard	Air Force	Air Force Reserves	Air National Guard	Coast Guard	Coast Guard Reserves	USMC	USMC Reserves	Navy	Naval Reserves	Merchant Navy			
	Type Of Discharge						ERA									
	Honorable	General	Medical	Hardship	Other Than Honorable	Dishonorable	WW2	Korea	Vietnam	Persian Gulf	War On Terrorism (OEF/OIF)	Peacetime	Other			
CLAIM INFO	REQUESTED DOMESTIC BENEFITS															
	SHELTER			ELECTRIC			WATER			GAS			MEDICAL		FOOD	
	VA CLAIM ASSISTANCE															
	EXISTING VA CLAIM #						DATE FILED									
	COMPENSATION			TYPE OF CLAIM PENSION		HEALTHCARE		RATING DECISION PERCENTAGE				AWARD DATE				
VA BURIAL						VA HOME LOAN <i>Certificate of Eligibility</i>				VA EDUCATION						

VACCC INTAKE and LIABILITY SECTION

NOTE:

Before signing any section of this form, please understand that the Veterans Assistance Commission of Champaign County provides a valuable service to veterans, widows of veterans, and specified dependents of veterans. Abuse of any services provided by this office, fraudulent applications, or physically abuse toward staff members will not be tolerated and could result in prosecution.

Fraud

I (we) fully understand that failure to provide documentation pertaining to proof of veteran status and failure to disclose all applicable information pertaining to sources of income, expenses, and other data requested by the Veterans Assistance Commission of Champaign County, or as may be required by Illinois or Federal laws, or the requirements of the U.S. Department of Veterans Affairs could delay a VA claim and could result in the denial of a VACCC Veteran's Assistance claim. I (we) fully understand that it is unlawful to impersonate a veteran for personal gain. Fraudulent claims or impersonating a veteran, widow, or dependent will result in civil and criminal prosecution

Therefore, I (we) certify that all of the documentation and information provided is true and correct. I (we) authorize the VAC of Champaign County to complete a verification process in order to confirm the accuracy of the information and documentation presented. If a claim is dismissed due to false information or fraudulent documentation, I (we) agree to hold the VAC of Champaign County free of all liabilities for this claim. Additionally, it is understood that a copy of this claim application and any information obtained from the verification process shall be furnished upon request.

VACCC DVA CLAIM CONSENT

(This disclaimer is to be included in the applicants DVA claim file.)

I hereby certify that I have requested the Veterans Assistance Commission of Champaign County (VACCC) to assist in the preparation of my Department of Veterans Affairs (DVA) claim and that all services provided to me are at no charge. I confirm that I am under no obligation to utilize their services and that I have the right to withdraw and be directed to alternate sources of claim assistance should I choose. I also agree that the VACCC may withdraw as my representative should I fail to disclose all applicable information pertaining to the required data for my DVA claim especially, the information listed on page 4 of the instructions for the new VA 21-526 regarding my net worth, and all financial transactions that involves the transfer of any of my assets that occurred prior to the date of my claim application. I attest to the fact that I have assured the VACCC service officer that all of the required information I provide on behalf of my DVA claim is accurate and complete to the best of my knowledge.

I further certify that I have requested the VACCC to act as my advisor and my representative. I accept the fact that they will submit all of the required documentation to the DVA on my behalf. I also comprehend that the DVA is the agency that will adjudicate my claim. The VACCC does not locally determine my eligibility or entitlement to DVA benefits.

And, finally, I declare that I will release the VACCC, its employees, and the County of Kendall from any and all liabilities that may result because my claim was fraudulent, incomplete, or was subject to my intentional omissions.

Applicants Signed Consent

Date

Signature of the VACCC VSO

Date

HIPPA Authorization Regarding Confidential Health Information

I consent to allow the office of the Veterans Assistance Commission of Champaign County (VACCC) to maintain a file of military and civilian medical records that are pertinent to my VA Claim. I further authorize the VACCC to the total destruction of such records upon my death, if after five (5) years there has been no claim activity and there has been no response to the VACCC's attempts to contact my legal spouse and/or heirs.

Applicants Signed Consent

Signature of legal spouse, legal civil partner, or POA

Signature of the VACCC VSO

COUNTY VETERAN'S ASSISTANCE CLAIM

By law, an applicant is not eligible for any VACCC assistance if they are receiving Supplemental Security Income (SSI) or Tanf. Additionally, no applicant can be approved for shelter assistance if they reside in Section 8, HUD, USDA Rural Development, or any other type of subsidized housing as explained in the VACCC Assistance Policy.

VACCC Benefit Claim Number:

Original Application Date:

REQUESTED DOMESTIC BENEFITS

SHELTER	ELECTRIC	WATER	GAS	MEDICAL	FOOD

IMPORTANT NOTICE

All of the following items of information and documentation **MUST BE** provided to the VACCC Superintendent before the assistance claim application can be considered. The following **MUST BE** adhered to:

1. By law, the applicant must be an honorably discharge veteran or the widow of an honorably discharged veteran and a copy of the most recent discharge **MUST BE** furnished.
2. The applicant **MUST BE** competent enough to read and sign this document.
3. The applicant shall not provide any false information or intentionally omit information or misrepresent themselves. If this occurs and it is discovered at a future time, the applicant, legal spouse, or legal civil partner **MUST** understand that they will be immediately terminated from the VACCC Assistance Program and barred for life from any future benefits or assistance claims.
4. The applicant, legal spouse, or legal civil partner **MUST** understand that by submitting a fraudulent application makes them eligible for prosecution: criminal, civil, or both under the Illinois Benefits Fraud Act.
5. The applicant who claims to be a veteran in order to gain assistnace benefits shall be barred and the Superintendent shall request a warrent for the arrest and subsequent prosecution for violation of the Federal Stolen Valor Act.
6. The applicant, legal spouse, or legal civil partner shall be **RED FLAGGED** for a minimum of twelve (12) consecutive months if they harrass, make verbal threats, or are verbally or physically abusive toward any member of the VACCC staff.

I (we) certify under the penalty of perjury that all of the information that has been provided to the VACCC Superintendent for this assistance application is accurate and thruthful. I (we) confirm that the entire VACCC Veterans Assistance Policy has been read and, by signing this application, agree to comply with all of the provisions established in the policy.

Signature of the applicant

Date

Signature of the legal spouse, legal civil partner, or designated POA

Date

Signature of VACCC Veteran Service Officer

Date