

FINANCIAL ASSISTANCE INFORMATION PACKET

PLEASE ENCLOSE THE FOLLOWING INFORMATION

- DD214 -Veteran's Discharge Paper(s) – Must reflect an Honorable or Under Honorable Conditions
- Current Picture Identification Card (Driver's License or State ID)
- All Bank Statements - **PAST 3 MONTHS**
- Verification of previous address and phone number (Previous Utility bill, telephone bill, and previous landlords phone number) – **IF LESS THAN A YEAR AT CURRENT RESIDENCE**
- EVERYONE** living in your home will need to provide income statements from **past 3 months.** (This includes wife, significant other, children, step-children, ect.)
****Income statements are needed from ALL SOURCES (paychecks, retirement benefits, VA pension or compensation, Social Security, SSI, Welfare, Child Support, Unemployment & Workers Compensation)**
- ANNUAL TAX RETURN** (If applying January thru May)
- Marriage Certificate(s) / Divorce Decree(s) (if applicable)
- Birth Certificate(s) of Dependent Children (if applicable)
- Death Certificate – (If you are a surviving spouse or child of a deceased Veteran)
- ALL CURRENT** monthly bills for your household (This includes mortgage, utilities, auto payments, insurance, credit cards, loans, child support, medical expenses, daycare, ect.) **MUST BE ORIGINALS NO COPIES!!**
PLEASE CALL IMMEDIATELY WITH DISCONNECT NOTICES!!!!
- If you are renting a house or apartment, your landlord will need to complete the **Landlord Statement, W-9 Form and OPERS Independent Contractor/Worker Form (Enclosure #4)**
- If you are **ABLE TO WORK** but at present do not have a job **YOU WILL** need to register with **Ohio Means Jobs Training Center.** Call one of the Veterans Outreach Representatives at (937) 562-6565 for an appointment and have **(Enclosure #5)** signed before scheduling an appointment for assistance.
- If unemployed Job Search **(Enclosure #6) MUST** be completed.
- If you are **UNABLE TO WORK** your doctor will need to complete the **Medical Certification Form (Enclosure #7)**
Having a VA Disability rating does not necessarily mean you are unable to work and you will need to have your doctor complete the **Medical Certification Form.**
- A **Personal statement of Emergency** is required to complete your application. You must write a detailed statement, explaining your temporary emergency, what has occurred to cause an emergency, and what other agency's you have contacted for assistance. This can be hand written but needs to be legible.

*****ALL DOCUMENTS MUST BE CURRENT AND RECEIVED IN THE PAST 30 DAYS OR THEY WILL NOT BE ACCEPTED.*****

ONCE YOU HAVE ALL THE INFORMATION NEEDED, PLEASE CALL TO SCHEDULE AN APPOINTMENT



Veterans Serving Veterans Since 1886

Greene County Veterans Services
571 Ledbetter Rd. Xenia, Ohio 45385

937-562-6020 / 937-562-6021 FAX



**ONCE YOU HAVE ALL THE INFORMATION
NEEDED, PLEASE CALL TO SCHEDULE
AN APPOINTMENT**



Veterans Serving Veterans Since 1886

Greene County Veterans Services
571 Ledbetter Rd. Xenia, Ohio 45385

937-562-6020 / 937-562-6021 FAX



EFFECTIVE IMMEDIATELY

**THE FOLLOWING ARE EXPENSES WE WILL
NO LONGER PAY:**

1. NO deposit(s) for rental occupancy
2. NO Cash Advance or any other lending institutions
3. NO child support payments
4. NO property taxes
5. NO legal fees, fines, or IRS payments
6. NO satellite, internet, or cable bills (even if bundled with telephone)
7. NO credit card payments
8. NO school tuition
9. NO automobile (vehicle) purchases

You need to contact the following agencies, for they may also be able to assist you in your time of need. We require a list of agencies you have contacted. (contact & date)
 You may write them on this sheet next to their name.

<u>Food Assistance</u>	<u>Rent & Housing</u>	<u>Utilities</u>
Green County Dept. Job & Family Services 541 Ledbetter Rd. Xenia, Ohio 45385 937-562-6000	Greene Metropolitan Housing Auth. 538 N. Detroit St. Xenia, Ohio 45385 937-376-2908	Community Action Partnership (SCOPE) 1855 Bellbrook Avenue Xenia, Ohio 45385 937-376-7747
Xenia Fish Pantry 541 Ledbetter Rd. Xenia, Ohio 45385 937-372-1550	Community Action Partnership (SCOPE) 1855 Bellbrook Avenue Xenia, Ohio 45385 937-376-7747	
Fairborn Fish Pantry 1149 N. Broad St Fairborn, Ohio 45324 937-879-1313	Interfaith Hospitality Network 137 N. Detroit St. Xenia, Ohio 45385 372-0705	

If you have a shut off notice, contact **SCOPE** right away!!!

GREENE COUNTY COMMUNITY RESOURCES

Sponsored by: A Better Childhood E3C's & Help Me Grow

ABUSE

DR Protection Orders	562-6249
Family Violence Prevention Center of Greene Co.	376-8526 426-6535
24 hour crisis line	372-4552 & 426-2334
Greene Co. Children Services Board	562-6600
(Child Abuse & Neglect)	(Fairborn) 879-4357
24 Hour Emergency Line	372-4357
Michael's House	318-1660
Victim's Assistance Program	376-7283
After Hours Emergency Line	376-5111

CHILDCARE

4 C For Children	1-800-340-0600
Greene Co. Dept. of Job & Family Services	562-6000 426-1779

CLOTHING AND HOUSEHOLD ITEMS

Community Action Partnership	376-7747 427-3377
Goodwill Industries	372-0759
United Voluntary Services	372-1101

DRUG & ALCOHOL

Family Solutions Center/TCN	427-3837 & 376-8700
Crisis Line	376-8701
TCN Behavioral Health Care	376-8700 & 879-3400
(Christopher House)	376-8782
Women's Recovery Center	352-2900

EDUCATION

Beavercreek City Schools	426-1522
Bureau of Vocation Education Rehabilitation	372-4416
Cedarcliff Schools	766-3811
CORS Kids Learning Place	1-866-627-4557
Fairborn City Schools	878-3961
Greene Co. Educational Service Center	767-1303
Greeneview Local Schools	675-2728
Miami Valley Regional Center	236-9965
Ohio State University Extension (Financial, Nutrition)	372-9971
Sugarcreek Local Schools	848-6251
Xenia Community Schools	376-2961
Yellow Springs Schools	767-7381
Greene Co. Career Center	372-6941
Adult Basic Literacy Education (GED) (ABLE)	562-6071

EMPLOYMENT

Greene Co. Dept. of Job & Family Services	562-6000
Greene Inc. Adult Services	372-9974
Greene Works	562-6565
Ohio Rehabilitation Services Commission	1-800-589-4416

FAMILY PLANNING

Family Service Association	222-9481
Greene Co. Combined Health District	374-5600
Miami Valley Women's Center	374-0001
Planned Parenthood of the Greater Miami Valley	754-4633

FOOD & NUTRITIONAL SERVICES

Angel Food Ministries	1-877-366-3646
Bellbrook Family Resource Center	848-3810
Jamestown Family Resource Center	675-2697
FISH PANTRY <i>Beavercreek</i>	222-5444
<i>Fairborn</i>	879-1313
<i>Xenia</i>	372-8441
<i>Yellow Springs (United Methodist)</i>	767-7560
Greene Co. Dept. Job & Family Services	562-6000
Ohio State University Extension	372-9971
Community Action Partnership	376-7747 & 427-3377
WIC	374-5641 & 879-4093

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HEALTH CARE & MEDICAL INSURANCE

Bureau for Children with Medical Handicaps (BCMh)	374-5600
Children's Medical Center of Dayton	1-800-228-4055
Greene Co. Combined Health District	374-5600 1-866-858-3588
Greene Memorial Hospital	352-2000
Medicaid HMO (Care Source, Amerigroup, Molina)	1-800-605-3040
Miami Valley Hospital	208-8000
Ohio Medicaid/Healthy Start Healthy Families (DJFS)	562-6000

HOUSING

American Red Cross	376-3111
Greene Co. Fair Housing	562-5350 754-3060
Greene Metropolitan Housing Authority	376-2908 429-7736
Community Action Partnership	376-7747 427-3377
Yellow Bird Housing	376-2231

GREENE COUNTY SERVICES

Child Support Enforcement Agency	1-800-337-1740
Dept. of Job & Family Services	562-6000
Family & Children First	562-5600
Greene Co. Switchboard	562-5000
Juvenile Court	562-4000
Probate Court	562-5280
Veferan' Services	562-6020
Common Pleas Court	562-5145
Domestic Relations Court	562-6249
Adult Probation	562-5266

LOCAL COMMUNITY RESOURCES

Bellbrook Family Resource Center	848-3810
Fairborn Community Center	878-6061
Jamestown Family Resource Center	675-2697

MENTAL HEALTH & COUNSELING

Family Service Association	222-9481
Family Solutions Center/TCN	427-3837 & 376-8700
Marriage Works	937-262-7010
TCN Behavioral Health Care	376-8700 429-0933 879-3400
Crisis Line	376-8701
Crisis Line	426-2302

SPECIAL NEEDS

Bureau for Children with Medical Handicaps (BCMh)	374-5600
Four Oaks Early Intervention	562-6779 222-7474
Greene Co. Board of Developmental Disabilities	562-6500 426-7022
Help Me Grow	1-800-862-5248
Interpreters for the Deaf	937-242-6047
Miami Valley Regional Center	236-9965
Regional Infant Hearing Program	937-222-2434

TRANSPORTATION

Dept. of Job & Family Services	562-6000 426-1779
Greene CATS Public Transportation	1-877-227-2287

UTILITIES

Community Action Partnership	376-7747 427-3377
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OTHER

Council on Aging	1-888-795-8600
Kinship Navigator Program	1-888-795-8600
Legal Aid Society	1-888-534-1432
Social Security Administration	1-800-772-1213
United Way	376-5555 426-4008
United Way's Help Link	2-1-1

Revised 06/11

Greene County Veterans Service
571 Ledbetter Road Xenia, Ohio 45385
Ph: 937/562-6020 / Fax: 937/ 562-6021

Financial Assistance Application / Information Sheet

Referred to Veteran Services by: _____

Check appropriate block(s) Employed Unemployed Retired
 Disable Student Other _____

If unemployed provide the following:

Name of last employer: _____

Address: _____

Phone: (____) _____

Employment dates: From: _____ To: _____

Reason for leaving: _____

If employed provide your work history for the previous twelve months:

Name of last employer: _____

Address: _____

Phone: (____) _____

Employment dates: From: _____ To: _____

Reason for leaving: _____

**Greene County Veterans Services
571 Ledbetter Rd. Xenia, OH 45385
Ph: 937/562-6020 / Fax: 937/ 562-6021**

Authority

The laws of the State of Ohio mandate the financial assistance program administered by the Greene County Veterans Service Commission. The Ohio Revised Code (ORC) Title 59 covers veterans and military affairs. The financial assistance program operated by the Veterans Service Commission (VSC) is in accordance with Section 5901.15. No other federal, state or local laws will apply.

Purpose

The purpose of the financial assistance program is to consider applications from veterans and their eligible dependents that are in need of financial help. This help is to be of a temporary/emergency nature.

Assistance

The Veterans Service Commission VSC considers the need for assistance based on several factors. These may include income, expenses, saving, employment status and others. The primary focus of the VSC when considering assistance is that the basic necessities of life are met in an emergency situation. These are shelter, food, heat and water. Assistance for other items is considered on a case by case basis.

I have read and understand the authority and purpose of The Greene County Funded Financial Assistance program for veterans.

Signed

Date

Greene County Veterans Services
571 Ledbetter Rd. Xenia, Ohio 45385
Ph: 937/ 562-6020 / FAX: 937/ 562-6021

LANDLORD'S STATEMENT
(To be completed by the Landlord/Property Manger)

Landlord/Property Manager's Name _____

DBA (Doing Business As) _____

Landlord/Property Manager's Address _____

Landlord/Property Manager's Day Time Phone Number _____

DBA Tax ID# or Landlord/Property Manager's SS# Number _____

*****LANDLORD MUST PROVIDE EITHER A TAX ID # OR SS#*****

I state that (Address of Property) _____

Is Available for Rent on (Date) _____

Is Being Rented by (Tenant) _____

Date of Occupancy _____

For the Amount of \$ _____ The Deposit Amount is \$ _____

The Tenant is responsible for paying:

Water

Gas

Electric

Other _____

The Total Amount Owed to Date is \$ _____

_____	_____
Landlord / Property Manager's Signature	Date
I understand that false statements to the above questions are subject to fines and/or imprisonment under the laws of the State of Ohio	

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/tw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

Name of Current Employer

STEP 2: Public Employer Information

Name of Public Employer for Which You Are Providing Personal Services

Greene County Veterans Services

Employer Contact

First Name

MI

Last Name

Employer Code

Employer Contact Phone Number

2091

937-562-6020

Service Provided to Public Employer

Start Date of Service

End Date of Service

Month Day Year

Month Day Year

____/____/____

____/____/____

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. If entering into a contract to provide services as an independent contractor to the same employer from which you retired, or to any employer if less than two months after the retirement allowance commences, the pension portion of your benefit will be forfeited during the period of the contract. The annuity portion of your benefit will be suspended and will be paid in a lump sum upon termination of the contract.

This acknowledgement will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature _____

Do not print or type name

Today's Date

/ /

Greene County Veterans Services
571 Ledbetter Road, Xenia, OH 45385
Ph: 937/562-6020 / FAX: 937/562-6021

FINANCIAL ASSISTANCE DOCUMENT

To: Ohio Dept. of Job and Family Services

From: Veterans Services, Greene County

Subject: Veterans Employment

Veterans Name: _____ SSN: _____

I certify the above named veteran is registered with S.C.O.T.I. and actively seeking employment.

Signature ODJFS Staff

Date

Instructions:

1. Veterans must be actively seeking employment and registered for employment with the Customer Service Representative at ODJFS.
2. Obtain a signature of ODJFS Staff and **RETURN THIS FORM** to the Veterans Service Office at 571 Ledbetter Road Xenia, OH 45385.

JOB SEARCH

Date Contacted	Company Name and Address	Contact Person and Phone Number	How Contacted Person/Phone/Email/Ect

JOB SEARCH

Date Contacted	Company Name and Address	Contact Person and Phone Number	How Contacted Person/Phone/Email/Ect

Greene County Veterans Service
571 Ledbetter Road Xenia, Ohio 45385
Ph: 937/562-6020 / Fax: 937/ 562-6021

MEDICAL STATEMENT

Patients Name

Social Security Number

Address

Phone Number

The above named patient is under my care and is presently being treated for

It is my medical opinion that this patient is:

- Permanently disabled and unable to maintain employment
- Not disabled and is able to maintain employment.
- Temporarily disabled and should be able to return to work on or about _____.

Additional Comments

I understand that if I make a false statement or answer to any or all of the above questions, I am subject to a fine and imprisonment under the laws of the State of Ohio

Doctor's Signature

Date

Doctor's Name

Phone Number

Address

Enclosure # 7