

**VETERANS OF FOREIGN WARS**  
**JOYCE M. HELSON POST 5162**  
**VETERANS ASSISTANCE REPORT**

Date: \_\_\_\_\_

Assistance for: \_\_\_\_\_  
(Full Name)

Address: \_\_\_\_\_  
Street City ST ZIP

Reason for Assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How was Assistance Requested? \_\_\_\_\_  
\_\_\_\_\_

Veteran Status Verification and how it was validated (via SSN, ID etc)  
\_\_\_\_\_  
\_\_\_\_\_

Veterans Assistance Committee Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Relief Funds paid: \_\_\_\_\_  
Amount paid by other Funds (donations, etc): \_\_\_\_\_

Total Funds paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Veterans Assistance Committee Members involved in with this report:

\_\_\_\_\_  
(Name) (Name)

\_\_\_\_\_  
(Name) (Name)

Report Submitted By: \_\_\_\_\_  
(Name and Title)

Signatures

Commander: \_\_\_\_\_ QM: \_\_\_\_\_

Reference: Post By-Law, Annual Budget and Policy Letter for Veterans Assistance.