

# **WEBSTER COUNTY**

## **Veterans Affairs Commission**

723 1<sup>st</sup> Avenue South  
Fort Dodge, IA 50501

The Webster County Veterans Affairs Commission, with approval of the Webster County Board of Supervisors, set forth the following policies, and eligibility guidelines, in conjunction with Chapter 35 of the Code of Iowa for indigent Veterans, their spouse, surviving spouse, and children age seventeen and under living in Webster County.

### **I. Requirements & Documentation:**

- Be a legal resident of Webster County.
- Provide an-other than dishonorable DD 214.
- Current circumstance **MUST** demonstrate an emergency situation.
- **COMPLETELY** filled out County VA application for assistance.
- **COMPLETELY** filled out Budget expense worksheet.
- If under the retirement age of 65, and not employed, you must provide documentation from the Iowa Work Force Development verifying you are actively seeking employment.

### **II. Ineligible for assistance from the Webster County Veterans Affairs:**

- Incomplete or falsifying any information on the VA application for assistance form(s).
- Voluntarily quitting a job or terminated for cause due to job performance.

### **III. Service Qualifications:**

- Prior to September 8, 1980: Served under conditions other than dishonorable.
- September 8, 1980 and after: Served under conditions other than dishonorable for at least 90 days. This does **NOT** include basic or advanced training.
- September 8, 1980 and after: Served under conditions other than dishonorable in the Guard or Reserve for 24 months of continuous active duty or the **“full period”** for which the member was ordered to active duty for mobilization or deployment.
- Served under conditions other than dishonorable while attaining 20 good years for retirement purposes while a member of the Guard or Reserve.

#### **IV. The Veterans Affairs Commission Will:**

- Approve or disapprove each request on the merit of the application.
- Decline assistance to an applicant who has not proven to be indigent.
- Decline assistance to an applicant who is capable but not actively seeking employment.
- Decline assistance to an applicant claiming “cannot work due to a medical issue”, yet provides no medical documentation to support the claim.
- Family/household income will include wages from employment, child support-alimony, rental assistance, social security or disability, supplemental security income, unemployment, Veterans disability compensation, or worker’s compensation. And other receipts of income or public assistance of the family to include food stamps and housing assistance. Failure to disclose all income constitutes an immediate disqualification for assistance.
- **Consider current month needs for the following categories:**
  - Burial
  - Rent
  - Utilities
  - Transportation for medical

#### **V. Guidelines for Available Assistance:**

- **Burial:**
  - **BENEFIT IS FOR THE VETERAN ONLY!**
  - Maximum amount set by the Webster County Board of Supervisors is **\$1,500.00**.
  - All assets of the Veteran to include personnel property, real estate, life insurance, and any other assets must first be liquidated before consideration can be made.
- **Rent:**
  - Rental agreement must be in the Veterans name.
  - No more than three non-consecutive months during the fiscal year (July-June).
  - Maximum amount per month is set at **\$500.00**.
  - Payment will be made to the non-relative landlord.
  - This office does not pay security deposit or mortgage payments.
- **Utilities:**
  - Utility bill must be in the Veterans name.
  - No more than three non-consecutive months during the fiscal year (July-June).
  - Maximum amount per month is set at **\$175.00**.
  - Payment will be made to the utility company.
  - This office does not pay for deposits or reconnect charges.
- **Transportation:**
  - Consideration only if the Veteran does not receive travel pay.

**VI. Income Guidelines per Household Occupancy: Circumstances will necessitate approval at the discretion of the Commissioners.**

1-Person	2-Person	3-Person	4-Person	Over 4
\$1,200	\$1,400	\$1,500	\$1,600	Add \$125.00 per person

**VII. Maximum Assistance Available: \$1,500 per fiscal year and \$10,000-lifetime.**

**VIII. Procedure for Appealing Decision:**

The applicant has ten working days from the date the denial is postmarked to submit an appeal. The appeal will then be submitted by the Webster County Veterans Affairs Director for placement on the agenda of the next Webster County Board of Supervisors scheduled meeting.

The applicant will be notified by regular mail of the date and time of the appeal hearings. Only one appeal is allowed for each denial.

The applicant shall have access to their case file upon written request and shall be permitted to present relevant evidence in support of their appeal. They may testify or have other witnesses testify on their behalf. The applicant’s file shall be admitted into evidence. The Board of Supervisors may question the applicant. A member of the Veterans Affairs Commission shall be present and give the Board of Supervisors reasons for the denial of assistance. The hearing before the Board of Supervisors shall not be an open meeting as under Iowa Code Chapter 21 due to the confidentiality of evidence within the applicants file.

The Board of Supervisors shall make a decision on the appeal with-in ten working days of the appeal hearing. Within four working days of making its decision the Board of Supervisors shall mail its written decision to the applicant by ordinary mail. The decision shall state the reasons for the action together with any statutes or ordinance that apply. The decision of the Board of Supervisors shall be final.

Adopted January 15, 2018 by the Webster County Veterans Affairs Commission:

Commission Chairman Thomas Dorsey \_\_\_\_\_

Commission Member Corrine Canon \_\_\_\_\_

Commission Member Richard Lennon \_\_\_\_\_

Veterans Affairs Director Dan Lewandowski \_\_\_\_\_

Approved January 15, 2018 by the Webster County Board of Supervisors:

Mark Campbell, Chair \_\_\_\_\_

# WEBSTER COUNTY VETERANS AFFAIRS

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

## Work Verification

If you are under the age of 65 and not employed, you are required to go to the Iowa Workforce Development to seek employment. Mr. Chad Cook, Workforce Adviser, or another advisor, will sign this form authenticating you are actively seeking employment. Failure to do so will constitute an immediate denial of your application.

Signature of Mr. Chad Cook or another advisor: \_\_\_\_\_

## Budget Expense Worksheet

**You must attach a copy of your most recent pay-stub or bank statement.  
Failure to do so will constitute an immediate denial of your application.**

Rent Payment: \_\_\_\_\_

Transportation: \_\_\_\_\_

Mortgage Payment: \_\_\_\_\_

Vehicle Loan: \_\_\_\_\_

Child Support: \_\_\_\_\_

Credit Card(s): \_\_\_\_\_

Day Care: \_\_\_\_\_

Auto Insurance: \_\_\_\_\_

Gas & Electric: \_\_\_\_\_

Home Insurance: \_\_\_\_\_

Water: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Phone: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Cable: \_\_\_\_\_

Other: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

List your total monthly gross income here: \_\_\_\_\_

List your total monthly expenses here: \_\_\_\_\_

List the difference of your gross income minus your expenses here: \_\_\_\_\_

**WEBSTER COUNTY VETERANS AFFAIRS**  
**“County Assistance Application”**

**Veteran’s Name:** \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**What is your Emergency Situation that requires financial assistants:** \_\_\_\_\_

**Request Assistance For:** Rent \_\_\_\_ Utilities \_\_\_\_ Burial \_\_\_\_ Transportation \_\_\_\_

<b><u>Monthly Household Income:</u></b>	<b><u>Your Income</u></b>	<b><u>Others in Household</u></b>
Employment	\$ _____	\$ _____
Child Support / Alimony	\$ _____	\$ _____
Rental Assistance	\$ _____	\$ _____
Social Security or Disability	\$ _____	\$ _____
Supplemental Security Income	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Worker’s Compensation	\$ _____	\$ _____

**Total Monthly Income:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Prior Year Employment History:**

<u>Employer</u>	<u>Job Title</u>	<u>Location (town)</u>	<u>From: Mo/Yr</u>	<u>To: Mo/Yr</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**List All Members Living in the Household:** (include relatives and / or roommates):

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

Have you applied elsewhere for any type of assistance in the last six months? Y or N

Have you voluntarily quit a job in the last 90 days? Y or N

Are all able-bodied household members registered with Workforce Development? Y or N

Are you receiving child support? Yes-Amount \_\_\_\_\_ No \_\_\_\_\_

Are you receiving food stamps? Y or N

I understand I assume full responsibility for the accuracy of the statements on this form and I understand the County Veterans Department will use these statements to determine my eligibility. I am aware that this general assistance information may be verified and investigated. I hereby authorize all persons (doctors, employers, department of human services, food stamp certifiers, cashiers, bankers etc.) to release information concerning my personal situation to the Webster County Veterans Affairs Department, if it deems such information is necessary. Applicants will receive a written notice of eligibility determination within 30 days.

Applicants Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**WEBSTER COUNTY VETERANS AFFAIRS**

**“Landlord Rental Statement”**

Landlords Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Landlords Phone Number: \_\_\_\_\_

Landlords Tax ID or Social Security Number: \_\_\_\_\_

Issue Check To: \_\_\_\_\_

Mail Check To: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Tenants Name: \_\_\_\_\_

Rental Address: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Rental Assistance Needed for What Month / Year:**

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Rent Amount: \_\_\_\_\_

Landlords Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Exception to Policy: In unusual circumstances the Veterans Affairs Commissioners may waive any or all policies in this policy to provide necessary assistance.

Indigent Person – is one who is faced with a condition of having insufficient income to pay for adequate medical care without depriving oneself or one's dependents of food, clothing, shelter, or other living essentials.

*Indigent: suffering from extreme poverty, impoverished, Poor, needy, destitute, penniless, insolvent, poverty-stricken, hard up, disadvantage, badly off, broke, strapped (for cash), on skid row, down-and-out, vagrant, homeless person, beggar, pauper, derelict, have-not.*