



Family Support Network Assistance Application

REVISION DATE: October 5th, 2019

APPROVED BY: AMERICAN LEGION DEPARTMENT OF OHIO VA&R COMMITTEE

The American Legion Department of Ohio Family Support Network is established to provide temporary financial assistance to American Legion Members, members of the Ohio National Guard and the Ohio Air National Guard, and families of deployed and activated service members who reside in the state of Ohio. FSN grants are designated to help veterans in need meet the cost of shelter, food, utilities, and health expenses.

Eligibility

Applicants shall be:

- A. American Legion membership and reside in Ohio, or
- B. Military service members on active duty stationed or reside in Ohio, or
- C. Ohio National Guard or Ohio Air National Guard members, or
- D. Spouses of active duty military service members maintaining an Ohio residence during the serviceperson's activation, service, or deployment, and
- E. Whenever eligible, applicants must show having applied for financial assistance from a County Veterans Service Commission, The American Legion Temporary Financial Assistance (TFA) program and exhaust all local resources.

Documents Required

- A. Attach a DD 214, or other official proof that clearly indicates dates of active service and discharge.
- B. If Spouse is applying, please attached marriage certificate and spouse DD 214
- C. Attach all current statements, bills, eviction, and disconnection notices to be considered.
- D. Applicant narrative describing the need and the current plan to become self-sufficient soon.

THE AMERICAN LEGION
DEPARTMENT OF



HIO

DEPARTMENT HEADQUARTERS: 60 BIG RUN ROAD, DELAWARE, OHIO 43015-8007
PHONE: 740-362-7478 | FAX: 740-362-1429 | EMAIL: LEGION@OHIOLEGION.COM

VETERAN/SERVICEPERSON: _____
(Name: Last, First, M.I.)

Active Duty (current period) Beginning Date: __/__/__ Ending Date: __/__/__

APPLICANT: _____
(Name: Last, First, M.I.)

(Address) (_____) (Phone #: including area code)

(City, State, Zip)

Relationship to Veteran/Serviceperson: _____
(Spouse, Child, Parent)

Employment Status: _____

Employer: _____

Employer's Address: _____

- Looking for work
- Disabled
- Child Care Provider
- Other: _____

Monthly Family Income: \$ _____ Monthly Family Expenses: \$ _____

Pending Financial Assistance Applications from Other Sources: _____

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Children in the Household:

Names: _____ Ages: _____

Please

INVESTIGATOR: Ferguson, Jermaine _____ Post #: HQ _____
(Name: Last, First, M.I.)

60 Big Run Road _____
(Address)
Delaware, Ohio 43015 _____
(City, State, Zip)
(740) 816-7596

Signature: _____ Date of Application: / /

FSN #: _____