The Mason County Veterans' Advisory Board submitted amendments to the Veterans' Assistance Operating Policy in July 2018.

These Amendments are adopted by the Board of Mason County Commissioners this 21st day of August, 2018 and effective September 1, 2018

Mason County, Washington

Randy Neatherlin, Chair

Kevin Shutty, Commissioner

Terri Drexler, Commissioner

ATTEST:

Melissa Drewry, Clerk of the Board
# TABLE of CONTENTS

I. Organizational Policies .............................................................................................................................. 3
II. Financial Policies ....................................................................................................................................... 3
III. Policy Establishing Board ...................................................................................................................... 4
IV. Eligibility Policies ..................................................................................................................................... 4
V. Referral to Other Services ........................................................................................................................ 5
VI. Appeal and Resolution Policy .................................................................................................................. 5
VII. Application Procedures .......................................................................................................................... 6
VIII. Processing of Packet Procedures ......................................................................................................... 7
IX. Records, Files, Forms and Reports .......................................................................................................... 7
X. List of Attachments (Att.) ......................................................................................................................... 8
I. Organizational Policies

a. All RCWs (Revised Code of the State of Washington) within Chapter 73.08 RCW VETERAN'S RELIEF, with other RCWs and Mason County Resolutions will be used and referred throughout this policy.

b. The purpose of the Mason County Veteran's Assistance Fund (VAF) is to provide relief as set forth in RCW 73.08.010 to indigent and suffering veterans, their families and the families of deceased indigent veterans.

c. Any honorably discharged veterans or veterans with a General Discharge under honorable conditions or a General Discharge with other than honorable conditions (Administrative Discharge), as outlined in RCW 41.04.005 and RCW 41.04.007, and meeting the criteria in 1-b may apply.

d. These policies and procedures are subject to review annually by the VAB.

1) If a revision is made, it is so noted and a narrative of revision is put in VAB minutes.

2) If no revisions are made, the date of review is noted, and put in VAB minutes.

3) Post Commanders will be advised concerning any revisions and reviews recommended by the VAB.

4) MCC has final approval of all revisions.

e. The VAB will meet the second Wednesday of each month at 10:00am at the Memorial Hall on 2nd and Franklin St., in Shelton, WA.

f. A quorum must be met to conduct any business that may come before the board.

g. If a quorum is not met, the Chair may contact other members via phone/text messaging or by e-mail.

h. Upon reaching a member, and member agrees to be part of the meeting, thus creating a quorum, the Chair must remain in contact with the member throughout the meeting.

II. Financial Policies

a. The funds for creating a Veterans' Assistance Fund (VAF) RCW 73.08.080, is generated from a tax levied by the Mason County Commissioners (MCC), use of the fund is governed by same RCW.

b. Approval of the one thousand two hundred ($1,200) dollars for assistance shall be granted only for the following:

1) Past Due Rent or Mortgage

2) Past Due Utilities:
   i. Electric
   ii. Water
   iii. Natural Gas
   iv. Wastewater (sewer)

3) Miscellaneous Items:
   i. Necessity Items (refer to list – Attachment A)
      a. Single $150.00
      b. Married $200.00
      c. + $50.00 per dependent
   ii. Needed Fire Wood or Propane

4) Other Items
   i. Obtain state ID card (one time only)

d. Exclusions will include, but not limited to alcohol, tobacco, lottery tickets.

e. Purchases in excess of the amount written on the check are the responsibility of the applicant.

f. No cash back will be given to the applicant if purchases are less than the amount written on the check.

g. All requests for assistance will be approved by the Veterans Service Officer (VSO), with final approval by the MCC.
h. If it is determined an applicant is in need of assistance due to any event, catastrophic illness or other significant change in circumstance which comes into being unexpectedly and is beyond the applicants' management or control, the VSO may request in writing that Mason County consider approval of an amount not to exceed a one thousand ($1,000.00) dollar lifetime limit per applicant.

i. The intent of the VAF is not to replace assistance from any other agency, and assistance is granted on a "Case by Case" basis only.

j. The VAF is not intended to provide continuing assistance on a routine basis.

k. The VAF shall not duplicate other available assistance for the purposes as noted in II. (c)

III. Policy Establishing Board

a. RCW 73.08.035 states each county must establish a Veteran's Advisory Board (VAB), the board shall advise MCC on the needs of local indigent veterans, the resources available to local indigent veterans, and programs that could benefit the needs of local indigent veterans and their families.

b. The VAB is comprised of veterans from the community "at large", and representatives from nationally recognized veterans' service organizations within Mason County. Per said RCW, no fewer than a majority of the board members shall be members from a nationally recognized veterans' service organization and only veterans are to serve on the board. Service on the board is voluntary.

c. Mason County Resolution NO. 05-15 allows for appointment of two members residing in Mason County from each Nationally Recognized Veterans' Service Organizations to be appointed to the Veteran's Advisory Board (VAB), and two members "at large".

d. The VAB will consist of a ten (10) member board; members are appointed as follows:
   1) American Legion (2 members)
   2) Veterans of Foreign Wars (2 members)
   3) 40 et 8 (2 members)
   4) Disabled American Veterans (2 members)
   5) Two (2) Mason County resident veteran (at large)

e. Commanders of these organizations will not be members of the VAB.

f. Commanders will appoint the members from their organization to serve on the VAB for the purpose of overseeing the VAF.

g. These members may be appointed or removed at the discretion of their commander.

h. The first appointment of members shall be three (3) members for a three (3) year term, and four (4) members for a two (2) year term.

i. Thereafter all terms will be two (2) year terms.

j. The MCC reserves the right to disallow VAB appointee for cause.

IV. Eligibility Policies

a. RCW 73.08.005 and other provisions in RCW Title 73 shall govern eligibility assistance to indigent and suffering veterans and/or families.

b. The county defines "indigent and suffering" to mean the current poverty level as defined by the United States Department of Health and Human Services. (HIHS) (Att. B)

c. Family members entitled to apply for assistance shall be defined as spouse or domestic partner, surviving spouse or surviving domestic partner, and dependent children of a living or deceased veteran.

d. Applicants must be a resident of the Mason County for at least ninety (90) days.

e. Applicant must present proof of residency and income.

f. An applicant may use hotel/motel receipts as proof of residence, provided that:
1) All receipts show a minimum of a 90 (ninety) day stay with in Mason County.
2) The 90 (ninety) day stay must be continuous.
3) All receipts must be in the applicant’s name.
4) All receipts must be original (no copies).
g. Under the federally-established poverty guidelines, the gross income of the veteran and all members of the household must be at or below 150% of the poverty guidelines established by the HHS (Att. B).
h. Veterans making above the 150% and who do not have an emergency financial situation will not be eligible for assistance.
i. An applicant may have a source of income above the aforementioned 150% and still be considered indigent on an emergency basis.
j. Lack of funds because of bad financial management of an adequate source of income does not make the applicant indigent.

V. Referral to Other Services
a. As per RCW 73.08.070 the county shall assist indigent veterans with burial or cremation costs of three hundred ($300.00) dollars minimum or up to one thousand ($1,000) dollars.
b. The burial assistance is in addition to prior twelve hundred thousand ($1,200.00) dollars limitation as outlined in II-c.
c. In an effort to maximize dollars and provide for as many as possible applicants, and when appropriate, the veteran may be referred by the VSO to other veteran services and to other community resources for services.

VI. Appeal and Resolution Policy
a. If an applicant has either by accident or on purpose falsely filed a claim, or has misused monies from the Veterans’ Assistance Fund, the following will apply:
   1) A letter is given to the applicant, from the County, denying further use of this fund, until the false claim is resolved.
   2) A copy of that letter will be sent to the Veterans’ Service Office, to be placed in the offending applicant’s file.
   3) The applicant’s file will then be “Red Flagged”, and denied further use until the problem is resolved.
b. To resolve the claim, the applicant can clear their name by:
   1) If applicant feels this is unjustified, they may appeal in writing to the Veterans’ Advisory Board within fifteen (15) days of notification.
   2) The appeal will be reviewed by the VAB at the next regular scheduled meeting and a decision will be made no later than the next regular scheduled meeting.
   3) Approval or Disapproval requires a “Super Majority” vote by the entire VAB.
   4) The applicant may file an appeal, in writing, with the Mason County Commissioners. A decision in regard to appeal may take up to 30 days.
c. The applicant may repay any and all monies that have come into question, and may not have access to these funds for one (1) year after payment.
d. If the applicant elects not to do VI. b. or VI. c. there will be a two (2) year probationary wait period. After the wait period is over, the applicant must “in writing” request to receive these funds once more, a decision will be forthcoming.
e. If it is found that the applicant has done this two (2) times, they will be permanently denied from using this fund.

VII. Application Procedures

a. Upon arriving at the VSO office the applicant will be asked to sign-in.
b. The applicant is then screened about their assistance needs, residence, income, and their eligibility, an "Assistance Fund Application (AFA) (Att. C) and a Rental/ Mortgage Verification" (Att. D) form must be filled out as part of the application process.
c. If the applicant does not have all needed information or documentation, they will be given a form "Veterans' Assistance Fund Documents Checklist" (Att. E) to help them gather the needed information and return form to VSO.
d. If an applicant cannot show proof of service, a "Standard Form 180" (Att. F) will be given to them to be filled out and sent in, they can also go to the VA at American Lake to get proof of service.
e. If two or more applicants are sharing the same physical residency, then all income is considered as one.
f. Only one application may be used for any single physical residency.
g. If an applicant has a "Sub-Lease Agreement", then VII (j) will apply.
h. When an applicant has requested assistance for past due rent or mortgage payment, II. (c)(1), and has gone through the screening process. The VSO will call the landlord to inform them that the veteran has applied for assistance, and that a letter of "Recommendation for Payment" (Att. G) will be forthcoming.
i. The applicant will then be given a form "Rental/Mortgage Verification" (Att. D) to be given to the landlord. This form must be filled out by the landlord or lien holder, notarized and sent back or taken to the VSOs' office. The VSO will then verify all information on the form.
j. Shared Dwelling:
   1) In the case of a veteran sharing a dwelling with another person who is not a family member as defined in Operating Policy item IV (c), the rental amount will be prorated by the number of people living in the dwelling.
   2) In the case of a veteran sharing a dwelling with another person who is not a family member as defined in Operating Policy item IV (c), the utility expenses will be prorated by the number of people living in the dwelling.
   3) In the case of a veteran sharing a dwelling with another person who is not a family member as defined in Operating Policy item IV-c, the firewood/propane expenses will be prorated by the number of people living in the dwelling.
k. When an applicant has requested assistance for past due utilities (electric, water or natural as) II (f)(2), and has gone through the screening process. The applicant must have a "Past Due" pink slip(s) stating that service will be discontinued.
l. Some utilities companies, i.e. Shelton Utilities, do include garbage within the water bill, in this situation where the bill is "combined", the whole bill is paid.
m. The VSO will call the utilities company to verify the current amount to be paid, and inform them that the veteran has applied for assistance and that a letter of "Recommendation for Payment" (Att.G) will be forthcoming.
n. When an applicant requests assistance for firewood or propane and has gone through the screening process, the VSO will call a vendor to confirm prices and amount needed. The VSO will inform the vendor, the veteran has applied for assistance and that a letter of "Recommendation for Payment" (Att.G) will be forthcoming. VII (j)(3) also applies.
o. The VSO will then fill out a "Purchase Order" (Att.H) to be sent with "Assistance Fund Application" (AFA) (Att. C) for approval from MCC.
p. When an applicant requests Miscellaneous Items or Other Items and has gone through the screening process, the VSO will, to the best of their ability, determine the needs of the applicant.

Adopted 08/21/2018
q. The VSO will fill out the "Assistance Fund Application" (AFA) (Att. C), determine the amount, the vendor, and have the applicant sign the application with a full understanding of the request.

r. Necessity Items check (s) are issued in fifty dollar increments. The applicant will be given an itemized list of authorized items that may be purchased. (Att. A)

s. After all needed information and documentation is gathered from the applicant and outside sources, the AFA is then completely filled out and the packet is complete.

t. It is the VSO's responsibility to ensure all information in the packet is correct and verified.

u. When the completed packet is sent on to MCC, it will have a copy of "Recommendation for Payment" as a cover sheet (Att.G) or "Assistance Fund Application" (Att. C).

v. The VSO reserves the right to refuse service to disorderly or abusive individuals. Service will be refused to individuals under the influence of alcohol and/or drugs. Applicants who are disorderly or abusive to Mason County employees or volunteers will be not be provided assistance and will be asked to leave the building.

VIII. Processing of Packet Procedures

a. Once the packet is received at the MCC office, it is date stamped and reviewed to ensure all information is correct and all supporting documentation is there.

b. Applications submitted to the MCC for processing and have been determined to meet the necessary guidelines will have checks issued within three business days.

c. Applicants who pick up his/her check(s), must have proper picture ID, and must sign for check(s). Check(s) are sent out by mail the next business day following approval.

d. Necessity Item check(s) that are issued will be stamped with: "No Alcohol or Tobacco", "No Cash Back".

e. Some delays may result if a legal holiday falls within the time period or if there are insufficient funds to release the check.

f. A weekly list of "Approval of Expenditures" is sent to the VSO's office from the MCC office.

g. A monthly list of "Approval of Expenditures" is sent to the MCC.

IX. Records, Files, Forms and Reports

a. It will be the responsibility of the VAB Chair, acting in concert with the VSO's to establish and maintain a record of each applicant requesting and/or receiving assistance from the VAB.

b. The VSO will provide forms and reports of attendants, decisions, and record-keeping for clientele, e.g., forms for vendors, initial applications, and VAB decisions.

c. Each October, the VAB, acting in concert with the VSOs shall produce an annual report for the MCC, containing the following information:

1) The number of requests for assistance received during the calendar year.
2) The number of requests for assistance for which assistance was given.
3) The number of requests for assistance for which assistance was not provided and a narrative description of the reasons assistance were not provided.
4) The total dollar value of assistance provided on a monthly basis.
5) A narrative description of non-monetary assistance provided by the VAB.
6) Meeting minutes as an attachment.
7) A copy of appeals as an attachment.

d. If any section of these policies or procedures is determined to be in conflict with federal, state, or county laws, ordinances or directives, then said section will be void and the aforementioned laws, ordinances or directives shall prevail.

Adopted 08/21/2018
X. Attachments (Att.)
A. VAF Necessity Itemized List
B. Income Guidelines for Mason County (HHS)
C. Assistance Fund Application (AFA)
D. Rental/Mortgage Verification
E. Veteran's Assistance Documents Checklist (S&S form)
F. Request Pertaining to Military Records (Standard Form 180)
G. Recommendation For Payment
H. Mason County Veterans Service Office-Purchase Order
### Veterans Assistance Fund (VAF)
### Necessity Items

#### FOOD ITEMS
- Baby Food
- Baby Formula
- Breads & Tortillas
- Canned Soups
- Cereals
- Cheese
- Condiments
- Cottage Cheese
- Corn Meal
- Dairy & Dairy Substitutes
- Dried Peas & Beans
- Eggs & Egg Substitutes
- Ensure (Nutritional Drink)
- Fish-Fresh, frozen, canned & dried
- Flour-all types
- Fruit-fresh, frozen, canned & dried
- Glucerna Drink (for diabetics)
- Grains
- Juice, 100%
- Legumes & beans
- Meat-fresh, frozen, canned & dried
- Milk-fresh, canned & powdered

#### FOOD ITEMS
- Milk Substitutes-soy, rice or almond
- Nuts
- Pasta
- Peanut Butter
- Potatoes
- Rice
- Seafood-fresh, frozen, canned & dried
- Spices
- Vegetables-fresh, frozen, canned & dried
- Yogurt

#### NON-FOOD ITEMS
- Cleaning Products
- Dental Products
- Shaving Products
- Deodorant
- Diapers-Baby-Adult
- Dish & Bath Soap
- Toilet Paper
- Feminine Hygiene Items
- Laundry Detergent
- Paper Towels
- Shampoo
## 2018 INCOME GUIDELINES FOR MASON COUNTY VETERANS ASSISTANCE FUND

(Effective 1/13/2018)

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>100%*</th>
<th>150%**</th>
<th>150%**</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>ANNUAL INCOME</td>
<td>ANNUAL INCOME</td>
<td>MONTHLY INCOME</td>
</tr>
<tr>
<td>1</td>
<td>12,140</td>
<td>18,210</td>
<td>1,518</td>
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<tr>
<td>2</td>
<td>16,460</td>
<td>24,690</td>
<td>2,058</td>
</tr>
<tr>
<td>3</td>
<td>20,780</td>
<td>31,170</td>
<td>2,598</td>
</tr>
<tr>
<td>4</td>
<td>25,100</td>
<td>37,650</td>
<td>3,138</td>
</tr>
<tr>
<td>5</td>
<td>29,420</td>
<td>44,130</td>
<td>3,678</td>
</tr>
<tr>
<td>6</td>
<td>33,740</td>
<td>50,610</td>
<td>4,218</td>
</tr>
<tr>
<td>7</td>
<td>38,060</td>
<td>57,090</td>
<td>4,758</td>
</tr>
<tr>
<td>8</td>
<td>42,380</td>
<td>63,570</td>
<td>5,298</td>
</tr>
<tr>
<td>For each additional person add</td>
<td>4,320</td>
<td>6,480</td>
<td>540</td>
</tr>
</tbody>
</table>

*The federally-established poverty guidelines issued by the US Department of Health and Human Services*  
[http://aspe.hhs.gov/poverty](http://aspe.hhs.gov/poverty)

** See VAB Operating Policy IV. (g)

** Allowable income after taxes (per SHB 1189, New Sec. 2, (3) (b))
The Veterans Service Office  
In Mason County, Washington  
Second and Franklin Streets  
Post Office Box 8, Shelton, WA 98584  
360-426-4546  

Assistance Fund Application  

Date ____________________________  

Client Name ________________________________________________________________  

Address _____________________________________________________________________  

____________________________________________________________________________  

Phone ________________________________________________________________________  

(E-mail if available) ________________________________________________________  

Eligibility  

Branch of Service __________________________ SS# ________________________________  

Service Number _________________ SS# ________________________________  

Date of Entry ____________________________  

Date of Discharge ________________________  

Type Discharge ___________________________  

War Period or Campaign award for participation in armed conflict.  
(See RCW 41.04.005)  

WWI 4/6/17 -11/12/18 __ WWI Russia 4/6/17 - 4/01/20 __ WWII 12/07/41 - 12/31/46 __  

Korean 6-27-50 -1/31/55 __ Vietnam 8/05/64 - 5/07/75 __ Persian Gulf 8/02/90 -- __  


State Residency ____________________________________________________________  

County Residency __________________________________________________________
Family

Spouse Name ____________________________________________

Address (if different): ____________________________________

Dependents other than spouse

Names, Ages, Addresses (if different)

 EMPLOYMENT

Veteran No___ Yes___ Where ___________________________________

How Long ____________________________________

Salary ___________________________ Mo/Hr

Spouse No___ Yes___ Where ___________________________________

How Long ____________________________________

Salary ___________________________ Mo/Hr

CURRENT NEED:

________________________________________
## INCOME

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full or Part-Time Work</td>
<td></td>
</tr>
<tr>
<td>Public Assistance</td>
<td></td>
</tr>
<tr>
<td>VA Comp/Disability</td>
<td></td>
</tr>
<tr>
<td>VA Pension/School</td>
<td></td>
</tr>
<tr>
<td>Social Security – Total</td>
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</tr>
<tr>
<td>Veteran</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>Dependents</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Total Household Income</td>
<td></td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Lease/Mortgage</td>
<td></td>
</tr>
<tr>
<td>Landlord/Lien Holder</td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td></td>
</tr>
<tr>
<td>Gas/Fuel/Oil/Wood</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td></td>
</tr>
<tr>
<td>Medicine</td>
<td></td>
</tr>
<tr>
<td>Doctor/Dentist</td>
<td></td>
</tr>
<tr>
<td>Health Ins. Prem.</td>
<td></td>
</tr>
<tr>
<td>Medicare Prem.</td>
<td></td>
</tr>
<tr>
<td>Garbage</td>
<td></td>
</tr>
<tr>
<td>Property Taxes</td>
<td></td>
</tr>
<tr>
<td>Renter’s/Home Ins.</td>
<td></td>
</tr>
<tr>
<td>Maint. Fees</td>
<td></td>
</tr>
<tr>
<td>Comm. Club Fees</td>
<td></td>
</tr>
<tr>
<td>Day Care</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

### NOTE:
Verification of income is required!!
Signature of Veteran ________________________________

Date ________________________________

*NOTE*: By signing this document, I swear that, to the best of my knowledge, the information is true and correct. I further realize that if proven to be a deliberate falsification, I will lose all rights to any future assistance.

Signature of Service Team Member ________________________________

Approve ___________  Disapprove ___________

Please pay the following vendors:

__________________________________________________________________________

We, Mason County, Washington do hereby certify that the merchandise or services herein specified have been received.

Staff review and processed by:  Print Name

VAF Imprest Account Signer:  Print Name

Check #       Amount: $ __________________________
Payable To: __________________________________

Check #       Amount: $ __________________________
Payable To: __________________________________

Check #       Amount: $ __________________________
Payable To: __________________________________

Check #       Amount: $ __________________________
Payable To: __________________________________

Check #       Amount: $ __________________________
Payable To: __________________________________
VETERAN'S ASSISTANCE RENTAL / MORTGAGE VERIFICATION

Date _____________________________

Veteran's Name __________________________________________ Phone # ________________________________

Address of Property __________________________________________

____________________________________________________________________

Mailing Address of Leasee __________________________________________

____________________________________________________________________

Name of Landlord/Lien Holder __________________________________________

____________________________________________________________________

Mailing Address of Landlord/Lien Holder
(PLEASr PRINT CLEARLY)

____________________________________________________________________

Phone Number of Landlord/Lien Holder (Area code and number): _____________________________

Amount of Rent/Payment _____________________________ Weekly / Semi-monthly / Monthly

Does this amount include any utilities? __________

Which ones? __________________________________________

Amount in arrears as of the date of this form _____________________________

I, the undersigned, swear or affirm that the answers to the questions hereon are true and correct and I understand should any answer be proven false upon investigation, I may forfeit my right to assistance under the Veteran's Relief Act of the State of Washington and incur such other penalties as may be prescribed by law. I further agree to release any information regarding my case that may be in the possession of other relief agencies. By making application to the Relief Fund, I permit the investigation officer to make discreet inquiries as may be necessary,

Signature of Landlord/Lien Holder __________________________________________

Printed name of Landlord/Lien Holder __________________________________________

Verification must be from the Owner/Mortgage holder of said property unless payment will NOT stop eviction.
SUBSCRIBED AND SWORN to before me this _______ day of __________, 20 ______

Notary Name: _____________________________

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON

Residing at __________________________________________

Commissioner Expires __________________________________________
Veterans Screening Check List

VSO: ______________________ Date ______________________
Veteran's Name: ____________________________________________
Address: __________________________________________________
Phone Number/s: H __________ C ____________________________
County Assistance S&S __________
VA Claim Service Connected Disability Compensation __________
VA Claim Non-Service Connected Pension __________
Appointment; Date ______________________ Time ______________________

Following Documents Are needed In Order to Process the Above Application / Claim.
Service Office Has Veteran's Characterization Of Service On File Y ______ N ______
DD-214 or Similar document showing Honorable or General Under Honorable ______
State Residency For Last Twelve Months WA ST DL ______ WA ST ID ______
County Residency For County Assistance For Last six Months, to VSO Satisfaction ______
For County Assistance S&S ______
Proof Of Income For Last Three Month's For entire Household ______
Size Of Household Vet + ______
Pay Stubs Bank Statements Unemployment Document (Q01,etc) ______
VA Award Letter ______ DSHS Award Letter ______ SSA/SSI/SSD Award Letter ______
Need For Assistance:
Past due Rent Mortgage PUD City Utility Water District ______
Natural Gas Private or Gated Community's Maintenance fee ______
Or: Propane Food vouchers Fire Wood Wood Pellets Burial ______
For VA Claim / Pension ______
Military/Civilian Medical Records Y/N Mental Health Evaluation's Y/N ______
Names, Address, Phone Nr., of Doctors, Clinics, Hospitals Y/N ______
Buddy Letters Y/N Doctors Statements Y/N Referrals Y/N ______
Marriage Cert Y/N Divorce Cert Y/N Death Cert Y/N Etc ______

Comments: ____________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
S&S VETERAN'S ASSISTANCE DOCUMENTS CHECKLIST

VETERAN'S NAME:

ADDRESS TO CONTACT VETERAN:

PHONE NUMBER(S) TO CONTACT VETERAN:

VSO's NAME: ___________________________ DATE: ___________________________

The following items are needed by the county to process the application for the above named veteran. Check off items you have. Write "N/A" if not applicable.

_____ DD214 or similar document verifying Vet was honorably discharged.
_____ State residency proof for last twelve months.
_____ County residency proof for last three months, to VSO’s satisfaction.
_____ Income proof for last three months for entire household. Examples: Pay stubs, Bank deposits. If unemployed: Form "Q01" from WorkSource.
_____ Proof of expenses
Proof of financial emergency:
_____ Food
_____ Rent past due: Rental form, filled out and Notarized.
Utility bill(s) past due, if separate:
_____ Water bill
_____ Heat (Electrical, Propane, Firewood, Etc.)
_____ Electricity
_____ Phone (If veteran needs it for medical reasons)
_____ Garbage
_____ Other

NOTES: __________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**REQUEST PERTAINING TO MILITARY RECORDS**

*Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at [http://www.archives.gov/veterans/military-service-records](http://www.archives.gov/veterans/military-service-records)*

*(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)*

**SECTION I - INFORMATION NEEDED TO LOCATE RECORDS** (Furnish as much as possible.)

<table>
<thead>
<tr>
<th>1. NAME USED DURING SERVICE (last, first, and middle)</th>
<th>2. SOCIAL SECURITY NO.</th>
<th>3. DATE OF BIRTH</th>
<th>4. PLACE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. SERVICE, PAST AND PRESENT  
(For an effective records search, it is important that all service be shown below.)

<table>
<thead>
<tr>
<th>a. ACTIVE COMPONENT</th>
<th>BRANCH OF SERVICE</th>
<th>DATE ENTERED</th>
<th>DATE RELEASED</th>
<th>OFFICER</th>
<th>ENLISTED</th>
<th>SERVICE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. RESERVE COMPONENT</th>
<th>BRANCH OF SERVICE</th>
<th>DATE ENTERED</th>
<th>DATE RELEASED</th>
<th>OFFICER</th>
<th>ENLISTED</th>
<th>SERVICE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. NATIONAL GUARD</th>
<th>BRANCH OF SERVICE</th>
<th>DATE ENTERED</th>
<th>DATE RELEASED</th>
<th>OFFICER</th>
<th>ENLISTED</th>
<th>SERVICE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. SERVICE, PAST AND PRESENT (continued)</th>
<th>6. IS THIS PERSON DECEASED?</th>
<th>7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

**SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED**

1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- [ ] DD Form 214 or equivalent. When was the DD Form(s) 214 issued? YEAR(S): ___  
  If more than one period of service was performed, even in the same branch, there may be more than one DD214.
  This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. An UNDELETED DD214 is ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

- [ ] An undeleted copy will be sent unless you specify a deleted copy. Indicate here if you want a deleted copy of the DD Form 214. ___

- [ ] The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

- [ ] All Documents in Official Military Personnel File (OMPF)

- [ ] Medical Records (Includes Service Treatment Records, Health (outpatient) and dental records.) If hospitalized (inpatient), the facility name and date for each admission must be provided: _______________________________________________________________________

- [ ] Other (Specify): _______________________________________________________________________

2. PURPOSE: (An explanation of the purpose of the request is strictly voluntary; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- [ ] Benefits  [ ] Employment  [ ] VA Loan Programs  [ ] Medical  [ ] Genealogy  [ ] Correction  [ ] Personal

- [ ] Other, explain: _______________________________________________________________________

**SECTION III - RETURN ADDRESS AND SIGNATURE**

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.) No signature required for Archival records.

- [ ] Military service member or veteran identified in Section I, above

- [ ] Next of kin of deceased veteran: (Relationship) _______________________________________________________________________

- [ ] MUST HAVE PROOF OF DEATH - See item 2a on instruction sheet.

2. SEND INFORMATION/DOCUMENTS TO:  
(Please print or type. See item 4 on accompanying instructions.)

- [ ] Name _______________________________________________________________________

- [ ] Street _______________________________________________________________________

- [ ] Apt. _______________________________________________________________________

- [ ] City _______________________________________________________________________

- [ ] State _______________________________________________________________________

- [ ] Zip Code _______________________________________________________________________

**Signature Required - Do not print**  
Date ________  
( ) Daytime phone _______________________________________________________________________

( ) Fax Number _______________________________________________________________________

( ) Email address _______________________________________________________________________

**3. AUTHORIZATION SIGNATURE WHEN REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct. No signature required for Archival records.

- [ ] Legal guardian (Must submit copy of court appointment.)

- [ ] Other (Specify) _______________________________________________________________________

### LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

<table>
<thead>
<tr>
<th>BRANCH</th>
<th>CURRENT STATUS OF SERVICE MEMBER</th>
<th>ADDRESS CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Personnel Record</td>
</tr>
<tr>
<td>AIR FORCE</td>
<td>Discharged, deceased, or retired before 5/1/1994</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 5/1/1994 – 9/30/2004</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 10/1/2004</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Current National Guard enlisted not on active duty in the Air Force</td>
<td>13</td>
</tr>
<tr>
<td>COAST GUARD</td>
<td>Discharged, deceased, or retired before 1/1/1898</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1898 – 3/31/1998</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 4/1/1998</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Active, reserve, or TDRL</td>
<td>3</td>
</tr>
<tr>
<td>MARINE CORPS</td>
<td>Discharged, deceased, or retired before 1/1/1905</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1905 – 4/30/1994</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 5/1/1994 – 12/31/1998</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 1/1/1999</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Individual Ready Reserve</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Active, Selected Marine Corps Reserve, TDRL</td>
<td>4</td>
</tr>
<tr>
<td>ARMY</td>
<td>Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired after 10/16/1992</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Active enlisted, officers</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Former National Guard/USAR personnel</td>
<td>14</td>
</tr>
<tr>
<td>NAVY</td>
<td>Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired 1/31/1994 – 12/31/1994</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Discharged, deceased, or retired on or after 1/1/1995</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Active, reserve, or TDRL</td>
<td>10</td>
</tr>
<tr>
<td>PHS</td>
<td>Public Health Service - Commissioned Corps officers only</td>
<td>12</td>
</tr>
</tbody>
</table>

### ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

<table>
<thead>
<tr>
<th>Code</th>
<th>Address</th>
<th>Address Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Air Force Personnel Center Hold Hangar D/PSIIRP</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
<td>Air Reserve Personnel Center Records Management Branch (DPTA-R)</td>
<td>12</td>
</tr>
<tr>
<td>3</td>
<td>Commander, Personnel Service Center (PSD-MR) MS7320</td>
<td>13</td>
</tr>
<tr>
<td>4</td>
<td>Headquarters U.S. Marine Corps Manpower Management Support Branch (MMSB-10)</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>Marine Force Reserve 4400 Dauphine St., New Orleans, LA, 70146-5400</td>
<td></td>
</tr>
</tbody>
</table>

- National Archives & Records Administration
  Old Military and Civil Records (NWCBT-Military)
  Textual Services Division
  700 Pennsylvania Ave., N.W.
  Washington, DC 20408-0001

- US Army Human Resources Command
  ATTN: AHRC-PDR-V
  1600 Spearhead Division Ave., Dept 420
  Fort Knox, KY 40122-5402
  askhrarmy.as.army.mil

- Department of Veterans Affairs
  Records Management Center
  P.O. Box 5020
  St. Louis, MO 63115-5020

- Division of Commissioned Corps Officer Support
  ATTN: Records Officer
  1101 Westpark Parkway, Plains Level, Suite 100
  Rockville, MD 20852

- eVetRecs!
  http://www.archives.gov/veterans/military-service-records/

17

Veterans' Advisory Board Manual, December 2013
INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF 180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using e VetRecs at http://www.archives.gov/veterans/military-service-records/.

2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service less than 62 years ago and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3. Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. Release of Information: Release of Information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF 180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters must provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death; funeral director's signed statement of death, or verdict of coroner's jury.

b. Fees for Records: There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service 62 or more years ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records. therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting. For more information see http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(a)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NARA), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.
Veterans Service Office
Mason County, Washington
206 West Franklin Street
Post Office Box #8, Shelton, WA 98548-0008
Office: 360-426-4546 / Fax: 360-427-4491

"Recommendation For Payment"

Date: __________________________

To: __________________________

Regarding: __________________________

The Veterans' Assistance Fund Screening Committee has recommended to the Mason County Commissioners that they approve payment of $___________ to you against the unpaid account of __________________________. This fund is available to all county veterans who have been determined eligible. Based on the Commissioners' schedule, you may expect to receive your funds on or about __________________________.

If this payment is for rental assistance, the Commissioners will not begin their process until they have received the "Rental/Mortgage Verification" form this veteran has provided to you.

The Veteran, and Staff of this office, and the office of the County Commissioners all appreciate your patience with this process.

Service Officer: __________________________
Mason County  
Veterans Service Office

210 W. Franklin Street  
Shelton, WA 98584  
Phone: (360) 427-4546  
Fax: (360) 427-4491

PO # 2013 -  
Date

Ordered By

VENDOR  Company Name:  
Contact:
Street Address:
City, State, Zip:
Phone:

SHIP TO

Customer ID

<table>
<thead>
<tr>
<th>QTY</th>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>LINE TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Payment Details

☐ Check
☐ Credit Card
☐ Account #

SUBTOTAL

SHIPPING & HANDLING

SALES TAX

TOTAL

Notes/Remarks

Approval