



Temporary Financial Assistance (TFA)

THE AMERICAN LEGION



TFA

TEMPORARY FINANCIAL ASSISTANCE

Helping children since 1925





What is TFA?





The American Legion Endowment Fund

Assists veterans

- American Legion Service Officers Training
- Department Service Officers School
- Board of Veterans Appeals Training

Assists veterans' children

- Temporary Financial Assistance





Scope

- 1,000 TFA applications received annually at the local level
- Average granted: \$679,000 per year



In 2016 there were **1,396** minor children of **600** veterans nationwide who received **\$830,010** in TFA cash grants – a record year for helping children in need.

And it's thanks to **YOU!**



Eligibility

- Minor child(ren) of a veteran
- Parent/guardian served during period of conflict established by Congress
- Legion membership is NOT a requirement
- All other possible resources for assistance have been utilized
- Not considered fully eligible until a complete investigation is conducted

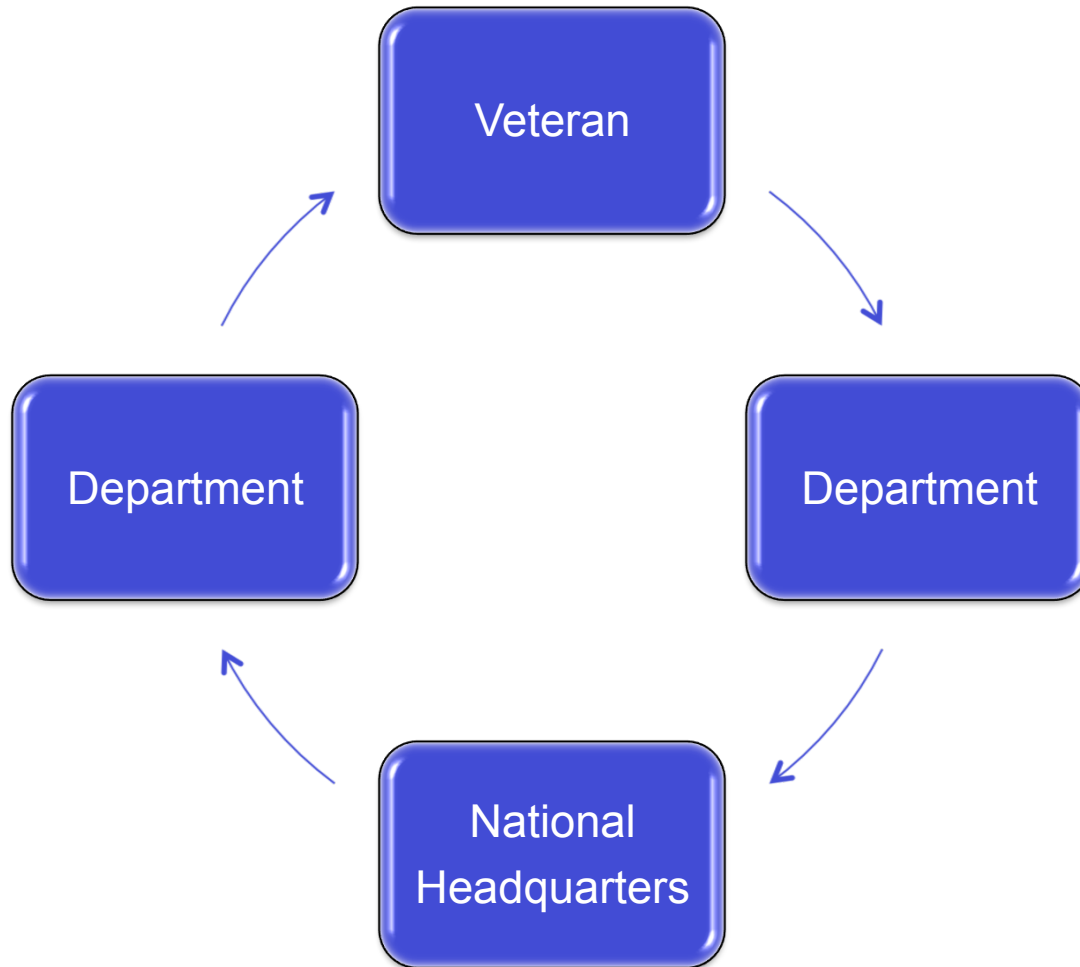


Two TFA grant types:

- Maintenance Grants
- Medical Grants



Application Process





For a successful TFA grant.....

TEMPORARY FINANCIAL ASSISTANCE APPLICATION
 THE AMERICAN LEGION
 AMERICANISM AND CHILDREN & YOUTH DIVISION

National HQ Use Only
 Case No. _____
 Date Rec. _____

American Legion Department of _____
 Please print legibly or type. Instructions located on page 4 of this application.

VETERAN Father Mother Other _____
 Full Name _____ Date of Birth _____
 Social Security No. _____ Phone _____
 Street Address _____ State _____ Zip _____
 City _____

Characterization of Discharge: _____
 Active Duty Dates _____
 Official documentation (DD214, VA, orders, etc.) that prove honorable service during an eligible period must accompany this application.

Employment Status Fulltime Part-time Laid-off Worker's Compensation Unpaid Leave Not Employed
 If not employed, the investigation report must explain why and what steps are being taken to secure employment.

OTHER PARENT or GUARDIAN Father Mother Other _____
 Full Name _____ Date of Birth _____
 Social Security No. _____ Phone _____
 Street Address _____ State _____ Zip _____
 City _____

Employment Status Fulltime Part-time Laid-off Worker's Compensation Unpaid Leave Not Employed
 If not employed, the investigation report must explain why and what steps are being taken to secure employment.

CHILDREN

Full Name _____ Age _____ Grade _____
 Full Name _____ Age _____ Grade _____
 Full Name _____ Age _____ Grade _____
 Full Name _____ Age _____ Grade _____
 List additional children on a separate sheet.

Are both parents living in the home? Yes No
 If applicable, which parent is absent? Father Mother Other _____
 Reason Deceased Deployed Divorced Separated Other _____
 Does the child or children reside in the home full-time? Yes No
 Who has legal custody of the minor child or children?
 Attach supporting custody documentation if applicable.

FINANCIAL INFORMATION
 Include only incurring monthly gross income and expenses. Do not include one-time assistance or accumulative balances on past due expenses. Gross income must include earnings of all persons in the household.

OTHER ASSISTANCE
 Temporary Financial Assistance grant, all other forms of possible assistance must be applied for. Only document this in the following section will result in delay or denial of the application.

| Status | Amount approved or explanation of ineligibility |
|--|---|
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |
| Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Not Eligible <input type="checkbox"/> | |

MONTHLY EXPENSES

Shelter \$ _____
 Electricity \$ _____
 Gas \$ _____
 Water/sewage \$ _____
 Food \$ _____
 Automobile \$ _____
 Clothing \$ _____
 Other \$ _____
 Specify _____
 Total Expenses \$ _____

FAMILY REPORT
 Applicant's situation, steps taken to improve the situation, and follow-up investigation reports will result in delay or denial of the application.

Additional sheet(s) as needed.

SIGNATURES
 I, the applicant, have exhausted all other forms of known assistance.
 _____ Phone _____
 _____ Date _____
 I certify in this application is true and current to the best of my knowledge.
 _____ Date _____
 Authorized Department Official
 I recommend the following: Approval \$ _____ Denial \$ _____
 _____ Date _____

FOR INFORMATION
 Only list children in this section will be considered for payment.
 _____ Phone _____
 _____ State _____ Zip _____
 _____ Phone _____
 _____ Phone _____
 _____ Phone _____
 _____ Phone _____
 _____ Phone _____
 _____ Phone _____
 _____ Phone _____

TEMPORARY FINANCIAL ASSISTANCE (TFA) INSTRUCTIONS AND PROCEDURES
 During an investigation and application, determine if the minor child is eligible for TFA. The minor child must be 17 or 20 if enrolled in high school or physically handicapped, and be the biological child of an eligible veteran. Active duty must be Federal active duty (Title 10).

Eligible Periods
 World War II December 7, 1941 - December 31, 1946
 Korean War June 25, 1950 - January 31, 1955
 Vietnam War February 28, 1961 - May 7, 1975
 Lebanon & Grenada August 24, 1982 - July 31, 1984
 Panama December 20, 1989 - January 31, 1990
 Persian Gulf August 2, 1990 - Present

If active service within these dates, the child will not be eligible. There are no exceptions.

minor children including shelter, utilities, food, clothing, and medical. Medical grants must be accompanied by a physician's statement and follow-up plans of the Post Office.

Debt, Interest Services, Insurance, Taxes, Transportation, Previous Debt, or
 the active basic needs of minor children.
 If the TFA application:
 - name changes
 - foreclosures, eviction notices, disconnection notices to be considered.
 - if the appropriate signatures are obtained. Incomplete applications may be considered.
 - use date of the last check. All previous receipts require a new signature to be considered.
 - Youth Chairman or Headquarters for approval. All applications sent to the Department without review or action.
 - Chairman or Department Headquarters, did you:
 - become?
 - if assistance have been exhausted?
 - protect the privacy of applicants. National Headquarters will not release any information other than to the Department.



TFA Application Responsibilities

Department

- Conducts field investigation
- Recommends approval or rejection of grant application
- Recommendations for approval forwarded to National
- Communicates
- Distributes grant check(s) to family

National

- Reviews
- Final approval
- Issues check(s)
 - 2-party
 - To Department HQ



Questions ?