

MIAMI COUNTY VETERANS' SERVICES OFFICE

MCVSC 10B.1 ESR FINANCIAL ASSISTANCE POLICY

Governing Authority: This program shall be governed under the guidelines within Ohio Revised Code sections 5901.01 to 5901.05, and 5901.09 along with the policies and procedures established by the Veterans' Services Commission charter. To provide any form of financial assistance whether under the umbrella of Emergency Soldier's Relief (ESR) or its sub-categories, Emergency Soldier's Relief – Catastrophic Assistance Program (ESR CAP), or ESR Grocery/Gas Gift cards program, the basic requirements of establishing an individual's eligibility shall be applied as written in these procedures.

A. Purpose

The Veterans' Services Commission (VSC) was established for the purpose of rendering financial assistance under certain circumstances to indigent veterans, widows, or their indigent dependents, also when a temporary interruption of income occurs due to reasons beyond a veteran, widow, or dependent control. Each and every ESR case shall be handled on an ***emergency/temporary basis*** until benefits or assistance can be acquired from other sources and they become financially stable; other assistance shall be handled on a need for support basis.

- **To be eligible for financial assistance, a definite financial need must be demonstrated.**
- **It should never be construed as a pension or compensation type benefit.**
- **It shall be temporary in nature and meant to prevent undue hardship until other Federal, State, or Local benefits can be obtained.**
- **It shall be used to support a managed budget that is inadequate for a moment in time.**
- **To aid in food support when no other assistance is needed or can be given.**
- **To help with mobility to medical appointments and or work when funds in the managed budget is short due to unforeseen circumstances.**
- **Each case is of an individual nature and is judged accordingly to ensure funds are being used in the most responsible manner possible.**

THE MIAMI COUNTY VETERANS' SERVICES COMMISSION STRIVES TO GRANT EVERY BENEFIT THAT CAN BE SUPPORTED BY LAW, WHILE PROTECTING THE INTERESTS OF THE TAXPAYERS OF MIAMI COUNTY.

I understand the purpose of the ESR financial assistance program and state my request for assistance is within the parameters: _____ Signature

B. Ohio Revised Code O.R.C Eligibility

In accordance with O.R.C sections 5901.01 to 5901.5, and 5901.9, it is at the discretion of the VSC to approve financial assistance, of any type, and to set amounts payable.

The following criteria's must be verified prior to making a first time appointment or returning appointment after two years of applicant dormancy. Residency determination must be done for the first time as well as returning applicant. Veteran status determination only done on first time appointment unless we no longer have the applicant discharge verification on file or the initial verification is illegible.

- Whether the applicant is a....veteran, an active-duty member of the armed forces of the United States, or the spouse, surviving spouse, dependent parent, minor child, or ward of a

MIAMI COUNTY VETERANS' SERVICES OFFICE

veteran or active-duty member of the armed forces of the United States. Verify "veteran" status for financial assistance via DD214 or Military Discharge Document to determine:

(1) A person who served in the armed forces of the United States on active military duty and was discharged from the service under honorable conditions, and who either served on active duty for reasons other than training or, while serving on active duty for training, incurred a disability recognized by the Department of Veterans Affairs or Department of Defense as service-connected; individuals who did complete basic training and/or were discharged as "training failures" are not eligible for assistance.

(2) A person who served in the United States merchant marine, who either served on active duty for reasons other than training or, while serving on active duty for training, incurred a disability recognized by the department of veterans affairs or department of defense as service-connected, and to whom either of the following applies:

(a) "United States merchant marine" includes the United States Army Transport Service and the United States Naval Transport Service.

(b) The person has an honorable report of separation from the active duty military service, form DD214, DD215, or National Archives Certificate of Service.

(c) The person served in the United States merchant marine between December 7, 1941, and December 31, 1946, and died on active duty while serving in a war zone during that period of service.

- Residency within the County: Applicant must be a bona fide resident of the county, in which application is being made, for at least three months. It is the veteran's responsibility to provide evidence to support their claim of residency and the evidence must have a date which would show when the person sought after or received the documents. Legitimate documents of residency could be:

- Driver's License; ODJFS Registration; Voters Registration Card; Current Rent Receipts, State Issued ID Card along with a current utility bill with same address and veteran name, etc.

The following condition does not break the veteran or veteran's family member residency and verification of such will be required:

1. They were confined to a medical facility, hospital, or in VA domiciliary care outside Miami County.
2. They were a student attending school outside Miami County.
3. They were incarcerated in any State of Ohio or Federal Corrections Institution outside of Miami County, provided they were a bona fide resident of said county prior to their incarceration.
4. They spent time on active duty beyond training, were a resident prior to leaving for active duty, and returned to county within 90 days of discharge. Over 90 days would void their initial residency and they must follow new residency requirements.
5. Out of Miami County for an extended period due to being transferred because of employer's requirements to maintain employment.

MIAMI COUNTY VETERANS' SERVICES OFFICE

6. Left the county for an extended vacation or to seek employment, time out of county >90days but <180 days, and they still maintained a county residence as well as did not secure employment outside of Miami County.

I understand the eligibility requirements of the ESR financial assistance program and state I meet them: _____ **Signature**

C. Other Requirements

_____ I understand I must meet with a Financial Assistance Counselor (FAC) to complete an application for assistance and if the assistance is for a disconnect notice a scheduled appointment must be made immediately. I understand no disconnect assistance, same day of scheduled disconnect, will not be given without at least bringing verification of income and all recent two months (or one if applied within last 30 days) finance account statements (checking, savings, bank card, etc.) for every household member.

_____ I understand the VSC will not pay reconnection fees.

_____ I understand my current address must be verified and I must bring documents to provide such information and must always keep information updated, especially contact number.

_____ I understand there must be 30 calendar days between assistance payout and I cannot apply for assistance twice in the same month.

_____ I understand if I am suspected to be under the influence of mood or mind altering substances such as alcohol and/or drugs, then the Financial Assistance Counselor (**FAC**) have the right to deny me the right to complete an application. The FAC could cease the interview and schedule another appointment, providing me an opportunity to return in a sober state of mind for my protection of signing legal binding documents.

_____ I understand an application will not be started without verification of income and all recent two months (or one if applied within last 30 days) finance account statements (checking, savings, bank card, etc.) for every household member and an application is not complete unless all required items on the list of documents form, MCVSC 0026, has been submitted. (Previously provided or attached)

_____ I understand I am responsible for providing the necessary documents to complete my application and if not provided within a week of my application date, the application will be considered closed and not presented to the commission for determination, consequently automatically denial.

_____ I understand I must complete a Pre-Financial Assistance Application Data Sheet, Form MCVSC 0025, and the data should be should be correct and truthful because it will be used to complete an application, a legal document, which I could be held accountable, from probation to prosecution, for falsifying a document.

_____ I understand if my assistance is approved, all effort will be made to pay the vendor directly. However, if not possible, a check will be issued to me to make the payment and provide the Veterans' Services Office with a receipt within 15 days of receiving the check. I understand if I do not, the VSC could place me on probation or even deny me further assistance.

MIAMI COUNTY VETERANS' SERVICES OFFICE

_____ I understand since I am seeking assistance, indicating financial difficulties, the VSC has the right to require me to take certain measures to better my situation as this program is only for emergency or temporary assistance. I understand if I do not follow through on their requirements, I could be placed on probation or even denied further assistance.

_____ I understand if it is reflected on my application that I increased my debt for non-essential reasons as determined by the VSC, in-between applications for financial assistance, the commission reserves the right to disapprove my application based on acquiring unnecessary debt.

_____ I understand I may request assistance for specific needs; however, the VSC will determine what assistance will be granted. In accordance with governing authority it is at their discretion to approve financial assistance, of any type, and to set amounts payable.

_____ I understand the VSC has set a lifetime cap in which I may use the program to assist me with my daily living and they have the right to make sure I am using it within my best interest so it will be available for unforeseen emergency circumstances. I understand if I do choose not to follow with their guidance, when I have utilized the allowable amount, I may only seek food assistance and that is still at the commission discretion.

_____ I understand I must try not to bring children with me to process my application so I can give my full attention to the process and I also understand I should expect the FAC to be considerate to me as well as I must respect the process, individual, and office. I understand if I display rude and disrespectful behavior, I may lose the privilege of seeking assistance in the office.

_____ I understand I have the right to appeal to the VSC for a second consideration on my application and that I must complete an appeal form and have it returned within the time frame indicated on my decision letter which was mailed to me with an appeal form.

BY SIGNING AND INITIALING THIS POLICY WHERE INDICATED, I AM STATING I HAVE READ IT AND FULLY COMPREHEND ITS CONTENT AND MEANING AND RECOGNIZING HOW I WILL BE HELD ACCOUNTABLE FOR MY ACTIONS.

Applicant's Signature & Initials

Date

Staff Member

Date