



## ***VFW Unmet Needs Disaster Assistance***

The ***VFW Unmet Needs*** program proudly stands ready to assist our service men and women when they are burdened by circumstances out of their control after state-declared natural disasters such as tornadoes, hurricanes, fires or floods.

The service member or veteran *must* have served on active-duty other than training within the past 72-months in order to qualify. We have shortened the application to ONE PAGE for Natural Disaster Assistance. Assistance is limited to natural disasters which have damaged or forced the service member to vacate their primary residence. The assistance does not apply to vehicle damage or vehicle insurance deductibles. **Application must be received within 30 days of state-declared natural disaster.**

The ***Unmet Needs*** Program's Natural Disaster Assistance is as follows:

Total loss of the primary residence:     \$500

Power loss or damage to the home:     \$300

Completed applications can be emailed to [unmetneeds@vfw.org](mailto:unmetneeds@vfw.org) or faxed to (816) 968-2779. Contact us if you have any questions!



# DISASTER ASSISTANCE

## UNMET NEEDS PROGRAM APPLICATION FORM

Please fax completed application to: 816-968-2779

Or mail it to:

Unmet Needs Program  
 VFW  
 406 West 34th Street  
 Kansas City, MO 64111

### MILITARY MEMBER'S INFORMATION

NAME:		BIRTHDATE:	
ADDRESS:			
CITY:		STATE:	ZIP:
COUNTRY:			
PHONE:			
BRANCH OF MILITARY:		RANK:	
SSN:		EMAIL:	

### APPLICANT'S INFORMATION

NAME:		BIRTHDATE:	
ADDRESS:			
CITY:		STATE:	ZIP:
COUNTRY:			
PHONE:		EMAIL:	
RELATION:		SSN:	

PLEASE EXPLAIN YOUR NEEDS: *(Use back of page if more space is needed.)*

FUNDS NEEDED: \$

Please list other agencies with whom you are in contact regarding your particular needs.  
 For example: The Veterans Administration, social service agencies, military relief agencies, etc.


### MILITARY UNIT POINT OF CONTACT (E8 OR ABOVE)

*Note: The Military Unit Point of Contact will be contacted to verify this case.*

NAME:		TITLE:	PHONE:
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*I certify the above information to be true and correct. I authorize verification/release of the information I am providing on this application to the Veterans of Foreign Wars.*

SIGNATURE: