

# WALLA WALLA COUNTY



## VETERANS' RELIEF PROGRAM GUIDELINES

Revised \_\_\_\_\_, 2022

Approved this \_\_\_\_\_

Attest: \_\_\_\_\_

\_\_\_\_\_  
Diane Harris, Clerk of the Board

\_\_\_\_\_  
Gregory A. Tompkins, Chair, District 3

\_\_\_\_\_  
Todd L. Kimball, District 2

\_\_\_\_\_  
Jennifer R. Mayberry, District 1

\_\_\_\_\_  
Constituting the Board of County  
Commissioners of Walla Walla County,  
Washington

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## INTRODUCTION AND ORGANIZATION

In accordance with [RCW 73.08.010](#) the legislative authority of each county is required to establish a Veterans' Assistance Program to address the needs of local indigent veterans and their families. This program approved by the county legislative authority is fully or partially funded by the veterans' assistance fund authorized by [RCW 73.08.080](#). Taxes are to be levied and collected as prescribed by law for the purpose of creating the veterans' assistance fund and expenditures from the veterans' assistance fund, and interest earned on balances from the fund, may be used only for those purposes as outlined within the statutes.

The County Legislative authority has authorized the Walla Walla County Department of Community Health (DCH) to administer the Veterans' Assistance Program in accordance with RCW 73.08.010. As required by statute, DCH has created a Veterans' Relief Advisory Board and shall consult with, and solicit recommendations from, a Veterans' Advisory Board established under [RCW 73.08.035](#), to the extent feasible and consistent with the statute, and subcontract as necessary, to facilitate the effective use of assistance funds through efficient model programs that benefit veterans and family members experiencing financial hardships.

### 1. PURPOSE

The purpose of the Walla Walla County Veterans' Relief Program is to provide emergency assistance to all local eligible indigent veterans and family members pursuant to RCW 73.08.010.

### 2. MEMBERSHIP

- a. The Veterans' Relief Advisory Board (VRAB) is comprised of 7-15 members.
- b. Advisory Board Members must be residents of Walla Walla County.
- c. Advisory Board Members of the Veterans' Advisory Board shall submit formal application in response to solicitation of the county legislative authority and be approved for appointment to the Board.
- d. Advisory Board Members must be veterans from a local branch of nationally recognized veterans' service organizations or the veterans' community at large, or both, to serve on the board.
- e. No less than a majority of the board members shall be members from nationally recognized veterans' service organizations and only veterans with an honorable, or general under honorable condition, discharge, as indicated on their DD214, are eligible to serve as Advisory Board Members.
- f. Advisory Board Membership is voluntary.
- g. The term of membership shall be three (3) years and veterans may reapply for consecutive terms via an in person, verbal request to the Advisory Board at least one month prior to their term expiring. Advisory Board Members may only be reappointed by a majority vote of the Board of County Commissioners.

### 3. ELECTION OF OFFICERS

- a. The officers of the Advisory Board shall consist of a Chair and Vice-Chair and such other officers as the Advisory Board may approve and appoint.
- b. The officers shall be elected from the membership for terms of one (1) year, computed from the date of their election. However, any officer may be removed at any time for just cause by a vote of the majority of the Advisory Board entered on record.

- c. A call for election of officers shall take place at the October and November meetings each year.
- d. The election of officers shall take place at the December meeting each year.
- e. The term of office of the Chair and Vice Chair shall commence on January 1 of each year.

#### **4. OFFICERS**

##### **a. CHAIRPERSON**

- i. The Chairperson shall preside over the meetings of the Advisory Board and may exercise all powers usually incidental to the office, including the full rights as a member of the Advisory Board (including, but not limited to: voting, seconding motions, making motions on discussions).
- ii. The Chairperson shall have full power to create standing committees or temporary committees.

##### **b. VICE-CHAIRPERSON**

- i. The Vice-Chairperson shall, in the absence of the Chairperson, perform all the duties incumbent upon the Chairperson. If the Chairperson and the Vice-Chairperson are both absent from a meeting, the members of the Advisory Board shall elect a temporary Chairperson who shall have full powers of the Chairperson for the duration of that meeting.

#### **5. COMMITTEES**

- a. Committees may be formed to assist with program planning to assure the effective use of assistance funds through efficient model programs that benefit veterans and family members experiencing hardships.
- b. Committees shall be comprised of at least three members, one of which must be an Advisory Board member who shall serve as Committee Chair.
- c. In addition to Advisory Board members, committees may be comprised of community partners, DCH staff and/or contractors.
- d. Committees may be established only by majority vote of the Advisory Board, and must have clear purpose and mission.
- e. Committees may be charged with such duties, examinations, investigations, and inquiries relative to subjects of interest to the Advisory Board, as it may by resolution or motion determine.
- f. Appeal Committee: Shall be comprised of the Director of DCH, the Chair and Vice-chair of the Veteran's Relief Advisory Board and one (1) member-at-large.
- g. No temporary or standing committee shall have the power to commit the Advisory Board to the endorsement of any plan or program without its submission to and adoption by the Advisory Board.

#### **6. MEETINGS**

- a. All meetings will be held in an accessible public venue, virtually or via telephone and announced at least two weeks in advance of any meeting.
- b. The regular meeting shall be held monthly, unless otherwise determined by a quorum of the Advisory Board.

- c. Community Stakeholders are urged to attend the public Veterans' Relief Advisory Board meetings.
- d. The meetings of the Advisory Board shall be open to the public with the exception of executive sessions held pursuant to [RCW 42.30.110](#) as it exists or is amended.

## **7. QUORUM**

- a. A simple majority of the membership of the Advisory Board shall constitute a quorum for the transaction of business. Any action taken by a simple majority of those present, when those present constitute a quorum, shall be deemed to be the action of the Advisory Board except in matters relating to the amendment of these Guidelines and the recommendation to the Board of County Commissioners for approval of final plans and budgets.
- b. Recommendations to the Board of County Commissioners for approval of amendments to these Guidelines and final plans and budgets shall be by the affirmative vote of two-thirds (2/3) of the membership.

## **8. ABSENCE OF MEMBERS**

- a. Advisory Board members unable to attend a regularly scheduled meeting of the Advisory Board shall so notify the Chair, Vice Chair or DCH staff in advance. Failure to notify the above-mentioned individuals of an absence will be deemed unexcused. The Board will vote on excused absence(s) during roll call at the beginning of each meeting.
- b. Three unexcused absences within one calendar year may be construed as a neglect of duty; the position may be declared vacant, the member so notified, and the Board of County Commissioners called upon for action.

## **9. MINUTES**

- a. County staff shall keep minutes of each meeting for its formal record. Minutes shall include record of decisions made and action by the Advisory Board in the conduct of its business. Minutes shall not include extensive descriptions of discussions leading to decisions or actions, or other work products generated in the conduct of Advisory Board business.

## **10. VOTING**

- a. Only appointed members of the Advisory Board may vote.
- b. Voting by phone or remote attendance will be permitted.
- c. Voting by proxy is not permitted at meetings of the Advisory Board or its committees.

## **11. AMENDMENTS**

- a. The Guidelines may be amended in the following manner:
- b. At any regular meeting of the Advisory Board the proposed amendment shall be submitted in writing and shall be read at that meeting.
- c. The proposed amendment shall then be tabled to the next regular meeting for action.
- d. County staff shall send a copy of the proposed amendment to all members of the Advisory Board and to the Board of County Commissioners in a reasonable time prior to the meeting, at which time it shall be acted upon. A two-thirds (2/3) majority shall be sufficient to recommend amendment or alteration of these Guidelines.
- e. Said recommendation must then be approved by the Board of County Commissioners.
- f. Any amendment or modification of these Guidelines may be initiated by the Board of County Commissioners and upon a written, signed statement of amendment or modification, the

Guidelines shall be so changed.

## PROGRAM POLICIES

The following policies have been established to meet the needs of the Veterans' Relief Program and to provide emergency assistance to all eligible, financially distressed veterans and their family members.

### FINANCIAL POLICIES

1. The Veterans' Relief Program shall be prepared in consultation with the Advisory Board, an annual revenue and expenditure budget. The Veterans' Relief Program shall annually adopt the revenue and expenditure budget for the Veterans' Relief Fund (VRP) under Fund 121 in the County Budget.

2. VRFH will provide a monthly financial report to the Board of County Commissioners and the Advisory Board, which is to include revenues collected, funds expended, and number of veterans served. Other information may be added as determined necessary.

3. VRFH will provide a quarterly revenue and expenditure report to the Advisory Board.

### 4. Revenue

- a. Revenues of the VRFH shall be generated from a property tax levy authorized by RCW 73.08.050 and estimated revenue income.
- b. The levy rate shall continue to be established by the Board of County Commissioners.

### 5. Expenditures

- a. Expenditures shall be for the administrative expenses for budgetary purposes.
- b. If contractors are used for work that the contractor is responsible for processing of payments to veterans, the contractor shall not exceed the amount of the fund and the payments to veterans shall be made within the time frame established by the VRFH.
- c. VRFH is responsible for the review of all contractor expenditures and payments to veterans. VRFH shall be responsible for ensuring that all expenditures are within the limits of the VRFH by verifying monthly amounts of services based on standard or actuals and that all recommendations are accurate and any recommendations within the limits of the law.

### 6. Administration

- a. As required by RCW 73.08.050, administration costs will be identified as a separate line item, justified in the annual budget proposal, and deducted from the VRP quarterly.

### ELIGIBILITY POLICIES

1. In accordance with RCW 73.08.050, the following eligibility requirements must be met:

- a. Service Requirements: The definition of a "Veteran" is as defined by RCW 73.08.050 and 73.08.051.
- b. Income or financial hardship: The following additional definition:
- c. A veteran is eligible for assistance if the veteran is currently receiving a monthly grant who has received for at least one hundred eighty (180) days.

## PROGRAM POLICIES

The following policies have been established to meet the criteria set by RCW 73.08.010 and purpose of providing emergency assistance to all eligible, local indigent veterans and their family members.

### FINANCIAL POLICIES

1. The DCH shall cause to be prepared in consultation with the Advisory Board, an annual revenue and expenditure budget. The Walla Walla County Commissioners shall annually adopt the revenue and expenditure budget for the Veterans Relief Fund (VRF) under fund 121 in the County Budget.
2. DCH will provide, at minimum, an annual report to the Board of County Commissioners and the Advisory Board, which is to include revenues collected, funds expended, and number of veterans served. Other information may be added as determined necessary.
3. DCH will provide a quarterly revenue and expenditure report to the Advisory Board.
4. **Revenue**
  - a. Revenues of the VRF shall be generated from a property tax levy authorized by RCW 73.08.080 and estimated interest income.
  - b. The levy rate shall continue to be established by the Board of County Commissioners.
5. **Expenditures**
  - a. Expenditures shall be driven by available resources for budgetary purposes.
  - b. If contractors are used for vouchers the contractors are responsible for processing of payments to vendors, ensuring expenditures do not exceed the balance of the issued voucher.
  - c. OCH is responsible for review all contractor expenditures and processing payment. DCH is responsible for ensuring expenditures do not exceed the balance in the VRF by establishing monthly amount of services based on funding available, cash flow analysis, reconciliation of the account and any recommendations within the limits of the law.
6. **Administration**
  - a. As required by RCW 73.08.080, administration costs will be identified as a separate line item, justified in the annual budget proposal, and deducted from the VRF quarterly.

### ELIGIBILITY POLICIES

In accordance with [RCW 73.08.005](#), the following eligibility requirements must be met:

1. **Service Requirements.** The definition of a "Veteran" is as defined by RCW 73.08.005 (5) as it exists or is hereafter amended and the following additional definition:
  - a. A current member honorably serving in the armed forces reserve or national guard who has served for at least one hundred eighty (180) days.

## **2. Family Member Eligibility.**

Family members entitled to apply for assistance shall be defined as the spouse or domestic partner, surviving spouse, surviving domestic partner, and dependent children of a living or deceased veteran, or a servicemember who was killed in the line of duty regardless of the number of days served.

## **3. Residency Requirements.**

- a. Applicants must have been a resident of the Walla Walla County for at least sixty (60) days.
- b. An exception can be made (1) if the Veteran has been discharged from military service in the last 90 days and the Veteran has moved to Walla Walla County during that 90-day period or (2) the Veteran can show intent to establish residency in Walla Walla County such as enrollment in SSVF or HUD-VASH.
- c. Applicants must present proof of residency. See Attachment C.

## **4. Indigence/Income Requirements.**

A person who is defined as such by the county legislative authority using one or more of the following definitions:

- a. Receiving one of the following types of public assistance: Temporary assistance for needy families, aged, blind, or disabled assistance benefits, pregnant women assistance benefits, poverty-related veterans' benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid, medical care services, or supplemental security income;
- b. Receiving an annual income, after taxes, of up to one hundred seventy five percent (175%) or less of the current federally established poverty level. See Attachment A; or
- c. Unable to pay reasonable costs for shelter, food, utilities, and transportation because his or her available funds are insufficient.

Federal Poverty Guidelines as defined annually by Health and Human Services (Attachment A), shall serve as the federal establishment of poverty level. In extraordinary circumstances and when warranted, a contractor may request DCH to waive the income guidelines or the amount paid for assistance (See procedure guidelines for waivers).

## **REFERRAL TO OTHER RESOURCES POLICY**

To maximize dollars and provide for as many needs as possible, applicants, when appropriate, will be referred to other community resources for services.

## **APPEAL AND RESOLUTION POLICY**

Applicants who have been denied assistance will be provided with an explanation from the contractor, if any, administering the program. If the applicant needs assistance with an appeal application, this will be provided by the contractor. Assistance includes but is not limited to, help with preparing the written appeal and/or other procedural steps as needed.

### **1. Appeal to DCH:**

- a. If the applicant is not satisfied with the explanation, they may appeal in writing to the DCH within fifteen (15) days.
- b. A decision will be issued from the DCH within five (5) business days from the date of receiving the appeal(s).

**2. Appeal to Advisory Board:**

- a. Applicants may file an appeal of a decision of the DCH to the Advisory Board.
- b. DCH staff shall assist Applicants desiring to file an appeal by providing forms and procedures.
- c. Written appeal shall be filed in writing to the Advisory Board within ten (10) working days of receipt of the initial decision of DCH.
- d. The Advisory Board's Appeal Committee will review the appeal and make a decision in regard to the appeal within five (5) business days. See Section 5.f Committees for details on the Appeal Committee.

# PROGRAM PROCEDURES

## APPLICATION PROCEDURES

Veterans may apply for assistance as many times as necessary during the calendar year as emergency needs and maximum allotments allowed.

1. **Screening.** An application form "Application for Veterans' Relief Fund" (Attachment B) shall be completed by the applicant in order to determine eligibility and to verify need. Each applicant shall provide original documentation to support Veteran or Veteran family member status, monthly income and expenses, residency, and the emergent need.

Contractor shall ensure sufficient documentation to support information provided. Examples of acceptable proof of residency, service record and income are outlined in Attachment C. If necessary, the applicant can be provided with a copy of Attachment C to facilitate receipt of required supporting documentation.

2. **Disbursement Limits.** The limits of disbursements of funds to individuals will be adjusted in the month of February each year according to the Consumer Price Index. In 2022, the limits are up to \$1440 in a calendar year, per qualified applicant. An additional \$200 per year may be granted to applicants for each additional dependent residing in the household. In extenuating cases of hardship, the contractor may recommend that a voucher amount exceed this established disbursement limit through the waiver processes noted below.

3. **Refusal of Service.** If Walla Walla County or service organizations suspect fraud, criminal activity or abuse of the system by the applicant, the matter will be vetted through the Advisory Board, DCH and County Prosecuting Attorney as necessary. The Advisory Board and DCH have full authority to deny or suspend service as necessary. If the applicant is found guilty of fraud or criminal activity, the applicant will be refused services in the future.

4. **Voucher Issuance.** The contractor will issue a voucher, signed by authorized personnel to a participating vendor within the community that can supply the emergent need of the applicant. All vouchers will be non-refundable and non-transferable and will be reimbursed at actual cost of service.

5. **Voucher Delivery.** The food voucher is provided to the applicant who will deliver the voucher to the participating vendor for services.

6. **Voucher Redemption.** The vendor will return the food voucher to the DCH with their monthly billing and the DCH will process vouchers through the Walla Walla County Auditor's Office for payment according to the County Auditor's payment schedule.

7. **Waivers.**

In extraordinary circumstances and when warranted, contractors may request waivers from the DCH by utilizing the Waiver Request Form (Attachment J). Extraordinary circumstances may include situations where the veteran may be associated with the contractor by way of employment, volunteer work or relationship to a staff member employed by the contractor. The waiver should be completed by the contractor and submitted to DCH for approval and processing.

As a final option, Applicants may file an appeal as set forth in the Appeal and Resolution policy.

### **ELIGIBLE USE OF FUNDS**

The fund is intended to aid in emergency circumstances. Eligibility criteria can be found in Attachment D. Funding and resources available in the community will be maximized. The following are eligible uses of Veterans' Relief funds:

- 1. Rental Assistance.** To avoid eviction or to assist in obtaining temporary or permanent housing in Walla Walla County. (Veterans who are already using housing vouchers are not eligible for this assistance.)
  - a. The Rental Assistance Form - Attachment E.
  - b. Housing Status Verification Form -Attachment F.
  - c. Landlord Memorandum can be found in Attachment G.
- 2. Temporary Shelter.** Temporary shelter can be given for one to three nights at a time and not to exceed 14 days, in the situation where a veteran cannot be placed at the Christian Aid Center or other Emergency Shelter. The situation must be analyzed to see if there is a plan in place to divert the veteran from homelessness.
  - a. Emergency shelters include the Christian Aid Center and the YWCA. Veteran will be referred to Walla Walla County Coordinated Entry system.
- 3. Background check.** As needed to determine eligibility for employment or housing, including housing application fees and credit reports, not to exceed \$100 per calendar year.
- 4. Utility Assistance.** Deposit, past due and shut off notices on residences within Walla Walla County.
- 5. Food Assistance.** Local food bank referrals will be given for applicants requesting food. However, in the event that food banks cannot be used, and the need is an emergency, vouchers may be issued in amounts that shall be calculated based on the United States Department of Agriculture's (USDA) Food Plan for the amount of food needed for the household for one week. The matrix can be found in Attachment K. Households will be eligible for one voucher every one-hundred and eighty (180) days. Exceptions are evaluated on a case-by-case basis. Voucher should indicate that it is for food only, excluding tobacco and alcoholic products, household items, dog and cat food.
- 6. Transportation related expense for work, medical appointments, etc.** Medical and work appointments should be verified over the phone or through written note from the doctor or employer. License plate number and make of vehicle shall be obtained and noted in the file on the application for funds. Contractor will issue a receipt to the veteran along with request for repayment in the event the veteran is reimbursed for travel from an alternate veteran fund source. Verification will be noted on the application in the file. Eligible expenditures are:
  - a. License and registration fees
  - b. Insurance costs for one month, up to \$200.
  - c. Fuel vouchers to the.co-op or Beeline will be issued in \$10 increments.
  - d. Bus tickets
  - e. Bicycles or recycled bicycles, not to exceed \$250 per calendar year, including mandatory registration with the police department if applicable.

7. **Minor vehicle repairs related to critical access.** Vehicle repairs shall not exceed \$600 per year, which will enable a veteran to access critical education or employment programs with a pathway to earned income or for access to critical medical or health related transportation where public transit is not available.
8. **Specialty equipment or fees.** Specialized equipment, tools, clothing or fees for testing may be allowed in order for the veteran to gain access to education or employment opportunities. These specialized services shall be provided in collaboration with all other funding sources to assure these expenses facilitate a pathway to education or employment. Assistance to obtain a telephone or telephone minutes can be provided to meet healthcare or housing related needs.
9. **Clothing,** for work or employment search.
10. **County Burial of Indigent Deceased Veterans.** All indigent veterans and deceased family member of an indigent veteran who die without leaving means sufficient to defray funeral expenses, will be eligible for up to \$500 in assistance for a family member, and up to \$1,000 for a veteran. See Attachment H for the Burial Assistance form.
11. **Dental Assistance.** There is a lifetime cap of \$2000 per applicant that can be used for dental services. Only Veterans qualify for dental assistance and they must have a referral from a dentist to ensure there is a work-related or health need, including preventative dental procedures. Once the service has been used and the lifetime cap has been reached, it cannot be used again. This assistance can be given in additional to the disbursement limit.
12. **Health and welfare related expenses.**

## **VETERANS' ORGANIZATION VOUCHER PROCEDURES**

**Hall Rental.** For a service organization to be reimbursed for hall rental, a Statement of Services (Attachment I) must be completed and submitted to the DCH. The allowable rental fee is a maximum of \$800 per calendar year. The requested amount cannot exceed the actual costs and the form shall be accompanied by proper documentation. A reimbursement for the previous year's rental expense is due at the end of January of the new year.

**Stand-Down Funds.** Requests for stand-down funds can be submitted utilizing a Statement of Services (Attachment I). This request must be accompanied by documentation to support allowable use of Veterans Relief funds. All stand-down requests will be provided to the advisory board for review and recommendation to DCH.

**2022 FEDERAL POVERTY GUIDELINES (FPG)  
ANNUAL & MONTHLY INCOME LEVELS  
FROM 100% to 250%**

FAMILY SIZE	FPG (100%)		125% of FPG		150% of FPG		175% of FPG		185% of FPG		200% of FPG		235% of FPG		250% of FPG	
	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH	YEAR	MONTH
1	\$13,590	\$1,133	\$16,988	\$1,416	\$20,385	\$1,699	\$23,783	\$1,982	\$25,142	\$2,095	\$27,180	\$2,265	\$31,937	\$2,661	\$33,975	\$2,831
2	\$18,310	\$1,526	\$22,888	\$1,907	\$27,465	\$2,289	\$32,043	\$2,670	\$33,874	\$2,823	\$36,620	\$3,052	\$43,029	\$3,586	\$45,775	\$3,815
3	\$23,030	\$1,919	\$28,788	\$2,399	\$34,545	\$2,879	\$40,303	\$3,359	\$42,606	\$3,551	\$46,060	\$3,838	\$54,121	\$4,510	\$57,575	\$4,798
4	\$27,750	\$2,313	\$34,688	\$2,891	\$41,625	\$3,469	\$48,563	\$4,047	\$51,338	\$4,278	\$55,500	\$4,625	\$65,213	\$5,434	\$69,375	\$5,781
5	\$32,470	\$2,706	\$40,588	\$3,382	\$48,705	\$4,059	\$56,823	\$4,735	\$60,070	\$5,006	\$64,940	\$5,412	\$76,305	\$6,359	\$81,175	\$6,765
6	\$37,190	\$3,099	\$46,488	\$3,874	\$55,785	\$4,649	\$65,083	\$5,424	\$68,802	\$5,734	\$74,380	\$6,198	\$87,397	\$7,283	\$92,975	\$7,748
7	\$41,910	\$3,493	\$52,388	\$4,366	\$62,865	\$5,239	\$73,343	\$6,112	\$77,534	\$6,461	\$83,820	\$6,985	\$98,489	\$8,207	\$104,775	\$8,731
8	\$46,630	\$3,886	\$58,288	\$4,857	\$69,945	\$5,829	\$81,603	\$6,800	\$86,266	\$7,189	\$93,260	\$7,772	\$109,581	\$9,132	\$116,575	\$9,715
*	\$4,720	\$393	\$5,900	\$492	\$7,080	\$590	\$8,260	\$688	\$8,732	\$728	\$9,440	\$787	\$11,092	\$924	\$11,800	\$983

\* For family units over 8, add the amount shown for each additional member.

**Notes:**

**Federal Poverty Guidelines:** 2022 Federal Poverty Guidelines (FPG) annual income levels are published in the Federal Register of January 21, 2022, Volume 87, Number 14, on pages 3315-3316.

**Percentage Calculations:** Annual income levels provided above for 125%-250% of FPG are derived by multiplying the FPG annual income for each family size by the appropriate percentage and rounding to the nearest whole dollar. Monthly income levels for FPG and 125%-250% of FPG are derived by dividing each annual income level by 12 and rounding to the nearest whole dollar.

Calculated and prepared by the Office of Health Planning, Georgia Department of Community Health, January 24, 2022.

## APPLICATION FORM

NAME: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

MONTHS IN STATE: \_\_\_\_\_ MONTHS IN COUNTY: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ LEGAL DEPENDENTS AND AGES: \_\_\_\_\_

ETHNICITY: ☐ Caucasian ☐ Hispanic ☐ African-American ☐ Asian ☐ Other

BRANCH OF SERVICE: \_\_\_\_\_ SERVICE NUMBER: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

LIST BELOW ANY MONTHLY INCOME FROM THE FOLLOWING:

WELFARE	_____	UNEMPLOYMENT	_____
VA BENEFITS	_____	STATE INDUSTRIAL	_____
CHILD SUPPORT	_____	SOCIAL SECURITY	_____
ALIMONY	_____	EMPLOYMENT (SPECIFY)	_____
PART-TIMEWORK	_____	OTHER (SPECIFY)	_____
SPOUSE'S INCOME	_____	TOTAL INCOME	\$ _____

LIST BELOW YOUR MONTHLY EXPENSES FOR THE ITEMS INDICATED:

RENT	_____	VEHICLE	_____
FUEL	_____	CREDIT CARDS	_____
FOOD	_____	MEDICAL	_____
ELECTRICITY	_____	WATER	_____
OTHER (SPECIFY)	_____	OTHER (SPECIFY)	_____
		TOTAL EXPENSES	\$ _____

Does applicant qualify as indigent (per Attachment A/B to Guidelines)? Yes No

BRIEFLY DESCRIBE ASSISTANCE NEEDED: \_\_\_\_\_

I the undersigned swear or affirm under penalty of perjury that the answers to the questions hereon are true and correct and I understand that should they be proven false upon investigation, I may forfeit my right to assistance under the Veteran's Assistance 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 possession of other social service agencies and aid in the processing of this request.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

TOTAL GRANTED: \$ \_\_\_\_\_ VOUCHER#: \_\_\_\_\_ VENDOR: \_\_\_\_\_

ASSISTANCE DENIED (SPECIFY REASON): \_\_\_\_\_

**COPY OF DISCHARGE VERIFICATION (DD214 or OTHER) & PICTURE I.D. MUST BE ON FILE OR ATTACHED TO APPLICATION**

**EXAMPLES OF ACCEPTABLE PROOF OF RESIDENCY, SERVICE RECORD  
AND INCOME DOCUMENTATION**

**SERVICE RECORD**

- A. Form DD214
- B. Veterans Administration Verbal Verification 1-800-827-1000
- C. National Guard Letter of ..., NB22
- D. Report of Separation (or equivalent form)

**WALLA WALLA COUNTY RESIDENT- 60 DAYS**

- A. Rental agreement or receipts
- B. Bills, e.g. utilities, telephone
- C. Mail from official government source, e.g. tax forms

**FAMILY RELATIONSHIP**

- A. Birth certificate
- B. Marriage license
- C. Death certificate of veteran
- D. Adoption papers
- E. Public assistance documents

**INCOME**

- A. Pay stubs
- B. Income tax return
- C. Social Security statements
- D. VA Assistance statements
- E. Disability verification
- F. DSHS grant verification
- G. Unemployment record
- H. L&I disability award letter
- I. Letter from person who hired the veteran for odd jobs
- J. Letter from person who has supported the veteran last month

**EXPENSES**

- A. Utility Bills
- B. Rental Agreements
- C. Invoices or statements

**Walla Walla County Veterans' Relief Fund**

**Eligibility Criteria**

**UTILITIES (GAS-ELECTRIC-WATER):**

- FINAL NOTICE and PAST DUE NOTICE are both needed to show the amounts due and usage
- Next step is the need to call the company and determine two (2) things:
  1. Dates of service for the amount owing
  2. When was the last payment made
- If the amount of the bill is more than the assistance being rendered, the client must come up with the difference to ensure full amount owing is paid

**PRESCRIPTIONS:**

- Original prescription must be in hand and different pharmacies called to price compare
- Counsel takes place to determine if the veteran has applied for medical assistance and if a veteran has signed up at the VA hospital
- There is assistance every three (3) months up to the amount of \$40 from Helpline and additional services from St. Vincent de Paul and SonBridge.

**FOOD:**

- Veteran must access any of the qualifying food banks.
- Counsel client to see if application has been made for food stamps.

**TRANSPORTATION:**

- Verified doctor's appointments for any out-of-county travel
- Verified job or job search status.
- Homeless living in vehicle
- Relocation to another area

**RENT:**

- Housing status will be determined by the Housing Status Verification Form, Attachment F
- Forms must be sent to landlord accepting the amount of services qualified for (i.e. 25% for single households and 30% for families); this is based on the amount of total rent
- When all forms have been turned in, a check or voucher is then issued
- Household will be referred to Walla Walla Coordinated Entry system, Pathways Home

**EXCEPTIONS**

- If a veteran's need exceeds the prescribed limit, contractor can request an exception to the dollar limit

**BURIAL:**

- The applicant is entitled to the burial assistance as prescribed by the RCW 73.08.070

**CLOTHING:**

- Scope and purpose of clothing services shall be specific to employment or obtaining work
- Clothing must be purchased at preferred locations to include thrift stores and discount department stores, e.g. Walmart or equivalent.

**OTHER:**

- Applications are also offered for vision care through the Lions Club
- Dental service applications
- Prescription discount program
- Hygiene
- Household and furniture vouchers
- Bread
- Blankets

**Services may be refused at any time due to poor conduct.**

To be eligible for services, clients must conduct themselves in an appropriate, safe manner. They are required to treat the staff with courtesy and respect. If a person should become vulgar or violent, they are asked to leave.

WALLA WALLA COUNTY VETERANS' RELIEF FUND  
RENTAL ASSISTANCE FORM

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Landlord's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Landlord's Tax ID Number or Social Security Number \_\_\_\_\_

NOTE TO LANDLORD: If applicant is behind in rent, please state the amount of the past due rent.  
If any of these amounts is a deposit or late charges, please identify this in your statement below.

STATEMENT OF LANDLORD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

( ) Owner of Property      ~ **OR** ~      ( ) Manager of Property

Owner's Name, if different from Manager \_\_\_\_\_

Landlord's Signature \_\_\_\_\_

- If the rent request is approved, payment will be processed within 3 weeks. -

**WALLA WALLA COUNTY VETERANS'RELIEF FUND**  
**Housing Status Verification**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

SITUATION		REQUIRED DOCUMENTATION
Individual/household is at risk and facing potential eviction	Nonpayment of rent or other lease violation	<input type="checkbox"/> Pay or vacate notice or eviction notice. <b>AND</b> <input type="checkbox"/> Copy of lease naming individual or household member as lease holder or other written occupancy agreement identifying them as legal tenant of unit.
	Nonpayment of utilities (see program guidelines for eligibility)	<input type="checkbox"/> Copy of lease naming individual or household member as lease holder or other written occupancy agreement identifying them as legal tenant of unit. <b>AND</b> <input type="checkbox"/> Utility shut off notice identifying the individual or household member, indicating that utility will be shut off or disconnected if payment is not received, and is signed and dated by utility company representative and/or included utility company contact information. <b>AND</b> <input type="checkbox"/> Statement from case manager indicating that without VRF assistance the individual/household will lose their housing and become homeless.
Individual/household is homeless or will be within 14 days	Lacks a fixed, regular and adequate nighttime residence or losing housing within 14 days	<input type="checkbox"/> Letter signed and dated from provider of temporary residence that includes a statement verifying the applicant's current living situation and the date when the household must vacate the temporary housing. <b>OR</b> <input type="checkbox"/> Telephone call to provider of temporary housing that is documented, signed, and dated by the case manager making the call (complete a Third-Party Oral Verification form. Equivalent case notes may be substituted.). <b>OR</b> <input type="checkbox"/> Current HMIS record from homeless housing program, including dates of stay. <b>OR</b> Self-declaration signed and dated by applicant stating why they are homeless (complete Self-Declaration form). **Self-declaration of housing status should be used rarely and only when written third party verification cannot be obtained. **
	Exiting an institution	<input type="checkbox"/> Letter signed and dated by hospital/institution representative that included a statement verifying current hospital/institution stay of individual and indicating individual has no housing to return to upon discharge.
	Fleeing domestic violence, sexual assault, stalking, etc.	<input type="checkbox"/> Signed and dated self-declaration from individual (complete Self-Declaration form).

## MEMORANDUM OF AGREEMENT FOR HOUSING ASSISTANCE

Property Owner/  
Manager  
(Landlord) \_\_\_\_\_  
Name/Company \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

Tenant \_\_\_\_\_  
Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

Agency Veterans' Relief Program  
Walla Walla County Department of Community Health  
314 West Main, Walla Walla WA.99362  
Phone: 509-524-2650

Total Amount of One Month's Rent: \$ \_\_\_\_\_ Unit Size: Studio \_\_\_\_\_ IBR \_\_\_\_\_ 2+BR \_\_\_\_\_

Total Amount of Assistance Paid to Landlord from Agency: \$ \_\_\_\_\_

Total Due from the Tenant: \$ \_\_\_\_\_

The above named Landlord agrees to house the above named Tenant for a period of \$30 days from \_\_\_\_\_, 20\_\_\_\_. Eviction of tenant from the dwelling will not occur before \_\_\_\_\_ 20\_\_\_\_ based on this Agreement. In return for housing this tenant and based on this signed Agreement, the Agency will pay the sum of \$ \_\_\_\_\_ to be applied to one month's rent due to the Landlord. The balance of the one month's rent is due from the Tenant as noted above. Payment of assistance from the Agency is contingent on the Landlord having received and signed this completed "Memorandum of Agreement for Housing Assistance".

By granting rent assistance, it is understood that the Agency is in no way liable or obligated for any further rent payments or damages to the Landlord. Tenant is responsible for the remaining balance.

Signed \_\_\_\_\_  
Landlord, Owner or Manager \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_  
Agency Staff- Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

WALLA WALLA COUNTY VETERANS' RELIEF FUND  
BURIAL ASSISTANCE FORM

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

Is a completed application for Veterans' Relief Fund attached? ☐ Yes ☐ No

Does the applicant qualify for Veterans' Relief Fund? ☐ Yes ☐ No

Proof of death verified? ☐ Yes ☐ No

Any other funding available? ☐ Yes ☐ No

Justification of Application, including documentation: (To be completed by Veterans' Relief Fund Administrator or Post Implementation Officer)

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Submitted by: \_\_\_\_\_  
Veterans' Relief Fund Administrator or Post Implementation Officer  
Signature

Department of Community Health Action:

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

County of Walla Walla, Washington  
 Department of Community Health  
 P.O. Box 1753  
 Walla Walla, WA 99362

**STATEMENT FOR SERVICES**

Vendor Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

DATE

DESCRIPTION

BILLED

AMOUNT

	Total	

*I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered for the labor performed as described herein, and the claim is a just, due and unpaid obligation against County of Walla Walla, and that I am authorized to authenticate and certify to said claim*

SIGNED \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Federal Identification number \_\_\_\_\_

WALLA WALLA COUNTY VETERANS' RELIEF FUND  
WAIVER REQUEST

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

THIS IS A REQUEST TO WAIVE THE FOLLOWING CRITERIA:

AMOUNT OF ASSISTANCE \_\_\_\_\_ INCOME LIMIT \_\_\_\_\_

OTHER \_\_\_\_\_

Please attach completed application.

Justification of Wavier:

(To be completed by the applicant, or Veterans' Relief Fund Administrator).

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Veterans' Relief Fund Administrator

Decision by Department of Community Health \_\_\_\_\_

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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



## U.S. DEPARTMENT OF AGRICULTURE

### Official USDA Food Plans: Cost of Food at Home at Three Levels, U.S. Average, April 2022<sup>1</sup>

Age-sex groups	Weekly cost <sup>2</sup>			Monthly cost <sup>2</sup>		
	Low-cost plan	Moderate-cost plan	Liberal plan	Low-cost plan	Moderate-cost plan	Liberal plan
<b>Individuals <sup>3</sup></b>						
<b>Child:</b>						
1 year	\$33.90	\$38.50	\$47.00	\$147.00	\$166.70	\$203.70
2-3 years	\$35.90	\$43.00	\$52.30	\$155.70	\$186.40	\$226.80
4-5 years	\$36.90	\$45.90	\$55.80	\$159.70	\$198.70	\$241.80
6-8 years	\$52.60	\$62.80	\$74.20	\$228.10	\$272.00	\$321.70
9-11 years	\$56.10	\$72.60	\$84.50	\$243.00	\$314.40	\$366.10
<b>Male:</b>						
12-13 years	\$64.50	\$80.60	\$94.70	\$279.40	\$349.30	\$410.40
14-18 years	\$65.20	\$82.90	\$96.00	\$282.70	\$359.00	\$415.80
19-50 years	\$64.90	\$81.30	\$99.50	\$281.30	\$352.40	\$431.30
51-70 years	\$61.20	\$77.00	\$92.30	\$265.30	\$333.50	\$399.80
71+ years	\$60.40	\$74.80	\$92.20	\$261.60	\$324.00	\$399.60
<b>Female:</b>						
12-13 years	\$55.30	\$66.60	\$82.20	\$239.70	\$288.70	\$356.10
14-18 years	\$55.20	\$66.20	\$81.70	\$239.00	\$286.60	\$353.90
19-50 years	\$56.40	\$69.00	\$88.20	\$244.20	\$298.80	\$382.10
51-70 years	\$54.80	\$68.30	\$82.80	\$237.60	\$296.10	\$358.60
71+ years	\$54.30	\$67.40	\$81.10	\$235.30	\$291.90	\$351.50

<sup>1</sup> The Food Plans represent a nutritious diet at three different cost levels. The nutritional bases of the Food Plans are the 1997-2005 Dietary Reference Intakes, 2005 Dietary Guidelines for Americans, and 2005 MyPyramid food intake recommendations. In addition to cost, differences among plans are in specific foods and quantities of foods. Another basis of the Food Plans is that all meals and snacks are prepared at home. For specific foods and quantities of foods in the Food Plans, as well as the methodology used to update the monthly costs of the Food Plan market baskets, see *The Low-Cost, Moderate-Cost, and Liberal Food Plans, 2007*. All three Food Plans are based on 2001-02 data and updated to current dollars by using the Consumer Price Index for specific food items. Reevaluation of the Thrifty Food Plan, 2021 begins the process to address the three other USDA Food Plans: the Low-Cost, Moderate-Cost, and Liberal Food Plans.

<sup>2</sup> All costs are rounded to nearest 10 cents. Monthly costs are calculated by multiplying the weekly costs by 4.333.

<sup>3</sup> The costs given are for individuals in 4-person households. For individuals in other size households, the following adjustments are suggested: 1-person—add 20 percent; 2-person—add 10 percent; 3-person—add 5 percent; 4-person—no adjustment; 5- or 6-person—subtract 5 percent; 7- (or more) person—subtract 10 percent. To calculate total foods costs for a household, (1) sum the food costs for each individual in the household and then (2) apply the appropriate adjustment factor based on household size.

This file may be accessed at: <https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports-monthly-reports>.

Issued May 2022.