

WALLA WALLA COUNTY

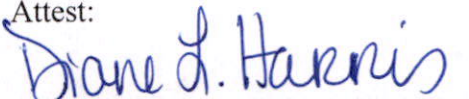


VETERANS' RELIEF PROGRAM GUIDELINES

Revised May 2019

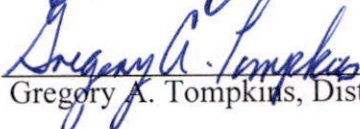
Approved this 3rd day of June, 2019

Attest:


Diane L. Harris, Clerk of the Board


Todd L. Kimball, Chair, District 2


James K. Johnson, District 1


Gregory A. Tompkins, District 3

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 create a Veteran' 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 will be reappointed by a majority vote.

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 shall be comprised of at least three members, one of which must be an Advisory Board member who shall serve as Committee Chair.
- b. In addition to Advisory Board members, committees may be comprised of community partners, DCH staff and/or subcontractors.
- c. Committees are established by the Chair and must have clear purpose and mission.
- d. 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.
- e. Committees are 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.
- i. 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.
- f. 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 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, DCH staff or fellow members of the Board in advance.
- 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 steps taken 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 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 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 criteria set by RCW 73.08.010 and purpose of providing emergency assistance to all eligible, local indigent veterans and their families 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 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. The subrecipient is responsible for processing of payments to vendors, insuring expenditures do not exceed the balance of the issued voucher.
 - c. DCH is responsible for review all subcontractor 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:
A person who served in the active military, naval, or air service; a member of the women's air forces service pilots during World War II; a United States documented merchant mariner with service aboard an oceangoing vessel operated by the war shipping administration; the office of defense transportation, or their agents, from December 7, 1941, through December 31, 1946; or a civil service crewmember with service aboard a United States army transport service or United States naval transportation service vessel in oceangoing service from December 7, 1941, through December 31, 1946 who meets one of the following criteria:

- a. Served on active duty for at least one hundred eighty (180) days and who was released with an honorable discharge;
- b. Received an honorable or general under honorable characterization of service with a medical reason for separation for a condition listed as non-existed prior to service, regardless of number of days served; or
 - i. Received an honorable discharge and has received a rating for a service connected disability from the United States Department of Veterans' Affairs regardless of number of days served;
- c. A current member honorably serving in the armed forces reserve or national guard who has served for at least one hundred eighty (180) days;
 - i. A former member of the armed forces reserve or national guard who has fulfilled his or her initial military service obligation and was released with an honorable discharge;
 - ii. Examples of acceptable proof of service record are outlined in Attachment C.
- d. At the discretion of the county legislative authority and in consultation with the veterans' advisory board, counties may expand eligibility for the VRF as the county determines necessary, which may include serving veterans with additional discharge characterizations.

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 if the Veteran has been discharged from military service in the last 90 days and has moved to Walla Walla County during that 90-day period.
- 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 10 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, the subcontractor 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 subcontractor administering the program. If the applicant needs assistance with an appeal application, this will be provided by the subcontractor. 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 Veteran 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. Veterans may indicate a desire to file an appeal to the Advisory Board in regard to a decision rendered are assisted in doing so by DCH staff receiving the concern.
- b. Written appeal shall be filed in writing to the Advisory Board within ten (10) working days of receipt of the initial decision of DCH.
- c. 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.

Subcontractor 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 are up to \$1200 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 subcontractor 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 subcontractor 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 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 voucher to the subcontractor who will submit to the DCH with their monthly billing and the DCH 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, subcontractors may request waivers from the DCH by utilizing the Waiver Request Form (Attachment I). Extraordinary circumstances may include situations where the veteran may be associated with the subcontractor by way of employment, volunteer work or relationship to a staff member employed by the subcontractor. The waiver should be completed by the subcontractor and submitted to DCH for approval and processing.

As a final option, Veterans who indicate a desire to file an appeal to the Veterans' Advisory Board in regard to a decision rendered are assisted in doing so by DCH staff receiving the concern. Assistance includes but is not limited to, help with preparing the written appeal and/or other procedural steps as needed. Veterans may also file an appeal to any decision directly with the Veterans' Advisory Board. All decisions in regard to appeals will be made by the Veterans' Advisory Board.

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.
 - a. The Rental Assistance Form - Attachment E.
 - b. Housing Status Verification Form - Attachment F.
 - c. Landlord Memorandum can be found in Attachment G.
2. **Shelter.** Shelter can be given for one night not to exceed 30 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; the YWCA Veteran will be referred to Walla Walla County Coordinated Entry system, Pathways Home.
3. **Background check.** As needed to determine eligibility for employment or housing.
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. Helpline 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.
 - a. License and registration fees
 - b. Insurance cost for one month, up to \$200.

- c. Fuel vouchers to the co-op or Beeline will be issued in \$10 increments.
 - d. Bus tickets
7. **Minor vehicle repairs related to critical access.** Vehicle repairs not to 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.
9. **Clothing,** for work or employment search.
10. **County Burial of Indigent Deceased Veterans.** All honorably discharged veterans and their spouses or state registered domestic partners who meet eligibility requirements under 38 C.F.R. Sec. 38.620 are eligible for interment in the eastern Washington state veterans' cemetery., 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 serious health need. Once the service has been used, it cannot be used again. This assistance can be given in addition to the disbursement limit.
12. **Other.** Other emergency requests will be evaluated on a case-by-case basis.

VETERANS' ORGANIZATION VOUCHER PROCEDURES

Hall Rental. For a service organization to be reimbursed for hall rental, a Statement of Services (Attachment H) 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 H). 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.

Attachment A

Poverty Guidelines, all states (except Alaska and Hawaii)											
Household /Family Size	2019 Annual										
	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%
1	6,245	12,490	15,613	16,237	16,612	16,862	17,236	18,735	21,858	23,107	24,980
2	8,455	16,910	21,138	21,983	22,490	22,829	23,336	25,365	29,593	31,284	33,820
3	10,665	21,330	26,663	27,729	28,369	28,796	29,435	31,995	37,328	39,461	42,660
4	12,875	25,750	32,188	33,475	34,248	34,763	35,535	38,625	45,063	47,638	51,500
5	15,085	30,170	37,713	39,221	40,126	40,730	41,635	45,255	52,798	55,815	60,340
6	17,295	34,590	43,238	44,967	46,005	46,697	47,734	51,885	60,533	63,992	69,180
7	19,505	39,010	48,763	50,713	51,883	52,664	53,834	58,515	68,268	72,169	78,020
8	21,715	43,430	54,288	56,459	57,762	58,631	59,933	65,145	76,003	80,346	86,860
9	23,925	47,850	59,813	62,205	63,641	64,598	66,033	71,775	83,738	88,523	95,700
10	26,135	52,270	65,338	67,951	69,519	70,565	72,133	78,405	91,473	96,700	104,540
Poverty Guidelines, all states (except Alaska and Hawaii)											
Household /Family Size	2019 Monthly										
	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%
1	520	1,041	1,301	1,353	1,384	1,405	1,436	1,561	1,821	1,926	2,082
2	705	1,409	1,761	1,832	1,874	1,902	1,945	2,114	2,466	2,607	2,818
3	889	1,778	2,222	2,311	2,364	2,400	2,453	2,666	3,111	3,288	3,555
4	1,073	2,146	2,682	2,790	2,854	2,897	2,961	3,219	3,755	3,970	4,292
5	1,257	2,514	3,143	3,268	3,344	3,394	3,470	3,771	4,400	4,651	5,028
6	1,441	2,883	3,603	3,747	3,834	3,891	3,978	4,324	5,044	5,333	5,765
7	1,625	3,251	4,064	4,226	4,324	4,389	4,486	4,876	5,689	6,014	6,502
8	1,810	3,619	4,524	4,705	4,813	4,886	4,994	5,429	6,334	6,695	7,238
9	1,994	3,988	4,984	5,184	5,303	5,383	5,503	5,981	6,978	7,377	7,975
10	2,178	4,356	5,445	5,663	5,793	5,880	6,011	6,534	7,623	8,058	8,712

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-TIME WORK	_____	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 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:

- Helpline offers vouchers to local food banks.
- Veteran must come in monthly to receive a voucher for any of the qualifying food banks; each food bank can be accessed once a month
- 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, Helpline can request an exception to the dollar limit

BURIAL:

- The veterans entitled to the burial assistance as prescribed by the Washington Administrative Code

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, Shopko, K-Mart 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.<br><b>AND</b><br><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.<br><b>AND</b><br><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.<br><b>AND</b><br><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.<br><b>OR</b><br><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.).<br><b>OR</b><br><input type="checkbox"/> Current HMIS record from homeless housing program, including dates of stay.<br><b>OR</b><br>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

Helpline

Phone: (509) 529-3377

1530 Kelly Place, Suite 180

Walla Walla, WA 99362

Total Amount of One Month's Rent: \$ \_\_\_\_\_ Unit Size: Studio 1BR 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 Helpline or Post Implementation Officer)

Submitted by: \_\_\_\_\_  
Helpline 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<br>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 Helpline Social Services).

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

\_\_\_\_\_  
Helpline Emergency Social Services

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

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

\_\_\_\_\_  
Date

**38 CFR Section 38.620 Persons eligible for burial.**

The following is a list of those individuals who are eligible for burial in a national cemetery:

- A. Any veteran (which for purposes of this section includes a person who died in the active military, naval, or air service).
- B. Any member of a Reserve component of the Armed Forces, and any member of the Army National Guard or the Air National Guard, whose death occurs under honorable conditions while such member is hospitalized or undergoing treatment, at the expense of the United States, for injury or disease contracted or incurred under honorable conditions while such member is performing active duty for training, inactive duty training, or undergoing that hospitalization or treatment at the expense of the United States.
- C. Any Member of the Reserve Officers' Training Corps of the Army, Navy, or Air Force whose death occurs under honorable conditions while such member is –
  - a. Attending an authorized training camp or on an authorized practice cruise;
  - b. Performing authorized travel to or from that camp or cruise; or
  - c. Hospitalized or undergoing treatment, at the expense of the United States, for injury or disease contracted or incurred under honorable conditions while such member is –
    - i. Attending that camp or on that cruise;
    - ii. Performing that travel; or
    - iii. Undergoing that hospitalization or treatment at the expense of the United States.
- D. Any person who, during any war in which the United States is or has been engaged, served in the armed forces of any government allied with the United States during that war, whose last such service terminated honorably, and who was a citizen of the United States at the time of entry on such service and at the time of his or her death.
- E. The spouse, surviving spouse, minor child, or unmarried adult child of a person eligible under paragraph (a), (b), (c), (d), or (g) of this section. For purposes of this section –
  - a. A surviving spouse includes a surviving spouse who had a subsequent remarriage;
  - b. A minor child means an unmarried child under 21 years of age, or under 23 years of age if pursuing a full-time course of instruction at an approved educational institution; and
  - c. An unmarried adult child means a child who became permanently physically or mentally disabled and incapable of self-support before reaching 21 years of age, or before reaching 23 years of age if pursuing a full-time course of instruction at an approved educational institution.
- F. Such other persons or classes of persons as may be designated by the Secretary.
- G. Any person who at the time of death was entitled to retired pay under chapter 1223 of title 10, United States Code, or would have been entitled to retired pay under that chapter but for the fact that the person was under 60 years of age.
- H. Any person who:
  - a. Was a citizen of the United States or an alien lawfully admitted for permanent residence in the United States at the time of their death; and
  - b. Resided in the United States at the time of their death; and
  - c. Either was a –
    - i. Commonwealth Army veteran or member of the organized guerillas - a person who served before July 1, 1946, in the organized military forces of the Government of the Commonwealth of the Philippines, while such forces were in the service of the Armed Forces of the United States pursuant to the military order of the President dated July 26, 1941, including organized guerilla forces under commanders



- appointed, designated, or subsequently recognized by the Commander in Chief, Southwest Pacific Area, or other competent authority in the Army of the United States, and who died on or after November 1, 2000; or
  - ii. New Philippine Scout - a person who enlisted between October 6, 1945, and June 30, 1947, with the Armed Forces of the United States with the consent of the Philippine government, pursuant to section 14 of the Armed Forces Voluntary Recruitment Act of 1945, and who died on or after December 16, 2003.
- I. Any biological or legally adoptive parent who dies on or after October 13, 2010, and whose deceased child:
- a. Is a veteran who dies on or after October 7, 2001, and
    - i. Except as provided in [paragraph \(i\)\(2\)](#) of this section, dies as the direct result of hostile action with the enemy, while in combat, while in transit to or from a combat mission if the cause of death is directly related to hostile action, or while hospitalized or undergoing treatment at the expense of the United States for injury incurred during combat; or
    - ii. Is killed mistakenly or accidentally by friendly fire that was directed at a hostile force or what was thought to be a hostile force; or
    - iii. Died from a training-related injury while performing authorized training activities in preparation for a combat mission;
  - b. Is interred in a national cemetery; and
  - c. Has no spouse or child who is buried, or surviving spouse or child who, upon death, may be eligible for burial, in a national cemetery under [paragraph \(e\)](#) of this section.
- J. A parent is not eligible for burial if the veteran dies due to the elements, a self-inflicted wound, combat fatigue, or a friendly force while the veteran was in an absent-without-leave, deserter, or dropped-from-rolls status or was voluntarily absent from a place of duty.
- a. A parent may be buried only within the veteran child's gravesite.
  - b. No more than two parents are eligible for burial per deceased veteran child.
- K. Parent burial eligibility is subject to a determination by the Secretary that there is available space within the veteran's gravesite.

(Authority: [38 U.S.C. 107](#), [501](#), [2402](#))

[ [70 FR 4769](#), Jan. 31, 2005, as amended at [77 FR 4678](#), Jan. 31, 2012]

## Official USDA Food Plans: Cost of Food at Home at Four Levels,

| U.S. Average, January 2018 1 Age-gender groups    | Weekly cost 2 |          |               |          | Monthly cost 2 |          |               |           |
|---------------------------------------------------|---------------|----------|---------------|----------|----------------|----------|---------------|-----------|
| PLANS:                                            | Thrifty       | Low-cost | Moderate-cost | Liberal  | Thrifty        | Low-cost | Moderate-cost | Liberal   |
| <b>Individuals 3</b>                              |               |          |               |          |                |          |               |           |
| <b>Child:</b>                                     |               |          |               |          |                |          |               |           |
| 1 year                                            | \$21.70       | \$29.10  | \$33.10       | \$40.50  | \$94.10        | \$126.30 | \$143.40      | \$175.60  |
| 2-3 years                                         | \$23.70       | \$30.50  | \$36.70       | \$44.70  | \$102.80       | \$132.20 | \$159.20      | \$193.50  |
| 4-5 years                                         | \$25.00       | \$31.50  | \$39.20       | \$47.80  | \$108.40       | \$136.40 | \$169.90      | \$207.30  |
| 6-8 years                                         | \$31.80       | \$44.10  | \$53.40       | \$63.40  | \$137.90       | \$191.10 | \$231.30      | \$274.70  |
| 9-11 years                                        | \$36.10       | \$47.90  | \$62.10       | \$72.50  | \$156.30       | \$207.30 | \$269.10      | \$314.00  |
| <b>Male:</b>                                      |               |          |               |          |                |          |               |           |
| 12-13 years                                       | \$38.60       | \$54.80  | \$68.80       | \$80.90  | \$167.40       | \$237.60 | \$298.20      | \$350.50  |
| 14-18 years                                       | \$39.90       | \$55.80  | \$70.70       | \$81.60  | \$172.80       | \$241.60 | \$306.20      | \$353.70  |
| 19-50 years                                       | \$42.80       | \$55.50  | \$69.30       | \$85.00  | \$185.60       | \$240.40 | \$300.10      | \$368.50  |
| 51-70 years                                       | \$39.00       | \$52.30  | \$65.00       | \$78.80  | \$169.00       | \$226.80 | \$281.40      | \$341.20  |
| 71+ years                                         | \$39.20       | \$51.50  | \$64.10       | \$79.10  | \$170.00       | \$223.00 | \$277.70      | \$342.80  |
| <b>Female:</b>                                    |               |          |               |          |                |          |               |           |
| 12-13 years                                       | \$38.50       | \$47.30  | \$57.20       | \$69.90  | \$166.90       | \$204.90 | \$247.90      | \$302.70  |
| 14-18 years                                       | \$37.90       | \$47.20  | \$56.70       | \$70.20  | \$164.40       | \$204.70 | \$245.70      | \$304.10  |
| 19-50 years                                       | \$38.00       | \$48.10  | \$59.10       | \$75.70  | \$164.70       | \$208.50 | \$256.00      | \$328.00  |
| 51-70 years                                       | \$37.60       | \$46.70  | \$58.30       | \$70.50  | \$163.00       | \$202.50 | \$252.50      | \$305.60  |
| 71+ years                                         | \$36.70       | \$46.10  | \$57.50       | \$69.50  | \$159.10       | \$199.90 | \$249.30      | \$301.30  |
| <b>Families</b>                                   |               |          |               |          |                |          |               |           |
| <b>Family (Male &amp; Female) of 2: 4</b>         |               |          |               |          |                |          |               |           |
| 19-50 years                                       | \$88.90       | \$114.00 | \$141.20      | \$176.80 | \$385.40       | \$493.80 | \$611.70      | \$766.10  |
| 51-70 years                                       | \$84.30       | \$109.00 | \$135.60      | \$164.20 | \$365.20       | \$472.30 | \$587.30      | \$711.50  |
| <b>Family of 4:</b>                               |               |          |               |          |                |          |               |           |
| Couple (Male & Female), 19-50 years and children□ |               |          |               |          |                |          |               |           |
| 2-3 and 4-5 years                                 | \$129.60      | \$165.60 | \$204.30      | \$253.20 | \$561.50       | \$717.40 | \$885.20      | \$1097.30 |

|                    |          |          |          |          |          |          |           |           |
|--------------------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| 6-8 and 9-11 years | \$148.70 | \$195.60 | \$243.80 | \$296.60 | \$644.50 | \$847.40 | \$1056.60 | \$1285.10 |
|--------------------|----------|----------|----------|----------|----------|----------|-----------|-----------|

1 The Food Plans represent a nutritious diet at four 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, see *Thrifty Food Plan, 2006* (2007) and *The Low-Cost, Moderate-Cost, and Liberal Food Plans, 2007* (2007). All four Food Plans are based on 2001-02 data and updated to current dollars by using the Consumer Price Index for specific food items.

2 All costs are rounded to nearest 10 cents.

3 The costs given are for individuals in 4-person families. For individuals in other size families, 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 overall household food costs, (1) adjust food costs for each person in household and then (2) sum these adjusted food costs.

4 Ten percent added for family size adjustment.

This file may be accessed on the Center for Nutrition Policy and Promotion's home page at: <http://www.cnpp.usda.gov>. Issued February 2018.