



Veteran's Response Team

APPLICATION FOR ASSISTANCE

(706) 968-5139
negavrt@gmail.com
negavrt.org

The Veteran's Response Team is a joint effort between multiple Veteran Service Organizations like American Legion, Disabled American Veterans and Veterans of Foreign Wars, their Auxiliaries and others. Each organization has adopted the process of ALL requests for assistance to be routed through the Veteran's Response Team. Request made to individual organizations will NOT be accepted.

Date of Application: _____ County: _____

Applicant's Information

Applicant's Full Name: _____

Date Of Birth: _____ Full Social Security #: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widow/Widower Gender: ☐ Male ☐ Female

Spouse's Name: _____ Phone Number: _____

Applicant Status: ☐ Veteran ☐ Widow/Widower ☐ Family of Veteran

Branch of Service: _____ Years of Service: _____

Are you a member of: ☐ VFW ☐ DAV ☐ American Legion ☐ Other: _____

How did you hear about us (referred by): _____

Assistance Requested

- ☐ Food
☐ Shelter
☐ Utilities Amount Due: _____

Utility Company: _____

Account #: _____

Name on Account: _____

Phone # on Account: _____

- ☐ Transportation Date: _____

Name of Clinic: _____

Address: _____

City/State/Zip: _____

Appointment Time: _____

- ☐ Service Officer Assistance

Need Assistance With: _____

- ☐ Handyman Assistance

Need Assistance With: _____

- ☐ Other

Explain Below: _____

Please provide any additional information: _____

By submitting this application, you agree that Northeast Georgia Veterans Response Team (NEGAVRT), volunteers, and supporters of the NEGAVRT make no warranties or representations about the suitability of services/assistance received for any particular purpose. You further agree that NEGAVRT, volunteers and the financial supporters shall not be liable for any direct, indirect, incidental, special consequential, or punitive damages arising out of services/assistance received. You also acknowledge assistance is based on approval and is limited to a value of \$200 and that applications will only be considered for approval every 12 months.

ADMINISTRATION USE ONLY

Date/Time Received: _____

Receiver's Name: _____

Verifier's Name: _____

Verified By: _____

☐ VA Representative: _____

☐ DD-214 Provided

☐ VA ID Card Provided

☐ VSO Verified: _____

Admin's Name: _____

☐ Approved Date: _____

☐ Denied Date: _____

Denial Reason: _____

Date/Time Client Contacted: _____

Client's Name: _____

Contacted By: ☐ Phone/Text: _____

☐ Email: _____

Food Team Leader: _____

Date Contacted: _____

Contacted By: ☐ Phone/Text: _____

☐ Email: _____

Services Rendered: _____

Total Cost: _____

Date Completed: _____

Handyman Team Leader: _____

Date Contacted: _____

Contacted By: ☐ Phone/Text: _____

☐ Email: _____

Services Rendered: _____

Total Cost: _____

Date Completed: _____

Shelter Team Leader: _____

Date Contacted: _____

Contacted By: ☐ Phone/Text: _____

☐ Email: _____

Services Rendered: _____

Total Cost: _____

Date Completed: _____

Service Officer: _____

Date Contacted: _____

Contacted By: ☐ Phone/Text: _____

☐ Email: _____

Services Rendered: _____

Total Cost: _____

Date Completed: _____

Utilities Team Leader: _____

Date Contacted: _____

Contacted By: ☐ Phone/Text: _____

☐ Email: _____

Services Rendered: _____

Total Cost: _____

Date Completed: _____

Other Team Leader: _____

Date Contacted: _____

Contacted By: ☐ Phone/Text: _____

☐ Email: _____

Services Rendered: _____

Total Cost: _____

Date Completed: _____

Transportation Team Leader: _____ Date Contacted: _____

Contacted By: ☐ Phone/Text: _____ ☐ Email: _____

Total Miles Traveled: _____ Total Travel Time: _____ Total Wait Time: _____

Date Completed: _____

VSO Charged To: _____ Invoice #: _____ Date: _____

Invoice Amount: _____ Date Paid: _____ Check #: _____

Paid To: _____

Notes: _____