



UNITED VETERANS OF MAINE

APPLICATION FOR TRANSPORTATION ASSISTANCE

SECTION A. APPLICANT'S INFORMATION

1a. Name of Applicant (Last, First, Middle)	1b. Last 4 of Applicant's SSN
2a. Applicant's Military Status (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Retired <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> National Guard / Reserve	2b. Applicant's Date of Birth (mm/dd/yyyy)
3a. Applicant's Mailing Address (Include City, State, Zip)	3b. Applicant's Telephone Number
	3c. Applicant's E-Mail Address

SECTION B. TRANSPORTATION NEED DETAILS

1a. What is the reason for your transportation request?

Medical Appointment Stranded / Displaced Transportation to Airport Transportation to Bus Station / Terminal

ATTENTION: If you are stranded or displaced and need assistance, please answer questions 1b through 1i.

1b. If you are a stranded or displaced veteran or active duty seeking assistance in the form of a transportation ticket, please provide details as to your circumstances that require the United Veterans of Maine to render help. Also, include the destination of your travels to better assist us in getting a ticket if that becomes necessary.

SECTION B. TRANSPORTATION NEED DETAILS (CONTINUED)

1c. If you are stranded or displaced and seek a ticket for travel, do you have a means of support such as family, friends or a church group at your final destination?

Yes No

If you answered "Yes" please provide two references that we can contact at your final destination who would be able to answer some questions about your character and provide satisfactory evidence that your essential needs of clothing, food and shelter will be met upon your arrival.

1d. Name of Reference #1 (Last, First, Middle)

1e. Contact Telephone Number

1f. Reference #1 Physical Address (Street, City, State, Zip)

1g. Name of Reference #2 (Last, First, Middle)

1h. Contact Telephone Number

1i. Reference #2 Physical Address (Street, City, State, Zip)

2a. If you are needing transportation assistance to a medical appointment, please provide the name and address of the treatment facility below.

2b. Date of Scheduled Appointment (mm/dd/yyyy)

2c. Are you requesting return transportation assistance from your scheduled medical appointment?

Yes No

If you answered "Yes" please answer question 2d.

2d. Date of return trip from appointment (mm/dd/yyyy)

2e. Name of medical provider overseeing your appointment

2f. Medical Provider Phone Number

3a. If you are requesting transportation to the airport or a bus station / terminal, please provide the city you are departing from below:

3b. Departure Date (mm/dd/yyyy)

City: _____ Airport Bus Terminal

3c. Do you need return transportation from this location?

Yes No

If you answered "Yes" please answer question 3d.

3d. Return Date , if applicable (mm/dd/yyyy)

3e. Please provide a brief reason why you need transportation assistance to the airport or bus terminal:

SECTION C. TRANSPORTATION ASSISTANCE ELIGIBILITY QUESTIONNAIRE

1a. To be eligible for general assistance with the United Veterans of Maine, you must meet some basic requirements for services to be rendered. If you meet the requirements, please initial each one below.

- _____ I have served at least 180 days of active duty service in the Armed Forces of the United States
- _____ I have received an Honorable or "General under Honorable Conditions" discharge from the Armed Forces of the United States, and can provide a copy of my DD-214 if requested or verification from the Department of Veterans Affairs within five (5) business days of the date of this application
- _____ I have not been convicted in a state or federal court of the following types of offenses: **Arson, Assault or Aggravated Assault, Manslaughter, Murder, Robbery or Sexual Offenses of ALL sorts.** Additionally, I acknowledge that no active wants or warrants are in place against me in any jurisdiction of the United States
- _____ I acknowledge that prior to entry into the United Veterans of Maine housing program I will be screened for any outstanding mental and physical health problems through the Department of Veterans Affairs or a civilian based medical facility.

1b. The United Veterans of Maine performs a background check on ALL applicants using the Alaska Public Safety Information Network (i.e. APSIN) and the National Crime Information Center (i.e. NCIC) for active court cases and past convictions. Apart from the disqualifying offenses listed in question 1a, have you ever been convicted of a crime in a state or federal court?

Yes No

If you answered "Yes" please answer questions 1c through 1h, if applicable. Start with the most recent conviction and work your way back in time.

1c. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible	1d. Date of Conviction (mm/dd/yyyy)
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1e. List the city and state where you were convicted	1f. Type of Conviction <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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1c. Nature of Crime – List the charge by which a conviction was given, to include any applicable state or federal statute, if possible	1d. Date of Conviction (mm/dd/yyyy)
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1e. List the city and state where you were convicted	1f. Type of Conviction <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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1e. List the city and state where you were convicted	1f. Type of Conviction <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
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2a. Have you contacted any other agencies to assist you with your transportation needs?

Yes No

If you answered "Yes" please list the organizations you have contacted. Also include a telephone number and name of the organization you have contacted for transportation assistance.

2b. Name of Organization	2c. Telephone Number
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2d. Name of Organization	2e. Telephone Number
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2f. Name of Organization	2g. Telephone Number
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SECTION D. HOUSEHOLD INCOME AND AVAILABLE FUNDS

1a. List all sources of income that you have received during the last 30 days and current available funds. Please attach your most recent statements for any bank accounts you have and pay stubs from any source of income you receive.

If you are applying for family housing, both adults must provide income information for the last 30 days as verification of income. Attach any documents that can prove your income during this time period.

Source of Income	Primary Applicant	Spouse
Wages, net salary (attach pay stubs)	\$	\$
Unemployment Insurance Benefits	\$	\$
ATAP, TANF, ASAP, GA	\$	\$
Food Stamps (i.e. SNAP)	\$	\$
Senior Benefits Program (State of Alaska only)	\$	\$
Tips or gratuities	\$	\$
Self Employment, Carving, beading, etc.	\$	\$
Child support and alimony	\$	\$
Foster care payments	\$	\$
Social Security (SSA) retirement, survivors, etc.	\$	\$
Supplemental Security Income (SSI) Disability	\$	\$
Cash-out of retirement or pension plan	\$	\$
Worker's Compensation	\$	\$
Native Corporation dividends	\$	\$
Checking Account (current balance)	\$	\$
Savings Account (current balance)	\$	\$
Bingo or pull tab winnings	\$	\$
Other Income (specify)	\$	\$
Total Income for the Last 30 days	\$	\$

SECTION E. STATEMENTS AND CERTIFICATION

Penalty Statement: There are severe criminal and civil penalties including fine or imprisonment, or both, for knowingly submitting a false, fictitious, or fraudulent request for services to be rendered by the United Veterans of Maine.

Services: Services that have been requested in this application will be processed in the order they are received. Be advised that the United Veterans of Maine reserves the right to deny assistance to any applicant who fails to provide complete details or false information. Furthermore, assistance is given on a resource availability basis. The United Veterans of Maine will work diligently to get your request processed and approved in a timely manner. Additionally, we will work with other organizations to facilitate assistance for displaced veterans who are in need, all on a resource availability basis.

Certification: I certify that the information provided in this application is true and correct to the best of my knowledge. The information submitted is subject to further verification through local law enforcement, the Department of Veterans Affairs and any civilian treatment agencies as required to fulfill this request for veterans transportation assistance. I further certify that if assistance as a stranded or displaced veteran and/or servicemember is being requested that the United Veterans of Maine may conduct a criminal background investigation to include a check for wants and warrants. I further understand that general assistance directly provided by the United Veterans of Maine is based on availability of immediate resources, by which your request may not be granted.

SECTION E. STATEMENTS AND CERTIFICATION (CONTINUED)

The Federal law concerning fraud states ... "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the United Veterans of Maine cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the services for which you are applying. The information can also be given to those agencies when you ask them or a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, so ask your caseworker how to change the information in the case record.

Paperwork Reduction Act of 1995 S.244 This statute is to minimize the paperwork burden for individuals, small businesses, educational and non-profit institutions, federal contractors, State, local and tribal governments and other persons resulting from the collection of information by or for the federal government. United Veterans of Maine has this act available for public inspection upon written request. I understand and have read or explained to me the provision of my protection under the Paperwork Act and Privacy Act.

Housing Assistance clients must do the following: Participate with the United Veterans of Maine in developing a plan to undergo self-sufficiency, good conduct and volunteer your time if unable to help with the payment of any services to be rendered. Furthermore, clients must immediately notify the United Veterans of Maine if changes to employment, finances or living situation occur. Failure to do so will result in involuntary removal from the program and the possibility of not being permitted to return.

Signature of Primary Applicant

Printed Name of Primary Applicant

Application Date (mm/dd/yyyy)

Signature of Other Adult in Household

Printed Name of Other Adult in Household

Application Date (mm/dd/yyyy)

SECTION F. FOR UNITED VETERANS OF MAINE STAFF USE ONLY

Staff remarks for application:

Application for veteran general assistance is:

Approved Denied

Signature of Executive Director or other authorized official

Printed name of Executive Director or other authorized official

Date Application Signed (mm/dd/yyyy)