



Student Veteran Application

Last Name:		Date:	
First Name:		Branch of Service:	
Phone #:		Length of Service:	
Date of Birth:		Full or part-time student:	
Male/Female/Other:		Marital Status:	Ethnicity:
Street Address:			
City:	State:	Living situation:	
County:	Zip:	Rent	Housing Program
		Own	Temporary (Family/Friends)
Email Address:			
Secondary Contact:	Name & Relationship	Ph	
School Name & Location:			
Term or Session Enrolled:	Fall	Spring	Summer
	Other:		
Monthly <u>household</u> income & benefits (include any other contributing income):	# of dependents in household (include self):		% Disability:
	If no income, how are housing & utilities paid:		
Proof of income(s)/ benefits document(s):	Check all that apply (copies of proof of income must be provided)		
	Forms of VA Education Benefits:		Forms of Income:
	Vocational Rehab Ch. 31	Housing Allowance/ Stipend (BAH)	VA Disability
	Post 9/11 GI Bill Ch. 33	Workstudy Payments	SSDI
	Montgomery GI Bill Ch. 30 & 1606	Other _____	Job
			Other _____
If no income/benefits, certify by signing here:	I, _____, have not received any income for the past ____ months.		
	Veteran Signature _____		Date _____
	<i>(must be physical signature in pen)</i>		
Do you receive SNAP or assistance from another program?	If yes, which program & how much:		



This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families. For information, visit TVC.Texas.gov

Sign and Return Form to Meals for Vets

Client Rights, Responsibilities, and Release of Information

1. You have the right to be treated with respect and consideration concerning your person, property and privacy.
2. You may not be denied services based on race, religion, color, national origin, gender, disability, marital status, or inability and/or unwillingness to contribute.
3. You have the right to make a complaint/grievance or recommend changes to policy or services, without restraint, interference, coercion, discrimination or reprisal. (To submit a recommendation or file a complaint please contact us in writing: Meals For Vets, 103 Industrial Loop, Suite 1050, Fredericksburg, Texas 78624)
4. You have the right to be informed of any changes in services.
5. You have the responsibility to inform Meals For Vets and/or it's service providers of your intent to withdraw or any known periods of absenteeism when you will not be using the services.
6. You must be enrolled at a participating educational institution to receive meals from the provider.
7. I certify that all information in this application, including income, provided to Meals for Vets is current and accurate.

Request for Services

I hold harmless Meals For Vets, a project of Honor Veterans Now, its service providers, funders and any other agencies affiliated with Meals For Vets from any liability arising out of the services provided in accordance with program rules and guidelines.

I, _____, am requesting meal services provided by Meals For Vets and its service providers. By signing this applicataion, I give _____ (College, University, or Technical School) consent to release student information requested by Meals For Vets for the qualification process. I also authorize Meals For Vets staff to release my name, address, phone number, and date of birth to the above mentioned educational institution in order to receive meals.

Print Name

Veteran Signature *(must be physical signature in pen)*

Date

Upon your exit from our service, if you decide to donate to Meals For Vets, all contributions are confidential and will be used to expand or enhance the services provided to Veterans.

Please submit this completed application and required documents to:

Meals For Vets, a project of Honor Veterans Now

103 Industrial Loop, Suite 1050

Fredericksburg, TX 78624

ph: 830.992.3375 fax: 830.992.3374

info@honorveteransnow.org

Revised 12.11.19



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VETERAN COPY

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_____ N/A _____
Veteran Signature

_____ N/A _____
Date

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