



## POLICY and PROCEDURE

### ASSISTANCE TO MEMBERS of AMERICAN LEGION POST 117

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**Purpose:** To provide emergency financial relief for expenses incurred by a Veteran member, or his/her immediate family member, due to a catastrophic event. Assistance for criminal conduct or activities related thereto; or hardship caused by such conduct or activities shall be prohibited, and exclude any event covered or eligible for relief by insurance, i.e., auto, health or any other indemnification. Sons of the American Legion and Auxiliary members are also eligible.

**Scope:** Only Veteran members, Sons of the American Legion or Auxiliary members of American Legion Post 117 shall be eligible for this assistance and their identity shall be anonymous to all but select members of the Executive Board assigned by the Commander, or in his/her absence, by the Adjutant to investigate and *validate* the need. This fund shall be known as the "Almoner Program," and the financial report, when given, shall be termed only as, "An Almoner's Veteran's Assistance disbursement of an amount investigated and approved by the Executive Board."

In concert with the designated, "Almoner," the members authorized to sign the check will also be privy to the recipient's identity, and the justification for the assistance. The only other person so informed shall be the Commander and all efforts will be made to maintain the recipient's anonymity.

From time-to-time, the Commander or Adjutant, shall publish a notice to the membership of this program so that they are aware that emergency assistance is available.

Funds for this program shall be drawn from the appropriate account(s) as determined by the Financial Officer and Post Commander.

**Procedure:** When a member seeks assistance, the following investigatory documentation shall be required.

1. Specific type of hardship to include the cause.
2. Documented bills and expenses.
  - a. Catastrophic medical bills, or cancelled checks.
  - b. Electric and/or gas.
  - c. Water/Sewage except for well and septic systems.
  - d. Previous year's earnings (W-2 or Tax Return).
  - e. The previous two month's Rent/Mortgage payment receipts or cancelled checks, and/or eviction notices, or pending foreclosure notices.
  - f. Auto payments and insurance payments.
  - g. Applicant's statement (see Attachment).





## MEMBER APPLICANT STATEMENT

I (PRINT NAME) \_\_\_\_\_, hereby affirm that none of the expenses for which I have applied, to receive assistance for, are covered by any type of insurance or any other type of indemnification or reimbursement. I also affirm that my need is not due to any type of criminal conduct or activities related thereto.

I have been advised that the Post Judge Advocate will periodically check The Unified Judicial System of Pennsylvania Web Portal. *Misstatement of facts concerning need may result in charges under The American Legion Constitution and Post By-Laws, and may result in criminal charges of fraud.*

\_\_\_\_\_  
Signature (Veteran Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Board Member Witness

\_\_\_\_\_  
Date