

THE AMERICAN LEGION / AMERICAN LEGION AUXILIARY
DEPARTMENT OF LOUISIANA
JOINT CHILDREN AND YOUTH

APPLICATION FOR DIRECT AID

APPLICANT'S PHONE: _____

1. APPLICANT'S NAME: _____

SPOUSE: _____

2. ADDRESS: _____

CITY STATE ZIP

3. DEPENDENTS UNDER 18 YEARS OF AGE: _____

NUMBER AGES

4. LEGION MEMBER POST # _____ AUXILIARY MEMBER UNIT # _____

5. REASON FOR AID: _____

6. IMMEDIATE EXPENSES: MEDICAL \$ _____ UTILITIES \$ _____

FOOD \$ _____ SHELTER \$ _____

FAMILY NEEDS \$ _____ OTHER \$ _____
(EXPLAIN)

7. SOURCES OF INCOME: SOURCE: _____ AMOUNT: _____

SOURCE: _____ AMOUNT: _____

SOURCE: _____ AMOUNT: _____

8. RECORD OF FATHER OF ABOVE CHILDREN:

FULL NAME: _____ SOCIAL SECURITY # _____

DATE & PLACE OF BIRTH: _____

PRESENT ADDRESS: _____

OCCUPATION: _____ MONTHLY SALARY: \$ _____

9. RECORD OF MOTHER OF ABOVE CHILDREN:

FULL NAME: _____

DATE & PLACE OF BIRTH: _____

PRESENT ADDRESS: _____

OCCUPATION: _____ MONTHLY SALARY: \$ _____

10. MILITARY SERVICES RECORD: (ESSENTIAL FOR PROCESSING APPLICATION)

WHO IS VETERAN? FATHER OR MOTHER OR BOTH

VA CLAIM NBR: (IF ANY) _____

DATE & PLACE INDUCTION _____
(SEE BACK OF PAGE FOR APPLICANT TO WRITE HIS/HER CIRCUMSTANCES)

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11. RECOMMENDED BY: _____
(POST COMMANDER/ADJUTANT) UNIT PRESIDENT/SECRETARY

ADDRESS _____

12. APPROVED FOR PAYMENT \$ _____

SIGNED _____
CHAIRMAN OF JOINT CHILDREN AND YOUTH COMMISSION OR FINANCE COMMISSION

13. PAID CHECK # _____ AMOUNT \$ _____ DATE PAID _____

14 MAKE CHECK PAYABLE TO: APPLICANT'S NAME (SEE ITEM #1)

15. MAIL CHECK TO POST COMMANDER OR UNIT PRESIDENT FOR DELIVERY (SEE ITEM #11)

16. _____
DEPARTMENT SECRETARY OR FINANCE CHAIRMAN OF AUXILIARY

NOTE: HAVE APPLICANT WRITE IN HIS/HER OWN HANDWRITING HIS/HER PRESENT CIRCUMSTANCES

Applicant's Signature: **X** _____
(Not valid unless signed by applicant)

Four horizontal dashed lines for additional information or notes.

