



# The American Legion Department of Rhode Island

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**FAX...**

**To:**

**For:**

**From: Ronald Levasseur, DSO**

**Fax #: 401-726-2464 / 401-475-9490**

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The American Legion and American Legion Auxiliary  
Children and Youth Foundation  
Department of Rhode Island  
Application for Assistance

Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

Reason for applying for assistance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Income: \$ \_\_\_\_\_

Utilities: Electric: \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Telephone: \$ \_\_\_\_\_

Rent per month: \$ \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age \_\_\_\_\_

Did you receive help from any other agency/organization? \_\_\_\_\_

If answer is yes, name of agency. \_\_\_\_\_

Who recommended you to us? \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

\*\*\*\*\*

Comments from Interviewer: AL/ALA: (use back for observations and more comments)

Recommendation: \_\_\_\_\_ Signed by: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION FOR TEMPORARY FINANCIAL ASSISTANCE

I. Record of children - Application for TFA is hereby made to the Department of Rhode Island, Children and Youth Foundation, on behalf of the following child(ren):

FIRST NAME: AGE

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

II. Record of Father

III. Record of Mother

_____	_____
FULL NAME	FULL NAME
_____	_____
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER
_____	_____
ADDRESS	ADDRESS
_____	_____
TELEPHONE	TELEPHONE

IV. Detailed description of the problem. Use separate sheet, if necessary:

\_\_\_\_\_  
\_\_\_\_\_

V. Signature of American Legion Post Official:

I, an officer of the American Legion Post as set forth below, certify that an investigation has been made, and the above-mentioned child(ren) is/are in need of: CHECK ONE:

( ) Immediate, ( ) Emergency financial assistance.

_____	_____
SIGNED - POST OFFICER	TITLE OF OFFICE
_____	_____
POST NUMBER	ADDRESS
_____	_____
TELEPHONE	

VI. Signature and recommendation of Department Children and Youth Foundation President: I recommend that assistance be granted in this case in the amount of \$ \_\_\_\_\_. Further comments by Department Children and Youth Foundation President: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE SIGNED - DEPT. C & Y FOUND. PRES.

SIGNED - DEPT. C & Y FOUND. SEC.