

**Hillsborough County Veterans Helping Veterans (HCVHV) Case Worksheet**

[hcvetshelpingvets@gmail.com](mailto:hcvetshelpingvets@gmail.com)

813-450-9082

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

**MISSION STATEMENT:**

Provide timely, temporary, emergency assistance to local Tampa Bay area needy veterans as a last resort when no other resources are available while bridging the gap with Federal, State and County Veteran Programs. Provide assistance with necessary utilities, transportation, food & clothing to meet a veteran's basic needs. Support the mission of local Veteran Programs.

Is this an Emergency that will result in loss of basic utilities, shelter or food to eat? \_\_\_\_\_

Will you be self-sustaining next month? \_\_\_\_\_ Amount of Assistance? \_\_\_\_\_

Why do you need our help? \_\_\_\_\_

Who have you contacted before coming to us? (Must list – Call 211 for assistance if needed)

**Validate Honorable Military Service:**

Attach a copy of VA ID or DD form 214 or Validated by VA

Employee: \_\_\_\_\_

**CONTACT INFO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Status: (circle) Single Married Widowed Family (How Many) \_\_\_\_\_

Homeless or HUDVASH (VA Housing)

Monthly Family Income: \_\_\_\_\_ Other Assets(401K, CD) \_\_\_\_\_

Disabled?: YES NO VA Disability Pay: \_\_\_\_\_