

**COUNTY OF KANE**  
**VETERANS ASSISTANCE COMMISSION**

**JACOB A. ZIMMERMAN**  
Superintendent



**COUNTY GOVERNMENT CENTER**  
719 South Batavia Avenue, Building A  
Geneva, Illinois 60134-3077  
Phone: (630) 232-3550  
Fax: (630) 232-5403  
[www.countyofkane.org/pages/veterans.aspx](http://www.countyofkane.org/pages/veterans.aspx)

**Application for Veterans Assistance**

**SECTION I: INSTRUCTIONS**

Use these instructions, the attached Notice of Rights and Responsibilities, and the attached application to apply for Veterans Assistance. Section II of this form notifies you of your rights and responsibilities as it applies to the Veterans Assistance Program. Please answer all questions in Sections III through Section VIII of this application. Be sure you, and if applicable your spouse, signs this application before you submit it. When submitting this application, be sure to include a copy of each one of your DD-214's (military separation papers), a copy of your marriage certificate if applicable, a copy of dependency documents such as birth certificates or adoption decrees for children if applicable, a copy of your government-issued photo identification card with a current Kane County address, and a copy of your spouse's government-issued photo identification card with a current Kane County address if applicable. Submit your application and those documents in person during normal business hours, by mail, or by fax to:

**Veterans Assistance Commission of Kane County**  
**719 South Batavia Avenue, Building A**  
**Geneva, Illinois 60134-3077**  
**Fax: (630) 232-5403**

If you mail or fax your application, be sure to call our office at (630) 232-3550 to ensure that we received it. If utilizing public transportation to bring your application to our office, Pace Bus Routes 801 and 802 in addition to their local "Call-n-Ride" and "Dial-a-Ride" programs serve locations near our office. Metra's Union Pacific West Line's Geneva Station is located a block from our location. For more information about public transportation options please call the Regional Transportation Authority at (312) 836-7000.

**SECTION II: NOTICE OF RIGHTS AND RESPONSIBILITIES**

- Applicant's Responsibilities:** You have the responsibility to remain compliant with Federal and State Laws and regulations in addition to the regulations provided in the Veterans Assistance Program Manual. You are also obligated to:
- Disclose all required information during the application process. Failure to disclose required information or misrepresenting information is tantamount to perjury and may be subject to civil and/or criminal prosecution for violating state law including but not limited to 720 ILCS 5/16-1 and 720 ILCS 5/17-6.
  - Immediately report any changes in household income, job status, residence, death, or contact information. You are obligated by law to keep the Commission current with all information that affects your right to Veterans Assistance. Failure to promptly disclose changes in required information or misrepresenting information is tantamount to perjury and may be subject to civil and/or criminal prosecution for violating state law including but not limited to 720 ILCS 5/16-1 and 720 ILCS 5/17-6.
  - Actively pursue all other applicable programs that provide assistance. It is the intent of the Commission that Veterans Assistance should promote the welfare of eligible recipients through this program in addition to any other program(s) that may assist you. This program is not intended to provide long-term assistance to sustain an individual or their family.
  - Manage your income in a responsible manner. The Commission cannot be expected to support individuals that habitually exhibit bad financial planning or misuse of their income. Markers such as unexplained deposits, large withdrawals, exorbitant expenses, and unexplained travel in your records will be flagged for clarification as to the necessity of such transactions.

**Right to Notification of Rights:** You have the right to a summary of rights as prescribed in the Veterans Assistance Program Manual. Section II of this application constitutes our notice to you of your rights.

**Right of Non-Discrimination:** You have the right to be treated by the Commission in a fair and impartial manner. You will not be discriminated against or denied assistance by the Commission because of your race, color, national or ethnic origin, age, religion, disability, gender, sexual orientation, gender identity and expression, or political affiliation.

**Continued on Next Page. Do Not Submit this Page, Keep it for Your Records.**

**Right of Confidentiality:**

- Your case file and information are subject to strict confidentiality. Your case file may not be released without your express written consent unless the release is otherwise specifically authorized by federal, state, or local laws and regulations, or as prescribed in the Veterans Assistance Program Manual.
- Your case file is the property of the Commission and may be released to you upon your written request. Information contained in your case file that is exempt from disclosure under federal, state, or local law may not be released.
- To further protect your case file, a unique "Film Number" will be assigned to you for our use.
- Your case file may be released if specifically requested by the Kane County Board Chairman or his/her designated officer pursuant to 330 ILCS 45/9 or the Kane County Auditor pursuant to 55 ILCS 5/3-1005 to maintain a continuous internal audit of the operations and financial records of the officers, agents, or divisions of the county.
- In a judicial proceeding, except those directly concerned with the administration of Public Aid, or those in which an applicant is a party thereto, the above information is considered to be privileged communications, defined as "a communication between parties to a confidential relationship such that the person receiving the communication cannot be legally compelled to disclose it as a witness."
- Your case files will be made available when subpoenaed subject to the consent of the Kane County State's Attorney or his or her designee.
- If your name and/or address is furnished to other governmental agencies, those agencies must adopt regulations necessary to prevent their publication or use for purposes not directly connected with the administration of assistance under the Illinois Public Aid Code.

**Right of Consideration:**

- Upon the receipt of your completed and signed application, we will process your application in a timely manner. A completed application is defined as the completion of this application form in its entirety which is signed and submitted with the veteran's separation papers, dependency documents, and a valid government-issued photo identification card which lists your current address.
- In the course of processing the application, Commission staff subject to the provisions of this manual, may be required to request additional documentation regarding income, net worth, employment, military service status, school attendance, criminal history, medical treatment, and government benefits to determine eligibility. Commission staff will notify you of any additional required documentation by writing and in a timely manner.
- To allow you sufficient time to obtain any required documentation, your assessment will be scheduled no sooner than 14 days from the time we respond to your application. You can request a sooner assessment if you have obtained all required information. You may also reasonably extend your assessment appointment in order to obtain necessary documentation. Any request made by you to reduce or extend your assessment time will be noted in your case file.
- The Commission has a duty to adjudicate every complete application received and to notify you of the decision of your application or renewal assessment. A decision will not be rendered if you withdraw from further assistance. Any withdrawal shall be made in writing and signed by you.

**Right of Inclusion:**

- Upon your request, you may receive a copy of the forms that you signed at the conclusion of the application or assessment process.
- We will furnish you, as much as practicable, the addresses and locations of any other agencies and organizations that might be able to provide additional help with your individual circumstances. You have a responsibility to pursue other resources that can enhance your welfare. If you appear to be eligible for other government assistance, you will be referred to the respective agencies. If you fail to pursue those benefits, you will lose eligibility for Veterans Assistance until you demonstrate compliance.
- A paper copy of the Veterans Assistance Program Manual is available for review at our office during normal business hours.

**Right of Review:**

- If your application or assessment was denied, you will be granted the right to present additional evidence to Commission staff that may have a bearing on your eligibility if you request.
- If you are dissatisfied with a decision made by Commission staff, you have the right to file an appeal. Additional information about appeals will be included in our decision to you.

**Right of Notification:** You have the right to receive notification of our decision in regards to your eligibility for Veterans Assistance. Notification shall be by a Notice of Decision which shall be given to you in person or delivered to you through the U.S. Postal Service. The Notice of Decision will include the decision made, reasons for the decision, relevant statute or manual citation, and a notice to you of your right to appeal our decision.

**Right to Appeal:** If you disagree with any part of the Notice of Decision issued to you, you have the right to appeal that decision. Additional information about appeals will be included in the Notice of Decision.

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<b>SECTION III: APPLICANT AND CONTACT INFORMATION</b>				VAC DATE STAMP (DO NOT WRITE IN THIS SPACE)	
1. VETERAN'S NAME <i>(Last, first, middle)</i>					
2. VETERAN'S SOCIAL SECURITY NUMBER			3. VETERAN'S DATE OF BIRTH <i>(Month / Day / Year)</i>		
4. APPLICANT'S NAME, <i>if different from 1 (Last, first, middle)</i>					
5. APPLICANT'S SOCIAL SECURITY NUMBER			6. APPLICANT'S DATE OF BIRTH <i>(Month / Day / Year)</i>		
7A. STREET ADDRESS				7B. APT. NUMBER	9A. HOME TELEPHONE NUMBER
7C. CITY			7D. ZIP CODE		9B. CELLULAR TELEPHONE NUMBER
8A. MAILING ADDRESS, <i>if different from 7a</i>				8B. APT. NUMBER	9C. WORK TELEPHONE NUMBER
8C. CITY				8D. STATE	8E. ZIP CODE
9. IS ANYONE IN YOUR HOUSEHOLD ATTENDING OR PLANNING TO ATTEND COLLEGE:					
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "no," skip to Section IV. If "yes," mark all that apply.)</i> <span style="margin-left: 200px;"><input type="checkbox"/> YOURSELF</span> <span style="margin-left: 50px;"><input type="checkbox"/> SPOUSE</span> <span style="margin-left: 50px;"><input type="checkbox"/> CHILD</span>					

<b>SECTION IV: APPLICANT'S DEPENDENCY STATUS</b>									
<b>NOTE:</b> If married, you should provide a copy of your marriage certificate with this application. If widowed, you should provide a copy of your spouse's death certificate with this application. If divorced, you should provide a copy of your divorce decree with this application. If separated, you should provide a copy of your legal separation papers with this application. If you need help obtaining these documents, call the County office where the documents were filed.									
10. WHAT IS YOUR CURRENT MARITAL STATUS? <span style="float: right;"><i>(If "Married," complete Boxes 10 through 15 otherwise skip to Box 16.)</i></span>									
<input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> NEVER MARRIED									
11. WHEN WERE YOU MARRIED? <i>(Month / Day / Year)</i>			12. WHERE DID YOU GET MARRIED? <i>(City, State or Country)</i>						
13. SPOUSE'S NAME <i>(Last, first, middle)</i>				14. SPOUSE'S SOCIAL SECURITY NUMBER					
15. SPOUSE'S DATE OF BIRTH <i>(Month / Day / Year)</i>			16. DO YOU LIVE WITH YOUR SPOUSE?						
<input type="checkbox"/> YES <input type="checkbox"/> NO									
<b>NOTE:</b> If you have dependent children you should provide birth certificates and/or adoption decrees for all of your dependent children. If you need help obtaining these documents, call the County office where the documents were filed.									
17. DO YOU HAVE ANY DEPENDENT CHILDREN THAT RESIDE WITH YOU? <i>(If "no," skip to Section V)</i>				CHECK EACH APPLICABLE CATEGORY					
<input type="checkbox"/> YES <input type="checkbox"/> NO									
NAME OF CHILD <i>(Last, first, middle)</i>	DATE OF BIRTH <i>(Month / Day / Year)</i>	PLACE OF BIRTH <i>(City, State or Country)</i>	SOCIAL SECURITY NUMBER	BIOLOGICAL	ADOPTED	STEPCHILD	RESIDES WITH YOU	EMPLOYED	RECEIVING BENEFITS
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**SECTION V: ACTIVE DUTY SERVICE INFORMATION**

**NOTE:** You must submit a DD-214 or equivalent document for each period of active duty service. If you do not have your DD-214, call our office for help obtaining one.

BRANCH OF SERVICE	DATE ENTERED ACTIVE DUTY (Month / Day / Year)	DATE SEPARATED FROM ACTIVE DUTY (Month / Day / Year)	CHARACTERIZATION OF SERVICE

**SECTION VI: EMPLOYMENT INFORMATION**

18. ARE YOU EMPLOYED?  
 YES    NO   *If "Yes," state the name of your employer and skip to Box 21:*

19. WHO WAS YOUR LAST EMPLOYER? \_\_\_\_\_ 20. WHAT WAS THE LAST DATE YOU WERE EMPLOYED? (Month / Day / Year) \_\_\_\_\_

21. IS YOUR SPOUSE EMPLOYED?  
 YES    NO   *If "Yes," state the name of your spouse's employer and skip to Section VII:*

22. WHO WAS YOUR SPOUSE'S LAST EMPLOYER? \_\_\_\_\_ 23. WHAT WAS THE LAST DATE YOUR SPOUSE WAS EMPLOYED? (Month / Day / Year) \_\_\_\_\_

**SECTION VII: FINANCIAL INFORMATION**

24A. LIST ALL MONTHLY INCOME FOR YOU AND YOUR SPOUSE			24B. LIST ALL ASSETS YOU AND YOUR SPOUSE OWN		
SOURCE OF INCOME	YOURSELF	YOUR SPOUSE	ASSET	YOURSELF	YOUR SPOUSE
EMPLOYMENT	\$	\$	SAVINGS ACCOUNTS	\$	\$
SOCIAL SECURITY	\$	\$	CHECKING ACCOUNTS	\$	\$
VA BENEFITS	\$	\$	STOCKS, BONDS, OR MUTUAL FUNDS	\$	\$
UNEMPLOYMENT	\$	\$	REAL ESTATE (Other than primary residence)	\$	\$
RETIREMENT PENSION	\$	\$	AUTOMOBILES, HOW MANY TOTAL:	\$	\$
CHILD SUPPORT	\$	\$	TRAILERS, BOATS, OR CAMPERS	\$	\$
OTHER:	\$	\$	BUSINESS THAT YOU OWN	\$	\$
OTHER:	\$	\$	OTHER:	\$	\$

**SECTION VIII: APPLICATION CERTIFICATION AND SIGNATURE**

Please ensure that your application is complete and that you, and if applicable your spouse, reads and signs this certification. By signing below you, and if applicable your spouse, certify that:

- All of the information listed on this application is true and correct to the best of your knowledge and belief.
- You understand that if you did not provide full or correct information on this application you may be required to repay any Veterans Assistance benefits received either voluntarily, through court order, or through the Illinois Local Debt Recovery Program.
- You understand that if you provide fraudulent information to obtain Veterans Assistance benefits you will be reported to the Kane County Sherriff's Office for investigation and prosecution.
- You have received a Notice of Rights and Responsibilities which are listed in Section II of this application.
- You authorize the release of any information from any person, entity, organization, agency, service provider, or employer that the Veterans Assistance Commission of Kane County determines is required to make a determination on your application for Veterans Assistance.

APPLICANT'S SIGNATURE	DATE SIGNED
SPOUSE'S SIGNATURE	DATE SIGNED

STOP, BEFORE YOU SUBMIT THIS APPLICATION, DID YOU ATTACH A COPY OF THE FOLLOWING DOCUMENTS FOR YOU AND YOUR DEPENDENTS:  
 DD-214's    SOCIAL SECURITY CARDS    PHOTO ID's    DEPENDENCY DOCUMENTS (Marriage, birth, divorce, death, adoption, etc.)

## Assistance Programs Through Other Organizations

You may qualify for other assistance programs that are administered by other government, non-profit, or for-profit organizations. We have listed some of those programs on the following pages. None of these programs are administered by the Veterans Assistance Commission of Kane County and we do not have any input in the processing or decision making of any of these programs. These programs are subject to change at any time, please check with the organization for current information. Please note that it is not an exhaustive list of all programs that you may qualify for.

**Two Rivers Head Start Agency - Community Services Block Grant:** This program is designed to provide a range of services which assist eligible clients who live in Kane County to attain skills, knowledge, and motivation necessary to achieve self-sufficiency. The program also may provide clients with immediate life necessities such as food, shelter, or medicine.

Two Rivers Head Start Agency  
1661 Landmark Road  
Aurora, Illinois 60506

Two Rivers Head Start Agency  
418 Airport Road, Suite B  
Elgin, Illinois 60123

(630) 264-1444

(847) 717-6048

**Midwest Shelter for Homeless Veterans - Supportive Services for Veterans Families:** This program provides services to low-income veterans and their families who are homeless or at-risk. The program is funded through the U.S. Department of Veterans Affairs to help stabilize housing through the provision of short-term financial assistance, case management, and supportive services. The program is provided throughout the counties of DuPage, Grundy, Kane, Kendall, and Will.

Midwest Shelter for Homeless Veterans  
433 South Carlton Avenue  
Wheaton, Illinois 60187

(630) 871-8387

**Midwest Shelter for Homeless Veterans - Veteran Employment Program:** This program is a unique opportunity for unemployed and underemployed Veterans to achieve success in finding rewarding and lasting employment. They also help veterans enhance their ability to access a multitude of other services ranging from housing to material goods to ensure a firm footing on their path to success. Participants in this program receive services specifically tailored to their individual needs.

Midwest Shelter for Homeless Veterans  
433 South Carlton Avenue  
Wheaton, Illinois 60187

(630) 871-8387

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**Midwest Shelter for Homeless Veterans - Freedom Commissary:** The Freedom Commissary is the “free” thrift store designed to meet the clothing, household and basic needs of veterans and their families. The store serves veterans of all eras and branches and eligibility is based on need. The program is designed to provide for veterans and their families to help prevent and end homelessness and to promote the development of employment skills. Veterans are able to access the Commissary for items such as basic and work related clothing, household goods, hygiene products, cleaning products, paper goods, furniture, and appliances.

Midwest Shelter for Homeless Veterans  
433 South Carlton Avenue  
Wheaton, Illinois 60187

(630) 871-8387 x617

**Commonwealth Edison - ComEd Helps Activated/Veteran Military Personnel:** CHAMP is a financial-assistance program that offers an optional package of benefits to qualified military personnel who reside within ComEd’s service territory and have fallen behind on their electric bill.

ComEd Helps Activated/Veteran Military Personnel (CHAMP)  
Attention: ComEd/Revenue Management  
PO Box 2550  
Chicago, Illinois 60690

(888) 806-2273

**Nicor Gas – Crisis Situations and Veterans:** Eligible customers who are Veterans can receive a maximum grant up to \$200. Upon applying for this grant it will require company approval and customers must meet income guidelines and that do not exceed 300% of the Federal Poverty Level. To apply, visit your local Salvation Army office in person. If you're approved for a Sharing Grant, the Salvation Army will make payments to Nicor Gas on your behalf.

Salvation Army Gas Sharing Grant  
437 East Galena Boulevard  
Aurora, Illinois 60505

Salvation Army Gas Sharing Grant  
1710 South 7<sup>th</sup> Avenue  
Saint Charles, Illinois 60174

Salvation Army Gas Sharing Grant  
316 Douglas Avenue  
Elgin, Illinois 60120

(630) 897-7265

(630) 377-2769 x209

(847) 741-2304 x13

**U.S. Department of Health and Human Services - Low Income Home Energy Assistance Program:** This program is designed to assist eligible households pay for winter assistance on utility bills. LIHEAP provides a one-time benefit for heat and electric bills. The benefit amount is determined by income, household size, and heating fuel type.

Community Contacts  
1700 North Farnsworth Avenue, Room 13  
Aurora, Illinois 60505

Community Contacts  
100 South Hawthorne Street  
Elgin, Illinois 60123

(847) 697-4400

(847) 697-4400

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**U.S. Department of Veterans Affairs - Housing and Urban Development/Veterans Affairs Supportive Housing:** This program provides permanent housing for eligible homeless veterans who are single or eligible homeless veterans with families. The program is developed for the homeless veteran, so eligible veteran families must include the veteran.

Edward Hines Jr. VA Medical Center  
Health Care for Homeless Veterans  
5000 South Fifth Avenue  
Building 228, Fourth Floor, Room 4101  
Hines, Illinois 60141

(708) 202-4961

**Illinois Department of Human and Family Services - Temporary Assistance for Needy Families (TANF):** This program is for families with children and pregnant women who need temporary cash assistance. Those receiving TANF also receive medical assistance. Most TANF families also receive SNAP benefits to buy food.

Illinois Department of Human and Family Services  
361 West Old Indian Trail  
Aurora, Illinois 60506  
(630) 844-7400

Illinois Department of Human and Family Services  
700 South State Street  
Elgin, Illinois 60123  
(847) 931-2700

**Illinois Department of Human and Family Services - Supplemental Nutrition Assistance Program:** This program helps low-income people and families buy the food they need for good health. Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores. The program is managed by the Food and Nutrition Service of the United States Department of Agriculture. The Department of Human Services administers the program in Illinois.

Illinois Department of Human and Family Services  
361 West Old Indian Trail  
Aurora, Illinois 60506  
(630) 844-7400

Illinois Department of Human and Family Services  
700 South State Street  
Elgin, Illinois 60123  
(847) 931-2700

**Township - General Assistance:** General Assistance is a locally administered welfare program which provides monthly financial assistance to persons who do not have adequate income or resources to provide for their own basic needs. To qualify, the individual must meet certain financial and residential criteria, and be ineligible for any other state or federal assistance programs.

Contact your local Township Supervisor for more information.

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