



Kent County Veteran Services

836 Fuller Ave NE
Grand Rapids, MI 49503
Phone: 616-632-5722 Fax: 616-632-5723
KCVS@kentcountymi.gov

Emergency Relief Mission Statement:

*The mission of Kent **County Department Veterans’ Services** is to provide accurate, efficient and timely service to ensure delivery of benefits to Kent County Veterans and their families.*

The Kent County Veterans Service Office can assist with certain emergent financial situations. This aid can only be given to provide relief from a temporary emergent need, it is not meant to be an **ongoing budget supplement**. Each time you request assistance you may be asked to provide proof of **need**, which could include proof of all household income, cash assets, employment, and expenses. You will be asked to provide receipts for all reported expenses. We will review your household budget and may make suggestions on how you can better meet your needs.

We may share any information reported on this form with other agencies that have emergency funds available. You may also be asked to make applications for assistance to another agency before you apply to the Kent County Veterans Service Office for emergency relief.

Appeals Process:

If you feel a decision has been wrongfully made you may request, **in writing**, a review of your application by the full Kent County Department of Veterans’ Affairs Committee. Return your request to the **Kent County Veterans’ Service Office 836 Fuller NE, Grand Rapids, MI 49503**. If you need help preparing this review request, contact Veteran’s Service Office at (616)632-5722 to schedule an appointment to prepare your review request. Please have copies of any information related to your request; including income and expense documents.

Statement of Law:

Any person who shall knowingly, by fraudulent representations, obtain or allow to be obtained any payment or aid provided by Kent County Soldier’s Relief Fund shall be deemed guilty of a felony (if over \$100.00-MCL 750.218) or a misdemeanor (if less than \$100.00-MCL 35.609) and upon conviction shall be subject to a fine of \$5,000 or 10 years imprisonment, or a fine of \$500. and/or imprisonment of 6 months, respectively, at the discretion of the courts. (P.A. of 9 of 1946, as amended)

Applicant Signature:

I _____ **Date:** _____ **understand the above statements.**

1. VETERAN'S NAME (Last, First, Middle Initial)	2. Social Security Number		3. COUNTY OF RESIDENCE Kent
4. STREET ADDRESS	CITY	ZIP CODE -	5. PHONE NUMBER - -
6. Date of Birth	7. IS THE VETERAN DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO		8. HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO
Dated Entered Military: / /	Date of Discharge: / /		EMAIL:

Authorizing Official: _____ **Approved** **Disapproved**