THE AMERICAN LEGION

Department of North Carolina

VETERAN ELIGIBILITY VERIFICATION OF INDIVIDUAL

Confirms the identity of the person requesting help and whether they meet
the identity and/or Veteran-status requirements to receive Post assistance.
Verify only what the Post's authorized process requires. Use the least intrusive method.

Post Name / Number: _____ **Date:** _____

Request / Case Number (if any): _____ **Verifier:** _____

1. IDENTITY OF PERSON REQUESTING HELP

Full Legal Name: _____ Date of Birth: _____

Current Address: _____

Phone: _____ Email: _____

Photo ID presented (type and last 4 digits or number — only as required):

_____

Identity verified by (method): ☐ Visual match to photo ID ☐ Other authorized method: _____

2. VETERAN STATUS / ELIGIBILITY FOR POST ASSISTANCE

Is the person requesting help the Veteran? ☐ Yes ☐ No — relationship: _____

Veteran's full name (if different): _____

Proof of Veteran status / eligibility presented (check what was used — only as required by Post process):

☐ DD-214 or equivalent ☐ Current American Legion membership card ☐ Active duty orders

☐ VA verification / letter ☐ VA Healthcare ID _____ ☐ VA Disability Rating _____ ☐ 100% VA Rating

☐ Other: _____

Character of discharge / status (if applicable and required): _____

American Legion membership (if applicable): Post # _____ Member ID: _____

3. RELATIONSHIP DOCUMENTATION (only if required for family member request)

☐ Marriage certificate ☐ Birth certificate ☐ Custody / legal docs ☐ Other

4. VERIFICATION OUTCOME

Identity of the person requesting help confirmed? ☐ Yes ☐ No

Meets Post's identity and/or Veteran-status requirements for assistance? ☐ Yes ☐ No

Notes / limitations (what was verified and what was not required):

_____

5. AUTHORIZED SIGNATURES

Signatures confirm verification was performed according to the Post's authorized process only.

Resource Officer / Verifier Name: _____ Date: _____

Resource Officer Signature: _____

Second Verifier Name (if required): _____ Date: _____

Second Verifier Signature: _____

Verify only what the Post process requires. Do not retain copies of identification or documents unless specifically authorized and with secure handling.

This form addresses Post assistance requirements only. Outside programs determine their own eligibility.