THE AMERICAN LEGION

Department of North Carolina

ASSISTANCE EFFORT TRACKING FORM

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

Request / Case Number: _____ **Resource Officer:** _____

Requester Name: _____ **Phone:** _____

Use this form to track an assistance effort through the 10-step process. Funds expended must be from the membership-approved budget.

1. Intake

Record basic contact information and brief description of the stated need. Explain the process.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

2. Eligibility Verification

Complete Veteran Eligibility Verification of Individual Form. Confirm identity and Veteran status (least intrusive method).

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

3. Validation of Need

Complete Veteran Validation of Need Form. Confirm need is clearly defined and fits Post guidelines.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

4. Authorization and Privacy

Obtain Authorization to Release Information. Prefer two-person visit if home visit required. Maintain contact log.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

5. Resource Check

Proportionate check of other available resources. Make warm referrals as appropriate.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

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Requester Name: _____ **Case #:** _____

6. Recommendation

Prepare concise recommendation using completed forms. Include estimated amount and recommended action.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

_____

7. Approval Authority

If within RO/SO limit of $_____, approve (if within budget). Otherwise forward to Commander for PEC vote.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

_____

8. Budget Confirmation

Confirm expenditure is authorized by PEC as part of the membership-approved budget. Finance Officer verifies availability.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

_____

9. Execution

Provide assistance in authorized form (vendor payment, gift card, in-kind, or referral — never direct cash). Attach receipts.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

_____

10. Filing and Reporting

File complete case packet with Adjutant. Report activity at PEC meetings. Include totals in annual report.

Scheduled Completion Date: _____ Actual Completion Date: _____

Comments:

_____

Overall Notes / Final Outcome:

_____