THE AMERICAN LEGION

Department of North Carolina

VETERAN VALIDATION OF NEED FORM

Confirms whether the need is clearly defined and fits the Post's direct-assistance guidelines using its authorized local process. Gather only information required for the Post's decision.

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

Request / Case Number (if any): _____ **PRO / Reviewer:** _____

1. REQUESTER INFORMATION (minimum required)

Full Name: _____ Phone: _____

Relationship to Veteran (if not the Veteran): _____

2. DESCRIPTION OF NEED

Type of assistance requested (check all that apply):

☐ Shelter / Rent / Mortgage ☐ Utilities ☐ Food / Essentials ☐ Medical / Dental

☐ Clothing ☐ Temporary Transportation ☐ Other: _____

Clear statement of the specific need (what, amount if known, urgency):

Approximate amount requested (if known): $ _____

3. FIT TO POST DIRECT-ASSISTANCE GUIDELINES

Does the request fit the Post's authorized direct-assistance categories and limits?

☐ Yes ☐ No ☐ Partial / Needs clarification

Notes on fit with Post guidelines / authorized process:

4. OTHER ASSISTANCE RESOURCES (proportionate check)

Record only what the Post process requires. Do not conduct a full investigation of other programs.

Have other available assistance resources been contacted or exhausted as required by Post process?

☐ Yes ☐ No ☐ Not required for this request

Brief notes (agency/program, outcome if known — only as needed for Post decision):

5. SUPPORTING DOCUMENTATION (attach only what Post process requires)

☐ Current bills / invoices ☐ Lease / eviction notice ☐ Other required docs _____

6. VALIDATION DECISION

Is the need clearly defined? ☐ Yes ☐ No — needs more info

Does the request fit the Post's authorized direct-assistance process? ☐ Yes ☐ No

Recommended action: ☐ Proceed to Post approval ☐ Referral only ☐ More info needed

Next Step (Note: If Referral Only, Input Organization & Individual's Name Here):

ADDITIONAL NOTES / DETAILS (page 1)

THE AMERICAN LEGION

Department of North Carolina

VETERAN VALIDATION OF NEED FORM (Page 2)

Requester Name: _____ **Case # (if any):** _____

7. AUTHORIZED SIGNATURES

Signatures confirm the validation was performed according to the Post's authorized local process.

Resource Officer / PRO Name: _____ Date: _____

Resource Officer Signature: _____

Post Officer / Approver Name: _____ Date: _____

Post Officer Signature: _____

ADDITIONAL INFORMATION

Use this space for any further details relevant to the Post's authorized process (proportionate only).