

Walpole Veterans Aid Support Program

The Veteran Services Committee has as a town resource a fund developed from resources voluntarily contributed to the town for support of veterans' programs. In the past this fund has been used for multiple purposes including the conduct of town-wide veteran activities as well as the funding of the Walpole Scholarship Fund for a student of a veteran family. While there are many programs available to support veterans, some have needs that are not fully addressed by the MGL Chapter 115 support program. This Aid program is intended to supplement the existing programs and provide "one-time" support to veterans who have an unfinanced need that would improve their wellness or quality of life but which they cannot afford.

The Walpole Emergency Medical Aid Fund is the resource that should be drawn upon for assistance in medical issues. The Veteran Aid program is intended to provide support in other areas of personal and home care that otherwise impact veteran quality of life. To qualify for support the applicant must be a Walpole resident, a veteran of US uniformed services, and referred to the program by an appropriate service organization. There is no obligation on the part of the requesting veteran/recipient and all information is held in strict confidence.

If you are a resident of the Town of Walpole, a veteran, and in need of some unique financial assistance for a necessary service, please contact a member of the Veteran Services Committee for information about the program or to request an application. The principal contact for the Town is the Veterans Services Officer located in the South Street Senior Center or at 508-660-7325.

Application for Walpole Veterans Aid Program

Referral Information

- Visiting Nurse Council on Aging Clergy
- Veteran Organization (DAV, VFW, American Legion, etc.) Other

Name: _____

Telephone Number: _____

Verification of Financial Need

Applicants Occupation: _____

Employer: Name; address; telephone number: _____

Spouses Occupation: _____

Employer: Name, address; telephone number: _____

- *Please note that further verification of financial need may be requested later.*

Additional Information

Have you received support from the Veterans Aid Program before? Yes No

If yes, in what year(s) _____

(This information will help the committee in record-keeping.)

Please provide any other pertinent information that may be significant to processing this application.

To the best of my knowledge the information contained in this application is true, correct, and complete.

Signature of Applicant: _____ **Date:** _____