DISABLED AMERICAN VETERANS
ALAMO CHAPTER 5
6401 WENZEL ROAD
San Antonio, TX 78233

V.G. CLARK CANCER RELIEF TRUST FUND
REFERRAL FORM

ARE YOU A DAV ALAMO 5 MEMBER (not required for assistance): YES☐ N☐

VETERAN'S NAME: _____

VETERAN'S ADDRESS:_____

VETERAN'S PHONE #_____ EMAIL ADDRESS _____

SUPPORTING DOCUMENT AS A VETERAN: _____MILITARY ID ____VETERAN ID ____ DD 214 _____ VA LETTER

CANCER DIAGNOSIS: YES☐ _____ ACTIVE TREATMENT: YES☐ N☐
(type)

INPATIENT/OUTPATIENT TREATMENT FACILITY:

_____
Address, City, State, Zip code

_____ Last treatment date: _____ Next treatment date: _____
Phone number

FINANCIAL NEED: YES☐ NO☐

DESCRIBE FINANCIAL HARDSHIP AND PROVIDE DOCUMENTATION, IF NECESSARY:

_____

_____

_____

_____

_____

VETERAN'S SIGNATURE: _____ DATE:_____

I verify that the above information is true and correct. If found to be not true or accurate, I will reimburse DAV Alamo 5 all payments made to me or on my behalf.

V.G. CLARK CANCER RELIEF TRUST FUND COMMITTEE

VETERAN CRITERIA MET:

Veteran status verified: YES☐ NO☐

Active cancer treatment: YES☐ NO ☐

Hardship verified: YES☐ NO☐

VG CLARK CANCER RELIEF COMMITTEE:

1. APPROVED ☐ DISAPPROVED ☐ (Name) _____ DATE_____

2. APPROVED ☐ DISAPPROVED ☐ (Name) _____ DATE_____

3. APPROVED ☐ DISAPPROVED ☐ (Name) _____ DATE_____

AMOUNT APPROVED (max $250/month/veteran): _____

PAYMENT # (max 6 months/per veteran/fiscal year) _____ /6

TREASURER:

CHECK #_____ CHECK AMOUNT $ _____ DATE WRITTEN _____

CREDIT CARD AMOUNT $_____ PAYMENT TO _____

VETERAN'S ACCOUNT NUMBER _____ DATE _____