ALAMO CHAPTER 5
Rolling Oaks Baptist Church
6401 Wenzel Road
San Antonio, TX 78233
https://davalamo5.org

V.G. Clark Cancer Relief Fund

Fellow Veteran,

Many of us struggle to cover the costs of our day-to-day living expenses, like housing, utility bills, food and transportation. An uncertain financial picture can be further clouded by an unexpected and untimely hardship. Disabled American Veterans (DAV) Alamo 5 would like to offer you assistance in your time of need.

One of our founding members blessed our organization with a trust fund to assist veterans who are being treated for cancer and in financial hardship, with a small token of financial assistance, up to $250/veteran/month for a maximum of six (6) months, if approved.

The process to request assistance is simple. Please complete the attached form. The veteran does not need to be a DAV member to qualify for this assistance. The criteria are threefold: must be a veteran, currently receiving treatment for cancer, and experiencing financial hardship. All three criteria must be validated with documents.

For example, a valid military or veteran administration ID card or DD214 to confirm your status as a veteran; diagnosis and current treatment of cancer can be validated from your medical record or a letter provided by your doctor; and financial hardship can be shown by a delinquent bill(s), evidence of loss income and total household expenses, or statements explaining financial hardship.

DAV Alamo 5 has a committee which will evaluate each request. The veteran should send all requests and validating documentation to DAV Alamo 5 email, dav.alamo5sa@gmail.com, Please include on the email **Subject Line**: V.G. Clark Request.

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 ☐ NO ☐

VETERAN'S NAME: _____

VETERAN'S ADDRESS: _____

VETERAN'S PHONE _____ EMAIL ADDRESS _____

SUBMIT DOCUMENTATION OF VETERAN STATUS: Government-issued Photo ID Card
MILITARY/ VETERAN/ DRIVER'S LICENSE ____ and DD214 _____

CANCER DIAGNOSIS AND TREATMENT: _____
(Include provider's clinical note of cancer diagnosis and treatment)

INPATIENT/OUTPATIENT TREATMENT FACILITY:

_____
Treatment Facility Name, Address, City, State, Zip code

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

DESCRIBE FINANCIAL HARDSHIP AND PROVIDE DOCUMENTATION, IF NECESSARY:

_____

_____

_____

_____

_____

_____

VETERAN'S SIGNATURE: _____ DATE: _____

I verify that the above information is true and correct. If found not to be true or accurate, I will reimburse DAV Alamo 5 for all payments made to me or on my behalf. Email form to dav.alamo5sa@gmail.com.