



VERIFICATION FORM TO BE COMPLETED BY THE CHAPTER MEMBER

Please answer the questions below to the best of your ability. *Note: It is okay if you cannot personally verify service connection or financial need. The application will still be considered but will require additional verification by MOAA National before an award can be distributed.*

Applicant Eligibility:

The applicant has indicated he/she is a (select all that apply):

- Veteran, retiree/served a full career
- Veteran, did not serve a full career, not medically retired, honorable discharge
- Veteran, medically discharged
- Caregiver of a veteran
- Active duty
- National Guard or Reserve
- Military spouse, active duty
- Military spouse, veteran

Do you or someone in your chapter know the applicant/family? Y or N

If yes, please explain (for example: how long, how you met, etcetera): _____

Is the applicant affiliated with MOAA or your chapter? Y or N

If yes, please explain affiliation: _____

Service Connection Verification

Please check all that apply.

I have verified the applicant or the applicant's spouse is currently serving or has served.
If checked, please explain how you verified (for example: we served together, the applicant was verified through the local VA, etcetera): _____

I am not able to verify the applicant's service.
If checked, please select one of the following options:
o I believe the applicant is truthful in stating their connection to the service. Please explain:

- I cannot definitively determine whether the applicant was truthful in stating their connection to the service.
- I am suspicious of the applicant's connection to the service and recommend additional verification efforts prior to awarding a grant. Please explain: _____

Do you believe the applicant is experiencing financial need as a result of COVID-19?

Y or N

Please explain: _____

Do you believe the supporting documentation the applicant provided is sufficient in proving their need resulting from the COVID-19 crisis? Y or N

If no, what additional supporting documentation do you recommend? _____

Do you believe this applicant should be considered for a grant? Y or N

Additional comments: _____

Your name: _____

Chapter: _____

Your email: _____

Best phone number to reach you: _____

Date application received: _____

Date evaluation completed: _____

Please send this completed form, along with the application and supporting documentation to relief@moaa.org for review by the MOAA national staff/committee. If the applicant consented to disclosing the awarded status to you or your chapter, we will contact you once a decision has been made. Thank you for your help!