

# Poway Veterans Organization

## Assistance Application

Date: \_\_\_\_\_

### **Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Please attach a copy of DD form 214, Certificate of Release or Discharge from Active Duty.

### **General Need(s):**

Home repairs

Medical

Counseling

Legal

Transportation \*

Family

Meals/food

Veterans Administration  
Services

Other \_\_\_\_\_

\* PVO Transportation Assistance is limited to financial aid for vehicle registration and vouchers for public transportation.

**Specific Need(s):** (please provide details)

---

---

---

---

---

NOTE: These are guidelines only and there may be financial limitations that will be addressed on a case by case basis. Your request will be reviewed by a panel of three, and then submitted to the PVO Board for approval. A member of the review committee will contact you directly to discuss the requested assistance before the application is passed to the PVO Board for approval. The PVO is committed to safeguarding the privacy of veterans requesting our assistance and your personal information will not be made public at any time without your express written consent.