## THE AMERICAN LEGION / AMERICAN LEGION AUXILIARY DEPARTMENT OF LOUISIANA JOINT CHILDREN AND YOUTH

## APPLICATION FOR DIRECT AID

|    | APFISI                                      | CANT'S  | PHOME:    |               |                                       |  |
|----|---|---------|-----------|---------------|---------------------------------------|--|
| 1. | APPLICANT'S NAME:                           |         |           | ·             | · .                                   | 8  |
|    | SPOUSE:                                     |         | 9         |               |                                       |  |
| 2  | B. Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti- |         |           | 25.           |                                       |  |
| ۷. | ADDRESS:                                    |         |           | CITY          | STATE                                 | ZIP  |
| 3. | DEPENDENTS UNDER 18 YEARS OF                | AGE:    |           |               |                                       |  |
|    | X   |         |           | 44            | AGES                                  |  |
| 4. | LEGION MEMBER POST #                        |         | AUXILIAR  | MEMBER UNIT # |                                       | ·  |
| 5. | . REASON FOR AID:                           |         |           |               |                                       | 17.15. V. 16.1 |
| 6. | . IMMEDIATE MEDICAL \$                      |         |           | UTILITIES     | \$                                    |  |
|    | EXPENSES:                                   |         |           | SHELTER       |                                       |  |
|    |   |         |           | OTHER         |                                       | <u>C</u>   |
|    |   | 49      |           | (EXPLAI)      | 4)                                    | 196<br>197   |
|    |   |         |           |               |                                       |  |
| 7. | . SOURCES OF INCOME: SOURCE:                |         |           | AMOUN         | T:                                    | -  |
|    | SOURCE:                                     |         |           | AMOUN         | T:                                    |  |
|    | SOURCE:                                     |         |           | MOUNA         | т:                                    |  |
| 8. | . RECORD OF FATHER OF ABOVE CH              | ILDREN: |           | (W)           |                                       |  |
|    | FULL NAME:                                  |         |           | SOCIAL SECU   | RITY #                                | ·  |
|    | DATE & PLACE OF BIRTH:                      |         |           |               |                                       |  |
|    |   |         |           | · ·           | · · · · · · · · · · · · · · · · · · · |  |
|    | PRESENT ADDRESS:                            |         |           | <u></u>       |                                       |  |
|    | OCCUPATION:                                 | ·       | MONTHLY S | SALARY: \$    | -                                     | •  |
| 9. | RECORD OF MOTHER OF ABOVE CH                | ILDREN  | •<br>*    | 40            |                                       | P  |
|    | FULL NAME:                                  |         |           |               |                                       | ···  |
|    | DATE & PLACE OF BIRTH:                      |         |           |               |                                       |  |
|    |   |         |           |               | *                                     | 200  |

| OCCUPATION:  | MONTHLY SALA  | RY: \$   |  |
|--|---|--|--|
| 10.MILITARY SERVICES RECORD: (1  | ESSENTIAL FOR PROCES  | SING APPLICATION)  |  |
| WHO IS VETERAN? FATHER OF  | R MOTHER OR BOTH  |  |  |
|  |   |  |  |
| (7) CTAIM NOD. ITE AND   |   |  |  |
| VA CLAIM NBR: (IF ANY)   | 1   |  | <del></del>  |
| DATE & PLACE INDUCTION   | · · · · · · · · · · · · · · · · · · ·   | E .  |  |
|  | OR APPLICANT TO WRIT  | E HIS/HER CIRCUMSTANC  | ES)  |
| THE AMERICA  | N LEGION / AMERICAN   | LEGION AUXILIARY   | 200 0  |
|  | DEPARTMENT OF LOUIS JOINT CHILDREN AND  |  |  |
| -  |   |  |  |
| 11. RECOMMENDED BY:  |   |  |  |
| (POST COMMAN   | DER/ADJUTANT)   | UNIT PRESIDENT/S   | ECRETARY   |
|  |   |  |  |
| ADDRESS  |   |  |  |
| 12. APPROVED FOR PAYMENT \$  |   |  |  |
| <u></u>  |   | er e   | 2  |
| SIGNED   | ,   |  |  |
| CHAIRMAN OF JOINT CHI  | LDREN AND YOUTH COM   | MISSION OR FINANCE CO  | MMISSION   |
| 13. PAID CHECK #   | AMOUNT \$   | DATE PAID  |  |
| 14 MAKE CHECK PAYABLE TO: APP  | LICANT'S NAME (SEE  | ITEM #1)   |  |
| 15. MAIL CHECK TO POST COMMAND   | יישקרדסקס יידותו או או  | יי דאס השיודוידטע (פסד ד   | TPM #111   |
|  | an out that the   | r row hearwhere frame r  | rent writ  |
| 16. DEPARTMENT SECRETARY OR F  | 'INANCE CHAIRMAN OF A   | AUXILIARY  |  |
| NOTE: HAVE APPLICANT WRITE   | TN HTS/HER OWN HAN  | DWRTTING HIS/HER PE  | F CENT   |
| CIRCUMSTANCES  | many managery hadden't writer account   |  | actions and April 18-7 (A.   |
| **************************************   |   | g at t   | a  |
| Applicant's Signature:X  | (BI of a second |  | ON THE RESERVE OF THE PROPERTY |
|  | inor varia duress   | s signed by applicar   | 10)  |
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| - 19              |                                       | ¥ (*)                                 | DEPARTM<br>JOINT CE                   | ENT OF L                                      | OUISIANA                                | er ·       | 8 B  | *     |                                       |
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