

# **ASSISTANCE PROGRAMS**

The previous Disaster Program and Blood Assistance Program funds have been consolidated into the current Department Assistance Fund, and there is no longer a requirement for a Post to contribute to the Assistance Programs Fund.

## **DISASTER ASSISTANCE**

The primary purpose of this fund is to provide our members' assistance of up to \$1,000.00 emergency relief assistance in case property is lost due to a fire, flood or other disaster and reimbursement for costs associated with blood replacement

### **COVERAGE**

All members in good standing within the Post could receive up to \$1,000.00 as emergency disaster relief upon approval of their application by the Department of California. To make a claim, use Disaster Claim Application Form (Form-7b) when requesting Disaster Assistance.

### **DISASTER ASSISTANCE GUIDELINES**

- Any person receiving funds from the Assistance Fund must be a member in good standing of the Veterans of Foreign Wars, Department of California.
- To qualify for an Assistance Fund claim, a member's recruitment date has to be at least 90 days prior to placing a claim. A person who is qualified to receive Assistance is the owner of his home and is living in it at the time of disaster. A valid claim on a member's home must first be substantiated by a Post Commander or Chairman who will investigate this to be true, and then submit the claim to Department Headquarters, who will then determine the amount of such claim, not to exceed \$1,000.00.
- Broken pipes, household accidents, or minor damages to personal property not due to a major catastrophic event are not eligible for filing a claim under the Assistance Program.
- Under no circumstances shall this be used for VFW member/landlords who have suffered a loss to rental property or for losses incurred by a business or businesses owned by a member of the VFW.
- After any disaster, fire, flood, or earthquake, a mandatory cut-off date will be established. The aforementioned starts from the 1<sup>st</sup> day after the event and extends for thirty (30) days thereafter. This time limit may be extended at the discretion of the State Commander and the Safety/Recognition Chairman.

## **BLOOD ASSISTANCE**

This program should not be considered an insurance carrier or company. Our Blood Assistance Program has been revised to make certain that members of our Posts will be able to obtain a reimbursement for blood costs that are **not** covered by any private insurance carrier. To find out where you can donate visit [www.givelife.org](http://www.givelife.org) or call 1-800-GIVE-LIFE, 1-800-448-3543.

## **COVERAGE**

All members in good standing and their immediate family members residing in the VFW Member's home are eligible to receive the cost equivalent of a total of ten (10) pints of blood in each fiscal year (July 1 through June 30).

There will be no benefits for any member who joins the VFW for the purpose of placing a burden on the VFW or has a pre-existing hemophilia condition.

## **BENEFIT**

The equivalent cost of up to ten (10) pints of blood that has been used due to illness or accident, not covered by any other health, accident or blood replacement insurance.

## **BLOOD REPLACEMENT GENERAL INFORMATION**

Complete a Blood Assistance Request for Reimbursement (Form-1b). All information required is to be furnished or the request will be returned to sender for compliance. A final hospital or blood bank bill or statement, or copy of same, showing the amount of blood used, not covered by other insurance or paid for by other means MUST accompany the request. A letter from the insurance carrier must also be submitted to show that insurance does not cover the replacement. All requests must be signed by the Post Commander or Quartermaster, or Auxiliary President or Treasurer, whichever applies, confirming year and date dues were paid by person for which blood replacement is being requested. There is a limit of ten (10) pints per year to any recipient. This includes the payment of processing fee (1 for 1, 2 for 1 or 3 for 1) of blood used.

Blood replacements will not be used for paying bills (any type) except where blood is used, I.E., shots for blood disorder.

## **PROCESSING FEES**

Processing Fees will be paid in cash when the blood bank or hospital issuing the blood will not accept blood as a replacement. Processing fees must be shown on the hospital bill or blood bank bill as such and will show if blood replacement is 1 for 1, 2 for 1 or 3 for 1, payment to hospital or blood bank only. VFW will only pay the processing fee to a maximum of ten (10) pints of blood.

## **CLAIMS**

No claims over six-months old will be acted upon.

## **HOW TO REPORT**

All activities should be reported on-line via the Department website under **Safety/Recognition/Assistance** at <http://www.vfwca.org> (Member Tools) ***and*** by submitting a report (Form-12) to the Department Safety and Recognition Chairman.

***Important!*** – To qualify for awards a Post **must send a copy** of the Program Reporting (Form 12) to the Department Chairman with all applicable attachments.