TAZEWELL COUNTY
VETERANS ASSISTANCE COMMISSION

Guide of Services and Eligibility Standards

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SECTION 100
TAZEWELL COUNTY VETERANS ASSISTANCE COMMISSION MISSION

The Tazewell County Veterans Assistance Commission (TCVAC) is a County Governmental Agency operated by and for U.S. veterans. The TCVAC provides aid to those indigent veterans and their families residing in Tazewell County, who may qualify for assistance and is authorized to act as the central committee for veterans' assistance in Tazewell County under the Illinois Military Veterans Assistance Act (330 ILCS 45/1 *et seq*.) TCVAC is funded in accordance with the provisions of the Illinois Counties Code (55 ILCS 5/5-2006 *et seq*.).

The TCVAC consists of one Delegate and one Alternate appointed by each post, chapter, unit, camp, ship, detachment, state chartered or other locally domiciled veterans service organization. Additionally, the officers of the TCVAC are selected from the Delegates and Alternates to the Commission. The Board of Appeals is also comprised of individuals elected from the TCVAC membership.

The TCVAC and the County Board of Tazewell County have adopted standards, rules and procedures, as outlined herein, and said standards, rules and procedures are subject to change at the discretion of and upon agreement of the Commission and the County Board.

The TCVAC adopts, as general authority, the standards and policies set forth here-in under the rule making authority granted to the TCVAC under the Military Veterans Assistance Act (330 ILCS 45/1 *et seq*.).

Each county, where there is a Veterans Assistance Commission functioning, serves the veterans and/or families of that county. The standards, rules and procedures contained in this Handbook apply only in Tazewell County and not to any financial assistance program provided by Veterans Assistance Commissions operating in any other counties.

The TCVAC is a member organization of IACVAC and NACVSO. NACVSO is also a United States Congress chartered veterans' service organization, recognized by USDVA to represent veterans.

SECTION 200
VETERANS ASSISTANCE

Veterans Assistance, provided through the TCVAC, is designed to provide needed services to eligible veterans and families who, according to written standards adopted and applied consistently by the TCVAC, are in need of meeting basic living expenses/advocacy services.

The Military Veterans Assistance Act states that "the VAC shall provide needed services to eligible veterans" (330 ILCS 45/9(n)). This assistance is paid exclusively to qualifying General Under Honorable and Honorably Discharged Veterans of the United States Armed Forces, their surviving spouses and/or their dependents ("qualifying veterans"). Financial assistance is only granted to qualifying veterans living in the County of Tazewell, Illinois.

Applicants/recipients are also required to apply for all other financial benefits and to avail themselves of all potential resources for which they may qualify and to avail themselves of such benefits at the earliest possible date. Such benefits can be the SSVF as offered through the U.S. Department of Veterans Affairs, the AIMS grant as offered through Ameren Illinois, the Tazwood program as offered through a Community Action Agency, and if there are dependent children, the TFA program through the American Legion.

The eligibility of each adult in the assistance unit is dependent upon the individual maintaining good standing with the Goodwill Veterans Employment Program and fulfilling requirements stated in the Notice of Rights and Responsibilities of the Goodwill Program signed by applicant, unless exempt as previously described.

SUB-SECTION 201
MILITARY VETERANS ASSISTANCE ACT

Sec.1: The term "Administrator of military veteran's assistance", as used in this Act, shall be construed to mean all persons whose duty it is, under the existing statutes, to care for, relieve or maintain, wholly or in part, any person who may be entitled to such assistance under the statutes of the State of Illinois. This Act shall not infringe upon the mandated powers and authorities vested in the Illinois Department of Veterans' Affairs. (Source: P.A. 104-234, eff. 8-15-25) (330 ILCS 45/1) (From Ch. 23, par. 3081)

Sec.2: For the just and necessary assistance and services of military veterans, who served in the Armed Forces of the United States, whose last discharge from the service was

honorable or general under honorable to be eligible for assistance, their families, and the families of deceased veterans with service as described in this Section who need such assistance and services. The supervisor of general assistance or the county board shall provide such sums of money as may be just and necessary to be drawn by the commander, quartermaster or commandant of any veteran service organization, in the city or town, or the superintendent of any Veterans' Assistance Commission of the county, upon the recommendation of the assistance committee of the veterans service organization or Veterans' Assistance Commission. If any supervisor of general assistance or county board fails or refuses after such recommendation to provide any just and necessary sums of money for such assistance, then the veteran service organization or the superintendent of any Veterans' Assistance Commission located in the district of such supervisor of general assistance or such county board shall apply to the circuit court of the district or county for relief by mandamus upon the supervisor of general assistance or county board requiring him, her or it to pay, or to appropriate and pay such sums of money, and upon proof made of the justice and necessity of the claim, the circuit court shall grant such assistance. Such sums of money shall be drawn in the manner now provided under Section 5-2006 of the Counties Code and Section 12-21.13 of the Illinois Public Aid Code. Orders of commanders, quartermasters, commandants or superintendents of those veterans service organizations or those Veterans' Assistance Commissions shall be proper warrants for the expenditure of such sums of money. (Source: P.A. 102-732 eff. 1-1-23; 102-1132 eff. 2-10-23) (330 ILCS 45/2) (From Ch. 23, par. 3082)

Sec.3. In case there is no veteran service organization, in any town in which it is necessary that such assistance as provided in Section 2 should be granted, the administrator of military veterans assistance shall accept and pay the orders drawn, as hereinbefore provided by the commander, quartermaster or commandant of any veteran service organization, upon the recommendation of an assistance committee, who shall be residents of the said town in which the assistance may be furnished. (Source: P.A. 102-732 eff. 1-1-23) (330 ILCS 45/3) (From Ch. 23, par. 3083

Sec.4. Upon the taking effect of this Act, the commander of any post or camp of a military veterans organization, which shall undertake the assistance of military veterans and their families, as hereinbefore provided, before the acts of the commander, quartermaster or commandant shall be operative in any city or town, shall file with the city clerk of such city or town clerk of such town, or administrator of military veterans assistance of such town or county, a notice that said veteran service organization or Veterans Assistance Commission intends to undertake such assistance as is provided by this Act, and such notice shall contain the names of the assistance committee of the veteran service organization or

Veterans Assistance Commission in such city or town, and the commander and other officers of said veteran service organization or Veterans Assistance Commission. And the commander of the veteran service organization or superintendent of the Veterans Assistance Commission shall annually thereafter, during the month of October, file a similar notice with the city or town clerk, or the administrator of military veterans assistance, also a detailed statement of the amount of assistance furnished during the preceding year, with the names of all persons to whom such assistance shall have been furnished, together with a brief statement in such case from the assistance committee upon whose recommendation the orders were drawn. Any person who fails or neglects so to do at the time required by this Act shall be guilty of a petty offense and fined $250 to be recovered in the name of the county in the circuit court. (Source: P.A. 102-732 eff. 1-1-23) (330 ILCS 45/4) (From Ch. 23, par. 3084)

Sec.5. The auditing board of any city or town, or the administrator of military veterans assistance of any city, town or county, may require of the commander, quartermaster or commandant of any veteran service organization, or superintendent of any properly organized Veterans Assistance Commission, undertaking such assistance in any city or town, a bond with sufficient and satisfactory sureties for the faithful and honest discharge of their duties under this Act.
(Source: P.A. 102-732 eff. 1-1-23) (330 ILCS 45/5) (From Ch. 23, par. 3085)

Sec.6. Military veterans with families and the families of deceased veterans, shall, whenever practicable, be provided for and assisted at their homes in such city or town in which they shall have a residence, in the manner provided in Sections 2 and 3 of this Act. (Source: P.A. 102-732 eff. 1-1-23.) (330 ILCS 45/6) (From Ch. 23, par. 3086)

Sec.7. In case there shall be within the limits of any city or town more than one post or camp of military veterans organizations, it shall be the duty of the commander, quartermaster, or commandant of each veteran service organization within such limits, to send to the commander, quartermaster, or commandant of every other veteran service organization, as the case may be, within said limits, on the first day of each month, a written list of the names of all persons to whom assistance has been granted during the preceding month, under the provisions of this Act.
(Source: P.A. 102-732 eff 1-1-23) (330 ILCS 45/7) (From Ch. 23, par. 3087)

Sec.8. The commander, quartermaster, or commandant of any veteran service organization or the superintendent of any county Veterans' Assistance Commission of Illinois shall annually report to the Governor, on or before the first day of January of each

year, such portions of the transactions of the aforementioned veteran service organization or Veterans Assistance Commission relating thereto as the commander or superintendent may deem to be of interest to that organization and the people of the State. A copy of that report shall be provided to the president or chairperson of the county board and shall be made publicly available online.
(Source: P.A. 102-732 eff 1-1-23; 102-1132 eff. 2-10-23) (330 ILCS 45/8) (From Ch. 23, par. 3088)

Sec.9. In counties having 2 or more veteran service organizations as may be recognized by law, a central assistance committee may be organized to be known as the Veterans Assistance Commission of such county, composed of one delegate and one alternate from a majority of such veteran service organizations annually as determined by each veteran service organization. When so organized a Commission shall be clothed with all the powers and may be charged with all the duties theretofore devolving upon the different veteran service organizations within the county as provided in Section 2.

The Commission and its selected or appointed superintendent shall have oversight of the distribution of all moneys and supplies appropriated by the county for the benefit of military veterans and their families, subject to such rules, regulations, administrative procedures or audit reviews as are required by this Act and as are necessary as approved by the Commission to carry out the spirit and intent of this Act. No warrant authorized under this Act may be issued for the payment of money without the presentation of an itemized statement or claim, approved by the superintendent of the Commission.

Each Veterans Assistance Commission shall perform an annual audit in accordance with the Governmental Account Audit Act using either the auditing services provided by its respective county of the services of an independent auditor whose services shall be paid for by the Commission. A copy of that audit report shall be provided to the president or chairperson of the county board.

Veterans Assistance Commissions and county boards subject to this Act shall cooperate fully with the boards, commissions, agencies, departments, and institutions of the State. The funds held and made available by the county, the State, or any other source shall be subject to financial and compliance audits in accordance with the Illinois State Auditing Act.
The Veterans Assistance Commission shall be in charge of the administration of any benefits provided under Articles VI and IX of the Illinois Public Aid Code for military veterans and their families.

The Veterans Assistance Commission shall represent veterans in their application for or attempts to obtain benefits and service through State and federal agencies, including representing veterans in their appeals of adverse decisions.

The Superintendent of the Veterans Assistance Commission and its employees must comply with the procedures and regulations adopted by the Veterans Assistance Commission and the regulations of the Department of Human Services.

To further the intent of this Act of assisting military veterans, this Act is to be construed so that the Veterans Assistance Commission shall provide needed services to eligible veterans. (Source: P.A. 102-484 eff 8-20-21; 102-732 eff 1-1-23; 102-1132 eff 2-10-23) (330 ILCS 45/9) (From Ch. 23, par. 3089)

Sec.10: The executive powers of the Commission shall be vested in a superintendent selected or appointed by a vote from a majority of the full Commission membership and who shall have received an honorable discharge from the armed forces of the United States.

Superintendent vacancies shall be filled, whether long-term or temporarily, at the next regularly scheduled full Commission meeting or within 30 days at a specially convened meeting, whichever comes sooner, and shall be selected by a vote from a majority of the full Commission membership.

The designated superintendent of the Veterans Assistance Commission of the county shall, under the direction of the Commission, have charge of and maintain an office in the county building or a central location within the county, to be used solely by the Commission for providing the just, necessary, and needed services mandated by law.

The county board shall, in any county where a Veterans Assistance Commission is organized, in addition to sums appropriated for these just, necessary, and needed services as provided by law and approved by the Commission under this Act, appropriate such additional sums, upon recommendation of the Veterans Assistance Commission, to properly compensate, in accordance with the requirements of subsection (g) of Section 9 and subsection (e) of this Section, the officers and employees required to administer such assistance. The county board shall also provide funds to the Commission to reimburse the superintendent, officers, delegates and employees for certain expenses which are approved by the Commission. The superintendent and other employees shall be employees of the Veterans Assistance Commission, and no provision in this Section or

elsewhere in this Act shall be construed to mean that they are employees of the county.

Superintendents, subject to rules formulated by the Commission, shall select, as far as possible, Veteran Service Officers and other employees from among military veterans, including those who have served or may still be serving as members of the Illinois National Guard or a reserve component of the armed forces of the United States, who did not receive a bad conduct or dishonorable discharge or other equivalent discharge thereof, or their spouses, surviving spouses, or children. Employees of the Commission shall be at-will employees.

In a county with less than 2,000,000 inhabitants, the superintendent may, in conformance with subsection (f) of Section 3-9005 of the Counties Code, request from the State's Attorney serving the county in which the Veterans Assistance Commission is located, an opinion upon any question of law relating to a matter in which the county Veterans Assistance Commission may be concerned. With regard to matters involving Section 9 or 9 or subsection (a), (b), or (c) of Section 10, the State's Attorney shall confer with the Office of the Attorney General before rendering an opinion.

Superintendents of all counties subject to this Act, when required by the Commission, shall give bond in the sum of $2,000 for the faithful performance of their duties.

All persons selected or appointed to fill positions provided for in this Section shall be exempt from the operation and provisions of any civil service act or laws of this State, the secretary of the Commission shall be appointed by the superintendent. (Source: P.A. 102-56 eff. 7-9-21; 102-732 eff. 1-1-23; 102-1132 eff. 2-10-23) (330 ILCS 45/10) (From Ch. 23, par. 3090)

Sec. 11: (Repealed).
(Source: P.A. 87-796. Repealed by P.A. 102-732 eff. 1-1-23)

Sec. 12: Home rule. A home rule unit may not operate, act, or fail to act in a manner that is inconsistent with the provisions of this act. This Section is a limitation under subsection (i) of Section 6 of Article VII of the Illinois Constitution on the concurrent exercise by home rule units of powers and functions exercised by the State. (Source: P.A. 102-1132 eff. 2-10-23)

SUB SECTION 202
MANDATORY FUNCTIONS

A mandatory function of the VAC is to provide financial assistance to eligible veterans, the eligible surviving spouse of a veteran, and the minor children of a veteran not in the veteran's custody. Eligibility for financial assistance is done in accordance with written standards approved by the Veterans Assistance Commission. Financial assistance may only be approved for basic living expenses such as food, shelter, utilities, personal needs, transportation, and independent living expenses.

Veterans' assistance is never given in cash. All housing and utility costs are paid directly to the person or agency(s) to which payment is due. Vouchers for food or fuel, when proven necessary, are given. Vouchers are only provided to local merchants for whom a payment agreement has been prearranged between the vendor and the TCVAC. Assistance is only granted for services provided within the boundary of Tazewell County. Eligible Veterans and dependents are also advised and referred to the numerous food pantries available for use in Tazewell County.

The Veterans Assistance Program consists of interim financial assistance and should not be considered an on-going financial supportive program over any considerable period of time. The Military Veterans Assistance Act states that "the VAC shall provide needed services to eligible veterans". (Source: P.A. 102-484 eff. 8-20-21; 102-732 eff. 1-1-23; 102-1132 eff. 2-10-23)) (330 ILCS 45/9 (n)) (From Ch. 23, par. 3089)

Veterans Assistance is assistance paid exclusively to those Veterans who possess an Honorable or General Under Honorable conditions discharge from the United States Armed Forces, their surviving spouses and/or their dependents. Financial assistance is made available simply because of their eligible military service and their financial need for this assistance.

SUB SECTION 203
DISCRETIONARY FUNCTIONS

VA Claims Representation: Assist veterans and their family members in the filing of claims for various programs authorized by the United States Government and maintained by the US Department of Veterans Affairs. These programs include Disability Compensation, Pension, Dependents Indemnity Compensation, Headstones, and College programs. Success of this function results in reducing the clients need for financial assistance under the VAC's mandatory function and reduces the need for other County funded and non-funded social services.

Transportation: Assistance with payments or reimbursements for transportation is budget dependent and at the discretion of the Veterans Assistance Commission. This assistance does not affect EVA.

Emergency Veterans Assistance (EVA): One-time financial assistance every 12 months that may be available to an applicant that meets the written eligibility requirements for EVA.

Indigent Veterans Burial: The Superintendent administers the Indigent Veterans Burial program for the County Government. This program does not utilize any VAC funds.

Advocacy Services: Advocacy services include representing, and/or working closely with, and/or applying to the proper local, state or federal agencies or local intervention with vendors such as landlords or utility companies, to procure benefits and insure the rights and benefits that each veteran is entitled to have been granted to the veteran, surviving spouse, and/or dependent.

Referral Services: The VAC Office works with many local government and social service agencies in order to provide VAC clients with valuable services helpful to their specific need.

SECTION 300
SERVICE AND RESIDENCY ELIGIBILITY REQUIREMENTS

All applicants for assistance from the TCVAC must meet the eligibility requirements set forth in the following sub-sections. Additionally, cooperation throughout the application process by applicants for assistance is required for the TCVAC to determine eligibility.

For the purposes of the TCVAC, the Armed Forces of the United States are deemed to include the United States Army, United States Navy, United States Marine Corps, United States Air Force, United States Space Force, United States Coast Guard and all organizations listed in the most current edition of the USDVA handbook, *Federal Benefits for Veterans and Dependents*.

SUB-SECTION 301
DOCUMENTATION OF HONORABLE DISCHARGE

Applicants for assistance from the TCVAC must present a DD-214 or Certificate of Service showing Honorable Discharge or General Under Honorable Conditions. If the applicant does not have a DD-214 or Certificate of Service, he/she must authorize the TCVAC to obtain a copy from the appropriate U.S. Department of Defense records center. A request through NPRC for a certified copy of Veteran's DD214 will be required for applications.

Applicants must provide the TCVAC with true and complete information. If an applicant makes a misrepresentation to obtain benefits or fails to reimburse the TCVAC, the applicant shall be red flagged for a minimum of twelve (12) months. If an applicant makes a misrepresentation to obtain benefits, that applicant may also be: (a) fined, (b) charged with a crime, and/or (c) sued for fraud.

Eligible Veteran for VAC Assistance – *A veteran whose last period of active military service was Honorable and met the time in service requirement for the era in which the veteran served unless the veteran was discharged for a disability incurred in the line of duty that was found to be service connected by the US Department of Veterans Affairs*

The Last Period of Service refers to veterans who had more than one period of active military service and more than one discharge.

Honorable Discharge is a discharge in which the character of discharge is described as Honorable and General Under Honorable Conditions.

Active Military Service is full time service in a branch of the United States Military as opposed to Reserve duty where a member is still in the military but not actively engaged. Active duty for training, service as a Cadet or Midshipman at the United States Military Academy, the United States Naval Academy, United States Coast Guard Academy, United States Air Force Academy, or in any component of the Reserve Officers Training Corps is not considered as qualifying service.

Veterans Who Began Active Service after September 7, 1980 must complete a minimum of 24 consecutive months of active duty or one day of combat during a period of hostilities as recognized by the President and Congress of the United States of America.

Veterans Who Began Active Service Before September 8, 1980 must complete a minimum of 181 consecutive active duty days or one day of combat during a period of hostilities as recognized by the President and Congress of the United States of America.

Reservists or National Guard Members who were involuntarily activated or federalized by the President of the United States or the Secretary of Defense during a period of hostility, served in the theater of hostility, and completed the term for which the member was activated.

Any Honorably Discharged Reservist or National Guard Member who was federally activated and served honorably for a minimum of 24 consecutive active duty months for service other than active duty for training or the full period for which they were called or ordered to active duty.

Service Connected Disability – A chronic illness or injury found to be related to the veterans' military service to a degree of 0% or greater by the US Department of Veterans Affairs.

Student – Applicants and recipients who are attending school and not employed are considered to have removed themselves from the workplace voluntarily.

SUB-SECTION 302
U.S. CITIZEN STATUS

To be eligible for Veterans Assistance from the TCVAC, an applicant must be a U.S. Citizen or a legal resident of the United States.

SUB-SECTION 303
STATE AND COUNTY RESIDENCY

A person is a resident when he/she is physically present in and considers Tazewell County, Illinois to be his/her place of residence and has no present intent to move from Tazewell County. Residence, for the purposes of the TCVAC, is defined as where the person is living voluntarily, not for a temporary purpose, but the place he/she considers his/her permanent home. Therefore, all veterans, and their families, seeking assistance from the TCVAC shall be residents of the State of Illinois and shall have been residents of the County of Tazewell for at least sixty (60) consecutive days prior to seeking assistance, with no present intent to move from Tazewell County.

Proof of residency must be furnished if required by the TCVAC Superintendent. Acceptable proof of residency may consist of, but is not limited to, the following:

1. Driver's License or State Identification

2. Voter's Registration Card;
3. Copy of a current residential lease in the applicant's name;
4. Copy of recent utility bill (electric, water, gas, phone) with applicant's name
5. Current receipt of rent paid to a hotel or motel located within the County of Tazewell covering the required time for residency;
6. Proof of employment in Tazewell County; and/or
7. Proof that a dependent child for which the applicant has custody is enrolled in a School in Tazewell County.

If a resident is temporarily absent from Tazewell County and an application for assistance has been made, he/she meets the residency requirements if the absence does not exceed sixty (60) calendar days and a permanent home is not established elsewhere.

The TCVAC may waive the residency requirement: (a) to keep an otherwise eligible veteran and his/her family with children from becoming homeless (mortgage payments not covered by exception), or (b) to allow the otherwise eligible veteran to receive emergency assistance that the TCVAC has determined is appropriate.

SECTION 400
NON-FINANCIAL ELIGIBILITY REQUIREMENTS

SUB-SECTION 401
ELIGIBILITY REQUIREMENTS RELATED TO EMPLOYMENT

The TCVAC requires each applicant of Veterans Assistance, who is not exempt from employment, to enroll and maintain active status in either:

1. The Goodwill Veterans Employment Program (GW-VEP)
2. Career Link (CL) – Pekin
3. Express Employment Services (EES)

An applicant who is unemployed and qualified to work must be an active participant in the program and attend all workshops.

If an applicant is denied enrollment into either program, the applicant will then need to register at the local IDES office. A copy of the Letter of Denial will be given to the TCVAC by the Veterans Service Manager at the GW-VEP, CL, or EES and placed into the applicants

file. If applicant is denied enrollment due to the lack of wanting to look for work the applicant will be ineligible for assistance at the TCVAC.

Applicants who are full-time students and not actively employed full time are considered to have voluntarily removed themselves from employment opportunities unless: applicant is a resident of a U.S. Department of Veterans Affairs recognized transitional center, halfway house, rehab center or homeless shelter; and the nature of the courses is to improve the residents' marketability for employment as confirmed by IDES or counselors. Such residents are expected to continue to seek employment and continue to work with IDES.

A Veterans Assistance applicant/recipient is exempt from employment if he/she is required in the home for: the full-time care of a disabled, aged or ill member of the household; the care of a child under six (6) years of age; or is medically exempt as determined by the TCVAC. Applicants who are unable to work will be required to provide a letter from their primary physician. The letter must include disability that affects applicant's ability to work, amount of time applicant is ineligible to work, and when the disability incurred. An applicant who is ineligible to work due to medical reasons is required to apply for Social Security Disability.

An applicant whose spouse is currently not working will be required to register at IDES. The applicants spouse will be required to be actively searching for employment. If an applicant's spouse is unable to work due to medical conditions, it will be required for the applicant's spouse to file for Social Security Disability.

SUB-SECTION 402
ILLEGAL CONDUCT

An applicant/recipient may be denied eligibility (or continued eligibility) if they have been convicted of a Class X felony or Class 1 felony under the Illinois Controlled Substances Act or the **Illinois** Cannabis Control Act, or any comparable federal drug offense, where the crime involved the possession, use, or distribution of a controlled substance as defined in section 102(6) of the Federal Controlled Substances Act (21 USC § 802(6)).

If it becomes known to the Veterans Assistance Commission that an applicant/recipient is engaged in unlawful activities the applicant/recipient shall be ineligible for financial assistance from the VAC. Additionally, the VAC shall be obligated to assist law enforcement officials as requested by same. Such activities include but are not limited to:

1. Probation and Parole Violators
2. Warrant for applicant/recipient arrest
3. An applicant/recipient who is violating a condition of probation or parole
4. Flight to avoid prosecution and / or testimony
5. An applicant/recipient who has fled from the jurisdiction of any court of record in Illinois or any other state in the United States to avoid prosecution or to avoid giving testimony.
6. Flight to avoid imprisonment
7. An applicant/recipient who has fled to avoid imprisonment in a correctional facility in Illinois or any other state in the United States
8. An applicant/recipient who has escaped from a federal penitentiary.
9. An applicant/recipient who has escaped from a correctional facility of Illinois or any other state in the United States
10. Failure to comply with a Court order
11. An applicant/recipient whose financial emergency is the result of legal fees or fines resulting from unlawful actives will not be eligible for Veterans Assistance or Emergency Veterans Assistance. If an applicant/recipient is found to be in noncompliance with a Court order such as paying fines, child support, etc… and the applicant/recipient will not report his/her change in status, the applicant/recipient will not be eligible for Veterans Assistance or Emergency Veterans Assistance.
12. Misrepresentation to obtain assistance
13. An applicant or recipient who provides fraudulent information such as; misrepresents themselves by presenting false identification, or false representation of an eligible or ineligible applicant / recipient to obtain assistance from the VAC shall be prosecuted.
14. An applicant/recipient who provides fraudulent information in order to receive assistance from any Veterans Assistance Commission and any one of the following shall not be eligible for Assistance for a period of two years from the date of discovery: Temporary Assistance to Needy Families (TANF), Medicaid, Township, Food Stamp Act, Supplemental Security Income (SSI), another Veterans Assistance Commission, or Administrator of General Assistance.
15. An applicant/recipient who was convicted of having provided fraudulent information or statements with respect to residence in order to receive

assistance simultaneously from two or more states under one or more of the following assistance programs is ineligible for Veterans Assistance for a period of ten years from the date of conviction: Temporary Assistance to Needy Families (TANF), Medicaid, Food Stamp Act, and Supplemental Security Income (SSI).

16. An applicant/recipient convicted of benefits fraud involving a Township, Administrator of General Assistance, or Veterans Assistance Commission shall not be eligible for Veterans Assistance.

17. An applicant/recipient who has an overpayment with the VA for Non-Service Connected Pension or Death Pension, Unemployment Benefits, a Township or Administrator of General Assistance, or another VAC shall not be eligible for Veterans Assistance until the affected agency reports that the overpayment has been satisfied.

SUB-SECTION 403
SUBSTANCE ABUSE

Applicants/Recipients arrested and/or convicted of an alcohol or drug related offense shall not be eligible for assistance until evidence that a court-approved or VA-approved inpatient rehabilitation program has been successfully completed since the conviction. This also applies to offences where drugs or alcohol were a contributing factor, and to recipients who are removed from; rehab facilities, transitional centers, or halfway homes for substance abuse. Applicants/Recipients shall receive assistance while waiting for any opening at any veteran's rehabilitation center serviced by the TCVAC. However, applicants/recipients shall be denied assistance for failure to report to the first available rehabilitation opening. Denial of assistance will continue until successful completion of a court-approved or VA-approved inpatient rehabilitation program.

In the case that an applicant/recipient receives assistance and is later convicted of an alcohol or drug related offense the TCVAC requires the applicant/recipient to enter the SAR Program offered through the Danville VA. Applicant/recipient will be ineligible for financial assistance at TCVAC until completion of SARP.

SUB-SECTION 404
RELATIONSHIP (FAMILY CASES ONLY)

To be considered for TCVAC assistance, any child for whom assistance is requested must meet the degree of relationship to the applicant as specific below, or if this relationship does not exist, the applicant must be the child's legal guardian.

The child(ren) of the veteran need not reside with the veteran and shall not be denied assistance simply because the child(ren) was/were born out of wedlock. The applicant shall provide all documentation required by this Handbook in addition to the child's birth certificate/adoption papers/guardianship papers naming the veteran as a birth parent, adoptive parent, or guardian. Additionally, applicant shall present the child's Social Security card.

To be considered for TCVAC assistance, a non-veteran adult applicant must be the spouse or surviving spouse of a veteran. To be eligible for Veterans Assistance the surviving spouse must be living in the same residence as the Veteran. The applicant must provide all documentation required in this Handbook and a marriage license identifying the veteran as the spouse of the applicant. In the case of a surviving spouse a copy of the veteran's death certificate must also be presented. The surviving spouse must be living in the same residence as the Veteran. Former spouses or significant others of veterans are not eligible for assistance from the TCVAC. Additionally, the applicant shall present the applicant's Social Security card.

In the case of a Veteran deserting their dependents, the surviving spouse may apply for assistance if they are the other parent of the Veterans child(ren). The surviving spouse must provide verification of the Veterans desertion to prove the surviving spouse and Veteran are currently separated. The surviving spouse would have to meet the same requirements as all other applicants.

SECTION 500
DETERMINATION OF ELIGIBILITY

A determination of eligibility is made by the Superintendent of the TCVAC and/or his/her staff, based upon the evaluation of evidence relating to eligibility factors which must be provided by the applicant to the best of his/her ability. The determination of eligibility is to include a personal interview and a budget worksheet prior to authorization of assistance

SUB-SECTION 501
HOUSEHOLD BILLS AND INCOME

In addition to basic family information, income and expense information are required in order to determine if the applicant/recipient is financially eligible for Veterans Assistance. Information required at the time of the interview includes, all utility bills in the veterans, or the veteran's spouse's name, and all income received to support individuals and family.

SUB-SECTION 502
VERIFICATION OF ELIGIBILITY FACTORS

Verification must be made of all income, including earnings from employment, or other types of assistance from public and private agencies. The applicant is required to cooperate in the verification process.

The applicant's address is to be verified with a landlord's or mortgage holder's statement, agreement, or packet to be provided to the TCVAC. If an applicant is homeless when an application is first made, is found to be eligible for TCVAC benefits and subsequently finds housing, a form shall be provided to the recipient for the landlord to complete. When this completed form is returned to the TCVAC office, the recipient's address shall then be added to the application.

Obtaining verification of information related to the eligibility factors is the joint responsibility of the applicant and the TCVAC staff. If the applicant is asked to provide verification, the request must be made in writing or by means of the written application checklist.

Verification of information supplied by the applicant/recipient is accomplished by examination of documents and other written evidence such as:

1. Public records, including records of birth, marriage, divorce, naturalization, alien registration, school records, tax receipts;
2. Personal records such as receipts for payment of rent and/or utilities, union dues, insurance premiums;
3. Other welfare or service agency records;
4. Employment records; and
5. Letter of Hire.

Verification may also be obtained by other contacts such as visits, telephone calls, letters to business establishments and agencies. The applicant's consent is required to secure information other than public records and this consent is obtained by having the applicant sign the TCVAC Consent to Release of Information.

The TCVAC shall exercise great care in obtaining verification so as not to jeopardize any relationship between the applicant and sources of income or information.

The applicant is to be given ten (10) business days to provide the information. The applicant is to be informed orally (with documentation), or in writing on the verification request that he/she may request an extension of time to obtain the information. When such a request is made, a new written verification request is to be issued granting another ten (10) business days.

A "request" includes any written statement made by the applicant that he/she had not been able to obtain the information or is having difficulty obtaining the information. If, after one ten (10) business day extension, the applicant has not been able to obtain the information, the TCVAC may provide assistance to the applicant to obtain the same, getting any necessary release(s) from the applicant; however, responsibility for the information remains with the applicant. The applicant/recipient shall submit all such requests in writing.

SECTION 600
APPLICATION PROCESS

The application form (Appendix D) may be completed by the individual Veteran or by a relative, friend, guardian, conservator, or any duly authorized representative acting on behalf of the Veteran. The applicant may be assisted by the TCVAC staff, and/or an individual of the Veteran's choice, in the application process to ensure that the applicant has a clear understanding of what is on the written form before it is signed.

The date of the application is the date that a completed and signed application is received by the TCVAC. The TCVAC has thirty (30) days to the date of application to make a decision. In order for the TCVAC to make a decision all necessary documents must be submitted to the TCVAC to help determine eligibility for assistance.

The application must be completed and filled out to the best of the applicant's knowledge and ability. If the applicant is homeless and has no present address, the application is to be taken without an address and a decision is to be made on eligibility. Assistance shall not be denied because the applicant is homeless.

All applications filed, a record of the caseworker's notations pertinent to the Assistance case, photocopies, verifications, correspondence, job service registration (unless exempt from such registration), and any other information relative to the case, including referrals made, shall be contained in the case record. All such information is to be kept in a confidential file and retained.

All Applicants will be required to sign the following documents as proof of applicants understanding of TCVAC application and what is required of applicant. The following documents are:

1. The TCVAC Consent to the Release of Information (Appendix G)
2. Rights, Privileges and Responsibilities and State Benefit Fraud (Appendix E)
3. The Goodwill Veterans Employment Program Agreement
4. The Goodwill Program Rights, Privileges and Responsibilities of Applicants

These forms will be filled out when applicant has an initial intake with the TCVAC Assistance Coordinator, which is required.

All Applicants will be required to submit a new application each time they apply for assistance and must complete a new intake with the TCVAC Assistance Coordinator.

SUB-SECTION 601
APPLICATION INTERVIEW

The primary function of the Supervisor of Veterans Assistance and his/her duly authorized representative(s) in the intake process is to make a prompt and accurate determination of each applicant's eligibility for assistance. It is the responsibility of the applicant to arrive to his/her interview on time and with all required documentation necessary to make a determination of eligibility.

In the process of securing information to determine eligibility, the interviewer shall provide the applicant with pertinent information regarding the Veterans Assistance Program for which he/she may be eligible, and the eligibility requirements as follows:

1. An explanation of TCVAC standards used to determine his/her needs and the assistance available from the TCVAC (A copy of "Notice of Rights and Responsibilities of Veterans Assistance Applicants or Recipients" may be given to anyone who inquiries about or applies for assistance.)
2. Prompt reporting by the recipient of changes in circumstances which may affect the eligibility or extent of needs within five (5) days of the occurrence;
3. Statutory provision covering the right of appeal and fair hearing;
4. Confidentiality of all information;
5. Discussion of other possible resources for meeting needs;
6. Referral to the Illinois Department of Human Services if the applicant appears to be eligible for; Aid to Families with Dependent Children (AFDC), Aid to the Aged, Blind, and Disabled (AABD), Food Stamps, and/or Medicaid in order to comply with the provisions of the Public Aid Code;
7. The responsibility of the applicant is to apply for pensions, Social Security, or all other benefits for which any member of the assistance unit may be eligible;
8. The requirement that all employable members of the assistance unit not currently employed full time, must register for full time employment with the Illinois Department of Employment Security, unless exempt. Applicants/recipients required to work with IDES to secure full-time employment shall be required to follow reasonable recommendations made by IDES to such as; resume class, interview class, and skills development.
9. Applicants/recipients are required to register with IDES and demonstrate good faith attempts to secure full time employment for the three months prior to requesting Veterans Assistance.

During the application interview, information should be secured concerning additional resources for support or services, such as legally responsible relatives, employers, public and private agencies and the possible use of these resources.

Refusal to provide information necessary to the determination of eligibility, failure to keep scheduled appointments, refusal to sign a necessary TCVAC Consent to Release of Information, or refusal to accept a referral for services will result in the denial of the application based on lack of cooperation or information not sufficient to grant.

SECTION 700
RIGHTS AND RESPONSIBILITIES OF APPLICANTS AND RECIPIENTS

SUB-SECTION 701
APPLICANTS' RIGHTS

The TCVAC shall administer the Veterans Assistance Program in such a way as to afford certain rights to applicants and recipients. In addition, applicants and recipients shall receive a complete explanation of their rights and responsibilities (Appendix E).

SUB-SECTION 702
NON-DISCRIMINATION

No applicant or recipient of TCVAC assistance shall be discriminated against or denied assistance under any program administered by the TCVAC because of race, color, religion, gender, sexual orientation, ancestry, national origin, place of birth, age (as defined by the Illinois Human Rights Act, 775 ILCS 5/1-103(a), now in effect or as hereafter amended).

SUB-SECTION 703
CONFIDENTIALITY

Applicants and recipients are entitled to confidentiality in the investigation of eligibility and in the maintenance of case records. For the protection of applicants/recipients, the TCVAC and its respective officers and employees are prohibited, except as provided below, from disclosing the contents of any records, files, papers and communications except for purposes directly connected with the administration of Veterans Assistance including the procedural oversight given to the Chairman of the Tazewell County Board or the Chairman's designated representative pursuant to section 9 of the Military Veterans Assistance Act (330 ILCS 45/9 (a)(8)) and the right and duty of the out-side auditor hired to provide the yearly audit by Tazewell County and/or the TCVAC.

In a judicial proceeding, except those directly concerned with the administration of public aid, or those in which an applicant/recipient is a party thereto, the above information is privileged communications, defined as: a communication between parties to a confidential relationship such that the person receiving the communication cannot be legally compelled to disclose it as a witness.

All records pertaining to Veterans Assistance are to be kept in a place not accessible to unauthorized persons. However, contents of case files concerning TCVAC recipients are to be made available without subpoena of formal notice to officers of any court, law enforcement agency or other persons or agencies as from time to time may be authorized by any court. Within the TCVAC only the following personnel may have access to client files: Superintendent, Assistant Superintendent, Administrative Assistant, Chairman, Vice Chairman only when serving as Acting Chairman, Tazewell County Board Representative only if serving as Acting Superintendent, and the Interim Chairman appointed by the TCVAC Executive Board.

When names and addresses of recipients of Veterans Assistance are furnished to other governmental agencies or departments, they must adopt regulations necessary to prevent their publication or use for purposes not directly connected with the administration of assistance under the Illinois Public Aid Code.

All records shall be made available for review to the applicant/recipient upon the receipt of a written request from him/her. Records may be examined only in the presence of an authorized TCVAC representative.

SUB-SECTION 704
FREEDOM OF CHOICE

An individual is entitled to freedom of choice to accept or reject services and to select living arrangements. The TCVAC has neither the right nor the responsibility to impose upon a recipient a change in living arrangements; however, the TCVAC may refuse to pay rent for substandard housing as may be determined by the Illinois Housing Development Authority or may be defined by the Illinois State Housing Act (310 ILCS 5/1 *et seq*.).

SUB-SECTION 705
REFERRAL REQUIREMENTS

An applicant/recipient is to be provided with information about other programs and services available to assist him/her with his/her basic maintenance needs and is to be referred to other agencies which the TCVAC believes in good faith to be potential sources of assistance.

Applicants for and recipients of Assistance who appear eligible for other Government Aid may be referred to those agencies, such as: Job Training, Employment Security, Department of Human Services, and Social Security. If the applicant/recipient fails to take advantage of those benefits, he/she and his/her dependents are not eligible for Veterans Assistance. Veterans Assistance will assist applicants with programs for which applicants may be eligible. These programs include and are not limited to American Legion FTA Application, Ameren AIMS grant, and application to IDHS.

SUB-SECTION 706
NOTICE TO APPLICANTS/RECIPIENTS

The TCVAC shall provide every applicant/recipient with a timely and written notice as to any action(s) taken concerning his/her case and of the disposition of his/her application. The written notice shall contain all the following:

1. Applicant will receive a ten (10) day notice if necessary to inform them of missing documents.
2. Within 30 days of signed application, a letter of decision (LOD) will be sent to applicant. The LOD will contain the following:
    a. A clear statement of the action taken;
    b. A clear statement of the reason for the action, sufficient in detail to allow the applicant/recipient to determine whether the TCVAC action is correct; and
    c. A specific Handbook policy supporting the TCVAC's action(s).

The TCVAC is required to inform its applicants/recipients of their right to appeal on the application and anytime an appealable decision is rendered. The TCVAC is also required to help those individuals desiring to make an appeal and to explain the appeal procedure. Such assistance shall include providing a TCVAC Appeal Form (Appendix F) to the applicant/recipient and assisting him/her in the completion of the Appeal Form.

SECTION 800
EMERGENCY VETERANS ASSISTANCE (EVA)

SUB-SECTION 801
EMERGENCY ASSISTANCE

Emergency Veterans Assistance (EVA) EVA is available to assist applicants/recipients who, by no fault of their own, fell behind on their mortgage, rent, utilities, water or sanitary bills. If approved for EVA, the applicant will not be eligible for EVA again for 12 consecutive months.

SUB-SECTION 802
ELIGIBILITY

EVA Standard of Need, a Statement of Cause is required to establish the cause of the financial emergency, and the applicant has to be verifiably in arrears.

Statement of Cause – is required from the applicant to explain the verifiable incident that resulted in the household falling behind on the mortgage, rent, or utility. To be eligible for EVA the incident had to have been beyond the applicant's control.

Verification of being in arrears – can be demonstrated with a 5-day notice, statement from a mortgage company, or arrears utility bills.

Payment of arrears utilities – Payment is made for arrears utility bills for actual use. EVA for the connection or reconnection of utilities is not available.

Payment of rent or mortgage in arrears – Partial payments will not be sent to a mortgage company. When seeking assistance with a mortgage payment, if the TCVAC payment amount does not cover the full amount of mortgage, the applicant will be required to make up the difference. The applicant will need to bring a check or money order for remaining balance due.

SECTION 803
LEVEL OF EVA

The TCVAC EVA standard of need is 50% above the Federal Poverty guideline in the current year and that chart will be updated yearly.

SECTION 804
ASSISTANCE ITEMS

VAC financial assistance is **not** public aid, township general assistance, or welfare. The Veterans Assistance Program is an interim financial assistance program and should not be considered an on-going financial supportive program over any considerable period of time. Veterans Assistance is never given in the form of cash. The VAC only assists with items that are a necessity for daily living.

The following assistance items are to be considered and may be included for Veterans Assistance:

1. *Food*: TCVAC provides a list of the plethora of food pantries available in the Tazewell County area. The TCVAC provides food Gift Certificates. Gift Certificates are only provided to Aldi's for whom a payment agreement has been prearranged between the vendor and the TCVAC.

   Veteran must return the Food receipt to the VAC within 5 business days from issuance of the Gift certificate.

   Gift Certificates are given in increments of $50 and cannot exceed the amount of $200. Gift Certificates will not be used to purchase items such as alcohol, tobacco, pet food and/or non-food items.

   A comprehensive list of the food pantries available in Tazewell County are also provided.

2. *Personal Hygiene*: Same policy as food. The TCVAC provides a $25 Aldi's Gift Certificates for personal hygiene. Personal hygiene needs include: toiletries, paper products, personal hygiene products, and minor first aid products. Applicants should check with the TCVAC at the time of application for additional details regarding appropriate uses of and monetary limits for hygiene vouchers.

Veteran must return the Hygiene receipt to the VAC within 5 business days from issuance of the Gift certificate.
Gift Certificates are given in increments of $25 and cannot exceed the amount of $75

3. *Shelter*: Shelter costs will be allowed according to the applicant's/recipient's living arrangements and the maximum allowable assistance level to the eligible applicant. All shelter costs are paid directly to the person or agency(s) to which payment is due.

Rental and mortgage payments will not exceed $3000 in annual payments. When seeking assistance with a mortgage payment, if the TCVAC payment amount does not cover the full amount of mortgage, the applicant will be required to make up the difference. The applicant will need to bring a check or money order for remaining balance due.

The TCVAC requires that the person or agency(s) to whom the payment is paid to be on the property records. If name is not on the property records, landowners will need to provide documentation providing proof of ownership or inheritance of property.

The TCVAC requires the applicant to have their landlord or agency(s) to which payment is paid to fill out a W-9 form and TCVAC Landlord Packet.

The TCVAC will at no time give out any information of an applicant's assistance status to a Landlord or property owner.

Veteran must have made shelter payment within the last 90 days and show a reasonable effort (20% of amount due) to make payment. Veteran will be required to provide last three (3) rent receipts showing last payments he/she has made on their place of residence.

Veteran must have a lease agreement with a minimum of six (6) months in the Veteran or his/her spouse's name. A lease agreement between a Veteran and a family member must be notarized by a notary.

Veteran must have intent to stay in living situation. Assistance will not be granted if the Veteran plans on moving in the immediate or near future unless Veteran has

established a new rental property that will help their ability to become financially stable. In this case, a rental agreement must be established, and a copy of agreement provided to the TCVAC.

4. Electricity and Gas: All electricity and gas costs shall be paid directly to the agencies, and/or companies to whom payment is due. The TCVAC does not pay deposits, service charges or re-connection fees for discontinued services. Veteran must have made a payment within the last 90 days and show a reasonable effort (20%) to pay off the bill. The utility bill must be in the name of the Veteran or his/her spouse before payment is made.
   TCVAC payments for Utilities will not exceed $1000.00 annually

5. Water: All water costs shall be paid directly to the agencies, and/or companies to whom payment is due. The TCVAC does not pay deposits, service charges or re-connection fees for discontinued services. Veteran must have made a payment within the last 90 days and show a reasonable effort (20%) to pay off the bill. The water bill must be in the name of the Veteran or his/her spouse before payment is made.
   TCVAC payments for Water will not exceed $400.00

6. Wastewater Collection and Treatment (WWCT): All WWCT costs shall be paid directly to the agencies, and/or companies to whom payment is due. The TCVAC does not pay deposits, service charges or re-connection fees for discontinued services. Veteran must have made a payment within the last 90 days and show a reasonable effort (20%) to pay off the bill. The WWCT bill must be in the name of the Veteran or his/her spouse before payment is made.
   TCVAC payments for WWCT will not exceed $200.00

7. *Indigent Burial*: Pursuant to Division 5-27 of the Illinois Counties Code (55 ILCS 5/5-27001 through 5-27003) the Tazewell County Board is authorized to provide for the interment of honorably discharged veterans of selected conflicts and certain family members. These individuals must not have sufficient means to defray the funeral expenses of the deceased, and family members who are receiving public assistance at the time of Veteran's demise are ineligible for this burial expense assistance. The expense of such burial shall not exceed $900 and such burial shall not be made in any burial ground or cemetery used exclusively for the burial of paupers, nor in a portion of any cemetery or burial ground reserved for paupers (55 ILCS 5/ 5-27001 *et seq*.).

The County shall pay the expenses of such burial for the veteran, or the veteran's parents, spouse, surviving spouse, or minor children, providing the deceased was a resident of the county at the time of his/her demise. The TCVAC has been appointed to represent the Tazewell County Board in this matter and will use the means that are cost efficient. Such burial assistance expense shall be borne by the Tazewell County General Fund and not the Veterans Assistance Fund.

7. *Miscellaneous/Other*: Applicants should check with the TCVAC at the time of application to see whether any other/additional benefits or programs may be available to them at that time.

SECTION 900
NOTICE OF DECISION

In accordance with the due process, every applicant/recipient is entitled to a timely and written notice as to action taken concerning his/her case and of the disposition of his/her application.

1. A clear statement of the action taken;
2. A clear statement of the reason for the action, sufficient in detail to allow the applicant/recipient to determine whether the TCVAC action is correct;
3. A specific Handbook policy reference which supports such action, and;
4. A statement of the applicant/recipient's right to appeal should the request for Assistance be denied.

Whenever an application for Assistance is denied or approved the applicant/recipient must also be given a copy of the decision.

The TCVAC is required to inform its applicants/recipients of their right to appeal at the time of application assistance intake. The TCVAC is also required to help those individuals desiring to make an appeal and to explain the appeal procedure. Such assistance shall include providing a TCVAC Appeal Form to the applicant/recipient and assisting him/her in the completion of the Appeal Form.

SUB-SECTION 901
DENIAL

An application for Veterans Assistance shall be denied if it is established that the applicant does not meet one or more of the eligibility requirements or if the applicant chooses to withdraw his/her application. All withdrawals must be in writing and signed by the applicant.

Grounds for immediate denial could be:

1. The applicant's willful failure to cooperate in providing essential information;
2. The applicant's willful refusal to consent to verification for necessary information, which information must be requested in writing on the appropriate forms;
3. The applicant's willful failure to consent to verification by the TCVAC of necessary information;
4. The applicant's willful failure or refusal to cooperate in the TCVAC requirements related to employment;
5. The applicant's failure to provide to the TCVAC all required information/documentation within ten (10) business days of submitting an application; or
6. The applicant has been red-flagged due to making a misrepresentation to obtain assistance or for exhibiting abusive behavior toward TCVAC staff.
7. The applicant's failure to appear for initial intake without proper notice.
8. The applicant's failure to comply to the Rights and Responsibilities to that of the treatment of the TCVAC staff or any sister agency.
9. The applicant's Failure to return receipts or gift certificates used for the purchase of inappropriate items could result in delay of application or an automatic six (6) month suspension from the date the voucher was given. Second offenses will result in an automatic twelve (12) month suspension from the date voucher was given. Third offenses will result in an automatic 24-month suspension from the date voucher was given.
10. Rental payment will not be made for rental deposits, security deposits or payments to relatives of the applicant unless rental involves a separate dwelling unit. The TCVAC will not pay rent if Veteran is renting a room from a family member or person other than the landlord.

11. Rental payment will not be made if Veteran has a court date to start an eviction process or is already in the eviction process through the court system.
12. Mortgage payment will not be made if amount is in foreclosure.
13. Applicants receiving Section 8 housing vouchers or living in HUD subsidized are not qualified for EVA.
14. Applicants that have an outstanding balance owed to any Tazewell County Office are not qualified for EVA.
    1. Tazewell County property taxes
    2. Criminal Fines
    3. Traffic Fines

SECTION 1000
APPEALS AND HEARING

SUB-SECTION 1001
RIGHT OF APPEAL

An individual who applies for or receives Veterans Assistance has the right to appeal any of the following:

1. Refusal of the TCVAC to accept any application;
2. Failure by the TCVAC to act upon an application, make a decision or take appropriate action on any request which an applicant makes within thirty (30) calendar days of the date of the application or request;
3. A decision by the TCVAC to deny an application;
4. An issue of policy, if the applicant/recipient is aggrieved by its application; or
5. A determination by the TCVAC that the applicant shall be red-flagged a minimum of twelve (12) months.

An individual who applies for or receives Assistance and wishes to appeal any TCVAC action enumerated in the foregoing paragraph can file a formal appeal for a fair hearing. The request to appeal is to be made in writing on the form prescribed by the TCVAC. The appeal is to be heard at a location, within Tazewell County, to be determined by the TCVAC. The appellate shall receive written notification of the date, time, and location of the hearing by the TCVAC no later than fifteen (15) business days prior to the hearing date.

The applicant/recipient or his/her duly appointed representative must exercise the right of appeal within Thirty (30) calendar days after the decision of the TCVAC. If the appeal is not made within the Thirty (30) day period, the TCVAC action shall be final.

The thirty (30) day period begins with the date of personal receipt of the decision by the applicant/recipient or, in the case of mailing, receipt shall be deemed to be within three (3) business days of the date of the postmark.

The thirty (30) day period does not apply when the TCVAC fails to take action on a specific request or denies a request without informing the applicant/recipient.

SUB-SECTION 1002
TCVAC RESPONSIBILITIES DURING THE APPEALS PROCESS

If the TCVAC action involves a decision to reduce, suspend, terminate or in any way change the amount of assistance, and the applicant/recipient or his/her duly appointed representative files a formal appeal in writing which is received in the TCVAC office within thirty (30) calendar days after the date of the personal receipt of the decision by the applicant/recipient or, in the case of mailing, the thirty (30) calendar days shall begin three (3) business days after the date of the postmark. The TCVAC, upon notification that an appeal has been made, prepares an appellate decision packet. This packet sets forth the decision questioned by the appellant and the facts known and considered by the TCVAC in arriving at its decision.

The appellate decision packet must also contain the legal basis for the decision and, specifically, the Handbook section(s) justifying the decision. The completed appellate decision packet is to be sent to the TCVAC Board of Appeals for its information in hearing the appeal and to the appellant or his/her duly authorized representative and his/her legal representative, if any.

An Applicant that appeals the TCVAC decision will have a meeting one-on-one with the superintendent prior to the appeal being presented to the Board of Commissioners.

Before and during the hearing, the TCVAC is to permit the appellant and/or his/her representative(s) to examine the case record and any other documents to be used at the hearing and obtain copies of the same. Records may be examined only in the presence of a duly authorized TCVAC representative.

During the appeal process, changes in the appellant's situation may occur which affect the eligibility or the amount of assistance to which the appellant is entitled. Provided that the changes are not related to the proposed action being appealed, the TCVAC is to initiate the necessary section in the usual manner by means of written notice.

SUB-SECTION 1003
TCVAC BOARD OF APPEALS AND COUNTY BOARD RESPONSIBILITIES DURING THE APPEAL PROCESS

The TCVAC Board of Appeals is to consider appeals for the Assistance Program. The Board of Appeals is to be composed of the Chairman of the TCVAC and the Executive Board. The Superintendent of the TCVAC is also a member of the Board of Appeals. However, during the appeals process the Superintendent shall only participate as a respondent to the Appeal.

The TCVAC shall provide a location and facilities for conducting hearings on Veterans Assistance appeals. The Appellant or his/her duly authorized representative shall: (a) meet their expenses incidental to such hearings; and (b) provide for the attendance of witnesses and the production of books and records needed to substantiate the appellant's claim.

The TCVAC Board of Appeals has the following responsibilities with reference to hearings of Veterans Assistance appeals:

1. Review the completed appellate decision packet provided by the Superintendent of the TCVAC;
2. Schedule the hearing and notify the appellant via certified mail of the date and time set for the hearing no less than ten (10) calendar days prior to the hearing date, unless an earlier date is agreed upon by the appellant and the Superintendent of the TCVAC;
3. Postpone the hearing only at the request of the appellant or the Superintendent of the TCVAC; and
4. Continue the hearing when it appears necessary to obtain and present additional pertinent information or for good cause shown. Good cause includes, but is not limited to, illness or non-availability of the appellant, a necessary witness, or the appellant's legal counsel

SUB-SECTION 1004
PROCEDURES FOR CONDUCTING THE HEARING

The TCVAC Board of Appeals shall conduct hearings at an accessible location within Tazewell County. A qualified arbitrator may be appointed to conduct the hearing only if requested by the appellant. However, the appellant shall bear all costs associated with the use of an arbitrator.

A hearing shall be conducted informally to:

1. Control presentations to points at issue;
2. Explain the purpose and procedure to be followed;
3. Determine the manner in which the decision will be rendered;
4. Advise the appellant that he/she is entitled to examine any record or report presented at the hearing;
5. State the problem at issue as indicated from the Notice of Appeal and the appellate decision packet;
6. Safeguard the confidential nature of the proceedings by limiting participants to those directly concerned, such as the appellant or his/her duly authorized representative, his/her legal counsel, witnesses, and the Superintendent of the TCVAC;
7. Develop the facts relevant to the issue;
8. Secure pertinent information relating to the problem at issue;
9. Allow the appellant to present evidence in support of his/her claim, including the testimony of witnesses;
10. Allow the appellant to confront and cross-examine adverse witnesses; and
11. Summarize the points developed.

A record shall be made of the hearing consisting of either an audio or an audio/video tape recording of the hearing, to be transcribed at the request of either party at the cost of the TCVAC.

SUB-SECTION 1005
DECISION

After the conclusion of the hearing, the TCVAC Board of Appeals shall:

1. Prepare a written statement comprised of its findings of fact and its decision which affirms, reverses, or modifies the Superintendent of the TCVAC's decision and includes the legal basis therefore;
2. Provide written notification to the TCVAC Superintendent and the appellant of the decision within ten (10) business days of the date of the hearing unless additional time is required and has been allowed for proper disposition;
3. Require a written report be sent from the TCVAC Superintendent to the Executive Committee within ten (10) business days as to carrying out the Committee's instructions when its decision reverses or modifies the Superintendent's original decision; and
4. Maintain records of findings of fact and decision.

SUB-SECTION 1006
DISMISSAL DUE TO NON-APPEARANCE

If neither the appellant nor the appellant's duly authorized representative appears at the time and place designated for the hearing the appeal is considered abandoned and is dismissed. The appellant or duly authorized representative thereof may submit a written request for a postponement of the hearing. Such written request shall be received by the TCVAC no less than five (5) business days prior to the hearing date.

The appellant has the right to request reinstatement of the appeal within ten (10) business days of the date of the Notice of Decision on the appeal for verifiable good cause.

SECTION 1100
CASE RECORDS

SUB-SECTION 1101
MAINTENANCE OF RECORDS

A case record is to be established for each applicant and maintained for each recipient of Veterans Assistance. Each case record is to include the application, a copy of the veteran's Honorable Discharge (i.e. either a DD-214 or Certificate of Service, or

equivalent), photo identification card, Social Security card, Marriage License (if applicable), Birth Certificates (if applicable), and documentation of all actions taken concerning such application. The record must also indicate the basis for approval or denial of the application. The case record is to be maintained with all information pertaining to eligibility determination for all active and ongoing cases.

The case record may be transferred to the closed case file upon closure of the case, death of the applicant, or after twelve (12) months of no activity. The case record shall be maintained in the closed case file for twelve (12) additional months, after which it will be placed in storage.

SUB-SECTION 1102
DESTRUCTION OF OBSOLETE RECORDS

Obsolete records, documents, papers and memoranda pertaining to Veterans Assistance cases may be destroyed or otherwise disposed of by the TCVAC anytime subsequent to the expiration of five (5) years after the matters to which they relate have been concluded.

The most recent application, notice of decision, DD-214 or equivalent, photo identification card and Social Security card copies will remain on record for the life of the office.

SECTION 1200
OTHER RESPONSIBILITIES OF THE VETERANS ASSISTANCE COMMISSION OF TAZEWELL COUNTY

SUB-SECTION 1201
PENALTY FOR PUBLICATION OR USE FOR POLITICAL OR COMMERCIAL PURPOSES

It is unlawful to use, for political or commercial purposes, or to publish names of recipients of Veterans Assistance except in the conformity with statutory regulations or for anyone to knowingly allow the use of lists of names or information concerning applicants or recipients of Veterans Assistance. The TCVAC may request the State's Attorney take action in the case of violators of this section.

SUB-SECTION 1202
TRANSFER OF RECORDS

When the TCVAC Superintendent leaves office, all records, documents, accounts and equipment pertinent to the administration of Veterans Assistance shall be turned over to the succeeding Superintendent or to the TCVAC Chairman.

SUB-SECTION 1203
INTERIM OR ACTING SUPERINTENDENT

If the TCVAC Superintendent is in arrears with the Commission or the County or has misused, misappropriated, or converted to his/her own use or to the use of any other person any Veterans Assistance funds or is guilty of any other misconduct in office, the TCVAC Executive Board may remove him/her from office. In this event the TCVAC Executive Board may appoint an interim or acting Superintendent until such time as a permanent Superintendent may be appointed by the entire Commission.

SUB-SECTION 1204
LEGAL USE OF VETERANS ASSISTANCE LEVY FUNDS

Funding of the TCVAC includes both donated and appropriated funds.

Donated funds will be turned over to the Tazewell County Treasurer for deposit to appropriate banking accounts. These funds may only be used by the TCVAC for the purpose for which they were donated. Donated funds not designated for a specific project by the donor may be used as the Superintendent, with the consent of the Executive Board, may decide.

Appropriated funds may only be used in funding the TCVAC operating budget as approved by the Tazewell County Board. These funds may not be transferred to, nor used for, any use not specifically governed by the Military Veterans Assistance Act (330 ILCS 45/1 *et seq*.).

SECTION 1300
VA DISABILITY OR PENSION CLAIMS

The Veterans Assistance Commission may be available to aid Veterans and/or their families with preparing and presenting claims to the US Department of Veterans Affairs. A

Veterans Service Officer who is certified by a recognized Veterans Service Organization and by the General Counsel of the US Department of Veterans Affairs to prosecute Veteran's claims, must be present to prepare and submit a VA Claim. All such claims are to be consistent with the guidelines set forth by the National Association of County Veterans Service Officers and/or the certifying Veterans Service Organization.

Certified by a Recognized Veterans Service Organization – indicates that the Service Officer holding the certification was trained in VA Claims Prosecution. The Service Organization must be recognized by the US Department of Veterans Affairs as one that can, under the name of the organization, present and prosecute claims on behalf of veterans and their families.

Prosecution of Claims – in this case is the act of an accredited Veterans Service Officer advocating on behalf of a veteran claimant or his/her family before the US Department of Veterans Affairs to help the claimant get a specific benefit.

SUB-SECTION 1301
OTHER VA BENEFITS ASSISTANCE

The Veterans Service Officer or counselor will assist the Veteran or family member with the paperwork or filing requirements to obtain other VA Benefits. The Veterans Service Officer or counselor will assist to the best of his/her ability, or help the applicant identify a counselor better qualified to assist with a benefit.

Appendix A

330 ILCS 45 “Military Veterans Assistance Act”

Purpose

The most recent statute version of the MVAA may be found here:

https://www.ilga.gov/Legislation/ILCS/Articles?ActID=1480&ChapterID=33&Chapter=VETERANS%20AND%20SERVICE%20MEMBERS&MajorTopic=HUMAN%20NEEDS

Appendix B

Federal Veteran Definitions (Title 38, United States Code)

Purpose

This appendix summarizes key definitions contained in Title 38, United States Code, which governs veterans' benefits administered by the U.S. Department of Veterans Affairs (VA). These definitions are provided for reference and do not replace or supersede applicable federal or Illinois law.

Where eligibility for a particular benefit depends upon federal law, the applicable provisions of Title 38 and implementing regulations shall control.

---

1. Definition of "Veteran"

38 U.S.C. § 101(2) provides:

"The term 'veteran' means a person who served in the active military, naval, air, or space service, and who was discharged or released therefrom under conditions other than dishonorable."

This definition is used throughout Title 38 for many VA-administered benefits.

---

2. Active Military, Naval, Air, or Space Service

38 U.S.C. § 101(24) defines "active military, naval, air, or space service" to include:

- Active duty;
- Any period of active duty for training (ACDUTRA) during which the individual became disabled or died from a disease or injury incurred or aggravated in the line of duty; and
- Any period of inactive duty training (INACDUTRA) during which the individual became disabled or died from an injury, certain cardiovascular events, or other qualifying conditions incurred or aggravated in the line of duty.

Because qualification under this provision depends on the nature of the service performed, not all National Guard or Reserve service automatically constitutes qualifying active military service for every federal benefit.

---

3. Active Duty

Under 38 U.S.C. § 101(21), "active duty" generally means full-time duty in the Armed Forces, other than active duty for training.

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4. Armed Forces

38 U.S.C. § 101(10) defines the Armed Forces as:

- United States Army
- United States Navy
- United States Marine Corps
- United States Air Force

Appendix B

- United States Space Force
- United States Coast Guard

5. Character of Discharge
For many VA benefits, an individual must have been discharged or released under conditions other than dishonorable.
The VA determines whether a particular discharge constitutes a statutory or regulatory bar to benefits under applicable federal law.

---

6. Minimum Active Duty Service
Title 38 does not require a minimum length of service to satisfy the statutory definition of "veteran."
However, certain VA benefits are subject to minimum active-duty service requirements under 38 U.S.C. § 5303A. Those requirements affect eligibility for particular benefits and do not alter the definition of "veteran" contained in 38 U.S.C. § 101(2).

---

7. National Guard and Reserve Service
Eligibility for VA benefits based upon National Guard or Reserve service depends upon the individual's qualifying active military service as defined by federal law.
Certain periods of federally activated service may qualify, while other periods may not, depending upon the applicable statute and the benefit sought.

---

8. Relationship to Illinois Veterans Assistance
The Military Veterans Assistance Act (330 ILCS 45) establishes eligibility standards for assistance administered by Illinois County Veterans Assistance Commissions.
Federal definitions contained in Title 38 govern eligibility for federal VA benefits. Illinois law governs eligibility for county-administered assistance unless a federal standard is expressly incorporated by statute or otherwise made applicable.

References

- 38 U.S.C. § 101 – Definitions
- 38 U.S.C. § 5303A – Minimum Active-Duty Service Requirement
- 38 C.F.R. Part 3 – Adjudication of Veterans Claims
- 330 ILCS 45 – Military Veterans Assistance Act

Appendix C

Emergency Financial Assistance Checklist for Veterans

Tazewell County Veterans Assistance Commission
414 Court Street
Pekin, IL 61554
(309) 477-2271

Below, you will find the items that will be needed to process your application for Assistance. Please ensure to provide all documentation necessary, otherwise it could create a delay in your application process.

- ☐ **Completed and signed application**
- ☐ **Copy of DD214**
- ☐ **Bank statement for the past 90 days**
- ☐ **Proof of Monthly Household Income (Last 3 Pay Statements)**
- ☐ **Proof of VA/Social Security Disability Award Letter**
- ☐ **VAC Landlord Sheet/Mortgage Holder's Agreement**
- ☐ **W-9 Form**
- ☐ **Copy of Lease Agreement (Includes month to month)**
- ☐ **Last Three Paid Rent Receipts**
- ☐ **All current household utility bills (Electrical, Water, etc)**
- ☐ **Letter from Primary Physician (if Veteran/Dependents are unable to work)**

<u>For applicants with dependents, below are required additional documents</u>

- ☐ **Proof of Marriage/Civil Union**
- ☐ **Spouse's last three Pay Statements/Social Security Award Letter**
- ☐ **Dependent Children Birth Certificates (Living in the home)**

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix D

Financial Assistance Application

Tazewell County Veterans Assistance Commission
414 Court Street
Pekin, IL 61554
(309) 477-2271

Client Information Date: _____ Referred by: _____

Name: _____ Previous Name(s): _____

SSN: _____ DOB: _____ Gender M ☐ F ☐ Place of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-mail Address: _____

Office Use Only
Intake Initials
_____

Living Arrangements: ☐ Own ☐ Rent ☐ Homeless ☐ Living with Family/Friends

Previous Address: _____ Move in Date: _____
City State MM/YYYY

Do you intend to stay in your current living situation: YES ☐ NO ☐

If no, when do you plan on moving and where: _____

Military Service Information

Branch of Service: _____ Entry Date: _____ Discharge Date: _____

Character of Discharge:

☐ Honorable ☐ General Under Honorable Conditions

☐ Dishonorable ☐ Bad Conduct

☐ Uncharacterized ☐ Other than Honorable

Did you deploy? YES ☐ NO ☐ Deployment Location(s): _____

Are you Service Connected? YES ☐ NO ☐ If so, what %: _____ Year of Rating: _____

Interested in Education Benefits? YES ☐ NO ☐

Appendix D

Employment History

Currently Employed? YES ☐ NO ☐ If **yes**, please complete the following employer information:

Date of Hire: _____ Occupation: _____

Name of Employer: _____ Supervisor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Average Hours per Week: _____ Pay before Taxes: _____
(Include Tips)

Pay Schedule: ☐ Weekly ☐ Bi-Weekly ☐ Monthly

If no, please complete the following information:

Reason for being Unemployed: _____

Previous Employer: _____ Last Date Worked: _____

Failure to answer each question may delay receipt of assistance

Additional Income

Are you receiving any additional income? If so, please fill out below:

Source	Monthly Gross Income	Date Started Receiving

Source	Monthly Gross Income	Date Started Receiving

Conviction Information

In the past ten years, have you been convicted of an alcohol or drug related offense or a felony?

YES ☐ NO ☐ If yes, please complete below:

Any alcohol or drug related offenses within the past ten years will need documentation of completion of substance abuse program through the VA or a Court ordered program.

If so, list the nature of the offense, the County/State of crime/conviction and the punishment:

Nature of Offense: _____ Date: _____

Punishment: _____ City: _____ State: _____ County: _____

Nature of Offense: _____ Date: _____

Punishment: _____ City: _____ State: _____ County: _____

Appendix D

Spousal Information

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widow

Spouse Name: _____ Maiden Name: _____

SSN: _____ DOB: _____ Place of Birth: _____

Date of Marriage: _____ Place of Marriage: _____

Is Spouse a Veteran? YES ☐ NO ☐

Spouse's Employer

Name of Employer: _____ Date of Hire: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Average Hours per Week? _____ Pay before Taxes: _____
(Include Tips)

Pay Schedule: ☐ Weekly ☐ Bi-Weekly ☐ Monthly

If Unemployed:
Reason for being Unemployed: _____
Additional Forms of Income: YES ☐ NO ☐

Additional Members of Household

Name:	Gender:	DOB:	Relationship:	SSN:
_____	M ☐ F ☐	_____	_____	_____
Name:	Gender:	DOB:	Relationship:	SSN:
_____	M ☐ F ☐	_____	_____	_____
Name:	Gender:	DOB:	Relationship:	SSN:
_____	M ☐ F ☐	_____	_____	_____
Name:	Gender:	DOB:	Relationship:	SSN:
_____	M ☐ F ☐	_____	_____	_____

Additional Household Income

_____	_____	_____
Name	Source of Income	Monthly Gross Income
_____	_____	_____
Name	Source of Income	Monthly Gross Income

Appendix D

Department of Human Services

Please attach documentation of Food Stamps

Are you currently receiving Food Stamps: YES ☐ NO ☐ Amount: _____ Start Date: _____

If not receiving, have you applied for Food Stamps: YES ☐ NO ☐ Date Applied: _____

Other Agencies

Please fill in the areas that apply to your case.

DVA SSVF _____ _____
Date Applied Assistance Received? If so, when?

GW-VEP/IDES _____ _____
Date Applied Assistance Received? If so, when?

American Legion TFA _____ _____
Date Applied Assistance Received? If so, when?

AIMS Grant _____ _____
Date Applied Assistance Received? If so, when?

Tazewood _____ _____
Date Applied Assistance Received? If so, when?

Township _____ _____
Date Applied Assistance Received? If so, when?

Church _____ _____
Date Applied Assistance Received? If so, when?

Other Agency _____ _____
Date Applied Assistance Received? If so, when?

Please understand, if you are not receiving food stamps or have not applied, it will be required for assistance at this office.

Appendix D

TAZEWELL COUNTY VAC
APPLICATION FOR EMERGENCY ASSISTANCE
WORKSHEET

Living Expenses:

List all household expenses.

DAILY LIVING	**MONTHLY EXPENSES**
Groceries	$_____
Childcare	$_____
Personal Hygiene	$_____
HOME	**MONTHLY EXPENSES**
Mortgage/Rent	$_____
Utilities (Monthly AVG)	$_____
Water (Monthly AVG)	$_____
Telephone/Cell Phone (Monthly AVG)	$_____
TRANSPORTATION	**MONTHLY EXPENSES**
1st Car Payment Make: _____ Model: _____	Year: _____ $_____
2nd Car Payment Make: _____ Model: _____	Year: _____ $_____
Insurance	$_____
Gas/Fuel	$_____
Credit Card Payments	$_____
Child Support	$_____
Miscellaneous	$_____
Health Expenses (including insurance)	$_____
Entertainment Expenses	$_____
Other	$_____

Failure to answer each question may delay receipt of assistance.

Appendix D

Below, please provide a summary of your current situation which has caused you to apply for financial assistance:

Applicant/Recipient cooperation in determining eligibility is required. Willful failure or refusal of the Applicant/Recipient to cooperate with the TCVAC shall result in the denial or termination of assistance based on the TCVAC's inability to determine eligibility.

Failure to appear or tardiness for intake with the Assistance Coordinator/VSO without proper notice could result in denial or termination of assistance. An initial intake is required and will be conducted the first time an Applicant applies during the current year. It is an assessment for the VAC to understand the current situation and assist the Applicant to get to where they do not need to depend on the VAC for ongoing assistance.

Applicants must give true and complete information. If an Applicant willfully misrepresents, lies or provides false information to qualify for or receive assistance, the TCVAC may permanently deny the Applicant benefits. If an Applicant attempts to receive any benefits based on false or fraudulent information, the Applicant may be fined, charged with a crime/reported to the Internal Revenue Service (IRS).

Applicants agree to notify the TCVAC Assistance Coordinator/VSO of any changes regarding their need for assistance, the resources listed herein, any new or additional income resources and any updates to their contact information within five (5) days of the change.

Red-flagged: a determination by the TCVAC that an applicant will be denied services for a minimum of twelve (12) consecutive months. This determination may be made if:

a. Applicant made willful misrepresentation to TCVAC in order to obtain assistance.
b. Applicant has harassed, intimidated or been verbally/physically abusive with the TCVAC staff.

Appeal Rights: If you disagree with the determination of this Office, you may file an appeal with the Executive Committee/Board of Appeals of the Tazewell County VAC. Your appeal must be filed in this office within thirty (30) days after the date of the aforesaid determination. In the case of mailing, the thirty (30) calendar days shall begin three (3) business days after the date of postmark. Appeal forms are available upon request.

Appendix D

I certify under the penalty of perjury that the information I have provided on this application is true and accurate to the best of my knowledge.

_____ Date: _____
Signature of Applicant

_____ Date: _____
Signature of Applicant's Spouse

_____ Date: _____
Signature of Assistance Coordinator/VSO

Appendix E

Tazewell County VAC

NOTICE OF RIGHTS AND RESPONSIBILITIES OF VETERANS ASSISTANCE APPLICANTS OR RECIPIENTS

Applicant/Recipient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Date of Application: _____

YOUR RIGHTS

As an applicant or recipient of assistance from the Tazewell County Veterans Assistance Commission, you have the right to:

☐ Apply for assistance if you believe you may qualify.

☐ Receive a fair and impartial review of your application.

☐ Receive information regarding:

- Eligibility requirements;
- Required documentation;
- Available assistance programs;
- Reasons for a denial, reduction, or termination of assistance.

☐ Be treated with dignity and respect.

☐ Have your personal information protected and used only for legitimate purposes related to assistance, benefits coordination, or eligibility determination.

☐ Request clarification regarding decisions affecting your assistance.

☐ Receive assistance without discrimination prohibited by law.

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix E

YOUR RESPONSIBILITIES

I understand that I am responsible for:

☐ Providing complete, truthful, and accurate information.

☐ Providing documents necessary to verify eligibility, including but not limited to:

- Proof of military service;
- Discharge documentation;
- Proof of residency;
- Income information;
- Household information;
- Financial information;
- Documentation of need.

☐ Reporting changes that may affect my eligibility, including:

- Change of address;
- Change in household members;
- Changes in income;
- Receipt of other benefits or assistance.

☐ Cooperating with reasonable requests for verification of information.

☐ Using assistance only for the approved purpose.

AUTHORIZATION TO VERIFY INFORMATION

I authorize the Tazewell County Veterans Assistance Commission and its representatives to verify information provided in connection with my application for assistance.

Verification may include contacting appropriate agencies, organizations, or individuals for information necessary to determine eligibility or coordinate services.

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix E

STATE BENEFIT FRAUD NOTICE

I understand that knowingly providing false information, withholding required information, submitting false documents, or otherwise attempting to obtain assistance by deception may result in:

- Denial of assistance;
- Termination of assistance;
- Recovery of improperly provided assistance;
- Referral for investigation;
- Civil or criminal penalties where applicable.

I understand that an honest mistake or misunderstanding should be reported and corrected promptly.

CONFIDENTIALITY NOTICE

Information collected by the Tazewell County Veterans Assistance Commission will be maintained and used according to applicable laws and policies.

Certain records, including medical, mental health, and substance use treatment records, may have additional confidentiality protections and may require separate written authorization before release.

ACKNOWLEDGMENT

By signing below, I acknowledge that:

☐ I have received and reviewed this Notice of Rights and Responsibilities.

☐ I understand my responsibilities as an applicant or recipient.

☐ I understand that providing false information may affect my eligibility.

☐ I understand that I may ask questions about this notice and the assistance application process.

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix E

Applicant/Recipient Signature: _____

Date: _____

VAC Representative Signature: _____

Date: _____

Additional Notes:

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix F

Tazewell County VAC

NOTICE OF RIGHTS TO APPEAL/ELECTION FORM

Applicant/Recipient Information

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Date of Decision Notice: _____

YOUR RIGHT TO APPEAL

You have the right to request a review of a decision made by the TCVAC regarding your application for or receipt of veterans assistance.

You may appeal if you disagree with a decision involving:

☐ Denial of assistance

☐ Reduction of assistance

☐ Suspension of assistance

☐ Termination of assistance

☐ Determination of ineligibility

☐ Other:

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix F

HOW TO REQUEST AN APPEAL

To request an appeal, you must submit a written request to:

Tazewell County VAC, ATTN: President of the Board of Appeals
414 Court Street, Suite 100
Pekin, IL 61554
Phone: (309) 477-2271

Your appeal request should include:

- Your name and contact information;
- The date of the decision you are appealing;
- The reason you disagree with the decision;
- Any additional information or documentation you believe should be considered.

APPEAL DEADLINE

Your appeal request must be submitted within 30 days after the date you received notice of the decision.

If you miss the deadline, explain the reason for the delay. The Commission may determine whether the appeal may still be reviewed.

YOUR RIGHTS DURING THE APPEAL PROCESS

You have the right to:

☐ Receive an explanation of the decision.

☐ Submit additional documentation or information.

☐ Explain circumstances relevant to your request.

☐ Have your appeal reviewed by the appropriate authority.

☐ Receive written notice of the outcome of the appeal.

☐ Request assistance in understanding the appeal process.

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix F

SUPPORTING INFORMATION

Reason for Appeal:

Additional documents submitted:

☐ Military service records

☐ Income or financial records

☐ Residency documentation

☐ Medical documentation

☐ Other:

APPEAL DECISION

Following review, the Commission will provide written notice of the decision:

☐ Appeal approved

☐ Original decision affirmed

☐ Original decision modified

☐ Additional information requested

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix F

ACKNOWLEDGMENT

I acknowledge that I have received notice of my right to appeal a Veterans Assistance Commission decision, understand the appeal process described above and elect the following:

☐ Appeal decision made by TCVAC

☐ Waive appellate rights

Applicant/Recipient Signature: _____

Date: _____

VAC Representative Signature: _____

Date: _____

FOR OFFICE USE ONLY

Appeal received date: _____

Reviewed by: _____

Decision date: _____

Notes:

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix G

Tazewell County VAC

CONSENT TO RELEASE INFORMATION

Address: _____
Phone: _____
Email: _____

1. Veteran/Applicant Information

Name: _____
(Last) (First) (Middle)
Date of Birth: _____
Address: _____
City/State/ZIP: _____
Phone: _____
Email: _____
Last 4 digits of SSN (optional): _____

---

2. Authorization

I authorize the Tazewell County Veterans Assistance Commission and its authorized representatives to request, receive, and exchange information necessary to determine eligibility for veteran assistance services and to provide assistance, referrals, and case management.

I authorize the following individuals or organizations to release information to the County Veterans Assistance Commission:

☐ U.S. Department of Veterans Affairs (VA)
☐ Illinois Department of Veterans Affairs (IDVA)
☐ National Personnel Records Center (NPRC)
☐ Illinois Department of Employment Security (IDES)
☐ Social Security Administration
☐ Illinois Department of Human Services (IDHS)
☐ Housing agencies
☐ Medical providers
☐ Mental health/substance use treatment providers
☐ Employers or training providers
☐ Other:

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix G

3. Information Authorized for Release

I authorize release of information relevant to my request for assistance, including:

☐ Military service records
☐ DD-214 or discharge documentation
☐ Character of discharge information
☐ VA eligibility information
☐ Benefit application status
☐ Income verification
☐ Employment information
☐ Housing information
☐ Financial information related to assistance eligibility
☐ Medical documentation relevant to requested services
☐ Substance use treatment information (requires specific authorization)
☐ Other: _____

4. Purpose of Release

The purpose of this authorization is:

☐ Determination of eligibility for County Veterans Assistance
☐ Verification of veteran status
☐ Assistance with VA claims or benefits
☐ Emergency financial assistance
☐ Employment assistance
☐ Housing assistance
☐ Coordination of services
☐ Other: _____

5. Special Authorization for Protected Records

I specifically authorize release of records that may receive additional protection under federal or state law, including:

☐ Substance use disorder treatment records
☐ Mental health records
☐ Other protected health information

I understand that these records may require additional authorization before disclosure.

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix G

6. Expiration and Revocation

This authorization expires:

☐ One year from the date signed

☐ Upon completion of the assistance request

☐ Other date/event:

I understand that I may revoke this authorization in writing at any time, except to the extent information has already been released based on this authorization.

---

7. Rights and Acknowledgment

I understand:

- I am authorizing release only for the purposes stated above.
- I may request a copy of this authorization.
- Information received may be used only for purposes related to veteran assistance services.
- Signing this authorization is voluntary.

Veteran/Applicant Signature: _____

Date: _____

Representative/Guardian (if applicable):

Name: _____

Authority:

☐ Power of Attorney

☐ Guardian

☐ Fiduciary

☐ Other: _____

Signature: _____ Date: _____

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

APPENDIX H

TAZEWELL COUNTY VETERAN HOUSING & HOMELESSNESS REFERRAL DIRECTORY

Tazewell County, Illinois | Current Resource Guide | August 2026

Purpose: A practical referral tool for Tazewell County Veterans Assistance Commission (VAC) staff, Veterans Service Officers, delegates, and community partners. Programs, funding, and waiting lists can change; call before promising assistance.

A. VETERAN-SPECIFIC & PRIMARY HOUSING-STABILIZATION RESOURCES

Agency / Program	Phone	Address	Eligibility / Best Fit	What It May Pay / Provide	Required Documents	Referral Priority	Vendor / Landlord Direct?	Notes / Status
TAZEWELL COUNTY VETERANS ASSISTANCE COMMISSION (VAC)	309-477-2271	414 Court St., Pekin, IL 61554	Indigent Veteran/family; Tazewell resident ≥6 months; income guidelines; honorable discharge; already housed for rental assistance.	Rental assistance; benefits/referral assistance; other basic-needs aid as authorized.	DD-214; proof of residency; income information; landlord name; program-specific documentation.	1 — First stop for Tazewell Veteran emergency need	Typically direct to landlord/vendor when approved; verify current procedure.	County page confirms rental assistance. No appointment required; Mon–Fri 8–4.
SALVATION ARMY — SSVF / VETERAN SERVICES	217-278-9897 prescreen; 309-655-7220 ext. 224	Veteran Outreach Center, 416 NE Jefferson St., Peoria, IL 61603	Veterans/families homeless or at imminent risk; low-income; SSVF screening required.	Rent/deposit assistance; utility/deposit assistance; case management; transportation; rapid rehousing/homelessness prevention.	ID/VA identification; discharge/service information; income/lease/eviction documentation as requested.	1 — Parallel referral with VAC for housing crisis	Often payment assistance is made to housing/utility provider; verify case-specific method.	SSVF is VA-funded and time-limited; does not cover mortgage, contract-for-deed, rent-to-own, or car payments.
VA HOMELESS PROGRAMS / HUD-VASH	877-424-3838 (24/7)	National Call Center; local VA referral to nearest homeless-program team	Homeless or at imminent risk; VA screening. HUD-VASH is generally for homeless Veterans needing longer-term supportive housing.	HUD-VASH: long-term rental subsidy + VA case management. Other VA homeless programs may provide transitional/residential support.	Veteran identification/service information; income/household/housing information; screening documents as requested.	1 — Immediate referral for homelessness or imminent loss of housing	Voucher subsidy is administered through participating housing authority/landlord; verify local process.	VA says call center is free/confidential 24/7. Call on behalf of Veteran is permitted.
GOODWILL — GENERAL WAYNE A. DOWNING HOME FOR VETERANS / VETERAN SERVICES	309-676-5541	403 S. Olive St., Peoria, IL 61605	Homeless Veterans; supportive-housing suitability and program screening.	Permanent supportive housing for qualifying homeless Veterans; wraparound services. Goodwill also operates Veteran employment/housing-support services.	Veteran status; homelessness/housing history; ID/income and program screening documents.	1–2 — Homeless Veteran needing stable placement	Housing provider; verify program-specific payment arrangement.	Limited-capacity resource; call for current availability.

APPENDIX H

B. RENTAL ASSISTANCE, PUBLIC HOUSING, SHELTER & EVICTION RESOURCES

Agency / Program	Phone	Address	Eligibility / Best Fit	What It May Pay / Provide	Required Documents	Referral Priority	Vendor / Landlord Direct?	Notes / Status
TAZWOOD COMMUNITY SERVICES — CSBG HOUSING ASSISTANCE	309-266-9941	610 Park Ave., Pekin, IL 61554	Tazewell resident; income eligible; one-time emergency housing need.	One month rent, lot rent, or mortgage assistance up to $1,200, subject to current funding/program rules.	Income verification; housing/lease information; proof of emergency; identity/residency as requested.	2 — Strong secondary referral	Verify payment method; housing assistance is program-specific.	Tazwood confirms service to Tazewell County. Funding/program availability varies.
PEKIN HOUSING AUTHORITY — PUBLIC HOUSING / HCV	309-346-7996	1901 Broadway, Pekin, IL 61554	Low-income households meeting HUD/PHA eligibility and screening; waiting lists apply.	Public housing and Housing Choice Voucher rental assistance; long-term subsidized housing when available.	Application; household income/assets; IDs; Social Security documentation; landlord/unit documents when applicable.	2–3 — Long-term housing, not emergency shelter	Yes for HCV when voucher is active and unit/landlord approved.	PHA advises urgent applicants to use community shelter resources; call for current wait-list status.
EAST PEORIA HOUSING AUTHORITY — HCV / LEISURE ACRES PBV	309-698-4718	139 Cole St., East Peoria, IL 61611	HCV: income-based; waitlist status applies. Leisure Acres PBV: age 55+ and income ≤60% AMI; Washington, IL.	HCV: rent subsidy to participating landlord. Leisure Acres: tenant pays about 30% of income toward rent/utilities; EPHA subsidizes balance.	Application; income/household documents; age/eligibility proof for PBV; disability accommodation requests as needed.	2–3 — Excellent long-term option for eligible older Veterans	Yes for HCV/PBV subsidy through housing authority.	EPHA currently states HCV waitlist is closed; Leisure Acres PBV applications are accepted when open, listed as 2nd Wednesday monthly 10–12.
SALVATION ARMY — HAROLD J. RUST TRANSITIONAL CENTER	309-478-7878	235 Derby St., Pekin, IL 61554	People/families experiencing homelessness; shelter screening; population availability varies.	Emergency shelter, transitional housing, meals, case management, housing stabilization/referrals.	ID and intake information as available; call first for current bed/population availability.	1 — Homeless now / no safe place tonight	Not a rental subsidy; shelter is provided directly.	Important local emergency shelter. Verify eligibility and available beds before transport.
CENTER FOR PREVENTION OF ABUSE — CAROL HOUSE OF HOPE	1-800-559-7233 crisis; 309-353-7512 Pekin office	Pekin location; confidential shelter address	Women and children fleeing violent, abusive, or controlling relationships/situations.	Emergency safe shelter up to six weeks; case management; counseling; support groups; safety planning.	Minimal intake information; safety/crisis screening; do not disclose confidential shelter location.	1 — Domestic violence / immediate safety risk	Not a rental subsidy; shelter and services provided directly.	All victim services free/confidential. 24/7 crisis hotline.
ILLINOIS CBRAP — COURT-BASED RENTAL ASSISTANCE	866-454-3571	Statewide online program / Illinois Housing Help	Tenant/landlord with pending eviction case; income and program criteria apply.	Current state page indicates program is PAUSED and not accepting new applications. Prior/current cases may be checked; do not promise new funding.	Eviction court case documentation; lease/rent records; income and identity information as required.	Urgent legal referral if eviction is filed	If approved under an active application, assistance is paid according to program rules.	Illinois Courts directs eviction defendants to CBRAP; current program page says PAUSED as of Aug. 2026.

APPENDIX H

C. HOMEOWNER RETENTION, UTILITIES, LOCAL ASSISTANCE & REFERRAL TRIAGE

Agency / Program	Phone	Address	Eligibility / Best Fit	What It May Pay / Provide	Required Documents	Referral Priority	Vendor / Landlord Direct?	Notes / Status
HABITAT FOR HUMANITY OF GREATER PEORIA — VETERAN REPAIRS	309-676-6729	931 N. Douglas St., Peoria, IL 61606	Veteran homeowner; owner-occupied single-family primary residence in service area; income within current limits.	Health/safety repairs and non-cosmetic improvements. Current published 2026 income ranges apply by household size.	Proof of Veteran status; income; ownership/occupancy; citizenship/legal residency; application.	2 — Prevents loss of home for qualifying owners	Not rental assistance; repair work is coordinated through Habitat.	Tazewell County is explicitly in service area.
ILLINOIS VALLEY FULLER CENTER FOR HOUSING — VETERAN HOME REPAIR	309-678-9552	1716 N. University St., West Peoria, IL 61604	Veteran homeowners/eligible surviving spouses in Peoria/Tazewell/Woodford area; limited-resource households.	Safety, security, and habitability-focused home repairs/projects.	Veteran status; home ownership/occupancy; income/program screening.	2 — Homeowner retention	Not rental assistance; repairs/services are coordinated by nonprofit.	Good alternative when the housing problem is physical condition rather than rent arrears.
TAZWOOD — LIHEAP / UTILITY ASSISTANCE	309-266-9941	610 Park Ave., Pekin, IL 61554	Income-eligible Tazewell households; program-specific utility eligibility.	Utility assistance, weatherization, emergency furnace and related energy programs; availability depends on funding.	Utility bill/account; income; household documents; ID/residency as requested.	2 — When utility shutoff threatens housing stability	Generally paid/credited through utility or program provider; verify.	Use utility programs before spending limited VAC rental funds on an eligible utility crisis.
LOCAL TOWNSHIP GENERAL / EMERGENCY ASSISTANCE	Varies by township	Veteran's township of residence	Must reside in the township; eligibility and emergency requirements vary. Examples include eviction, late rent, utility shutoff.	May provide limited rent, utilities, water/sewer, or general assistance; limits and frequency vary.	ID; proof of township residency; income; lease/rent notice; eviction or shutoff notice when required.	2 — Local gap-filler after/with VAC referral	Usually direct vendor payment when approved; verify with township.	Do not refer by city alone—identify the Veteran's actual township of residence.
ILLINOIS DHS — PEKIN FCRC	309-347-4184	111 N. 6th St., Pekin, IL 61554	Low-income Tazewell residents meeting program rules.	SNAP/LINK, Medicaid, TANF/AABD and other public-benefit screening. Not direct rental assistance, but can stabilize household income.	ID; Social Security/income/household information; program-specific documents.	3 — Income stabilization / benefits screening	Generally benefits are provided through state programs, not landlord payments.	Use when rent crisis is driven by inadequate income or loss of benefits.
HEART OF ILLINOIS 2-1-1	Dial 2-1-1 or 309-999-4029	Regional information/referral service	Anyone seeking community resources; Veteran-specific screening can be requested.	Identifies currently available rent, shelter, utility, food, transportation, legal and nonprofit resources.	Basic household/location/problem information; no special Veteran document required to call.	1–2 — When staff are unsure which resource is open	Depends on referred program.	Use as a live resource check; availability changes frequently.

VAC QUICK-TRIAGE: Homeless tonight → VA Homeless Call Center + shelter. | Eviction risk → VAC + SSVF. | Eviction court case → legal aid/Illinois eviction resources; CBRAP status must be verified because the program is currently paused. | Needs long-term subsidy → HUD-VASH / housing authority. | Homeowner repair → Habitat/Fuller Center. | Utility crisis → Tazwood. | Unknown/opening → 2-1-1.

Source/verification note: Information verified against Tazewell County Veterans Assistance, VA Homeless Programs, Salvation Army Veteran Services, Tazwood Community Services, Pekin/East Peoria Housing Authorities, Habitat Peoria, Center for Prevention of Abuse, Illinois Courts/Illinois Housing Help, and current local resource listings. Funding, waitlists, bed availability, and program rules can change. Staff should confirm eligibility and payment procedures before making a commitment.

Primary online sources: tazewell-il.gov/VeteransAssistance; department.va.gov/homeless; salvationarmyusa.org/usa-central-territory/north-and-central-illinois/peoria-metro-area/veteran-services; tazwoodcs.org/csbg; pekinhousingauthority.com; eastpeoriahousingauthority.com/services.html; habitatpeoria.org/programs/veteran-repairs; centerforpreventionofabuse.org; illinoiscourts.gov.

APPENDIX H

TAZEWELL COUNTY VETERAN FOOD & HYGIENE ASSISTANCE REFERRAL DIRECTORY

Tazewell County, Illinois | Veteran Service & Community Referral Tool | August 2026

Purpose: Identify the fastest available food, meal, pantry, SNAP, hygiene, shower/laundry and basic-needs resources for Tazewell County Veterans and their families. Call before promising availability; pantry inventories, schedules and eligibility can change.

A. VETERAN-SPECIFIC & PRIMARY FOOD RESOURCES

Agency / Program	Phone	Address	Eligibility / Best Fit	Food / Hygiene Assistance	Required Documents	Priority	Direct Distribution?	Notes / Current Status
Tazewell County Veterans Assistance Commission — Emergency assistance Food Cards	309-477-2271	414 Court St., Pekin, IL 61554	Veterans/families in Tazewell County needing food assistance; proof of service required. 211 lists OTH Veterans may also be considered.	Referral to local food resources and benefits. Gift cards to local markets.	DD-214 or Veteran ID on first visit; receipts returned IAW GSES guidelines	1 — First stop	No — gift cards issued on an as needed basis following GSES guidelines	Mon–Fri 8 AM–4 PM; No fee. Official county page confirms local food-pantry closed.
VA Food Security Office / VA Primary Care & Social Work	877-424-3838 if homeless; local VA social work via 309-589-6800	Bob Michel VA Outpatient Clinic, 7717 N Orange Prairie Rd., Peoria, IL 61615	Veterans receiving/eligible for VA care who report food insecurity; social-work/nutrition screening.	Connection to nutritious food, SNAP and local food resources; VA social work and dietitian support.	Veteran/VA identification; food-insecurity screening; clinical/social-work assessment.	1 — Parallel referral	Usually referral/navigation rather than direct local pantry distribution	VA Food Security Office specifically says VA can connect Veterans to local food resources and SNAP.
Illinois SNAP / DHS benefits	1-800-843-6154	Illinois DHS / local Family Community Resource Center	Low-income Illinois households meeting SNAP rules; household income, deductions and current work requirements apply.	Monthly SNAP/LINK food benefits for eligible households; not hygiene items.	ID; household/income/asset information; immigration/citizenship documents as applicable.	1–2 — Long-term food stability	No — electronic benefit to eligible household	Apply through Illinois DHS; Veterans are not automatically exempt from current work requirements solely because of Veteran status.
Heart of Illinois 2-1-1	Dial 2-1-1 / 309-999-4029	Regional information & referral service	Anyone needing food, meals, hygiene, benefits or emergency basic-needs resources.	Identifies currently operating pantries, meal programs, SNAP help, hygiene and other community resources.	Basic household/location/problem information.	1 — When staff need a live resource check	Depends on referred program	Use for same-day/current availability when a pantry schedule or eligibility is uncertain.

APPENDIX H

B. LOCAL FOOD PANTRIES, MEALS & FAITH-BASED RESOURCES

Agency / Program	Phone	Address	Eligibility / Best Fit	Food / Hygiene Assistance	Required Documents	Priority	Direct Distribution?	Notes / Current Status
First Baptist Church of Pekin Food Pantry	309-347-5965	700 S Capitol St., Pekin, IL 61554	Anyone; focus mainly on Pekin. Serves listed Tazewell County communities.	Weekly groceries/food pantry.	Social Security number + 3 pieces of current mail; appointment required.	2 — Local pantry	Yes	Tuesday 9:30–11 AM; call first. No fee. Current 211 record updated March 2026.
Neighborhood House Association — Meals on Wheels	309-674-1131	1020 S Matthew St., Peoria, IL 61605	People unable to prepare their own meals; assessment required. Serves Peoria and Tazewell County outside Morton.	Nutritious home-delivered meals Mon–Fri; extra/frozen meals may be available for qualifying clients.	Assessment/intake; household and functional information.	2 — Homebound/limited mobility	Yes — meals delivered	Morton is covered by We Care instead. Some clients qualify for free coverage; call for exact fee.
We Care, Inc. — Morton-area Meals on Wheels	309-263-4244	Morton area	Homebound/older adults in Morton area who cannot reliably prepare/shop for meals; assessment.	Home-delivered meals and related senior nutrition support.	Intake/assessment; age/functional information.	2 — Morton/homebound	Yes — delivered	Confirm current service area, fees and schedule before referral.
Salvation Army Family Services / Peoria	309-655-7272	414 NE Jefferson Ave., Peoria, IL 61603	Individuals/families experiencing food insecurity; eligibility varies by program.	Food assistance, meals and broader emergency/basic-needs referrals; Veteran Services/SSVF is also available.	ID/household information; program-specific intake.	2 — General food/basic needs	Yes — program dependent	Good secondary resource when VAC pantry cannot meet need.
Sophia's Kitchen	309-655-1578	105 N Richard Pryor Place, Peoria, IL 61605	Community members needing meals/food assistance; pantry/meal program rules apply.	Hot meals/soup-kitchen service; client-choice pantry reported Fridays.	Call for current intake requirements.	2 — Immediate meal need	Yes	Faith-based community food resource; verify current pantry hours.
First United Methodist Church — Loaves & Fish	309-673-3641	116 NE Perry Ave., Peoria, IL 61603	Community members needing food; public welcome.	Food pantry; church/community support.	Call for current pantry requirements.	3 — Additional pantry	Yes	Published schedule: Saturday 11 AM–1 PM; verify before sending Veteran.

APPENDIX H

C. HYGIENE, SHOWERS, LAUNDRY & BASIC-NEEDS SUPPORT

Agency / Program	Phone	Address	Eligibility / Best Fit	Food / Hygiene Assistance	Required Documents	Priority	Direct Distribution?	Notes / Current Status
Dream Center Peoria — DCP Cares / Hope Store	309-676-3000	714 Hamilton Blvd., Peoria, IL 61603	People experiencing poverty/housing instability; program-specific intake.	Free clothing/household goods; hygiene items; showers/laundry and meals through DCP programs; shelter services also available.	Basic intake/ID as requested; call for current availability.	1–2 — Hygiene emergency / homeless Veteran	Yes — direct services/items	DCP reported distributing 1,200+ toiletry/hygiene items in 2025. Verify shower/laundry hours.
Phoenix Community Development Services — HOWIE / Outreach	309-674-7310	202 NE Madison Ave., Peoria, IL 61602	People experiencing homelessness/housing instability in Greater Peoria; outreach screening.	HOWIE mobile hygiene unit: private showers, restrooms and on-site laundry; street outreach and housing-service connections.	Minimal outreach intake; call for schedule/location.	1 — Unsheltered / no hygiene access	Yes — mobile/direct service	Particularly valuable for Veterans living outdoors or without access to bathing/laundry.
Salvation Army — Veteran Services / General Services	309-655-7220; Family Services 309-655-7272	416/414 NE Jefferson Ave., Peoria, IL 61603	Veterans/families needing basic-needs support; SSVF screening for housing instability.	Food support and referrals; Veteran housing stabilization; may connect Veteran to hygiene/basic-needs resources.	Veteran ID/service and household documentation as requested.	2 — Veteran-specific navigation	Program dependent	Use Veteran Services first when housing instability and food/hygiene needs are connected.
Peoria Vet Center	309-689-9708	5015 W American Prairie Dr., Peoria, IL 61615	Eligible Veterans, service members and families needing confidential support; not a food pantry.	Connects Veterans to VA/community resources, VSOs and support networks; useful for wraparound referrals.	Veteran/service information; call for eligibility.	3 — Wraparound referral	No — referral/navigation	No-cost confidential counseling and resource navigation; can strengthen the referral network.
Peoria Area Food Pantry / PCCEO	309-999-3842	721 W McBean St., Peoria, IL 61605	Peoria County residents in need; Tazewell residents should confirm service-area eligibility before travel.	Choice pantry/groceries and emergency food boxes; may have hygiene-related community referrals.	ID/residency/intake as required.	3 — Use when eligible	Yes	Primarily Peoria County; do not assume Tazewell eligibility. Call first.
Tazewell County Health Department — Food Recovery	309-925-5511	1800 Broadway St., Pekin; 21306 IL Route 9, Tremont	Community/agency food-system resource; not a direct Veteran pantry.	Coordinates food recovery intended to improve availability of fresh produce and prepared meals to food banks/pantries/kitchens.	Not a direct client-assistance program; contact for partner/community resource information.	3 — Network/referral	No — primarily system/partner coordination	Useful for building/maintaining the VAC's local food-resource network.

VAC QUICK TRIAGE: Hungry today → Tazewell County Food Pantry locations (provided/available by list) + 2-1-1. | No food for household → Tazewell County Food Pantry locations (provided/available by list) + SNAP application + VA social work. | Homebound → Meals on Wheels/We Care. | No shower/laundry → Phoenix HOWIE or Dream Center. | Homeless Veteran → VA Homeless Programs + SSVF + food/hygiene referral. | Need both food and housing → coordinate VAC + SSVF rather than treating each need separately.

Documentation standard: For the VAC, use the Commission's current adopted eligibility policy. For community programs, requirements vary. Never promise food quantity, hygiene supplies, transportation, or same-day service without confirming current availability.

APPENDIX H

TAZEWELL COUNTY VETERAN TRANSPORTATION REFERRAL DIRECTORY

Tazewell County, Illinois | Public, VA, Paratransit & Community Transportation | August 2026

Purpose: Practical referral tool for the Tazewell County Veterans Assistance Commission (VAC), VSOs, delegates and community partners. Use the lowest-cost eligible transportation source first and confirm availability, eligibility, trip boundaries and accessibility before promising a ride.

A. PRIMARY PUBLIC & RURAL TRANSPORTATION

Agency / Program	Phone	Service Area / Address	Eligibility / Best Fit	Service / Cost	Advance Notice	Accessibility / Door-to-Door	Veteran Benefit / Priority	Notes / Status
CityLink — Greater Peoria Mass Transit District	309-676-4040	Transit Center: 407 SW Adams St., Peoria; fixed routes serving Pekin/East Peoria and metro area	General public; Veteran reduced-fare ID available.	Fixed-route bus; eligible Veterans pay $0.50/ride after obtaining free Veteran Half-Fare ID.	Route dependent	Accessible fixed-route fleet	Veteran-specific reduced fare; photo ID + DD-214 for Half-Fare ID.	Current policy accepts Honorable, General under Honorable Conditions and OTH. Dishonorable or uncharacterized discharge is not eligible for the Veteran fare.
We Care, Inc. — Rural Public Transportation	309-263-7708	111 Detroit Pkwy., Morton; Morton, rural Tazewell & Woodford Counties	General public; strong focus on seniors and persons with disabilities.	Demand-response, door-to-door; medical, employment, grocery, hospital/nursing-home trips. Regional listing: $3 one-way; senior one-way donation only.	48 hours	Wheelchair accessible; door-to-door	Not Veteran-specific; excellent rural option.	We Care confirms service to Morton, rural Tazewell and Woodford and asks riders to call 48 hours ahead.
CityLift — Pekin / East Peoria / Washington	309-999-3667	Pekin: within 3/4 mile of fixed routes; East Peoria; Washington	Disability causes functional inability to use fixed-route bus.	Demand-response, door-to-door; $2 one-way. Pekin: Mon-Fri 6:45 AM–6:30 PM.	24 hours	Door-to-door; accessible vehicles	Disability-based, not Veteran-specific.	211 notes Pekin CityLift is limited to trips within Pekin and does not serve Creve Coeur, South Pekin or North Pekin.
Washington Senior Taxi Service	309-210-6474	Washington Township / 61571 ZIP	Seniors age 65+ in service area.	Demand-response, door-to-door; $3 one-way.	24 hours	Door-to-door	Age-based, not Veteran-specific.	Regional transit listing currently shows Mon-Fri 8 AM–5 PM; verify current boundaries.

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B. VA MEDICAL TRANSPORTATION & VETERAN-SPECIFIC OPTIONS

Agency / Program	Phone	Service Area / Address	Eligibility / Best Fit	Service / Cost	Advance Notice	Accessibility / Door-to-Door	Veteran Benefit / Priority	Notes / Status
VA Veterans Transportation Service (VTS)	Local VA VTP representative	VA-authorized appointments; facility availability varies	Veterans eligible for VA health care with VA-authorized appointment.	Transportation to VA medical visits and authorized community-care appointments; little or no cost when eligible.	Advance scheduling / local rules	Accessible options vary	Veteran-specific; check before VAC funds.	VA says VTS partners with VSOs, community transportation providers and government agencies.
VA Beneficiary Travel / Travel Reimbursement	VA Beneficiary Travel office	Qualifying VA-authorized health-care travel	Eligible Veterans meeting beneficiary-travel rules.	May reimburse qualifying mileage and approved transportation expenses; common-carrier travel must be preapproved.	Preapproval rules apply	Depends on mode	Veteran-specific benefit; may reduce VAC expense.	Check eligibility and authorization before travel whenever possible.
VA Special Mode Transportation	Local VA VTP / Beneficiary Travel office	VA-authorized medical trips requiring special transportation	Medical necessity for special mode.	VA-authorized wheelchair van, stretcher, ALS/BLS or other special transportation.	Preauthorization + medical necessity	Specialized	Veteran-specific; use before county emergency funds.	VA states special modes require VA authorization and medical-necessity documentation.
DAV / VA Volunteer Transportation Network	Local VA medical facility / VTP representative	Participating VA facilities and scheduled VA appointments	Eligible Veterans; availability varies locally.	Volunteer/DAV transportation may be available for VA medical appointments at no or low cost.	Advance scheduling	Depends on volunteer/provider	Veteran-specific; check first.	Availability is facility-specific.
Tazewell County Veterans Assistance Commission	309-477-2271	414 Court St., Pekin, IL 61554	Qualifying indigent Tazewell County Veterans/families under current VAC policy.	County transportation assistance may be available when other resources are unavailable; county report documents transportation payments and special medical transportation.	Case-specific; prior approval recommended	Can coordinate/authorize vendors	Primary local Veteran safety-net after other sources are screened.	Office Mon-Fri 8 AM–4 PM; no appointment necessary.

APPENDIX H

C. ADDITIONAL LOCAL / SPECIALIZED TRANSPORTATION

Agency / Program	Phone	Service Area / Address	Eligibility / Best Fit	Service / Cost	Advance Notice	Accessibility / Door-to-Door	Veteran Benefit / Priority	Notes / Status
Age Central / Central Illinois Agency on Aging	309-674-2071	306 Morgan St., Peoria; serves Tazewell and five neighboring counties	Older adults and eligible persons needing aging/disability support.	Transportation coordination and scheduled rides for medical appointments, essential errands and activities; rules vary.	Ask during intake	Accessible services vary	Age/disability based; useful for older Veterans.	Regional front door for aging services, including transportation.
Miller Senior Citizens Center — Pekin	309-346-5210	551 S. 14th St., Pekin, IL 61554	Older Pekin residents; local listing indicates ride service for residents age 50+.	Senior rides in Pekin/surrounding areas; medical appointments prioritized; wheelchair transportation available on request.	Call in advance	Wheelchair transport on request	Age-based, not Veteran-specific.	Verify current fare, boundaries and eligibility.
Illinois Medicaid / Managed-Care NEMT	Number on Medicaid/MCO card	Illinois; qualifying covered medical services	Medicaid beneficiaries meeting NEMT rules.	Non-emergency medical transportation for qualifying covered appointments; plan authorization rules apply.	Advance scheduling	Accessible options based on authorization	Not Veteran-specific; check before VAC payment.	Do not assume VA and Medicaid transportation are interchangeable.
Non-Emergency Medical Transportation Providers	Provider-specific	Central Illinois / Tazewell-area service varies	Patients needing scheduled medical transportation; payer eligibility varies.	Ambulatory, wheelchair and other scheduled medical transport; may be private-pay or payer-authorized.	Advance reservation	Varies by provider	Use after VA/Medicaid/public options are checked.	Confirm payer acceptance and exact cost before scheduling.
Heart of Illinois 2-1-1	Dial 2-1-1 / 309-999-4029	Regional information/referral service	Anyone needing transportation resources.	Identifies currently operating public, medical, senior, disability and emergency transportation.	Call for current availability	Depends on referred provider	Not Veteran-specific; excellent backup.	Use as a live referral check because schedules/funding change.

VAC QUICK TRIAGE: VA medical appointment → VTS/VA transportation first. | Rural Tazewell → We Care. | Fixed-route eligible → CityLink. | Cannot functionally use fixed route → CityLift. | Washington age 65+ → Senior Taxi. | Older/disability needs → Age Central. | No other option/financial hardship → VAC assistance under current policy. | Unknown provider → 2-1-1.

Important: CityLink's Veteran Half-Fare program excludes uncharacterized discharge. This is a CityLink fare rule and is not a determination of VA or VAC eligibility. Transit fares, schedules, service boundaries and provider availability can change; verify before referral.

Appendix I

Glossary of Terms and Abbreviations

As used in this Handbook, the following terms and abbreviations shall mean as indicated below:

1. *AABD*: Aid to the Aged, Blind, and Disabled.

2. *Advocacy services*: Services including representing, and/or working closely with, and/or applying to the proper local, state or federal agencies or local intervention with vendors such as landlords or utility companies, to procure benefits and insure the rights and benefits that each veteran is entitled to have been granted to the veteran, surviving spouse, and/or dependent.

3. *AFDC*: Aid to Families with Dependent Children.

4. *AIMS:* a program that assists with utilities through Ameren Illinois

5. *Basic living expenses:* Expenses including such items as food, shelter, utilities, personal needs, transportation, independent living expenses, and medical expenses considered essential to the health and well-being of the individual or the family.

6. CL: Career Link - Pekin

7. *Child*: The off-spring, natural or adopted, of an applicant who: (a) is unmarried, under the age of eighteen (18), and who resides with or is to be supported by the applicant; or (b) is unmarried, nineteen (19), and attending a secondary school as a full time student and who resides with or is to be supported by the applicant.

8. *Dependent:* a child, spouse or parent to whom one contributes all or a major amount of necessary financial support

9. *EVA*: Emergency Veterans Assistance*:* assistance that can occur only once every 12 months that is to help in unforeseen situations

10. EES: Express Employment Services

11. *Full-time student*: attending a secondary school while taking twelve or more (12+) credit hours per semester.

12. GW-VEP: Goodwill Veterans Employment Program

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13. *IDORS*: Illinois Department of Rehabilitative Services.

14. *IACVAC*: Illinois Association of County Veterans Assistance Commissions.

15. *IDES*: Illinois Department of Employment Security.

16. *IDHS*: Illinois Department of Human Services.

17. *IDMHDD*: Illinois Department of Mental Health and Developmental Disabilities.

18. *IDVA*: Illinois Department of Veterans Affairs.

19. L*iheap:* a program that assists with utilities through Community Action Agency

20. *Misrepresentation to obtain assistance*: An act by an applicant/recipient who: (a) knowingly provides false or fraudulent information; (b) knowingly misrepresents themselves by false identification; (c) makes a false representation of an eligible or ineligible applicant/recipient in order to obtain assistance from the TCVAC; or (d) misuses/abuses any VAC funds, grants, or vouchers provided by the TCVAC to the applicant/recipient.

21. *NACVSO*: National Association of County Veterans Service Officers.

22. *NPRC*: National Personal Records Center

23. *Pledge*: An agency other than the VAC providing financial assistance

24. *Red-flagged*: A determination by the TCVAC that an applicant will be denied services for a minimum of twelve (12) consecutive months. This determination may be made where: (a) the applicant has made to the TCVAC a misrepresentation to obtain assistance; or (b) the applicant has harassed, intimidated, or been verbally/physically abusive with TCVAC staff.

25. *Rental property*: Living space that is rented by the owner (the landlord) to the applicant (the tenant) in exchange for rent, calculated on a daily, weekly, bi-weekly, or monthly basis, for which a rental lease, which includes the rent due, has been executed by the owner and the applicant.

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26. *Residence*: The County where the person is living voluntarily, not for a temporary purpose, but the place he/she considers his/her permanent home and has no intent to move.

27. *SARP:* Substance Abuse Treatment Program

28. *Separate Dwelling:* residence that may be in a same building but must have its own living amenities (i.e. kitchen, bathroom)

29. *Shelter costs*: This includes: rent, mortgage payments (interest and principle only), mobile home payments, or mobile home lot rental.

30 *SSI:* Supplemental Security Income

31. *SSD:* Social Security Disability

32. *SSVF:* Supportive Services for Veterans Families Program

33. *USDVA*: United States Department of Veterans Affairs.

34. *Utilities*: This includes utilities provided to a residence in the form of electricity, natural gas, and/or water.

35. *TCVAC*: Tazewell County Veterans Assistance Commission.

Appendix J

Tazewell County VAC
Landlord Packet

To whom it may concern,

Enclosed, you will find two forms that are required to be completed for a Veteran when applying for rental assistance with the Tazewell County Veterans Assistance Commission. These two forms are for the Landlord to complete for the Veteran who resides in one of their properties. You may return the forms via email, mail, fax, or you may return them to the Veteran to bring into the VAC.

The first form that is enclosed is the TCVAC Landlord Agreement. This form is to inform the TCVAC of monthly rent cost, rent due date, how much (if any) the Veteran is behind of rent, if an eviction process has been initiated, amount required to stop eviction if started and the needed information of the property owner. Tazewell County Property Records must match who is signing the TCVAC Landlord Agreement. If property records do not match the information provided, further documentation will be required.

The second document that is enclosed is the DOT IRS Form W-9. This form is **required** for Tazewell County to make payments to any individuals or businesses. This form is only required to be filled out once, unless there are any changes.

Tazewell County issues checks weekly, towards vouchers submitted the Thursday previous. Holidays can cause a delay of checks being processed during a holiday week.

The TCVAC **cannot** release any information to any outside sources in reference to the Veteran's application status, remaining documents needed for completion of application, or the Veterans personal information. Any question that the landlord may have needs to be addressed through the Veteran who is seeking assistance.

By signing the TCVAC Landlord Agreement, you are agreeing to understanding the information you have been given and that all additional information will need to be provided from the Veteran. **These documents do not guarantee a payment**.

Very Respectfully,

VAC Staff

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix J
Tazewell County VAC
Landlord Agreement

- This agreement is to be completed by the LANDLORD only!
- Payments are issued once a week by the **Tazewell County Treasurer**
- Completion of this form does NOT guarantee payment. The VAC will determine eligibility once this form is received.

I, _____ certify that I am not related to the tenant in any way, and I am the landowner of the property located at:

_____

Address City State Zip Code

I agree to accept payment from the Tazewell County VAC for:

_____

Veteran's First Name Middle Initial Last Name

The amount of monthly rent is $ _____ Due on: _____

Total amount Past Due $ _____ Last Payment Veteran made: _____ In the amount of $ _____

Eviction Process Started: YES ☐ NO ☐ Amount required to Stop Eviction $ _____

Name the check should be made payable to:

_____

_____ _____

Signature of Owner/Manager Date

_____ _____

Payment Mailing Address City State Zip Code

_____ _____

Phone Number SSN/TIN of Business (Required)

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Appendix K
Tazewell County VAC
Mortgage Holder Agreement

_____, the mortgage holder of the property located at:

Address City State Zip Code

I agree to accept payment from TCVAC for:

Veteran First Name MI Last Name Account #

The amount of the monthly mortgage is $ _____ Past Due $ _____

Date mortgage is due: _____
(MM/DD/YYYY)

Name of Mortgage holder that check should be made payable to:

_____ _____
Signature of Mortgage Manager Phone Number

_____ _____
Street Address (W-9 required) TIN of Business

_____
City State Zip Code

_____
Date

Payments are issued weekly, when processed by previous Thursday, by the
Tazewell County Treasurer
* Completion of this form does not guarantee payment. VAC will determine eligibility once this form is received.

OFFICE USE ONLY

☐ DENIED RENTAL ASSISTANCE COMMENTS: _____
_____

☐ GRANTED RENTAL ASSISTANCE COMMENTS: _____

Please Return to: 414 Court Street
Pekin, IL 61554 or fax (309) 478-5855

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person**	**Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);

2. Certify that you are not subject to backup withholding; or

3. Claim exemption from backup withholding if you are a U.S. exempt payee; and

4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and

5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;

2. You do not certify your TIN when required (see the instructions for Part II for details);

3. The IRS tells the requester that you furnished an incorrect TIN;

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or

5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

• **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

• **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

• Generally, individuals (including sole proprietors) are not exempt from backup withholding.

• Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.

• Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

• Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

2—The United States or any of its agencies or instrumentalities.

3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.

5—A corporation.

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.

7—A futures commission merchant registered with the Commodity Futures Trading Commission.

8—A real estate investment trust.

9—An entity registered at all times during the tax year under the Investment Company Act of 1940.

10—A common trust fund operated by a bank under section 584(a).

11—A financial institution as defined under section 581.

12—A middleman known in the investment community as a nominee or custodian.

13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5.[2]
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

[1] See Form 1099-MISC, Miscellaneous Information, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/EIN*. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Go to *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.