



The MOAA Foundation Crisis Relief Fund Grant – MOAA Affiliate Verification Form

Thank you for your interest in acting as a verifier for a Crisis Relief Fund Grant applicant. Before beginning your verification form, please review the Program and Information Guide For MOAA Council or Chapter Members, which can be found here: <https://www.moaa.org/relief-verification>

For questions about this verification form, please contact our Member Service Center at (800) 234-6622 or e-mail relief@moaa.org.

To scan and e-mail the verification form: relief@moaa.org

To fax the verification form: 5714441428

To mail in the verification form:

Military Officers Association of America (MOAA)
C/O The MOAA Foundation Crisis Relief Fund
201 N. Washington St.
Alexandria, VA 22314

***This document was last updated on June 17, 2022 and is subject to change at any time. Only the most updated version will be considered as a submission.**

Applicant Eligibility

Name of applicant for whom you are submitting this verification form: *

The applicant has indicated they are a (select all that apply): *

Veteran, retiree/served a full career

Veteran, did not serve a full career, not medically retired, honorable discharge

Veteran, medically discharged

Caregiver of a veteran

Active duty

National Guard or Reserve

Military spouse, active duty

Military spouse, veteran

Surviving Spouse

Other – if “Other” is selected, please explain:

Do you or someone in your council or chapter know the applicant or applicant's family? *

Yes - If yes, please explain (for example: how long, how you met, etc.). (Type "N/A" if you would prefer not to provide any additional information.) *

No

Is the applicant affiliated with MOAA or your council or chapter? *

Yes - If yes, please explain affiliation. (Write out "N/A" if you would prefer not to provide any additional information.) *

No

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Service Connection Verification

Please select the statement that reflects your assessment of the applicant's qualification for a Crisis Relief Grant from The MOAA Foundation. (Select one) *

I have verified the applicant is currently serving or has served. Please explain how you verified (for example: we served together, the applicant was verified through the local VA, etc.). (Write out "N/A" if you would prefer not to provide any additional information.) *

I am not able to verify the applicant's service.

I cannot definitively determine whether the applicant was truthful in stating their connection to the service. Please explain your assessment of the applicant in regards to the selections you have made above. (Write out "N/A" if you would prefer not to provide any additional information.) *

I am suspicious of the applicant's connection to the service and recommend additional verification efforts prior to awarding a grant. Please explain your assessment of the applicant in regards to the selections you have made above. (Write out "N/A" if you would prefer not to provide any additional information.) *

Do you believe the applicant is experiencing financial need as a result of their current crisis? *

Yes - Please explain your assessment of the applicant in regards to the selections you have made above. (Type "N/A" if you would prefer not to provide any additional information.)

No

Unknown

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Do you believe that what the individual included in their application is sufficient in proving their need resulting from a financial or other emergency crisis? *

Yes

No - If "no," what additional supporting documentation do you recommend?
(Type "N/A" if you would prefer not to provide any additional information.) *

Do you believe this applicant should be considered for a grant? *

Yes

No

Additional comments for judges to consider: (Write out "N/A" if you would prefer not to provide any additional information.) *

Verifier Information

Your name: *

Name of your MOAA Council or Chapter: *

Your email address: *

Best phone number to reach you: (No dashes in phone number) *

Date you received applicant's submission: *

Date you completed the applicant's evaluation: *

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Survey

Did you find it easy to fill out and submit this form? *

Yes

No – if “No” is selected, please explain:

Were the eligibility requirements easy to understand? *

Yes

No – if “No” is selected, please explain:

Would you recommend this grant program to someone else in a crisis? *

Yes

No – if “No” is selected, please explain:

On a scale of 1 - 5, what would you rate the process of filling out this form? (1 being very difficult, 5 being very easy) *

How did you learn about The MOAA Foundation's Crisis Relief Program? *

Would you like to provide any additional feedback of the process to our staff? *

END OF VERIFICATION FORM – Reference the submission information on pg. 1

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