The Paralyzed Veterans of America (PVA) Disaster Relief Grant Program is available to PVA members suffering financial hardship resulting from natural disasters. During the current novel coronavirus (COVID-19) pandemic, Paralyzed Veterans of America leadership has opened the Disaster Relief Grant Program to qualified applicants who are experiencing hardship directly related to the unexpected impact of the COVID-19 virus.

Possible financial hardship resulting from the impact of COVID-19 includes funds needed to purchase medical supplies normally provided by the Department of Veterans Affairs but that are now limited as a result of supply rationing or any additional costs directly resulting from changes in your health care protocol because of the impact of COVID-19. Qualified applicants must provide documentation illustrating the direct financial burden resulting from COVID-19 and complete the Disaster Relief Grant Application on pages 7–8 of this issue of PN.

To assist requesters in the distribution of relief funds, members must comply with the following accountability procedures:

1. Funds will only be provided to PVA members.

2. A maximum of $1,500 per individual or family will be granted. Each application must be evaluated for need. Maximum disbursements will not be made in all cases.

3. Funds may be used for transportation, temporary shelter, food, modifications for accessibility, prosthetic appliances and medical supplies. The funds will not be provided if other assistance has been provided to pay for the items in the request (insurance, FEMA, etc.). Funds will also not be approved to clean up, fix or replace damages not related to the veteran’s primary dwelling.

Applications can be received by the PVA chapter or the national service office. Once an application is received, it is to be reviewed by the chapter president or designee and the national service officer (NSO). All applications require the approval of the chapter president or designee and the NSO.

After approval from the chapter and national service office, the application is to be faxed to the associate executive director of the Veterans Benefits Department for final approval. Include all estimates and receipts. Disbursements exceeding $1,000 must have verification that the assistance requested is valid (inspection by PVA, etc.).

In cases where the NSO and chapter disagree regarding approval, or either is not available, the application will be faxed to the attention of the associate executive director of the Veterans Benefits Department for final decision.

All original documentation will be forwarded to the associate executive director of Veterans Benefits for accounting and review purposes. Copies of applications are to be maintained in the PVA chapter offices.

A copy of the Disaster Relief Fund Application can be found on pages 7–8 or PVA.org/COVID-19.
Disaster Relief Form

Full Name: ____________________________________________________________

Street Address: _______________________________________________________

City: ________________________  State: ________________  Zip Code: __________

Phone: ________________________  SSN: __________________________ (no dashes)

Second point of contact or location where you can be reached:

______________________________________________________________

PVA Member:  Yes ☐  No ☐

PVA Chapter (if member): ___________________________________________

Are you service-connected:  Yes ☐  No ☐

Branch of service: ________________________________________________

Nature of disability: _______________________________________________

Name, address, and phone number of insurance company:

______________________________________________________________

______________________________________________________________

Reason assistance is required (check all that apply):

Accessibility Modifications ☐  Temporary Shelter ☐  Prosthetic Appliances ☐

Transportation ☐  Medical Supplies ☐  Food ☐

Please attach on a separate sheet an explanation of the damages sustained from the natural disaster and an itemized list of the cost of damages to include expenses paid for replacement items, i.e., cost of repairs to roof, food expenses, etc. Also include the following statement:

I certify that the assistance requested is the result of ___________________, and that I am not receiving reimbursement of expenses from other sources. If funds are received (from insurance, etc.) to cover loss, I will reimburse PVA. By signing this application, I authorize agents of Paralyzed Veterans of America to independently verify the truth of the statements I have made both on this application and orally during the application process. I also understand that any misrepresentation of material fact may result in the voiding of my eligibility for funds. I understand that such misrepresentation will require me to reimburse Paralyzed Veterans of America the funds given to me.

Signature of Applicant: _______________________________  Date: ____________
APPLICATION MUST BE SIGNED BY THE CHAPTER PRESIDENT AND NATIONAL SERVICE OFFICE.

Chapter/President/Designee Approving: ________________________________

National Service Officer Approving: ________________________________

PVA OFFICIAL - Briefly describe how assistance was verified (i.e, pictures, visited applicant’s residence, etc.):

PVA OFFICIAL USE ONLY

Approved ☐ Denied ☐ Amount Approved ☐ __________ Date __________

Approved By ________________________________

Associate Executive Director, Veterans Benefits Department

SPECIAL INSTRUCTIONS

1. Complete this form.

2. Tear out and submit to your PVA Chapter or PVA National Service Office (PVA Chapter roster can be found on page 12 and the National Service Office roster on page 40).

3. Upon approval from the Chapter and National Service Office the application will be faxed to the Associate Executive Director of the Veterans Benefits Department for final approval.

Be sure to visit the Paralyzed Veterans of America website for more information on COVID-19 www.pva.org/covid-19/

Remember to contact your PVA chapter for information on what’s happening in your local area.