

VETERANS RELIEF COMMITTEE



VFW POST 4031



ELKS LODGE 507



AMERICAN LEGION POST 28

**A LOCAL COLLABORATION
FOCUSED ON SUPPORTING VETERANS
AND THEIR FAMILIES**

WWW.DURANGOVETERANSUPPORT.COM

VETERAN SUPPORT APPLICATION

Date: _____

Date of Birth: _____

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

Email: _____

Phone(s): _____ Are you a Colorado Resident? ☐ YES ☐ NO

Are you a veteran? ☐ YES ☐ NO If not, are you a veteran's spouse, child or parent? ☐ YES ☐ NO

Dates the veteran served: _____ Branch of Service _____

Note: DD214 or other supporting documents must be attached.

Marital Status: _____ Is your spouse also a veteran? ☐ YES ☐ NO

Names and ages of children living in your household: _____

Are you receiving compensation/benefits of any kind from the government? ☐ YES ☐ NO

If so, please explain: _____

Have you previously applied for help from another non-profit organization? ☐ YES ☐ NO

If so, name of organization and date applied: _____

Are you currently employed? ☐ YES ☐ NO If so, estimated annual income: _____

If not, please explain why not & when you were last employed: _____

Check all that apply:

- | | | | | |
|--|--|---------------------------------------|---|----------------------------------|
| ☐ Ethnic/Minority | ☐ Native American | ☐ Rural/Remote | ☐ Justice Involved | ☐ Over 65 |
| ☐ Woman | ☐ LGBTQ+ | | | |

Revised October 21, 2026

Please complete both pages of this application and the attached Release of Information Consent Form.

We attempt to review support requests within 3-5 business days of receipt of this completed application, your supporting documents & release form. **ONLY COMPLETED APPLICATIONS WITH PROPER DOCUMENTATION WILL BE CONSIDERED.** All documents can be submitted by email to dgovethelp@gmail.com or dropped off at the VFW Post #4031.



VFW Post #4031
1550 Main Ave, Durango
(970) 247-0384



Elks Lodge #507
901 E 2nd Ave, Durango
(970) 247-2296



American Legion Post #28
878 E 2nd Ave, Durango
(970) 422-5209

Please write a detailed summary/explanation why you are applying for assistance at this time and specifically how can we help you. **Be specific in your request including your expected cost. Include any/all applicable receipts, invoices &/or estimates as documentation for your request. VRC is not responsible for obtaining estimates &/or invoices for payment.** Examples of acceptable requests are payments for rental assistance, utilities, medical or pharmaceutical bills, groceries, minor auto repairs, etc.

Veteran or Applicant Applying for Assistance:

Signature _____ Date _____

Approved financial support will be paid to the landlord, utility company, etc. No funds will be given directly to any applicant.

If a veteran believes they have been discriminated against, or would like to file a complaint in relation to the Veterans Trust Fund (VTF) please contact Lisa Stamm, DVA Grants Manager Lisa.Stamm@dmva.state.co.us
720-628-1480

Southwest Colorado Veteran's Collaborative

Release of Information Consent Form for the Release of Confidential Information about Housing, Health and Temporary assistance

Printed Client Name	AKA	Date of Birth
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I hereby consent to communication about me to be disclosed and received between the following organizations that participate in the Veteran's Collaborative which include:

American Legion Posts 28, 75 & 108

Axis Health Systems

Bridge Shelter

Department of Labor and Employment – Workforce Center

Disabled American Veterans Chapters 44 & 48

Durango Community Based Outreach Clinic (CBOC)

Elks Lodge #507 & #1789

Housing Authority

Housing Solutions for the SW

HUD VASH

Manna Soup Kitchen

Salvation Army

Southwest Center for Independence

U.S. Senate Constituent Advocate

Vet Center (Farmington, NM)

Veterans Administration

Veterans for Veterans (Archuleta County)

Veterans of Foreign Wars Post 4031 & 5231

CO & NM Veteran Service Officers

Volunteers of America

Other Agencies Not Listed Above: _____

I give my permission for the information in the following areas to be disclosed:

- ☐ Housing navigation, housing placement, case management
- ☐ Coordination of healthcare, temporary financial assistance, community resources
- ☐ Other: _____

I also understand that this consent is subject to revocation at any time, except to the extent that the members the Veteran's Collaborative have already acted in reliance upon it. If not previously revoked, the consent will expire **one year** from the date signed or on this specific date: _____ / _____ / _____ (day/month/year).

I understand signing this disclosure form is voluntary.

Client Signature	Printed Name	Date
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Medical Proxy/Guardian Signature	Printed Name	Date
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Witness Signature	Printed Name	Date
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Verbal Consent to Release information is acceptable if the participant is unable to provide a signature and verbal consent is witnessed by two persons. We, the undersigned, certify that _____ was unable to provide a signature, that he/she understood the nature of this release and freely gave his/her consent.

Witness Signature _____ Date _____

Witness Signature _____ Date _____