Clark County Veterans Assistance Fund
Request for Waiver or Appeal

Date: _____

Submit Appeal to:
Veterans Resource Committee (Appeals)
c/o Clark County Department of Community Services
PO Box 5000
Vancouver, WA 98666
Fax 360.759.6725
Email: vetfund@gmail.com

Method: ☐ mail ☐ fax ☐ e-mail ☐ hand-deliver

Decision Being Appealed (please attach additional information if necessary):

_____

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How would you like the Committee to contact you with the decision? _____

Decision: ☐ approved ☐ denied

Date: _____ Reviewer Name: _____

Signature: _____

Date Veteran Notified: _____ Check Number: _____ Amount: _____

Service Officer: *Determines eligibility, provides veteran with appeal form, forwards appeal to county*
County*: Forwards to committee, tracks appeal* ***Appeals Committee****: Forwards decision to County and VSO*