

Public Assistance

Chapter 115

Under Chapter 115 of Massachusetts General Laws (M.G.L. ch. 115), the Commonwealth provides a uniform program of financial and medical assistance for indigent veterans and their dependents. Qualifying veterans and their dependents receive necessary financial assistance for food, shelter, clothing, fuel, and medical care in accordance with a formula which takes into account the number of dependents and income from all sources. Eligible dependents of deceased veterans are provided with the same benefits as if the veteran were still living.

How to apply

For applications, contact the local Veterans' Service Officer (VSO) in the city or town where the veteran lives. To find a VSO:

- Call the local City or Town Hall and ask for Veterans' Services;
- Call the Massachusetts Department of Veterans' Services, 617-210-5480, and ask for the VSO name and contact information;

History of veterans' benefits in Massachusetts

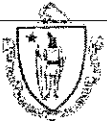
In the 18th century, towns in the Massachusetts Bay Colony provided assistance to needy veterans of the French and Indian War (1754-1763) between France and Great Britain, fought in North America. The Commonwealth of Massachusetts began providing for its veterans immediately following the Revolutionary War. At the start of the Civil War in 1861, the state legislature formalized the assistance provided to veterans by establishing M.G.L. Chapter 115 and the Department of Veterans' Services. Offices of Director of Veterans' Services, Burial Agent, and Graves Officer opened in every city and town in the Commonwealth.

State and local government leaders wanted to recognize service in the armed forces by providing certain essential benefits to men and women (both living and deceased) who had borne the burden of military duty—and to their families. Chapter 115 enables every eligible Massachusetts veteran to receive certain financial, medical, educational, employment, and other benefits earned by military service. Veterans, their dependents, and surviving spouses have been singled out to receive counsel and assistance dispensed through the 351 municipal Veterans' Services offices.

Today M.G.L. Chapter 115 requires every city and town to maintain a Department of Veterans' Services through which the municipality makes available to its residents the part-time or full-time services of either an exclusive or district Veterans' Service Officer (VSO). It is the job of the VSO to provide the veterans (living and deceased) and their dependents access to every federal, state, and local benefit and service to which they are entitled—including assisting in their funerals and honoring them on Memorial Day and Veterans' Day.

Documents required with Ch. 115 veterans assistance benefit application	Yes	No	N/A
Military discharge record, DD-214			
*Proof of residency – mortgage, rental agreement, lease statement or receipts			
Auto registrations			
Drivers license			
Marriage certificate			
Death certificate of veteran, for eligible dependents to receive benefits			
Birth certificates or adoption papers for dependent children			
Proof of enrollment for school-age children			
Divorce decree or legal separation papers			
Social security numbers of all to receive benefits			
*Annual social security letters for SS, SSD or SSI			
*Annual SSP letter from Mass. DOR (state portion of SSI)			
Health insurance cards			
*Bank statements (most recent 3 months)			
Life insurance policies			
All liquid assets – stocks, bonds, IRAs, CDs, real estate, etc.			
Pay stubs from any household member current employment (monthly)			
Most recent pay stubs if unemployed and under 62 years old			
*Pension statement			
Job search worksheet (weekly)			
*VA disability or pension			
Workers compensation			
DUA statement – whether receiving unemployment or not if under 62 y/o or Physicians letter – if under 62 y/o and unable to work due to disability			
DOR Child support – if eligible to receive or required to pay			
Tax return, most recent – only if self-employed or previously self-employed			
*Health insurance bill and cards			
*Rx insurance bill and cards			
*Medicare card, Medicaid card, MassHealth card			
*SNAP letter and card			
If the home you own is mortgage free, please provide the following 3 items:			X
*Property tax bill			
*water/sewer bill			
*Home owners insurance			

Note - * Indicates documents need to be submitted annually by mid-December



The Commonwealth of Massachusetts
 Department of Veterans' Services
 VS-1 Document



APPLICANT INFORMATION

Last Name First Name MI Jr/Sr. Sfx.

Case #:	<input type="text"/>	Application Date:	<input type="text"/>	Refund Status:	<input type="text"/>
Applicant SSN:	<input type="text"/>	Applicant DOB:	<input type="text"/>	Amount:	<input type="text"/>
City/Town:	<input type="text"/>	Relation to Veteran:	<input type="text"/>	Balance:	<input type="text"/>
Spouse SSN:	<input type="text"/>			Authorization Review	<input type="text"/>

DEMOGRAPHICS

Street / Apt# City/Town State Zip Phone #

Veteran Information

Last Name First Name MI Jr/Sr. Sfx. Date of Birth

Branch of Service: Service Dates: Start Stop Era

Applicant's Ethnicity/Race: This information is collected to make sure everyone is treated fairly. Your answer is voluntary, and will not affect eligibility or amount.

Male or Female: Ethnicity: Hispanic
 Latino
 Spoken Language: Are you a US Citizen?

Race Special Situation

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native? | <input type="checkbox"/> Physical/Mental Impairment |
| <input type="checkbox"/> Asian? | <input type="checkbox"/> Hearing Impaired? |
| <input type="checkbox"/> Black or African American? | <input type="checkbox"/> Visually Impaired? |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander? | <input type="checkbox"/> Interpreter Required? |
| <input type="checkbox"/> White? | <input type="checkbox"/> Other |

RECIPIENTS

Last	First	MI	Jr/Sr.	DOB	Sex	US Citizen

EMPLOYMENT

Name of Last Employer? _____ Length of Employment? _____
 Last Employer Address? _____ Occupation? _____
 Self Employed? Yes No
 Reason for Application? Medical? Financial?



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SHELTER

Real Estate Owned by Applicant and or Spouse: (List address & description of real estate in which equity is held)

Date of Original Mortgage? _____ Original Mortgage Amount? _____

Current Balance? _____

Multi Family building? _____ Monthly Income from property? _____

Second Mortgage/Equity Line? _____ Dates? _____

Sold or transferred any real estate in last 36 months? Yes No

Do you pay for any of the following?

Heating/Air-conditioning separate from rent? Yes No

Electricity or Gas for Cooking? Yes No

A telephone, including Cellular Phone? Yes No

AUTOS

Automobiles Owned or Leased by Applicant and/or Spouse

Number of Vehicles in Household, Year, Make Model, Registration Number and State of each vehicle. List All vehicles even if not registered.

Year	Make	Model	Registration #	State

OBLIGATIONS

Is Applicant obligated to pay support for children? Yes No

Is Applicant in Arrears for any support payments? Yes No

Is Applicant currently in receipt of any other public assistance from any other source? Yes No

Has Applicant received or is receiving C.115 benefits from any other community? Yes No

Is there an Assignment or Lien against this case? Yes No

Does Applicant's Court Record have any effect on this application? Yes No

Other Assistance





INVESTMENTS

List the Name, Account Numbers, and current Value of all IRA's, Savings Bonds, Money Market Accounts CD's, 401K accounts, or any other type of savings, investment account of any kind.

Type	Bank	Account #	Value

Has applicant transferred any Bonds, Bank Books, or any amounts of Money; Made any irrevocable beneficiary on any insurance or assigned any insurance; do you have a joint account with any other person; created any real property trusts, living wills, etc?

List all outstanding creditors and amounts owed, including any personal loans.

Name of Creditor	Amount owed

INSURANCE

Life Insurance Yes No

Insured Person	Amount	Monthly Prem	Policy Number	Company	Beneficiary

Does Applicant or Spouse have medical Insurance? Yes No

Company Name	Type	Amount of Prem

Medicare A? Yes No Effective Date Vet Spouse

Medicare B? Yes No Effective Date Vet Spouse

Prescription Drug Plan? Plan Name _____ Cost Per Month _____

Prescription Advantage?

Low Income Subsidy?

REQUIRED DOCUMENTS

Based on responses, the following documents are required for this application:

- * Discharge Paper
- * Proof of Residency: (Rent Receipt, Proof of Mortgage Payment, Letter from Shelter, Letter from family member)
- * Bank Statements: Last three statements
- * Income Verification: Applicant
- * Current Letter from Department of Revenue





The Commonwealth of Massachusetts
 Department of Veterans' Services
 VS-1 Document



Applicant:

In return for receiving benefits from Barnstable, you are required to initial and sign this form. Prior to initialing and signing, read the New Application, VS-1 Form, and request for Benefits, VS-21A Form. You, the recipient, are responsible for the information provided on these forms.

Applicant's Initials	Spouse's Initials	Each Statement below must be read than initialed by both the applicant and the spouse, if married.
		I have completely read all three pages of this form. If I had a question on any issue, I asked for an answer and I received an answer that I understood.
		I have not concealed money on hand or in the bank (in either my own name or that of some other person for my benefit) or any ownership in personal or real property or any kind.
		I hereby agree to notify the Veterans' Services Officer/Agent immediately of any change in my circumstances including, but not limited to, if I obtain employment, win or receive money from any source, receive any merchandise in lieu of money, change of address, leaving the State for more than seven (7) days, sell any real or personal property, or receive inheritance.
		I have read, signed and accepted the provisions of Chapter 367, Section 54A, of the Acts of 1978, which is the Computer Match Consent Notice.
		I am not receiving Veterans' Benefits from any other city or town in Massachusetts, or benefits of any type from any other state or federal agency other than those listed on this form.
		I understand and agree that any false statement in this application or a violation of this agreement will cause the refusal or future assistance.
		I declare under the penalties of perjury that the statements herein made are correct and true.

 Signature of Applicant

 Signature of Spouse

 Printed/Typed Name of Applicant Date

 Printed/Typed Name of Spouse Date

I, the undersigned Veterans' Service Officer/Agent, have asked the Applicant for a response to every question on this form or for all information sought on this form. I have reviewed all the responses to the requested information on this form and I am making the following recommendation:

I am recommending benefits for this applicant

I am NOT recommending benefits for this applicant

Date: _____

 Signature of Veterans' Service Officer/Agent

 Printed or Typed Name of Veterans' Service Officer/Agent