

CAMERON COUNTY VETERANS SERVICE OFFICE

Operation Lighthouse



FINANCIAL ASSISTANCE FOR VETERANS

- UTILITIES
- DENTAL
- TRANSPORTATION
- FUNERAL

Call us for more information!

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"THIS PROGRAM IS SUPPORTED BY A GRANT FROM THE TEXAS VETERANS COMMISSION FUND FOR VETERANS' ASSISTANCE. THE FUND FOR VETERANS' ASSISTANCE PROVIDES GRANTS TO ORGANIZATION SERVING VETERANS AND THEIR FAMILIES."



OPERATION LIGHTHOUSE

Application Checklist

Assistance is available for Cameron County Residents ONLY

Veterans please provide **ONE** of the following to verify US Military Service with **VA AWARD Letter**

- DD 214
- E- Benefits summary with Character of Service
- DL/ ID

Surviving Spouses must provide the following forms:

- Marriage Certificate
- Death Certificate
- Discharge Paperwork
- DL/ ID

Provide the following if/for: (Bills must be under Veteran or Spouse name)

Funeral Expenses (Veteran/ Surviving Spouse)

____ Itemized bill not fully paid

____ Death Certificate/ Statement of Death

Utility Assistance (Veteran/ Surviving Spouse) **Not to exceed \$300**

____ Late or Current Bill

____ Disconnection notice (if you have one)

Dental Assistance (Veteran ONLY)

____ Statement of Charges

Transportation (Veteran ONLY)

____ Statement of Charges

OPERATION LIGHTHOUSE

Veterans Assistance Application

Applicants Name: _____ Relationship to Veteran: _____ Phone #: _____
Veteran's Name: _____ Date of Birth: _____ Social Security #: _____
Does Veteran or surviving spouse reside in Cameron County? Yes / No
Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Branch of Service: _____ VA Rating: _____ % VSO: _____
Where are you employed? _____ Job Title: _____
Monthly Household Income: _____ Are you receiving Dependent Indemnity Compensation (DIC)(Spouses ONLY)? Yes / No
Assistance you are applying for:
 UTILITY ASSISTANCE DENTAL
 FUNERAL EXPENSES TRANSPORTATION

Veteran/ Surviving Spouse

The following form known a W-9 is needed from your Vendor
W-9 should have the company's information **not your information**
W-9 should must be acquired in 30 days if not your application will expire

1. As a participant, I authorize Cameron County Veterans Services to request, obtain, and/or view all information concerning assistance requested. Information includes but is not limited to charges owed, status of services rendered, and confirmation of completion of services assisted.
2. My answers to all previous questions, the statements I have made and the information I have provided are true and correct to the best of my acknowledge and belief.
3. I am aware that the funds will be paid directly to the vendor and no funds will be given to the applicant.
4. I am aware that this program takes 30 to 45 days to submit payment to vendors and hereby will continue to make payments to the best of my ability unless I am told otherwise.
5. I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction, may be fined and/ or imprisoned.



Signature of Applicant

Outreach Specialist

Director

Date

Date

Date

*This program is supported by a grant from the Texas Veterans Commission Fund for Veterans Assistance
The Fund for Veterans Assistance provides grants to organizations serving Veterans and their families*