



STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS



20 West 12th Street • St. Paul, Minnesota 55155 • (651) 296-2562
 Fax (651) 296-3954 • MinnesotaVeteran.org • 1-888-LinkVet

MDVA-1A APPLICATION FOR DISASTER RELIEF

Date of Application:		Applicant's Email Address:	
CVSO Name (if applicable):		County:	
Disaster Event: 2020 COVID-19		Grant Amount: \$1,000.00	
<u>Applicant</u>			
Veteran <input type="checkbox"/>		Surviving Spouse <input type="checkbox"/>	

Section 1 RESIDENCY

Applicants must submit a copy of a valid MN Driver's License or Identification Card, or some other proof of Minnesota Residency. Applicants must have been a resident on 3/13/2020.					
RESIDENCE AT TIME OF DISASTER			CURRENT MAILING ADDRESS (if different)		
Street Address		Apt. #	Street Address		PO Box # Apt. #
City	State	Zip Code	City	State	Zip Code
Telephone Number			If mailing address is different from residence, please explain:		

Section 2 VETERAN INFORMATION

SSN		
Last Name	First Name	MI
Date of Birth	Place of Birth (City & State)	
Date of Death (If Deceased)	Place of Death (City & State)	
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated, living apart <input type="checkbox"/> Never Married		
Date of Marriage	City & State of Marriage	
Date of Separation/Divorce	City & State of Separation/Divorce	

AUTHORIZATION FOR RELEASE OF INFORMATION

MINNESOTA DEPARTMENT OF VETERAN AFFAIRS, 20 WEST 12TH STREET, ST. PAUL, MN 55155
 PHONE: (651) 296-2562 FAX (651) 296-3954

To	Name	
	Address	
	Veteran's SSN	Spouse's/Applicant's SSN
Information Requested From: <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Childcare Provider <input type="checkbox"/> Independent School District <input type="checkbox"/> Applicant's employer <input type="checkbox"/> MN Department of Human Services <input type="checkbox"/> Other _____		
Information Requested:		
This authorization gives express authority to the Minnesota Department of Veterans Affairs to obtain from and exchange information with any of the organizations listed above in order to verify eligibility for the Disaster Relief Grant.		
Provisions of the State Data Privacy Act under Minnesota Statutes A. Information collected through the use of this release may be used and disseminated to individuals or agencies specifically authorized access to that data by state, local or federal laws subsequent to the collection of the data. B. Data collected may be used by and disseminated to any person or agency if you give informed consent. C. This release will expire one (1) year from the date of your signature. D. Information will be used to determine your initial and continued eligibility for state veterans' benefits administered by the Minnesota Department of Veterans Affairs. E. You may refuse to sign this release of information form; however, such refusal will result in a denial of your claim for lack of supporting information. F. This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Minnesota Department of Veterans Affairs has a right to access financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transactions will be available to the Minnesota Department of Veterans Affairs without further notice or authorization but will not be disclosed or released by the Minnesota Department of Veterans Affairs to another government agency or Department without your consent except as required or permitted by law.		
I have read and I understand the conditions of this release of information as stated on this form and hereby authorize the above named person, employer, corporation, society, organization, government agency or department, financial institution, hospital or physician, as stated above, to disclose the requested information to the Minnesota Department of Veterans Affairs.		
Veteran's/Surviving Spouse's Signature		Date

Upon request, this document will be made available in an alternative format. Write to address at the top of this form. TTY/TDD users should contact the Minnesota Relay Service at (651) 297-5353 in the Metro Area or 1-800-627-3529 in greater Minnesota.



SUBSTITUTE FORM W-9

Name (DBA) and Physical Address:

Date: _____

Supplier Number (if known): _____

SUBJECT: Request for Taxpayer Information. (Failure to furnish a taxpayer identification number makes you subject to a penalty of \$50.)

The purpose of this form is to obtain or confirm your correct taxpayer name and identification number. Federal and state tax regulations require that we have this information from recipients of certain payments in order to report such payments to the Internal Revenue Service on the Form 1099 Return.

Please complete items 1, 2, and 3 below. If you have any questions, phone (651) 201-8201 for assistance. Send, fax or e-mail the completed form to the address in the upper right corner.

1. Check your tax filing status below and enter your social security number or federal employer identification number. If you have been issued a separate Minnesota tax identification number, write it in the space provided. If you have recently applied for a taxpayer number, write "Applied For" in the space for the number.

<p>(Check One)</p> <p><input checked="" type="checkbox"/> Individual/Sole Proprietor: Use SSN</p> <p><input type="checkbox"/> Limited Liability Company (Select One)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Single Member LLC: Use SSN</p> <p style="padding-left: 20px;"><input type="checkbox"/> Partnership</p> <p style="padding-left: 20px;"><input type="checkbox"/> C-Corporation (C-Corp)</p> <p style="padding-left: 20px;"><input type="checkbox"/> S-Corporation (S-Corp)</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> Tax Exempt: Use FEIN and list the organization's IRS Exempt Payee Code (if any) _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>_____ SOCIAL SECURITY NUMBER (SSN)</p> <p>_____ FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</p> <p>_____ MINNESOTA TAX ID NUMBER (IF APPLICABLE)</p>
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2. Print the full Legal/Withholding name belonging to the social security number or employer identification number provided above.

3. Certification. Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number.

Signature: _____ Phone No: _____ Date: _____

Email Address: _____

PRIVACY ACT NOTICE - Internal Revenue code Section 6109 requires you to furnish your correct taxpayer identification number to payers who must file information returns with IRS. IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Payers must generally withhold 28% of taxable interest and certain other payments to a payee who does not furnish a TIN to a payer.



STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS STATE BENEFITS DIVISION

Veterans Service Building, 20 West 12th Street, 2nd Floor
St. Paul, MN 55155
Phone: 651-296-2562 Fax: 651-296-3954

COVID-19 DISASTER RELIEF GRANT OVERVIEW

Benefit Provided

The purpose of the COVID-19 Disaster Relief Grant is to mitigate the negative effects and economic impact COVID-19 has had on Veterans and their families by providing a one-time financial relief grant in the amount of \$1,000.

Eligibility Period

Applications for the COVID-19 Disaster Relief Grant must demonstrate a financial loss on or after the date of the Governor's Emergency Executive Order, March 13, 2020. A closing date for the disaster relief grant has yet to be determined and will depend on the length of the peacetime emergency declared by the Governor of the State of Minnesota and the availability of funding. Status updates on the program will be posted on <http://MinnesotaVeteran.org/CovidRelief>.

Eligible Applicant

1. A veteran as defined by [MN Statute 197.447](#), or the surviving spouse (who has not remarried) of a deceased veteran, **and**
2. A Minnesota Resident, **and**
3. Have been negatively financial impacted by COVID-19.

Note: Two veterans married to each other are each authorized to apply for and receive the disaster relief grant.

COVID-19 Eligibility Criteria and Supporting Documentation

For the purposes of this section, applicant means a Veteran or surviving spouse.

Eligible applicants must be able to demonstrate a financial loss related to one of the situations listed below:

- 1. The applicant or their legal dependent have/had a confirmed case of COVID-19.**
 - a. Test results showing a positive COVID-19 test **or**;
 - b. A letter from a healthcare provider indicating a COVID-19 diagnosis.
- 2. A healthcare provider has determined the applicant, or their spouse's, presence in the workplace would jeopardize their own health or the health of others because of likely exposure to COVID-19.**
 - a. A letter from a healthcare provider instructing the applicant to quarantine
- 3. A healthcare provider has determined the applicant, or their spouse's, health was jeopardized because of a diagnosed underlying health condition(s) which would have put them at an increased risk if exposed to COVID-19 in the workplace.**
 - a. A letter from a healthcare provider stating or recommending that the individual self-quarantine or reduce exposure **and**
 - b. Proof that they did not work for a specific period of time to actually reduce exposure.

4. **An applicant is or was under legal isolation or legal quarantine (Minn. Stat. 144.419) related to a diagnosis of COVID-19 or they are/were caring for a dependent under legal isolation or legal quarantine. (this would be rare)**
5. **The applicant, or their spouse's, employer directs them not to report to work for COVID-19-related reasons**
 - a. A letter or communication from your employer
6. **The applicant, or their spouse's, workplace is closed for COVID-19-related health and safety reasons and they are excused from work duties and cannot be reassigned**
 - a. A letter or communication from their employer that confirms their workplace is closed for COVID-19 related health and safety reasons and the applicant is excused from work duties or the applicant cannot be reassigned.
7. **The applicant is financially impacted by a school or care provider closure due to COVID-19**
 - a. A letter or communication from your child's school or child care provider **and**
 - b. A birth certificate if the child was born outside of Minnesota. Dependents born in Minnesota can be verified by Minnesota Department of Veterans Affairs staff **and**
 - c. Supporting documentation showing a financial loss

Demonstrating a Financial Loss

If your documentation submitted to support your eligibility criteria does not clearly demonstrate a financial loss you must submit additional documentation to demonstrate a financial loss. For the purposes of this section financial loss means a reduction or severance of a household's earned or unearned income.

Examples of supporting documentation may include but is not limited to:

1. A letter from an employer stating a reduction in hours, salary, being furloughed, or laid off.
2. Confirmation of receipt of Unemployment Insurance
3. History of pay stubs showing hours worked prior to 3/13/2020 through application date which demonstrate a reduction in hours

Self-Employed Individuals

Individuals who are self-employed must prove approval or receipt of Minnesota Unemployment Insurance in order to properly demonstrate a financial loss.

How to apply

An eligible applicant may download an MDVA-1A (Application for Disaster Relief) from MDVA's website at <http://MinnesotaVeteran.org/CovidRelief>

Complete the application and gather the required supporting documentation.

An eligible applicant can submit their application one of three ways:

1. Self-Submittal: Applications and supporting documentation can be uploaded through our MN GI Bill portal at <https://gibill.mn.gov>. You will first need to create an account or login to an existing

An Equal Opportunity Employer

This document is available in alternative formats to individuals with disabilities by calling the Minnesota Relay Service at 1-800-627-3529

account. Then you will upload your application to the State Soldiers Assistance Program (SSAP) component.

2. County Veterans Service Officer (CVSO): any applicant may find their CVSO by going to <https://www.macvso.org/find-a-cvso.html>.
3. If your County Veterans Service Office is unable to assist you during this State of Emergency please contact MDVA's Field Operations Team, who can assist you with your application, by contacting FO.MDVA@state.mn.us

Below is a checklist of items that should be included in your upload packet:

- Completed MDVA-1A (Disaster Relief Application) to include the Substitute W9 Form
- Copy of the veteran's DD-214 or military discharge papers or equivalent.
- Proof of MN residency (MN Driver's License/ID Card, Voter Registration Card, or Utility Bill).
- Documentation supporting the selected eligibility criteria (i.e. Letter from doctor, letter from employer, letter from daycare/school, etc.)
- Documentation demonstrating a financial loss if not indicated in the supporting documentation of the eligibility criteria (i.e. pay stubs, letter from employer, confirmation of Unemployment Insurance, etc.)
- For Surviving Spouse Applicants:** Copy of the death certificate confirming the veteran's spouse at the time of death if the Veteran passed away somewhere other than Minnesota.
- For eligibility criteria based upon dependents:**
 - Copy of the birth certificate of the affected child showing the parental relationship to the applicant if the child was born outside of Minnesota (staff can independently verify Minnesota born dependents).
 - Copy of the marriage certificate if the marriage took place outside of Minnesota and you are applying because of a spouse affected by COVID-19.

Questions

If you have any questions regarding the Disaster Relief Grant please contact your County Veterans Service Officer or LinkVet at 1-888-Link-Vet.