

EMERGENCY BRANCH POPPY FUND DISTRIBUTION REQUEST

Date: _____

Branch Name: _____ Branch No: _____

Branch Email Address: _____ Branch Phone: _____

Contact Name: _____ Phone No: _____

Request is for Emergency Assistance to a Veteran or their dependent ONLY

Detailed Description of Assistance (ie: Food, Shelter, Medicine, etc.)

Amount in Branch Poppy Account at time of request: \$ _____

Amount Requested: \$ _____

(Note: if the Branch is unable to fully support this request, due to lack of Poppy Funds, advise Provincial Command.)

INCLUDE:

- Completed Legion Claim Form and current government issued picture ID.
- Completed Needs Assessment (Means Test).
- Additional Supporting Documents (O.T. Report, Prescription, Invoices, Quotes, etc.).
- Meeting Minutes with approved motion to this request.

BRANCH APPROVAL:

Name Poppy Chair/Service Officer

Branch President

Signature

Signature

Date: _____

ALBERTA-NWT COMMAND APPROVAL:

Signature

Date

Send this form and all documents by email to: office@abnwtlegion.com
noting Emergency Assistance in the subject line.

Updated: February 24, 2023