

Do you know a Veteran who needs help?

PENNSYLVANIA DEPARTMENT OF THE AMERICAN LEGION

Veteran Assistance Referral Form

The Veteran Assistance Referral Form is used by American Legion Members, Political Representatives and anyone else to seek help and assistance from a Department Service Officer. If you know a veteran or family member who needs assistance or may have questions pertaining to eligibility for veterans benefits, simply fax or mail this form to the Department Headquarters and we will do the rest. Neither the Requester or Veteran has to be members of The American Legion to receive assistance from our Department.

Requester's Name:	Telephone Number: Email Address:	Date:
Veteran's name in need of assistance:		
Street address of veteran need:	Telephone number of veteran in need: Email Address:	
City:	State:	Zip Code:
Who should be contacted? (please circle one)	Requester	Veteran in Need of Assistance
Best time to contact?		
If the veteran does not have a telephone number/email address, what other means may we use to contact:		
What assistance does this veteran need?		
Mail form to: The American Legion Department of Pennsylvania PO Box 2324 Harrisburg, PA 17105	Toll Free: (877) 720-8387 Fax: (717) 763-1648	