



ARKANSAS DEPARTMENT OF VETERANS AFFAIRS

501 Woodlane Drive, Suite 401N

Little Rock, AR 72201

SARAH HUCKABEE SANDERS
GOVERNOR

KENDALL W. PENN
RET. MAJOR GENERAL
SECRETARY

The Arkansas Veterans Child Welfare Service was created to assist eligible children of honorably discharged veterans, residing in the state of Arkansas, who are deceased or medically incapacitated (30% or greater). If eligible, we can assist with basic living expenses, up to a maximum of \$500 per year.

The following information must be received before eligibility can be determined:

- Completed Arkansas Veterans Child Welfare Service application
- Copy of the veteran's DD214 (only required if the veteran is not receiving benefits through the Veterans Administration)
- Copy of birth certificate or other military/VA identification for all eligible children (children under 18 years old or a child considered helpless by the VA)
- Copies of current utility bills or a current letter or statement from a landlord or mortgage company verifying any past due balance (when applicable)
- Copy of death certificate for deceased veteran (when applicable)
- Proof of child custody (when applicable)

Since each person has different needs, all applications will be considered separately.

Contact adva.childwelfare@arkansas.gov or call 501-683-2382 for further information or to submit your completed application.

The Arkansas Veterans Child Welfare Service does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other legally protected status when considering eligibility.



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Arkansas Veterans Child Welfare Service Application Form

Full Name of Veteran _____
(Last) (First) (Middle) (Maiden, if applicable)

Present Address _____
(Street or PO Box) (City) (State) (Zip Code)

Contact Number _____
(Home) (Cell) (Work, if applicable)

Social Security Number _____

SERVICE RECORD: Date of Enlistment _____ Date of Discharge _____

Current Occupation (if applicable) _____ Salary _____

Employer _____ Employer Contact Number _____

Length of Employment _____

If veteran is deceased, date of death _____

Full Name of Spouse _____
(Last) (First) (Middle) (Maiden, if applicable)

Current Occupation (if applicable) _____ Salary _____

Employer _____ Employer Contact Number _____

Length of Employment _____

Record of child dependents:

Name	School (y or n)	Grade

Falsification of any information contained on this application will result in denial of assistance.

I certify, under penalty of perjury, that the information provided in this application is true and accurate (28 U.S.C. 1746).

Signature

Date