



**Texas Veterans Commission  
Fund for Veterans' Assistance**

# **Beneficiary Eligibility**

**Veteran  
Dependent (Child)  
Dependent (Spouse)  
Surviving Spouse**

**2024-2025 Grant Period  
(Updated 03JUL2024)**

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# Eligibility Documentation

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## Grantee Responsibility

Grantees must ensure that beneficiaries served using FVA grant funds are eligible to receive services prior to providing services. Eligibility documentation must be maintained by the Grantee in the beneficiaries' records.

## Document Retention

Grantees must retain all records pertaining to the grant per TxGMS guidance (3 years) or by the organization's policy requirements, whichever is longer. All records must be kept in a secure location, either in a locked file cabinet or secure electronic means.

## Name Changes

Grantees must request and maintain documented proof of legal name changes if the current legal name of the beneficiary is different from the name listed on the eligibility documentation.

## Missing Documentation

If the individual is missing veteran status eligibility documentation, military service records may be requested online using the following:

- National Archives eVetRecs: <https://www.archives.gov/veterans/military-service-records>
- Texas Military Department Soldier Support Services Archived Records: <https://tmd.texas.gov/soldier-support-services>

## Discharge Statuses Served

Grantees must ensure compliance with their own internal restrictions. A **Veteran** is defined by the Grantee's Awarded Grant. Please note that the Grantee's definition is determined by selections made on the Grant Application and are unique to individual Awarded Grants.

The image shows a screenshot of a survey question with two parts. The first part asks for types of eligible beneficiaries from the United States military components, with a list of options: Veteran, Active Duty, National Guard, and Reserves. The second part asks for veteran discharge status(es), with a list of options: Honorable, General Under Honorable Conditions, Other Than Honorable Conditions, Uncharacterized, Dishonorable, Bad Conduct, and Dismissed. A large 'EXAMPLE' watermark is overlaid on the image.

What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)*	Veteran, Active Duty , National Guard, Reserves
Choose the veteran discharge status(es) (Characterization of Service) that your organization will serve with TVC grant funding? (select all that apply)*	Honorable, General Under Honorable Conditions, Other Than Honorable Conditions, Uncharacterized, Dishonorable, Bad Conduct, Dismissed

# Veteran

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**Veteran**: as defined by the Grantee's Awarded Grant.

TVC-FVA recognizes the following documentation to determine **Veteran** beneficiary eligibility. Eligibility documentation must be provided by the beneficiary and copies must be retained by the Grantee.

**1. Identity** – **ONE** of the following is **REQUIRED** to verify the Veteran's identity:

- issued by a Government Agency (State or Federal):
- ✓ **valid Photo ID (Driver License or Identification Card)**

**2. Residency** – **ONE** of the following is **REQUIRED** to verify the Veteran lives in Texas:

- issued by the Texas Department of Public Safety (TxDPS):
- ✓ **valid Photo ID (Driver License or Identification Card)**
  
- accepted by the Texas Department of Public Safety (TxDPS):
- ✓ **Residency Document** - ONE of the following containing the Veteran's name and address:  
[www.dps.texas.gov/section/driver-license/texas-residency-requirement-driver-licenses-and-id-cards](http://www.dps.texas.gov/section/driver-license/texas-residency-requirement-driver-licenses-and-id-cards)

**3. Veteran Status** – **ONE** of the following is **REQUIRED** to verify the Veteran's military service:

Grantees must ensure compliance with their Awarded Grant's definition of a **Veteran**.

- issued by the Texas Department of Public Safety (TxDPS):
- ✓ **Photo ID (Driver License or Identification Card) including "VETERAN" designation**
  
- issued by the U.S. Department of Veterans Affairs (VA):
- ✓ **Veteran Identification Card (VIC)**
- ✓ **Veteran Health Identification Card (VHIC)**
- ✓ **Service Verification Letter including Character of Service**
- ✓ **Benefit Summary Letter including Character of Service**
- ✓ **Third-Party Application Programming Interface (API) Software Screen Shot**
  
- issued by the U.S. Department of Defense (DOD):
- ✓ **Uniform Services Identification (USID) Card**
- ✓ **DD Form 214 including Character of Service**
- ✓ **NGB Form 22 including Character of Service**
- ✓ **NA Form 13038 including Character of Service**
- ✓ **Defense Manpower Data Center (DMDC) Certificate**

# Dependent (Child)

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**Dependent (Child):** a minor (before the age of 18) biological, step, or adopted child of a Texas Veteran residing with the Veteran or before the age 23, if a full-time student. Includes a child who is incapable of self-support because of a mental or physical incapacity that existed before the age of 21 or occurred before the age of 23 while a full-time student.

TVC-FVA recognizes the following documentation to determine **Dependent (Child)** beneficiary eligibility. Eligibility documentation must be provided by the beneficiary and copies must be retained by the Grantee.

**1. Identity** – **ONE** of the following is **OPTIONAL**, if available, to verify the Child's identity:

- issued by a Government Agency (State or Federal):
- ✓ **valid Photo ID (Driver License or Identification Card)**

**2. Relationship to Veteran** – **ONE** of the following is **REQUIRED** to verify the Child's relationship:

- issued by a County Clerk:
- ✓ **Birth Certificate or Adoption Certificate**

**3. Veteran Parent Status** – See **Veteran** to verify Identity, Residency, and Status (Page 4)

# Dependent (Spouse)

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**Dependent (Spouse):** the husband or the wife of a Texas Veteran residing with the Veteran.

TVC-FVA recognizes the following documentation to determine **Dependent (Spouse)** beneficiary eligibility. Eligibility documentation must be provided by the beneficiary and copies must be retained by the Grantee.

**1. Identity** – **ONE** of the following is **REQUIRED** to verify the Spouse's identity:

- issued by a Government Agency (State or Federal):
- ✓ **valid Photo ID (Driver License or Identification Card)**

**2. Relationship to Veteran** – **ONE** of the following is **REQUIRED** to verify the Spouse's relationship:

- issued by a County Clerk:
- ✓ **Marriage Certificate or Registered Common Law Marriage Declaration**

**3. Veteran Spouse Status** – See **Veteran** to verify Identity, Residency, and Status (Page 4)

# Surviving Spouse

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**Surviving Spouse:** a person who was the spouse of the Veteran at the time of the Veteran's death and (a) who lived with the Veteran continuously from the date of marriage to the date of the Veteran's death, and (b) has not remarried or has not since the death of the Veteran and after September 19, 1962, lived with another person and held himself or herself out openly to the public to be the spouse of such other person.

TVC-FVA recognizes the following documentation to determine **Surviving Spouse** beneficiary eligibility. Eligibility documentation must be provided by the beneficiary and copies must be retained by the Grantee.

**1. Identity** – **ONE** of the following is **REQUIRED** to verify the Surviving Spouse's identity:

- issued by a Government Agency (State or Federal):
- ✓ **valid Photo ID (Driver License or Identification Card)**

**2. Residency** – **ONE** of the following is **REQUIRED** to verify the Surviving Spouse lives in Texas:

- issued by the Texas Department of Public Safety (TxDPS):
- ✓ **valid Photo ID (Driver License or Identification Card)**
  
- accepted by the Texas Department of Public Safety (TxDPS):
- ✓ **Residency Document** - ONE of the following containing the Surviving Spouse's name and address:  
[www.dps.texas.gov/section/driver-license/texas-residency-requirement-driver-licenses-and-id-cards](http://www.dps.texas.gov/section/driver-license/texas-residency-requirement-driver-licenses-and-id-cards)

**3. Relationship to Veteran** – **BOTH** of the following are **REQUIRED** to verify the Surviving Spouse's relationship and death of the Veteran:

- issued by a County Clerk:
- ✓ **Marriage Certificate or Registered Common Law Marriage Declaration**
- ✓ **Death Certificate**

**4. Veteran Spouse Status** – See **Veteran** to verify Status (Page 4)

# Eligibility Documentation Examples

## Photo ID (Driver License or Identification Card) with “VETERAN” designation

- issued by the Texas Department of Public Safety (TxDPS)

To be eligible for the “VETERAN” designation, an individual must be a veteran who was honorably discharged or has a general discharge (under honorable conditions).



## Uniform Services Identification (USID) Card

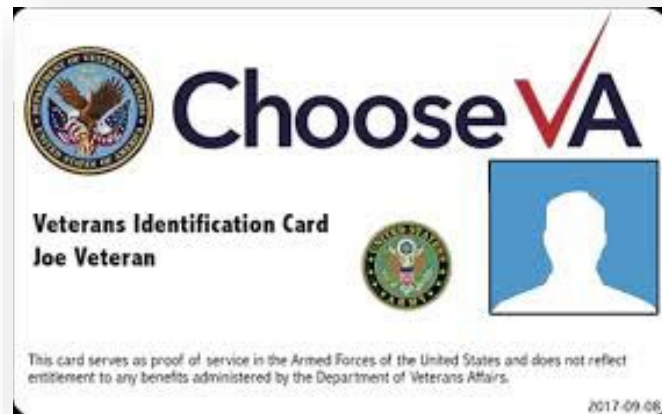
- issued by the U.S. Department of Defense (DOD)



## Veteran Identification Card (VIC)

- issued by the U.S. Department of Veterans Affairs (VA)

A Veteran Identification Card (VIC) is a photo ID that can be used to get discounts offered to Veterans at many restaurants, hotels, stores, and other businesses.



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## Veteran Health Identification Card (VHIC)

- issued by the U.S. Department of Veterans Affairs (VA)

A Veteran Health Identification Card (VHIC) is a photo ID card used to check in at VA health care appointments.





# DD Form 214 – Certificate or Release or Discharge from Active Duty

- issued by the U.S. Department of Defense (DOD)

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID	
<b>CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY</b> This Report Contains Information Subject to the Privacy Act of 1974, As Amended.					
1. NAME (Last, First, Middle)		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE	<input type="checkbox"/> NONE
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)				12. RECORD OF SERVICE	YEAR(S) MONTH(S) DAY(S)
<b>A</b>				a. DATE ENTERED AD THIS PERIOD	
				b. SEPARATION DATE THIS PERIOD	
				c. NET ACTIVE SERVICE THIS PERIOD	
				d. TOTAL PRIOR ACTIVE SERVICE	
				e. TOTAL PRIOR INACTIVE SERVICE	
				f. FOREIGN SERVICE	
				g. SEA SERVICE	
				h. INITIAL ENTRY TRAINING	
				i. EFFECTIVE DATE OF PAY GRADE	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)		
<b>M</b>					
15a. COMMISSIONED THROUGH SERVICE ACADEMY				YES	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)				YES	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If Yes, level of commitment: _____)				YES	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
18. REMARKS					
<b>J</b>					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)		OFFICE OF VETERANS AFFAIRS		YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				YES	NO
21.a. MEMBER SIGNATURE	b. DATE (YYYYMMDD)	22.a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)		b. DATE (YYYYMMDD)	
<b>E</b>					
<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>					
23. TYPE OF SEPARATION			24. CHARACTER OF SERVICE (Include upgrades)		
25. SEPARATION AUTHORITY		26. SEPARATION CODE	27. REENTRY CODE		
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)				30. MEMBER REQUESTS COPY 4 (Initial)	

DD FORM 214, AUG 2009

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 4

# NGB Form 22 – Report of Separation and Record of Service


- issued by the U.S. Department of Defense (DOD) / National Guard Bureau (NGB)

NATIONAL GUARD REPORT OF SEPARATION AND RECORD OF SERVICE						
The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.						
<p align="center"><b>PRIVACY ACT STATEMENT</b></p> <p>1. <b>AUTHORITY:</b> Title 10 USC 12101 and 12103, Title 32 USC 301 and 304, and Executive Order 9397.                  2. <b>PURPOSE:</b> Official discharge document, which records the National Guard member's (ARNG &amp; ANG) service in the National Guard. The original and one copy will be provided to the soldier. A copy will be maintained by the MILPO for state records. For organizational use only.                  3. <b>ROUTINE USES:</b> None.                  4. <b>DISCLOSURE:</b> Voluntary; However, failure to provide Service Number may result in a delayed or erroneous processing of NGB Form 22A.</p>						
Report of separation and record of service in the		National Guard of		and as a Reserve of the		
1. LAST NAME- FIRST NAME- MIDDLE NAME		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER		
4. DATE OF ENLISTMENT	5a. RANK	5b. PAY GRADE	5. DATE OF RANK	7. DATE OF BIRTH		
8a. STATION OR INSTALLATION AT WHICH EFFECTED				8b. EFFECTIVE DATE		
9. COMMAND TO WHICH TRANSFERRED		10. RECORD OF SERVICE		YEARS	MONTHS	DAYS
		(a) NET SERVICE THIS PERIOD				
		(b) PRIOR RESERVE COMPONENT SERVICE				
		(c) PRIOR ACTIVE FEDERAL SERVICE				
11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION		(d) TOTAL SERVICE FOR PAY				
12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed)		(e) TOTAL SERVICE FOR RETIRED PAY				
		13. PRIMARY SPECIALTY NUMBER, TITLE AND DATE AWARDED (Additional specialty numbers and titles)				
14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED		15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD (State Awards may be included)				
SECONDARY/HIGH SCHOOL      YRS (Gr 1-12)						
COLLEGE      YRS						
16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE						
<input type="checkbox"/> YES <input type="checkbox"/> NO   AMT						
17. PERSONNEL SECURITY INVESTIGATION						
a. TYPE		b. INVESTIGATION				
18. REMARKS						
19. MAILING ADDRESS AFTER SEPARATION (Street, City, County, State, and Zip Code)				20. SIGNATURE OF PERSON BEING SEPARATED		
				Click to sign		
21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER				22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		
				Click to sign		
23. AUTHORITY AND REASON						
24. CHARACTER OF SERVICE		25. TYPE OF CERTIFICATE USED		26. REENLISTMENT ELIGIBILITY		
27. <input type="checkbox"/> REQUEST <input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22      INITIALS						

**NGB FORM 22, 20140731** (USE PREVIOUS EDITIONS UNTIL EXHAUSTED)

# NA Form 13038 – Certification of Military Service


- issued by the U.S. Department of Defense (DOD) / National Archives

	
<b>Certification of Military Service</b>	
*****	
<i>This certifies that</i>	Name
	SSN or Service #
<i>was a member of the</i>	Army of the United States
<i>from</i>	November 18, 1942
<i>to</i>	October 9, 1945
<i>Service was terminated by</i>	Honorable Discharge
<i>Last Grade, Rank, or Rating</i>	Staff Sergeant
<i>Active Service Dates</i>	Same As Above
Date of birth: n/a	
Place of birth: n/a	
*****	
<i>Given at St. Louis, Missouri on</i> September 12, 2003	<i>National Personnel Records Center, (Military Personnel Records) National Archives and Records Administration</i>
THE ARCHIVIST OF THE UNITED STATES IS THE PHYSICAL CUSTODIAN OF THIS PERSON'S MILITARY RECORD	
<i>This Certification of Military Service is issued in the absence of a copy of the actual Report of Separation or its equivalent. This document serves as verification of military service and may be used for any official purpose. Not valid without official seal.</i>	
NATIONAL ARCHIVES AND RECORDS ADMINISTRATION	
NA FORM 13038 (REV. 04-01)	

# Defense Manpower Data Center (DMDC) Certificate

- issued by the U.S. Department of Defense (DOD)

Department of Defense Manpower Data Center Results as of : Jul 29 2022 10:10:53 AM  
SCRA 5.14



## Status Report

### Pursuant to Servicemembers Civil Relief Act

SSN:  
Birth Date: Jan-XX-2000  
Last Name: SMITH  
First Name: JOHN  
Middle Name: A  
Status As Of: Jul-28-2022  
Certificate ID: ██████████

On Active Duty On Active Duty Status Date			
Active Duty Start Date	Active Duty End Date	Status	Service Component
NA	NA	No	NA
This response reflects the individual's active duty status based on the Active Duty Status Date			


  

Left Active Duty Within 367 Days of Active Duty Status Date			
Active Duty Start Date	Active Duty End Date	Status	Service Component
NA	NA	No	NA
This response reflects where the individual left active duty status within 367 days preceding the Active Duty Status Date			

The Member or His/Her Unit Was Notified of a Future Call-Up to Active Duty on Active Duty Status Date			
Order Notification Start Date	Order Notification End Date	Status	Service Component
NA	NA	No	NA
This response reflects whether the individual or his/her unit has received early notification to report for active duty			


Upon searching the data banks of the Department of Defense Manpower Data Center, based on the information that you provided, the above is the status of the individual on the active duty status date as to all branches of the Uniformed Services (Army, Navy, Marine Corps, Air Force, NOAA, Public Health, and Coast Guard). This status includes information on a Servicemember or his/her unit receiving notification of future orders to report for Active Duty. HOWEVER, WITHOUT A SOCIAL SECURITY NUMBER, THE DEPARTMENT OF DEFENSE MANPOWER DATA CENTER CANNOT AUTHORITATIVELY ASSERT THAT THIS IS THE SAME INDIVIDUAL THAT YOUR QUERY REFERS TO. NAME AND DATE OF BIRTH ALONE DO NOT UNIQUELY IDENTIFY AN INDIVIDUAL.



Michael V. Sorrento, Director  
Department of Defense - Manpower Data Center  
400 Gigling Rd.  
Seaside, CA 93955

# Service Verification Letter

- issued by the U.S. Department of Veterans Affairs (VA)



**DEPARTMENT OF VETERANS AFFAIRS**

May 21, 2024

[Redacted]

In Reply Refer to:  
xxx-xx-[Redacted]  
27/eBenefits

Dear [Redacted]

This letter certifies that [Redacted] was discharged from the U.S Armed Forces having served during the following period(s):

Branch of Service	Entered Active Duty	Discharged	Character of Service
Army	July 17, 1997	April 10, 1998	Honorable
Army	February 1, 2002	February 9, 2003	Honorable
Army	November 25, 2011	October 22, 2012	Honorable

(You may have additional periods of service not listed above.)

**How You Can Contact Us**


- If you need general information about benefits and eligibility, please visit us at <https://www.ebenefits.va.gov> or <http://www.va.gov>.
- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Ask a question on the Internet at <https://www.va.gov/contact-us>.

Sincerely Yours,

**Regional Office Director**

## Benefit Summary Letter

- issued by the U.S. Department of Veterans Affairs (VA)

 <b>Department of Veterans Affairs</b> PO BOX 1437 ST PETERSBURG FL 33731	January 13, 2011
_____	Veteran's Name: ████████████████████
_____	
<b>MICHAEL</b> ██████████ ████████████████████ PANAMA CITY FL 32404	

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

**--America is Grateful to You for Your Service--**

Our records contain the following information:

**Personal Claim Information:**

Your VA claim number is: ██████████  
You are the Veteran

**Military Information:**

Your character(s) of discharge and service date(s) include:

- Air Force, Honorable, 09-Jan-1986 - 25-Jan-1996
- Air Force, Honorable, 30-Sep-2001 - 15-Jan-2004
- Air Force, Honorable, 17-Feb-2007 - 12-Sep-2008

(You may have additional periods of service not listed above)

**VA Benefits Information:**

Service-connected disability: Yes  
Your combined service-connected evaluation is: 100 PERCENT  
Your current monthly award amount is: \$2,823.00  
Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Not Indicated  
Are you considered to be totally and permanently disabled due to your service-connected disabilities: Yes  
Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA) grant: No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.