



STATE OF MINNESOTA DEPARTMENT OF VETERANS AFFAIRS STATE BENEFITS DIVISION

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COVID-19 SPECIAL NEEDS GRANT OVERVIEW

Benefit Provided

The purpose of the COVID-19 Special Needs Grant is to provide a one-time financial grant, up to \$3,000, to a Veteran or surviving spouse who needs assistance due to a COVID-19 related event.

Eligibility Period

Applications for the COVID-19 Special Needs 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 COVID-19 Special Needs 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 only authorized one COVID-19 Special Needs Grant.

Assistance Can Be Requested For

Financial assistance is paid directly to the creditor or vendor providing services. Financial assistance is not reimbursed to the applicant or an applicant's family member. Assistance may be provided for the items listed below and if the expenditure is an emergent issue and incurred during the timeframe of the governor's declared emergency (3/13/2020-TBD). Assistance may be requested for more than one item.

Rent/Mortgage/Contract for Deed	Security Deposits	Property Taxes	Home Repairs (related to habitability)
Utility Bills	Medical Bills	Furnace/AC Unit	Auto Repairs
Auto Insurance	Auto Loan Payments	Major Appliances	

COVID-19 Eligibility Criteria and Supporting Documentation

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

Applicants must demonstrate that their financial crisis is 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 Need

If your documentation submitted to support your eligibility criteria does not clearly demonstrate a financial need you must submit additional documentation to demonstrate a financial need. Your financial need must stem from a COVID-19 related criteria listed in the above section (*for example: your spouse's employer reduced their hours or furloughed them because of COVID-19 and you have a reduction in your household income resulting in the current financial crisis*).

All income and assets are factored when assessing your financial need.

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
4. Hospitalization records and/or bills

How to apply

An eligible applicant must apply for the COVID-19 Special Needs Grant through their County Veterans Service Officer (CVSO). You may find your CVSO by going to <https://www.macvso.org/find-a-cvso.html>.

If for 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

Questions

If you have any questions regarding the COVID-19 Special Needs Grant please contact your County Veterans Service Officer or LinkVet at 1-888-Link-Vet.

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