



# VETERANS ASSISTANCE COMMISSION OF McHENRY COUNTY



2200 North Seminary Avenue  
Woodstock, IL 60098

Phone (815) 334-4229 Fax (815) 334-4678 e-mail veterans@mchenrycountyil.gov

## MEMORANDUM OF UNDERSTANDING FRAUD DISCLAIMER AGREEMENT TO SHARE INFORMATION

NOTE: Before signing this form, please understand that the Veterans Assistance Commission of McHenry County (VACMC) provides a valuable service to the veteran, widows, and specific dependents of this county. Abuse of any services provided by this office will not be tolerated.

REGARDING VETERANS FINANCIAL ASSISTANCE: (we) fully understand that failure to report or disclose all necessary documentation pertaining to proof of veteran status, sources of income, expenses, other data requested by the VACMC, state or federal law, may result in the denial of Veterans Assistance, Emergency Veterans Assistance, or Disaster Veterans Assistance. I (we) fully understand that it is unlawful to misrepresent facts in order to present oneself as an eligible claimant. Fraudulent claims will be presented to the States Attorney for prosecution.

REGARDING US DEPARTMENT OF VETERANS AFFAIRS CLAIMS ASSISTANCE: I (we) understand that all information presented in support of a claim with the US Department of Veterans Affairs is true and correct to the best of my (our) knowledge. The VACMC reserves the right to refuse to represent a claim it sees as clearly fraudulent or frivolous. Should a claim be dismissed due to false information or fraudulent documentation, I (we) agree to hold the VACMC free of all liabilities for this claim. Additionally, it is understood that a copy of the claim application and/or any information resulting from a verification process shall be furnished upon request.

FURTHER: By signing I (we) certify that all information presented to the VACMC is true and correct; and, I (we) understand that by applying for financial assistance from the VACMC, information may be shared with other local, state, or federal agencies in an effort to coordinate services on my (our) behalf.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

Veterans Organizations and/or Social Service agencies frequently request that the VACMC provide the names of low income families that would like a holiday basket (food or gifts). I (we) would like to be considered should such opportunities arise.

Yes       No

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(VACMC Employee Use Only)

I attempted to obtain concurrence on behalf of the VACMC, however, due to one of the following I was unable to obtain the claimants consent:

- Claimant(s) refused to sign this consent form
- Other (Specify): \_\_\_\_\_

\_\_\_\_\_  
Employee Name & Title

\_\_\_\_\_  
Employee Initial

\_\_\_\_\_  
Date