

Soldiers, Sailors, and Marines Fund

By: Jessica Schaeffer-Helmecki, Senior Legislative Attorney
December 9, 2024 | 2024-R-0180

Issue

You asked for information on the Soldiers, Sailors, and Marines Fund. This report updates OLR Report [2002-R-0233](#).

Summary

The [Soldiers, Sailors, and Marines Fund](#) (SSMF) is a self-sustaining trust fund the legislature created in 1919 to provide assistance to World War I veterans who were in need. Today, the fund is used to provide temporary income, subsistence items (e.g., food, apparel, and shelter), funeral expenses, and medical relief to Connecticut veterans of any wartime period, as well as their spouses and minor children ([CGS § 27-140](#)). To qualify, they must apply with the American Legion and demonstrate a need for assistance, as described below.

By law, the American Legion is responsible for determining applicants' eligibility and disbursing aid, to the extent funds are available. It does so in accordance with state laws ([CGS §§ 27-138 to -140](#)) and its [bylaws](#). (Prior to July 1, 2014, the fund was administered by a state agency of the same name.) It also publishes a manual to instruct its fund representatives, who assist veterans and help process applications.

The state treasurer is the fund's sole trustee and responsible for investing the fund's principal in authorized securities. By law, the treasurer must annually disburse at

Aid Granted

(10/1/2023 – 9/30/2024)

In one year, **\$1.42 million** in SSMF aid was granted to veterans and their families across **3,344 cases** (applicants may receive assistance more than once)

Fund Balance

(end of FY 23)

\$81.4 million

Sources: Office of Fiscal Analysis data and [2023 Annual Report of the Treasurer](#)

least \$2 million (from the principal’s interest earnings and, if necessary, the principal) to the American Legion for aid. This disbursement may not be used for administering or operating the fund and, at the end of each fiscal year, any unspent amount must be returned to the fund’s principal ([CGS § 27-138](#)).

Eligibility for Aid

Recipients

To qualify for aid, an applicant must:

1. live in Connecticut when applying for and receiving aid;
2. demonstrate a need for aid, as described below; and
3. be a veteran, child, spouse, or widow or widower meeting the criteria shown in Table 1 below ([CGS § 27-140](#) and [SSMF Bylaws, § 6](#)).

Table 1: Individuals Eligible for SSMF Aid

Veteran	Child	Spouse	Widow/Widower
<ul style="list-style-type: none"> - At least 90 days of active federal service in any military branch (unless separated earlier due to a service-connected disability); - Qualifying discharge (honorable, under honorable conditions, or other than honorable based on a qualifying condition, such as a traumatic brain injury or military sexual trauma); and - Served during a period of war (as defined in CGS § 27-103) 	<ul style="list-style-type: none"> - Biological or legally adopted child of a qualifying veteran, - Under 18 years old, and - Lives with the veteran 	<ul style="list-style-type: none"> - Lives with the qualifying veteran while applying for and receiving assistance 	<ul style="list-style-type: none"> - Lived with the qualifying veteran at the time of the veteran’s death

Demonstration of Need

To qualify for aid, applicants must show they are in need and provide, as part of the application process, information about the following:

1. the individuals requesting aid (i.e., their names and relationship to the qualifying veteran);

2. a description of the circumstances causing or contributing to the need for aid (e.g., illness or unemployment);
3. recurring expenses (e.g., rent, mortgage, loans, credit card payments, utilities) and other expenses (e.g., medical);
4. financial assets (e.g., real and personal property, stocks, bonds, mutual funds, cash in bank accounts and on-hand); and
5. income (e.g., salary, governmental assistance, pensions, insurance, investment profits, profits from the sale or rental of goods, unemployment, U.S. Veterans Administration payments) ([SSMF Bylaws](#), § 6, and SSMF Fund Representatives Manual (2024), pp. 8-10).

The American Legion, through its State Fund Commission (the SSMF’s policymaking body), sets limits on the amount of liquid assets (cash or assets easily converted to cash) and income an applicant may have and still be eligible for SSMF aid. The income limit is based on the Federal Poverty Guidelines annually published by the U.S. Department of Health and Human Services. For example, the commission may determine that those with incomes more than 300% of the current Federal Poverty Level are ineligible for aid ([SSMF Bylaws](#), § 6c).

Under the SSMF bylaws, having assets or income above the American Legion-set amount constitutes justification to deny an applicant’s request for aid. However, owning a home, or jointly owning a home, does not automatically make an applicant ineligible as he or she may still have insufficient income to buy essential items (SSMF Fund Representatives Manual (2024), p. 10).

“Need” Defined

“Physical and/or financial circumstances that have or may have a significant detrimental effect on the quality of life of the family unit, including, but not limited to, the ability to provide for the necessities of life, e.g., food, clothing, medical care and shelter for oneself and one’s dependents.”

(American Legion, [SSMF Bylaws](#), § 6c (2016))

Disqualifying Factors

According to the 2024 Fund Representatives Manual, aid will be denied or suspended for any of the following reasons:

1. need has not been demonstrated;
2. the demonstrated need was caused by a violation of law or misconduct (e.g., misuse of funds, evasion of responsibility, voluntary idleness, refusal to work or cooperate with governmental agencies on rehabilitation plans) unless there is a mitigating factor;
3. incarceration, during which time granted aid will be suspended;

4. in drug- or alcohol-related cases, failure to seek or accept appropriate treatment; or
5. aid was secured through fraud, misrepresentation, or submission of inaccurate or incomplete information.

Applying for Aid

SSMF fund representatives are available throughout the state to assist veterans and their families apply for aid. Applicants must generally initiate the process by contacting the fund representative assigned to their town, as listed on the [SSMF volunteers webpage](#).

During an initial interview, the fund representative will require that the applicant provide documentation proving his or her eligibility for aid, including discharge papers, Social Security number, birth records, account statements, and proof of Connecticut residency. The [SSMF application webpage](#) provides additional information.

The fund representative will prepare the application (shown in [Appendix A](#)) using information provided by the applicant and forward it to the fund administrator (i.e., the American Legion treasurer) or assistant administrator, who will determine whether aid should be granted and, if so, the specific assistance to be provided ([SSMF Bylaws](#), § 4).

Applicants may also apply through the fund representatives for extensions of assistance or additional assistance (a “renewal application”).

Denials

If the administrator determines the applicant is ineligible for aid, he or she will mail the applicant a notice stating the reason for the denial.

Hearings. Applicants who were denied aid may request a reconsideration hearing. To do so, he or she must send a written request by registered mail to the administrator within 15 days of when the denial notice was mailed. Within five days of receiving the hearing request, the administrator will set the date and place of the hearing and notify the applicant in writing.

The hearing will be conducted by the administrator or a hearing officer and the applicant may be represented by counsel. After the hearing, the administrator must render a written decision either granting the aid or denying it again and send the decision to the applicant by registered mail ([CGS § 27-138b](#)).

Appeals. Applicants who are aggrieved by a decision rendered after a hearing may appeal the decision to a review board, which is made up of at least three members of the State Fund Commission. Applicants may appeal the review board’s decision to Superior Court ([CGS § 27-138c](#)).

Allowable Uses of Aid

State statutes, SSMF bylaws, and the Fund Representatives Manual outline allowable aid expenditures and expenditures for which aid may not be granted (shown in Table 2 below). The State Fund Commission has set limits on the amount and duration of aid an applicant may receive, which vary by aid category. For example, food vouchers may only be issued once per year per family and shelter assistance once every six months and only up to a maximum amount the commission sets. Certain types of aid may also come with additional requirements (e.g., those receiving care and relief payments may need to periodically report to their fund representative places he or she has applied for work).

Table 2: Eligible and Ineligible Uses of Aid

Eligible Purposes	Ineligible Purposes
✓ Care and relief payments (e.g., weekly allowance for daily essentials)	✗ Taxes, including sewer taxes
✓ Shelter (i.e., rent payments or interest on a mortgage payment)	✗ Educational expenses
✓ Utilities (e.g., electricity, gas, heat, water)	✗ Insurance premiums
✓ Apparel (in form of a voucher to participating retailers)	✗ Personal or business loans
✓ Food (in form of a voucher to participating retailers)	✗ Bills for waste removal or telephone or cable service
✓ Funeral and burial expenses	✗ Mortgage principle
✓ Dental care (for veteran only)	✗ Real estate purchases
✓ Medical care (e.g., certain inpatient hospitalizations, emergency medical care, rehabilitative services, home health care, durable medical equipment, eyeglasses, hearing aids)	✗ Stocks, bonds, mutual funds, equities
	✗ Furniture or motor vehicle purchases
	✗ Loan payments
	✗ Payments on past due bills
	✗ Alimony or child support payments
	✗ Veterans Affairs co-pays

Sources: [CGS § 27-140](#); [SSMF Bylaws](#), § 7 (2016); and SSMF Fund Representatives Manual (2024), pp. 20-28

Appendix A

APPLICATION FOR ASSISTANCE AMERICAN LEGION SOLDIERS', SAILORS', AND MARINES FUND

APPLICATION TYPE		INITIAL		SUBSEQUENT		CLIENT ID NUMBER					
APPLICANT	VETERAN	SPOUSE RESIDING WITH VETERAN			SPOUSE WHO WAS LIVING WITH VETERAN AT TIME OF DEATH						
VETERAN	NAME OF VETERAN (LAST, FIRST, MIDDLE)				ADDRESS (PLEASE LIST NAME OF FACILITY IF APPLICABLE)						
	IS THE VETERAN DECEASED?		IF YES, DATE OF DEATH								
	YES	NO									
	DATE OF BIRTH	GENDER	SOCIAL SECURITY NUMBER		MARITAL STATUS	TELEPHONE					
IDENTIFICATION	CT LICENSE NO.				OTHER ID	NO.					
SPOUSE	NAME OF SPOUSE (LAST, FIRST, MIDDLE)				MARRIAGE DATE	DATE OF BIRTH	SOCIAL SECURITY NUMBER				
ASSISTANCE REQUESTED	CARE/RELIEF	MEDICAL	DENTAL	FOOD	CLOTHING	MORTGAGE	RENT	ELECTRICITY	WATER	NATURAL GAS	
	FUEL OIL	PROPANE	KEROSENE	CORD WOOD	PELLETS	AIR CONDITIONING	BURIAL	OTHER (SPECIFY)			
RECIPIENTS	ASSISTANCE REQUESTED FOR				MYSELF	MY SPOUSE	DEPENDENT CHILD(REN)				
MINOR CHILDREN LIVING IN THE HOUSEHOLD	NAME		GEN	DATE OF BIRTH		NAME		GEN	DATE OF BIRTH		
VETERAN'S MILITARY SERVICE	DATE ENTERED SERVICE		SERVICE NUMBER		CHARACTER OF SERVICE			DISCHARGE FORM NO.			
	SEPARATION DATE		BRANCH OF SERVICE								
		ARMY	NAVY	MARINE CORPS	AIR FORCE	COAST GUARD MERCHANT MARINE					
EMPLOYMENT DURING LAST TWELVE MONTHS	PERSON EMPLOYED (VET/SPOUSE)	DATES EMPLOYED		NAME AND ADDRESS OF EMPLOYER				WEEKLY SALARY	REASON FOR LEAVING		
		FROM	TO					\$			
								\$			
								\$			
MONTHLY HOUSEHOLD INCOME	SOURCE	VETERAN	SPOUSE	CHILDREN	SOURCE (CONTD)	VETERAN	SPOUSE	CHILDREN			
	EMPLOYMENT	\$	\$	\$	ANNUITIES	\$	\$	\$			
	UNEMPLOYMENT COMPENSATION	\$	\$	\$	GOV'T OR OTHER INSURANCE	\$	\$	\$			
	WORKMEN'S COMPENSATION	\$	\$	\$	VA COMPENSATION OR PENSION	\$	\$	\$			
	DISABILITY INSURANCE	\$	\$	\$	PERCENT DISABLED	%	%	%			
	SICK BENEFITS	\$	\$	\$	SOCIAL SECURITY	\$	\$	\$			
	GOVERNMENT ASSISTANCE	\$	\$	\$	RETIREMENT OR PENSION	\$	\$	\$			
	FOOD STAMPS	\$	\$	\$	OTHER (SPECIFY)	\$	\$	\$			
	RENTAL INCOME	\$	\$	\$	OTHER (SPECIFY)	\$	\$	\$			
HOW MANY TOTAL PEOPLE OVER THE AGE OF 18 ARE LIVING IN THE HOUSEHOLD? (INCLUDE VETERAN AND SPOUSE)											

MONTHLY MORTGAGE OR RENTAL PAYMENT	AMOUNT OF MORTGAGE		MONTHLY PAYMENT		PRINCIPAL	INTEREST	TAXES	INSURANCE	OTHER		
	\$		\$		\$	\$	\$	\$	\$		
	MONTHLY RENT		NAME OF LANDLORD/MORTGAGE HOLDER					TELEPHONE			
	\$										
	LIVING WITH RELATIVES		ADDRESS OF LANDLORD/MORTGAGE HOLDER								
YES		NO									
HOUSEHOLD RESOURCES	TYPE	VETERAN	SPOUSE	CHILDREN	TYPE (CONTD)	VETERAN	SPOUSE	CHILDREN			
	REAL ESTATE - PRIMARY RESIDENCE	\$	\$	\$	CREDIT UNION AND SAVINGS AND LOAN SHARES	\$	\$	\$			
	REAL ESTATE - OTHER PROPERTY	\$	\$	\$	STOCKS AND BONDS	\$	\$	\$			
	BANK ACCOUNT - CHECKING	\$	\$	\$	MUTUAL FUNDS	\$	\$	\$			
	NAME OF BANK				INDIV. RETIREMENT ACCT. (IRA)	\$	\$	\$			
	BANK ACCOUNT - SAVINGS	\$	\$	\$	MORTGAGES HELD	\$	\$	\$			
	NAME OF BANK				POTENTIAL AWARDS FROM PENDING LITIGATION	\$	\$	\$			
	BANK ACCOUNT - CERTIFICATES OF DEPOSIT	\$	\$	\$	LIFE INSURANCE (CASH VALUE)	\$	\$	\$			
NAME OF BANK				CASH ON HAND	\$	\$	\$				
APPLICANT'S MEDICAL RESOURCES	MEDICARE			TITLE XIX		HUSKY/CORNPACE		VA HEALTHCARE		OTHER INSURANCE (SPECIFY)	
	PART A	PART B	PART D	YES	NO	YES	NO	YES	NO		
	COMMERCIAL INSURANCE			COMMERCIAL INSURANCE PROVIDER					POLICY NUMBER		
	YES		NO								
REASON FOR APPLICATION											
APPLICANT'S STATEMENT	I HAVE FULLY AND ACCURATELY DISCLOSED ALL INCOME RECEIVED BY ME AND THE MEMBERS OF MY HOUSEHOLD. THE REPRESENTATIONS OF ASSETS AND OTHER RESOURCES ARE ALSO COMPLETE AND ACCURATE. I UNDERSTAND RECEIPT OF ADDITIONAL INCOME BY ME OR MEMBERS OF MY HOUSEHOLD MUST BE PROMPTLY REPORTED TO THE FUND REPRESENTATIVE. I DECLARE UNDER PENALTY OF THE LAW THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS TRUE AND CORRECT.										
SIGNATURES	DATE	APPLICANT					FUND REPRESENTATIVE				
FUND REP INFO	TOWN HANDLED					PRINTED NAME					
FUND REP COMMENTS											
SSMF FORM 1 (OCT 16)											

JSH:ms