WISCONSIN DVA VETERANS FORWARD | Wisconsin Department of Veterans Affairs

2135 Rimrock Road, P.O. Box 7843, Madison, WI 53707-7843
(608) 266-1311 | 1-800-WIS-VETS (947-8387) | WisVets.com

Wis. Stats. Chapter 45

INSTRUCTIONS
ASSISTANCE TO NEEDY VETERANS GRANT APPLICATION (HEALTH CARE)

Please submit this application if you are applying for assistance with Dental, Hearing and Vision care.

- If you are the veteran completing this application, please complete the "Veteran's Name" section.
- If you are the spouse or dependent of the veteran completing this application:
  - For yourself, please complete the "Veteran's Name" **and** "Applicant's Name" sections.
  - On behalf of the veteran, please complete the "Applicant's Name" **and** "Patient's Name" sections.

There is a lifetime maximum of $7,500 for all Assistance to Needy Veterans Grant types combined (Health Care Aid and Subsistence Aid).

To be eligible, an applicant must meet the following requirements:

- Does not have household liquid assets in excess of $1,000.

Required Documentation:

- Complete Application For Assistance to Needy Veterans Grant (**Form WDVA 2450**).
- Any additional documentation or verification requested by the department.

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Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Base File #
County
County Contact

Veteran's Name (To be completed by veteran or if the veteran's spouse/dependent is applying for benefits) ☐ Mr. ☐ Ms.

First Name | Middle Name | Last Name | Suffix

Address | City | State | Zip Code

Date of Birth | Social Security Number

Applicant's Name (To be completed only if veteran is **not** completing the application) ☐ Mr. ☐ Ms.

Relationship to Veteran ☐ Unremarried Spouse/Dependent of veteran killed in action or line of duty
☐ Spouse/Dependent of activated or deployed veteran

First Name | Middle Name | Last Name | Suffix

Address | Middle Name | Last Name | Suffix

Applicant's Date of Birth | Applicant's Social Security Number

Patient's Name (Veteran's information if veteran is **not** completing the application) ☐ Mr. ☐ Ms.

Relationship to Veteran ☐ Spouse/Widow(er) ☐ Dependent

First Name | Middle Name | Last Name | Suffix

Address | Middle Name | Last Name | Suffix

Patient/Veteran's Date of Birth | Patient/Veteran's Social Security Number

Applicant's Marital Status ☐ Unremarried (includes widowed and divorced) ☐ Married ☐ Separated

You can print the most recent version of this form from the WDVA website at http://dva.state.wi.us/Pages/newsedia/WDVAToolkit.aspx

Veteran's Name: _____

Base File #: _____

Select Desired Benefit (Lifetime maximum of $7,500)

Dental Care: →
- ☐ Qualifying Care up to $500 per consecutive 12 month period
- ☐ Upper Denture up to $1,875 per consecutive 48 month period
- ☐ Lower Denture up to $1,875 per consecutive 48 month period

Hearing Care: →
- ☐ Qualifying Care up to $200 per consecutive 12 month period
- ☐ Left Hearing Aid up to $1,875 per consecutive 48 month period
- ☐ Right hearing aid up to $1,875 per consecutive 48 month period

Vision Care: →
- ☐ Vision care and a prescription for lens and frame for up to $400 per consecutive 12 month period

A Description of Benefits (DOB) – 2 pages – authorizing care will be posted for approved applications. It is to be printed by the CVSO for delivery to the provider who will complete page 2, "Request for Payment" section, of the DOB and submit to WDVA for payment. <u>If an outstanding DOB exists, binding quotes from a provider are necessary in order to have an additional DOB issued.</u>

Living Arrangements

☐ Own Home ☐ Mobile Home ☐ Live with Roommates ☐ VA Facility

☐ Rent ☐ Homeless ☐ Live with Relatives ☐ VAP Facility

Spouse and Legal Dependents Living with Applicant

First Name	Last Name	Birth Date	Relationship to Veteran
			☐ Spouse ☐ Dependent
			☐ Spouse ☐ Dependent
			☐ Spouse ☐ Dependent
			☐ Spouse ☐ Dependent

Health Insurance

☐ I do not have health insurance that covers dental, vision, or hearing care

☐ I have health insurance that covers all or a portion of ☐ Dental ☐ Hearing ☐ Vision

VA Health Care System (Wisconsin law requires use of all available resources and agencies [Wis. Admin. Code § VA 2.01(2)(a)]

Date veteran applied to Federal VA health care system _____

Has veteran been enrolled into the system? ☐ No ☐ Yes If yes, Date enrolled _____

Does the veteran have a service-connected disability? ☐ No ☐ Yes If yes, Disability rating _____ %

Veteran's Name: _____

Base File #: _____

Income – Verification Required (Veteran, Spouse or any Dependent)

Recipient 1 _____

Current Income $ _____ Frequency ☐ Monthly ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly

Income Type

- ☐ Wages – Employer $
- ☐ Overtime
- ☐ Bonuses
- ☐ Commissions
- ☐ Sick/Disability Pay (from employer or insurance)
- ☐ Child Support
- ☐ Dividends
- ☐ Interest
- ☐ Retirement (pay)
- ☐ Social Security - Regular
- ☐ Social Security - Disability
- ☐ Supplemental Security Income (SSI)
- ☐ Other
- ☐ Aid to Families with Dependent Children
- ☐ Food Share (formerly called Food Stamps)
- ☐ Rental (Income)
- ☐ National Guard/Reserve
- ☐ Compensation - VA
- ☐ Compensation – Unemployment Insurance
- ☐ Compensation - Workers
- ☐ Pension – Other than Federal VA
- ☐ Pension – Federal VA
- ☐ Student Financial Aid (all types)
- ☐ Federal GI Bill
- ☐ State or Federal Voc Rehab

Recipient 2 _____

Current Income $ _____ Frequency ☐ Monthly ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Semi-Monthly ☐ Bi-Weekly ☐ Weekly

Income Type

- ☐ Wages – Employer $
- ☐ Overtime
- ☐ Bonuses
- ☐ Commissions
- ☐ Sick/Disability Pay (from employer or insurance)
- ☐ Child Support
- ☐ Dividends
- ☐ Interest
- ☐ Retirement (pay)
- ☐ Social Security - Regular
- ☐ Social Security - Disability
- ☐ Supplemental Security Income (SSI)
- ☐ Other
- ☐ Aid to Families with Dependent Children
- ☐ Food Share (formerly called Food Stamps)
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- ☐ Pension – Other than Federal VA
- ☐ Pension – Federal VA
- ☐ Student Financial Aid (all types)
- ☐ Federal GI Bill
- ☐ State or Federal Voc Rehab

Veteran' Name: _____
Base File #: _____

Liquid Assets (In Veteran, Spouse, or any Dependent's Name)

Owner 1 _____ ☐ I have no assets

Asset Type	Value	Asset Type	Value
☐ Checking Account	$	☐ Custodial Accounts (Children or Grandchildren)	$
☐ Savings Account	$	☐ Gambling Winnings	$
☐ Money Market	$	☐ Tax Refunds	$
☐ Certificate of Deposit	$	☐ Other	$
☐ Cash on Hand	$		
☐ Cash Value of Life Insurance	$		

Owner 2 _____ ☐ I have no assets

Asset Type	Value	Asset Type	Value
☐ Checking Account	$	☐ Custodial Accounts (Children or Grandchildren)	$
☐ Savings Account	$	☐ Gambling Winnings	$
☐ Money Market	$	☐ Tax Refunds	$
☐ Certificate of Deposit	$	☐ Other	$
☐ Cash on Hand	$		
☐ Cash Value of Life Insurance	$		

I certify that I have read, or have had read to me, all questions from this application and this paragraph and that my answers are true and complete to the best of my knowledge, and that I will promptly notify WDVA of any changes. If I receive, or am eligible to receive, money from another source which duplicates aid I received from this program, I will repay WDVA as soon as possible. I understand that I must provide the Wisconsin Department of Veterans Affairs, either personally or through my County Veterans Service Officer, with any information requested by the department. I authorize the department and any of its employees to request and review any county, state or federal records relating to this application. I consent to the release by the Federal Department of Veterans Affairs (VA), Social Security Administration, Wisconsin Department of Revenue (DOR), and the County Veterans Service Office (CVSO) of all information necessary to process this grant application.

Phone ( ) _____ Signature _____ Date _____

WARNING: If you knowingly make any false statement or submit fraudulent evidence in connection with this application, you are subject to severe penalties provided by law including fine, imprisonment or both and suspension of all veterans benefits from WDVA.