



Wis. Stats. Chapter 45

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843
(608) 266-1311 1-800-WIS-VETS (947-8387)

(FOR OFFICE USE ONLY)

File No.
Co.

ELIGIBILITY DETERMINATION

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.

Complete and transmit this form with a copy of veteran's report of separation for a qualifying term of military service to the local county veterans service officer or to the address at the top of this form.

1. Mr. Ms. (Veteran's Last Name) (Full First Name) (Full Middle Name) Social Security #

Name of Applicant (if different) (Last Name) (Full First Name) (Full Middle Name) S.S.#

Permanent and Legal Address (# and Street) (City) (County) (State) (Zip)

Present Address (if different) (# and Street) (City) (County) (State) (Zip)

2. Veteran's Place of Birth (City) (State or Foreign Country) Veteran's Date of Birth

3. Record of all active service, copied from separation reports: (use extra sheet if necessary)

4. Name Used in Service. If name is different than what is on military separation, provide documentation that shows how your name changed. This could be a marriage certificate, divorce decree, or legal court document.

Table with 4 columns: Entered Service (Date, Place), Separation from Service (Date, Place)

5. Veteran was a legal resident of (Name of State) on (Date of Entry or Reentry into Active Military Service)

If veteran claimed residence in Wisconsin in #5, answer 6 and 7. All veterans need to sign and date the application.

6. Address of the dwellings occupied by veteran during the 12 months prior to date of entry or reentry: (use extra sheet if necessary)

Table with 6 columns: # and Street, City, County, State, From: Mo. / Yr., To: Mo. / Day / Yr.

Employment during the same 12 months:

Schools attended during the same 12 months:

Table with 7 columns: Name of Employer, City and State of Employment, From: Mo. / Yr., To: Mo. / Yr., Name, City and State of School, From: Mo. / Yr., To: Mo. / Yr.

7. Answer the following if veteran was under 21 years of age on date of entry into active service and date of entry was prior to March 23, 1972 or if veteran was under 18 years of age and date of entry was after March 22, 1972.

Veteran's Parent having legal custody was (First Name) (Middle Name) (Last Name)

Non-parental legal guardian was (First Name) (Middle Name) (Last Name)

The parent or guardian occupied a dwelling at (# and Street) (City) (State) (Date of Entry)

I understand all questions and answers in this determination of eligibility form and the answers are true and complete to the best of my knowledge and belief.

Date Applicant's Signature
Home Phone # Email Address

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