

Wis. Stats. Chapter 45

VETERAN FARMER ASSISTANCE AND OUTREACH PROGRAM REQUEST FOR CERTIFICATION

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

This Department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services. Title II of the American Disabilities Act signed January 26, 1992.

All applicants requesting certification for the Veteran Farmer Assistance and Outreach Program must complete this form and attach a copy of the veteran's DD Form 214, Certificate of Release or Discharge from Active Duty.

Immediate family members of a veteran who died while in service in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces; a veteran who is missing in action while serving in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces; or a veteran who died as a result of a service-connected disability must also attach: 1) a copy of the veteran's death certificate (if the veteran is deceased); 2) USDVA documentation showing that the veteran's death was service-connected (if the veteran died of a service-connected disability); 3) official letter/notification from the DOD indicating the service member is listed as MIA (if the veteran is missing in action) and 4) a Report of Casualty (if the veteran died while in service).

To apply for certification for the Veteran Farmer Assistance and Outreach Program, complete the following and return to the Veterans Benefits Resource Center, Attn: VBRC, Wisconsin Department of Veterans Affairs, P.O. Box 7843, Madison, WI 53707-7843.

Veteran's Name (<i>first, middle, last</i>)		
Veteran's Social Security Number		Veteran's Date of Birth
Telephone		E-mail Address
Mailing Address		
City	State	Zip Code
Farm Name (<i>optional</i>)		Agricultural Products Type (<i>optional</i>)

Complete the following only if you are requesting certification based on your status as an immediate family member of a deceased veteran meeting one or more of the conditions described in the above instructions or a veteran missing in action:

Applicant's Name (<i>first, middle, last</i>)	Veteran's Date of Death (if applicable)
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Under penalty of law, I attest by my signature that all of the information I have provided on this and related documents is true and complete to the best of my knowledge. I agree to inform WDVA of any change in the circumstances upon which this application is based.

Applicant's Signature	Date
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