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)

EXPLANATION OF ACCIDENT OR INJURY

Health Care & Subsistence Aid Grants

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

Veteran's Name	WDVA #
Applicant's Name (if different)	
Nature of Injury	
Date of Incident	Time of Day/Night
Witnesses Name _____ Address _____ Phone _____ Name Address Phone	
Location of Incident (Address & Phone)	

Give your actions and whereabouts for at least four (4) hours prior to the incident. Include the quantity and type of alcoholic beverages and/or drugs ingested, if any. If none, so state. Give a detailed account of the incident itself.

Under penalty of applicable law, I certify that this information is true and complete to the best of my knowledge and belief.

Signature _____ Date _____

This form is to be submitted through the County Veterans Service Office as a supplement to an application for a subsistence and/or a Health Care Aid Grant from the Wisconsin Department of Veterans Affairs.

NOTE: If this was work related, the applicant should apply for Workers Compensation. If it occurred on private property, the applicant should check into liability insurance coverage. The applicant may be asked to provide additional information.

You can access the most recent version of this form from the WDVA website at *www.WisVets.com/Forms.*