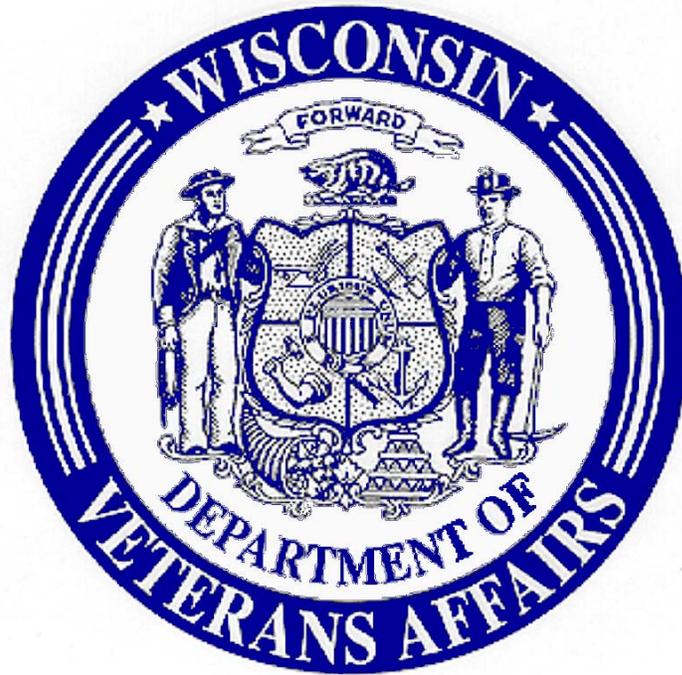


VETERAN SERVICE OFFICER TRAINING



April 9 – 11, 2013
Madison, WI

Wisconsin Department of Veterans Affairs Veteran Service Officer Training Manual – April 2013

Tuesday, April 9th, 2013	
Welcome (Itinerary)	
WDVA Organizational Overview	
Legislative Priorities Overview	
Veterans Benefits Resource Center (VBRC)	
Military Discharge Review Program	
Veterans Assistance Program for Homeless Veterans	
WI Veterans Property Tax Program	
Outreach Programs Overview	
Incarcerated Vets	
Women Veterans	
Business Symposiums	
Tribal Outreach	
Benefits Expo	
Interagency Partnerships	
Wednesday, April 10th, 2013	
Eligibility	
VBATS – Introduction, Login and first pages to introduce system	
Military Funeral Honors Program	
Assistance to Needy Veterans, Retraining Grant	
Wisconsin Veterans Memorial Cemeteries	
Veterans Employment and Training (DVOP/LVER Program)	
Wisconsin Veterans Homes	
Veterans Education Grant (VetEd) & Wisconsin G.I. Bill	
Thursday, April 11th, 2013	
Federal G.I. Bill Overview (Chapters 30, 33, 35, 1606, 1607, Post 9/11)	
CVSO Grants	
WDVA Claims	
Open for Feedback, Evaluations & Hot Topic or Carryovers	
Appendix	
Slide show slides from all programs	

Scott Walker, Governor
John A. Scocos, Secretary



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS**

201 West Washington Avenue
P.O. Box 7843
Madison, WI 53707-7843
Phone: (608) 266-1311
Toll-free: 1-800-WIS-VETS (947-8387)
Fax: (608) 267-0403
Email: WisVets@dva.wisconsin.gov
Website: www.WisVets.com

January 9, 2013

WDVA Bulletin No. 984

TO: County Veterans Service Offices

SUBJECT: Veterans Benefits and Services Training – Spring 2013

The Wisconsin Department of Veterans Affairs (WDVA) is planning to provide training regarding state veterans benefits and services to CVSOs and their support staff on **April 9th thru April 11th, 2013**. The training will be held in WDVA Central Office at 201 W. Washington Ave., Madison, WI (tentative agenda attached).

WDVA asks that the CVSO offices contact WDVA no later than **Friday, March 8, 2013** to report the number of staff members that will be attending the training in order to facilitate planning for the event. Those who will not attend all three days of training should indicate which dates they will be in attendance.

Training RSVPs should be sent to the attention of Michelle Warren at michelle.warren@dva.state.wi.us or call (608) 267-0783.

For questions regarding the WDVA benefits and services training, please call 1-800-WIS-VETS (947-8387) and ask to speak with Brian Jones or David Rueth.

Scott Walker, Governor
John A. Scocos, Secretary
James Bond, Administrator



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Division of Veterans Services**

201 West Washington Avenue
P.O. Box 7843
Madison, WI 53707-7843
Phone: (608) 266-1311
Toll-free: 1-800-WIS-VETS (947-8387)
Fax: (608) 267-0403
Email: WisVets@dva.wisconsin.gov
Website: www.WisVets.com

Veteran Service Officer Training

April 9, 10, & 11, 2013 – Madison, WI

Tuesday April 9, 2013 (Location: WDVA, 201 West Washington Ave, Madison (First Floor Conference Rm))

10:00 - 10:15 **Welcome**

10:15 - 10:45 WDVA Organizational Overview

10:45 - 11:00 Legislative Priorities Overview

11:00 - 12:00 Veterans Benefit Resource Center (VBRC)

12:00 - 1:00 **Lunch**

1:00 - 1:45 Military Discharge Review Program/Military Medals and Records Program

1:45 - 2:30 Veterans Assistance Program

2:30 - 2:45 **Break**

2:45 - 3:30 Property Tax

3:30 – 4:30 Outreach Programs Overview
 Incarcerated Veterans
 Women Veterans
 Business Symposiums
 Tribal Outreach
 Benefits Expos
 Interagency Partnerships

Wednesday, April 10, 2013

8:00 - 9:00 Eligibility

9:00 - 10:30 VBATS Introduction

10:30 - 10:45 **Break**

10:45 - 11:15 Military Funeral Honors Program

11:15 - 12:00 Assistance to Needy Veterans and Retraining Grant

12:00 - 1:00	Lunch
1:00 - 1:45	Wisconsin Veterans Memorial Cemeteries
1:45 - 2:30	Veterans Employment and Training (DVOP/LVER Program)
2:30 - 2:45	Break
2:45 - 3:45	Wisconsin Veterans Homes
3:45 - 4:30	Veterans Education Grant (VetEd) and Wisconsin GI Bill

Thursday, April 11, 2013

8:00 - 9:00	Federal GI Bill Overview
9:00 - 9:45	CVSO Grants
9:45 - 10:00	Break
10:00 - 11:00	WDVA Claims
11:00 - 11:30	Open for Feedback, Evaluations and Hot Topics or Carryovers

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

MILITARY DISCHARGE UPGRADES



MILITARY DISCHARGE UPGRADE PROGRAM

- Assist veterans in process of upgrading discharges
 - General under honorable
 - Under other than honorable
 - Undesirable
 - Bad Conduct
 - Dishonorable

TYPES OF UPGRADES

- Physical Disability Board of Review
- Uncharacterized – Guard and Reserve
- Discharge Review
- Board of Corrections for Military Records
- Missing home of record

PHYSICAL DISABILITY BOARD

“to ensure the accuracy and fairness of combined disability ratings of 20% or less assigned to service members who were discharged between September 11, 2001 and December 31, 2009”

- Found not eligible for retirement
- uses medical information provided by the Department of Veterans Affairs and the military department.
- individual service branch to make the final determination on whether to change the original disability determination.

PHYSICAL DISABILITY BOARD

- Required items to request upgrade
 - DD form 294 (Application for review of physical disability)
 - Rating determination by USDVA
 - New or newly discovered evidence
 - VA form 3288 (Request for and consent to release information from claimant's record)

PHYSICAL DISABILITY BOARD

- Completed forms to be sent to

SAF/MRBR

ATTN: PDDBR Intake Unit

500 C Street West, Suite 41

Randolph AFB, TX 78150-4743

Info: PDDBRPA@afncr.af.mil

UNCHARACTERIZED NATIONAL GUARD & RESERVES

- Must have completed basic and AIT
 - National Guard – Contact Military Affairs in Madison
The Adjutant General, Wisconsin
Department of Military Affairs
PO Box 8111
Madison WI 53708-8111
 - Reserves – Contact Army Human Resources Command at
Ft. Knox, KY
1-888-276-9472) or askhrc.army@us.army.mil

DISCHARGE REVIEW

- 15 years or less
- Received a less than a fully honorable discharge
- General Court-Martial makes you ineligible for the Discharge Review Board

DISCHARGE UPGRADE

- DD Form 293 (Application for the review of the discharge)

Purpose: To apply for a change in the characterization or reason for military discharge issued to an individual.

#6: Why an upgrade or change is requested and justification for the request

“Discharge received was improper or
Inequitable”

- Conducted in two basic ways:
(1) Records Review or (2) Hearing.

DISCHARGE UPGRADE

- May change discharge issued by Special Court Martial
- Very few applications result in change (less than 10%)

BOARD OF CORRECTIONS FOR MILITARY RECORDS

- DD Form 149 (Application for the correction of military records)
- Any one who has less than a fully honorable discharge
- After 15 years
- Error or injustice
- May change discharge issued by General Court Martial
- If general under honorable (no gain in benefits)

SETTING THE VET STRAIGHT ON VA HOSPITAL MISINFORMATION

- OEF/OIF
 - VA hospital will always tell vet he/she must get discharge upgrade first
 - If veteran has service connected injury always have them file claim first
 - Vet may be awarded medical treatment based on his service record
 - If PTSD is an issue, VA can excuse misconduct and award benefits
 - In about half the cases we see, Vet will get benefits with OTH under 38 CFR 3.12
 - If vet appeals discharge then personnel record can be tied up for long time and VA will not make a decision without the personnel record as generally the DRB will not release records

VA DETERMINATION OF HONORABLE SERVICE

- VA may not grant benefits under these circumstances
 - Conscientious Objector
 - Sentence of a General Court-Martial
 - Resignation by an officer for the good of the service
 - A Deserter
 - As an alien during a period of hostilities
 - AWOL for a continuous period of at least 180 days
 - Acceptance of undesirable to escape general court martial
 - Mutiny or spying
 - Offense involving moral turpitude
 - Willful and persistent misconduct
 - Homosexual acts involving aggravating circumstances

ERRONEOUS CONCEPTIONS

- Two erroneous conceptions 95% of vets have about their appeal
 - “Blacker Kettle” argument – I made mistakes, but I know people that made worse mistakes than I and they received an honorable discharge!
 - “Two wrongs make a right” They screwed me over so I screwed them back. Let’s call it even.

HOME OF RECORD

- Home of record missing on DD 214
 - Complete DD form 149
 - Ensure to state in Block 6 that HOR is needed for state veterans benefit

*Wisconsin Department of
Veterans Affairs*

Questions ?

800 947-8387

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Veterans Assistance Program





Program Objective

- Establish a statewide capability to assist veterans who are homeless or at risk
- Coordinate the delivery of services and support
- Provide a Continuum of Care



Continuum Of Housing



Veterans Assistance Program



King



Veterans Assistance Program



Union Grove



Chippewa Falls



Homeless Veterans Profile



Who Are They?

Single Male Age 53

Unemployed

Honorable Discharge

High School Graduate

10% Still Married

40% Never Married

No Family

No Transportation

Need Medical Care



Resident Program Contract

- Abide by all program policies
- Establish an individual plan and follow it
- Subject to search
- All illicit drugs and alcohol prohibited; periodic drug/alcohol testing
- Sexual contact, activity, or materials are prohibited
- Violation results in dismissal



6 Categories of Service

- Health Care
- Work Experience / Employment
- Education and Training
- Counseling
- Legal Assistance
- Affordable Housing



Program Progression

- Phase I
 - Intake and assessment
 - Referral to appropriate agency if needs cannot be met (Mental health, inpatient AODA, PTSD)
- Phase II
 - Development of individual plan
 - Ongoing counseling, medical needs, outpatient AODA/PTSD
- Phase III
 - Job training and/or schooling
 - Job placement
- Phase IV
 - Employment
 - Savings account/Financial management assistance
 - Graduation
- Phase V
 - Single Room Occupancy, SRO
 - Long term affordable housing
 - Follow-up



Veterans Assistance Program

Current Resident Capacity:

King: 26

Union Grove: 30 + 10 SRO

Chippewa Falls: 30 – 10 SRO



*Wisconsin Department of
Veterans Affairs*

Questions ?

Veterans Assistance Program

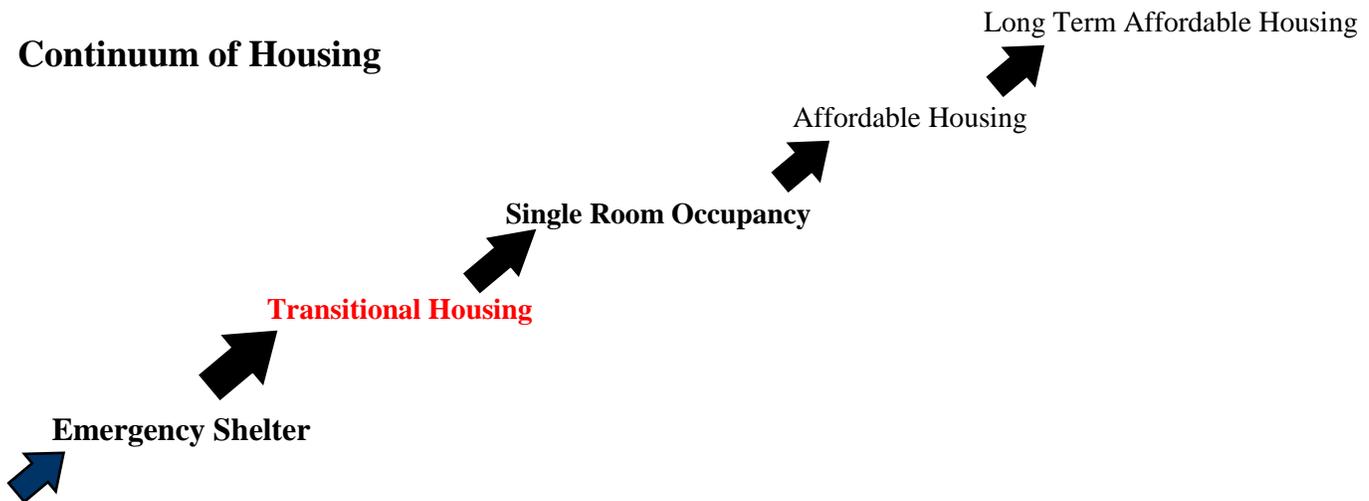
Veterans Homeless Program

- Military Medals & Records Program
- Military Discharge Upgrade Program
- Incarcerated Veterans Program
- Women Veterans Program

Transitional Housing Program Objective

- Establish a statewide capability to assist veterans who are homeless or at risk
- Coordinate the delivery of services and support
- Provide a Continuum of Care

Continuum of Housing



Homeless Veterans Profile

- Single Male Age 53
- Unemployed
- Honorable Discharge
- High School Graduate
- Need Medical Care
- 10% Still Married
- 40% Never Married
- No Family
- No Transportation

Resident Program Contract

- Abide by all program policies
- Establish an individual plan and follow it
- Subject to search
- All illicit drugs and alcohol prohibited; periodic drug/alcohol testing
- Sexual contact, activity, or materials are prohibited
- Violation results in dismissal

Six Categories of Service

- Health Care
- Work Experience / Employment
- Education and Training
- Counseling
- Legal Assistance
- Affordable Housing

Program Progression

- Phase I
 - Intake and assessment
 - Referral to appropriate agency if needs cannot be met (Mental health, inpatient AODA, PTSD)
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 - Development of individual plan
 - Ongoing counseling, medical needs, outpatient AODA/PTSD
- Phase III
 - Job training and/or schooling
 - Job placement
- Phase IV
 - Employment
 - Savings account/Financial management assistance
 - Graduation
- Phase V
 - Single Room Occupancy, SRO
 - Long term affordable housing
 - Follow-up

VAP DATA SUMMARY THRU FY07

Current Resident capacity:

McCoy	14
King	26
Union Grove	30 + 8 SRO
Chippewa Falls	30 + 10 SRO

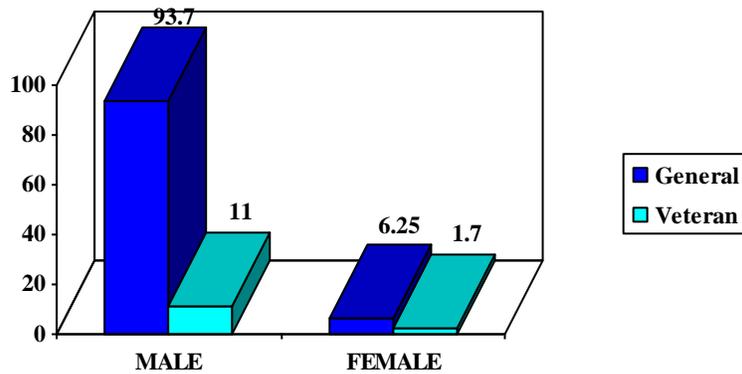
Total Former Residents 5,386

Successful Participants: 63%

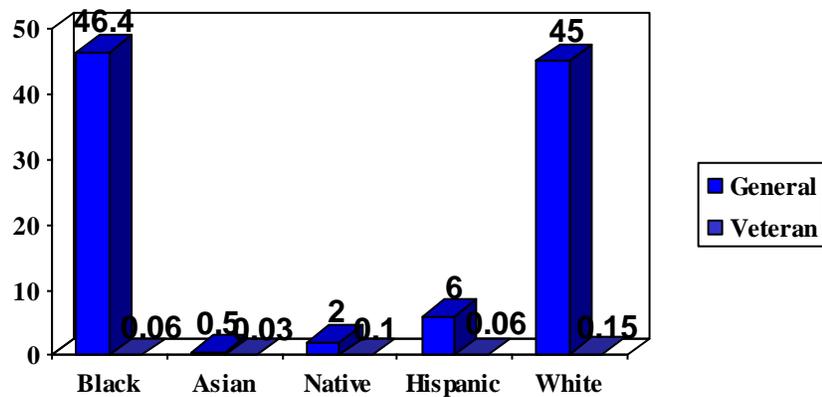
Unsuccessful: 37%

INCARCERATED VETERANS PROGRAM

Prison System - Gender



Prison System - Ethnicity



DOC - Institutions

- 3 DOC processing centers for all inmates
 - Dodge Correctional (males)
 - Taycheeda Correctional (females)
 - Milwaukee Secure Detention Facility
- 18 Adult Correctional Facilities
- 16 Correctional centers, of which 3 house female inmates
- WDVA conducts visits to Dodge/Taycheeda/Milwaukee/Fox Lake

Information - Incarcerated Veterans Program

- Veterans assisted at Correctional Facilities
 - 2005 – 83
 - 2006 – 295
 - 2007 – 229
 - 2008 – 196
- Incarcerated Veterans Guide
- See WDVA webpage for Guide and other information – www.WisVets.com/Ben_incarcerated.asp

Military Discharge Upgrade Program

- Assist veterans in process of upgrading discharges
 - General
 - Under other than honorable
 - Undesirable
 - Bad Conduct
 - Dishonorable
- Discharge Review Board/Board of Corrections Process
- See WDVA webpage – www.WisVets.com/Ben_review.asp

Military Medals & Records Program

- Assist veterans in obtaining military service medals and military discharge documents
- CVSO/WDVA/www.archives.gov/veterans
- See WDVA webpage for program information – www.WisVets.com/Medals



Wisconsin Veterans and Surviving Spouses Property Tax Credit

April 9, 2013

WISCONSIN VETERANS AND SURVIVING SPOUSES PROPERTY TAX CREDIT

- **Program Description**
- **Eligibility Rules**
- **Application Process**
- **Program Responsibilities**

Program Description

- Provides property tax credit up to the total property taxes paid on claimant's principal dwelling and one acre of land.
- Credit is limited to claimant's ownership interest in the property, except for spouses who file a tax return and jointly own the property.
- If property is sold during a tax year property taxes are prorated for the period that the property was owned.
- This is a fully refundable tax credit.

Veterans Eligibility Rules

Eligible veteran must meet all of the following:

- Served on active duty under honorable conditions in the U.S. armed forces or in forces incorporated in the U.S. armed forces.
- Was a resident of Wisconsin at the time of entry into active duty or has been a Wisconsin resident for any five year period following active duty.
- Is currently a resident of Wisconsin for the purpose of receiving state veterans benefits.
- Is currently in receipt of 100% service connected disability including those veterans whose disability was increased to 100% due to Individual Unemployability.

Eligibility Rules Continued

Before the 2009 tax year eligibility was limited to:

- Veterans aged 65 and older
- Veterans with a service-connected disability rating of 100 percent scheduler rating, and did not veterans with a 100% rating due to individual unemployability.
- Veterans who were residents of Wisconsin at time of entry into active duty.

Eligibility for an Unremarried Surviving Spouse

Eligible Unremarried Surviving Spouse includes:

- The spouse of a veteran who was eligible for the property tax credit at time of death.
- The spouse of a service member who died while on active duty in the U.S. armed forces and who was a resident of Wisconsin both at the time of entry into active duty and at the time of death; or
- The spouse of a service member who served in the National Guard or a reserve component, who was a resident of Wisconsin both at the time of entry into that service and at the time of death, and who died in the line of duty while on active or inactive duty for training purposes.

Application Process For Veteran

- **Submit a DD-214 if WDVA does not have one on file.**
- **Submit a WDVA Form 1 to establish eligibility under Chapter 45**
- **WDVA 2097 Request for Certification for Property Tax Credit form must be completed and submitted**
- **Submit a “tax abatement” letter from the USDVA showing 100% service connected disability and the date of that disability.**
- **Residency on entry to active duty or five year Wisconsin residency must be established.**

Establishing Residency

Difficulties documenting Wisconsin residency:

- DD-214s issued in the 1990's that do not show a residency at the time of entry.
- DD-214s showing residency from another state at time of entry that requires establishment of five year residency.
- The WDVA Form 1805 Veterans Residency Affidavit is the ***“Easy Button”*** for establish residency. As long as there is no contravening evidence in our records, we will accept the affidavit.



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

VETERAN'S RESIDENCY AFFIDAVIT

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.

Section 71.07(6e)(a)2. a-c and 3., Wis. Stats., requires an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service or the national guard or reserve component of the U.S. armed forces or to have a consecutive 5-year period of Wisconsin residence after entry into that service and if deceased, was a resident of Wisconsin at the time of death.

Veteran's Wisconsin
 Department of Veterans
 Affairs Base File #:

 (if known)

Veteran's Name: _____

Claimant's Name (if not the veteran): _____

Current Address: _____

Street Address

Phone Number:

 P.O. Box or Apt. Unit #

 E-mail Address:

 City

 State

 Zip Code

Veteran's Social Security Number:

Surviving Spouse's Social Security Number (if applicable):

Part 1

Veteran's State of Legal Residency at Time of Entry Into Active Service: _____

Veteran's Address at Time of Entry Into Active Service: _____

Street Address

P.O. Box or Apt. Unit #

City

State

Zip Code

Part 2

Complete Part 2 only if veteran was not a legal resident of Wisconsin at time of entry into active service.

If veteran has been a resident of Wisconsin for any consecutive 5-year period after entry into active service, list address(s) below. Unless applying only for basic WDVA Chapter 45 benefits, then include residence(s) information for the last 12-month period.

Address 1:

Street Address

P.O. Box or Apt. Unit #

City

State

Zip Code

Years Resided:

From:

Month

Year

To:

Month

Year

Address 2:

Street Address _____

P.O. Box or Apt. Unit # _____

City _____ State _____ Zip Code _____

Years Resided:

From: _____

Month

Year

To: _____

Month

Year

Address 3:

Street Address _____

P.O. Box or Apt. Unit # _____

City _____ State _____ Zip Code _____

Years Resided:

From: _____

Month

Year

To: _____

Month

Year

(Attach additional pages if needed.)

Part 3

Complete Part 3 only if veteran is deceased.

Veteran's State of Legal Residency at Time of Death: _____

Veteran's Address at Time of Death:

Street Address _____

P.O. Box or Apt. Unit # _____

City _____

State _____

Zip Code _____

Surviving Spouse Application Process

To establish eligibility an un-remarried surviving spouse must:

- Establish eligibility for Wisconsin Veterans Benefits by submitting a WDVA Form 1 signed by the surviving spouse.
- Apply for the property tax credit by submitting WDVA Form 2097 Request for Certification for Wisconsin Veterans and Surviving Spouses Property Tax Credit with:
 - **Verification from the USDVA that the veteran was in receipt of 100% service connected disability at the time of death.**
 - **Certified death certificate or casualty report.**
 - **A certified marriage certificate**
- If veteran's eligibility has not been established, it must be established as a part of the surviving spouse's application.

Please Note

- **If the deceased veteran was approved for the Property Tax Credit, the unmarried surviving spouse must submit WDVA Form 2097 Request for Certification for Property Tax Credit Form to be certified to the Wisconsin Department of Revenue under the spouses Social Security Number.**
- **The Surviving Spouse is able to file a joint income tax return for the year of the veteran's death.**
- **For subsequent years a new certification is required.**

Claiming the Property Tax Credit

- Complete and file a Wisconsin income tax return for each eligible tax year and claim the Veterans and Surviving Spouses Property Tax Credit. You can use:
- WI-DOR Form 1 (Long Form) see line 49 on the 2010 or
- WI-DOR Form 1A (Short Form) see line 34 on the 2010 return to claim the credit. These forms are available for electronic filing.
- Before entering this credit on your tax form, review the tax form instructions for the credit. (See page 31 of 2010 Form 1 Instructions or page 17 of 2010 Form 1A instructions.)

Limitations to the Credit

- The credit is limited to your home and one acre of land. There is a worksheet in the 2010 instructions for if your property has more than one acre of land.
- The instructions also explain items listed on your tax bill that may affect the amount of your credit:
 - special charges,
 - multiple owners,
 - sale of the property,
 - rental income,
 - trade or business use

Encourage Veteran or Spouse to file electronically

- **Attach the following documents to your completed tax returns or if you file electronically attach to the WI-DOR Form W-RA:**
 - **A copy of your property tax receipts that you paid in the same year as your return.**
 - **Corresponding tax bill.**
 - **Photocopy your certificate of eligibility the first time that you file.**
- **Mail these to the address indicated on your tax form.**

Claiming a Prior Year's Credit

- If you became eligible for this credit after you have already filed for a tax year, submit WI-DOR Form 1X, Amended Tax Return to-claim the credit for that tax year. (Submit all four pages of this form).
- Enter your Vet/Surviving Spouses credit claim on the correct line.
- On page 3 of the Form 1X, in the block entitled: "Explanation of Changes to Income, Payments, and Credits" print, "To claim the WI Veterans and Surviving Property Tax Credit for tax year 20XX." Submit an amended return for each tax year that you were eligible and filed a return; but did not receive the credit.

The Fine Print

- The credit must be claimed within 4 years of the unextended tax return date (usually, April 15th) on which the tax return was due;
- The claimant may not claim the school property tax credit, the homestead credit, the farmland tax relief credit, or the farmland preservation credit for the same taxable year return

Responsibilities

- **WDVA establishes eligibility for the Veterans and Surviving Spouses Property Tax Credit.**
- **WI DOR applies the tax law and determines the amount of the credit**
- **Remember the golden rule. He who has the gold makes the rules.**

Tax Forms

- Tax forms are available from the Wisconsin Department of Revenue Website.

For Further Information

- **For more information, please contact:
Wisconsin Department of Revenue
Customer Service Bureau
P.O. Box 8949
Madison, WI 53708-8949
Phone: (608) 266-2772**
- **Frequently Asked Questions (FAQs)
on this credit are available from the
[Department of Revenue](#) website.**

Scott Walker, Governor

John A. Scocos, Secretary

James Bond, Administrator



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Division of Veterans Services**

201 West Washington Avenue

P.O. Box 7843

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Phone: (608) 266-1311

Toll-free: 1-800-WIS-VETS (947-8387)

Fax: (608) 267-0403

Email: WisVets@dva.wisconsin.gov

Website: www.WisVets.com

Wisconsin Veterans and Surviving Spouses Property Tax Credit

February 2011

This program provides eligible veterans and unremarried, surviving spouses a refundable property tax credit for their primary, in-state residence. The Wisconsin Department of Veterans Affairs (WDVA) verifies the veteran's eligibility and the actual credit is administered by the Wisconsin Department of Revenue through the state income tax return.

For taxable years beginning on or after January 1, 2007, and through December 31, 2008:

An eligible veteran is at least 65 years of age and meets the following criteria:

- Was a Wisconsin resident when entering active duty (AD) and is currently an in-state resident.
- Served on AD under honorable conditions in the US armed forces.
- Has a service-connected disability (SCD) rating of 100% under 38 USC 1114 or 1134 from the US Department of Veterans Affairs (VA).

An eligible, unremarried, surviving spouse of one of the following veterans may be eligible for this credit:

- The veteran served on AD in the US armed forces, was a Wisconsin resident when entering AD, and died on AD while a Wisconsin resident.
- The veteran served on AD under honorable conditions in the US armed forces; was a Wisconsin resident when entering AD; was at least 65 years of age at the time of death or would have been 65 years of age at the close of the year in which he or she died; was a resident at the time of death; and had an SCD rating of 100% under 38 USC 1114 or 1134.
- The veteran served in the National Guard or Reserves, was a Wisconsin resident when entering AD, and, while a Wisconsin resident, died in the line of duty while on active or inactive duty for training purposes.

For taxable years beginning on or after January 1, 2009:

The definitions of **an eligible veteran** and **an eligible, unremarried, surviving spouse** are *expanded* to include:

- A veteran, or the surviving spouse of a veteran, who had been a Wisconsin resident for a consecutive 5-year period after entering AD or was a Wisconsin resident when entering AD.
- The veteran must have either an SCD rating of 100 percent under 38 USC 1114 or 1134 or a 100% disability rating based on individual unemployability. *Individual unemployability* means a condition under which a veteran has an SCD rating of either 60% under 38 USC 1114 or 1134 or two or more SCD conditions where one condition has at least a 40% scheduler rating and the combined scheduler rating for all conditions is at least 70%, and has an administrative adjustment added to the SCD, due to individual unemployability, such that the VA rates the veteran 100% disabled.
- The age requirement was eliminated.

Applicants who believe they may qualify should contact their local County Veterans Service Office (CVSO). A list of CVSOs and contact information can be found at www.WisVets.com/CVSO.

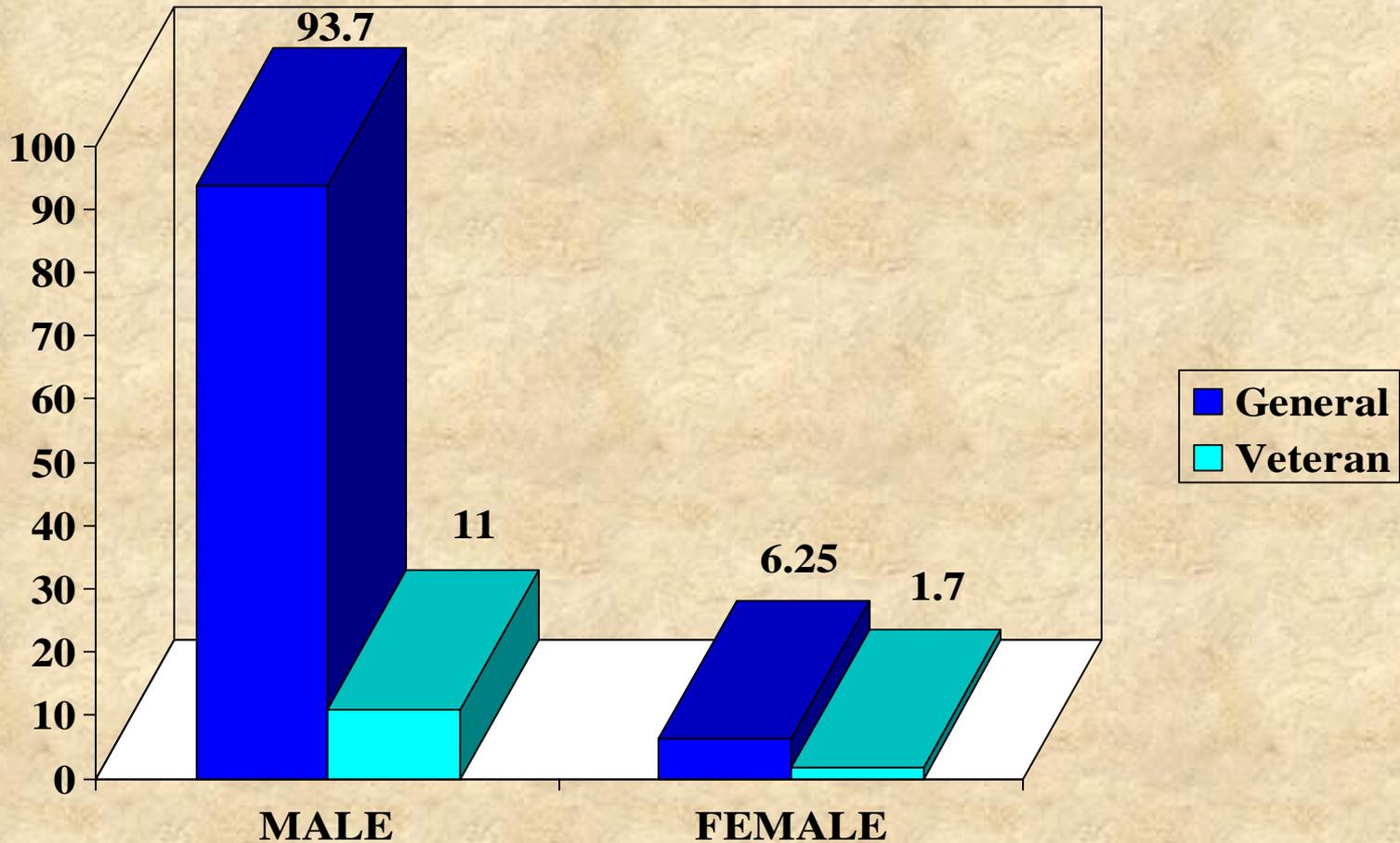
The [WDVA B0106](#) brochure "*Wisconsin Veterans and Surviving Spouses Property Tax Credit*" contains complete program information, eligibility criteria, application forms and instructions, and statutory citations. **Frequently Asked Questions** (FAQs) regarding this property tax credit are available at the [Department of Revenue](#) website (<http://www.revenue.wi.gov/faqs/ise/vetprop.html>). WDVA POC: John Adams or Joe Bertalan.



INCARCERATED VETERANS PROGRAM

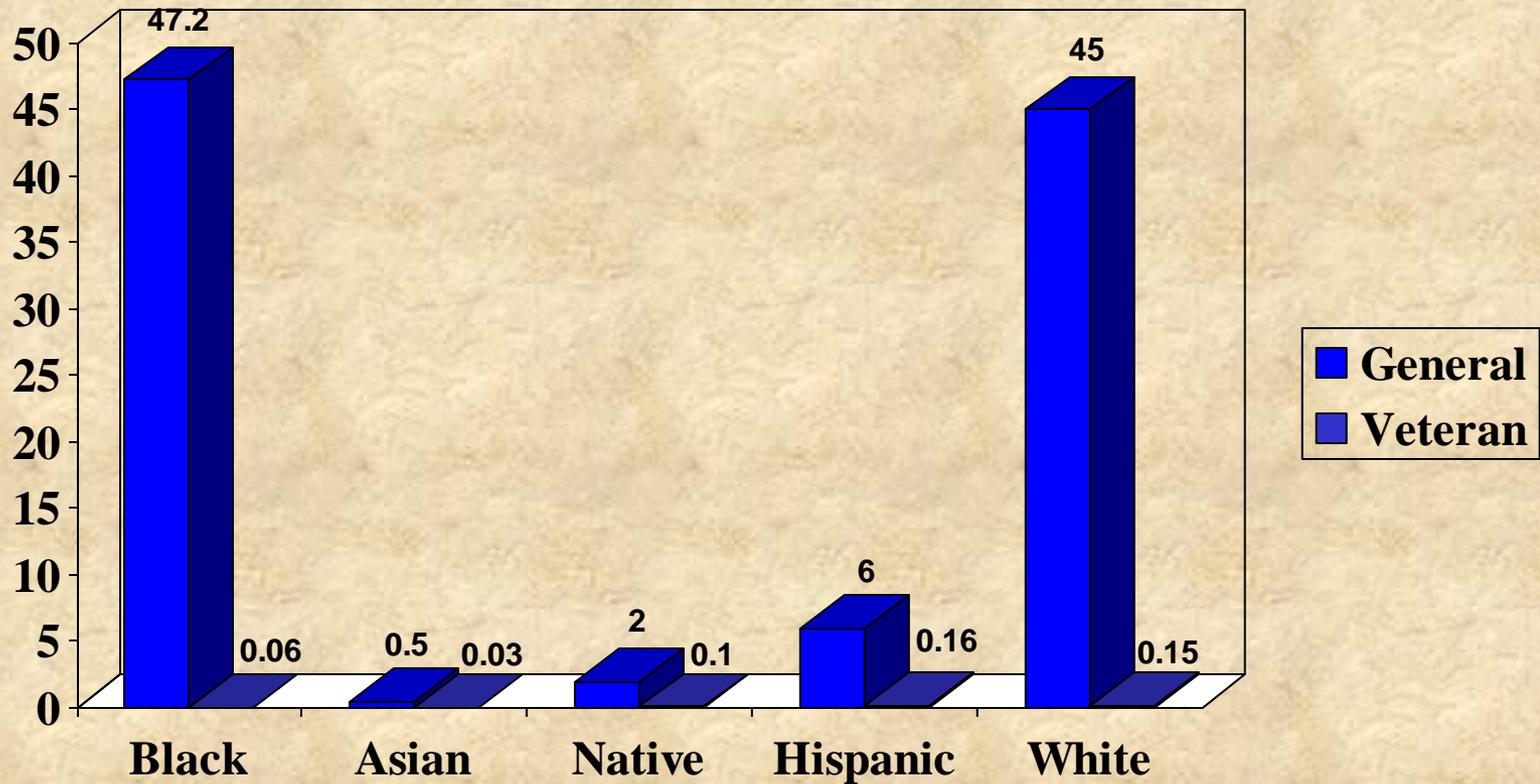


Prison System - Gender





Prison System - Ethnicity





DOC - Institutions

- 3 DOC processing centers for all inmates
 - Dodge Correctional (males)
 - Taycheeda Correctional (females)
 - Milwaukee Secure Detention Facility
- 18 Adult Correctional Facilities
- 16 Correctional centers, of which 3 house female inmates
- WDVA conducts visits to Dodge/Taycheeda/Milwaukee/Fox Lake



Information - Incarcerated Veterans Program

- Veterans assisted at Correctional Facilities
 - 2010 - 161
 - 2011 – 295
 - 2012 – 280
 - 2013 – 96
- Incarcerated Veterans Guide
- See WDVA webpage for Guide and other information



*Wisconsin Department of
Veterans Affairs*

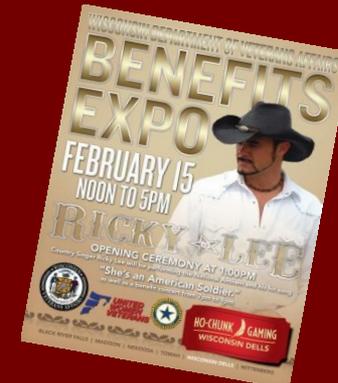
Questions ?

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

WOMEN VETERANS



WOMEN VETERANS



WOMEN VETERANS

Accomplishments/Objectives

- ❑ 2011 - New Fulltime Women Veterans Outreach Coordinator hired
- ❑ 2011 - Started using Social Media as an outreach tool – FB, Twitter & LI
- ❑ 2011 - Last traditional Women Veterans Conference at Ft McCoy
- ❑ 2012 - First Women Veterans Conference across the state
- ❑ 2012 - Woman Veteran license plate is available
- ❑ 2012 - Conferences in Madison, Eau Claire and Milwaukee
- ❑ 2012 – Incorporated Women Veteran owned businesses in Expo's
- ❑ 2013 - Coordinated with each VA Program Manager for visit in March
- ❑ 2013 – Five Women Veterans Expo's around the state
 - ❑ February - Wisconsin Dells – Ho Chunk Casino
 - ❑ April - LA Valle – Douglas Legacy Farms
 - ❑ July – Brookfield – Stepping Stone Farms
 - ❑ August – Eau Claire – Trinity Equestrian Center
 - ❑ November – Janesville – American Red Cross Building

*Wisconsin Department of
Veterans Affairs*

Questions ?



Wisconsin Women Veterans

The Women Veterans' Program, Wisconsin Department of Veterans Affairs (WDVA) was established in 1999 with the appointment of the state's first Women Veterans Coordinator. The Women Veterans Coordinator is responsible:

To address the needs of women veterans in our state, the Wisconsin Department of Veterans Affairs (WDVA) remains committed to:

- Provide advocacy for women veterans;
- Encourage and support recognition of women veterans' contributions to Wisconsin and the nation;
- Provide outreach for women veterans' programs and issues;
- Unite Wisconsin women veterans so their voices may be heard.

As of 2007, WDVA has a Women Veterans Coordinating Committee. The mission of the Committee is: To plan, set-up, and run the annual women veteran's conference. To identify the needs of women veterans in Wisconsin as to health care, mental health care, federal & state benefits, economic success, and outreach. In 2007 WDVA held its first Women Veterans Conference. Since then, the event has been held annually at Ft. McCoy, Wisconsin Military Academy.

In 2008 WDVA established the Woman Veterans of the Year Award. The award recognizes women veterans who have compiled a record of exemplary service as a military service member, a veteran, and outstanding member of the community. The award is part of WDVA's ongoing effort of its commitment to take women veterans issues out to where women veterans live, work, and enjoy the freedoms of our great country and to encourage greater participation in the women veterans conference.

Register & Mailing List

To provide information about benefits and other pertinent issues, the WDVA requests that women veterans complete a form so they can be added to a mailing list.

Women Veterans' Clinics

The following VA medical centers serving Wisconsin veterans have women veterans' clinics. Ask for the Women's Health Clinic when you call.

- Madison [Middleton VA Hospital] (608) 256-1901
- Milwaukee [Zablocki VA Medical Center] (414) 384-2000
- Tomah [Great Lakes Health Care System] (608) 372-3971
- Minneapolis, MN [Minneapolis VA Medical Center](612) 725-2000
- Iron Mt., MI [Iron Mountain VA Medical Center] (906) 774-3300

Women Veterans' Organizations in Wisconsin

The up to date list of Women Veterans Organizations is listed at www.WisVets.com/WomenVets.



Veterans Benefits Expo



"We're Reaching Out To All Our Veterans"

Schedule for 2013

April 5th—Northern Great Lakes Visitor Center—Ashland

June 7 & 8—Army National Guard Armory—Eau Claire

July 12 & 13th—Army National Guard Armory—Green Bay

August 2nd—Stone Harbor Resort—Sturgeon Bay

August 16 & 17th—Army National Guard Armory—Steven's Point

September 6th—Building to be determined—Fort McCoy

September 14th—Army National Guard Armory—Rhineland

September 27th — Red Cross Building—Janesville

October 18th—King Veterans Home—King

October 25th—Kenosha Job Center—Kenosha

For more details, access the Fliers and Electronic Registration Forms by clicking on the desired city above, or you can simply complete and submit the paper Registration Form on the next page.

You can also access the Registration Forms through the Fliers listed on the "Events" page of our website at www.WisVets.com.



Benefits Expo Registration Form

"We're Reaching Out To All Our Veterans"

Please complete and submit a separate registration form for each individual planning to attend.

**Complete the Electronic Registration Form, or
Fax completed form to: 608-267-0403, or
Scan and email to: wdvaoutreach@dva.wisconsin.gov.**

Benefits Expo Location (City): _____

Name: _____

Title: _____

Organization/Company: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Special Needs/Accommodations/Questions:

For questions or additional information contact the WDVA Outreach Supervisor, Brian Jones at (608)267-1797, or via email at wdvaoutreach@dva.wisconsin.gov.

WDVA Partnerships include:

Interagency Partnership Council: Partnership with other state agencies to establish roles of service and combine efforts in ensuring issues facing Wisconsin Veterans are addressed and planned for by our respective agencies. (WDVA, DMA, DWD, ESGR, American Red Cross, American Legion...)

Community Blueprint Committee: Partnership with Agencies and local advocates with a focus on having communities with teams touching veterans, military and their families. (WDVA, ESGR, Fox Valley Technical College, UW-Oshkosh, DMA, DWD, CVSOs, Fox Valley Veterans Committee, American Red Cross...)

Incarcerated Veterans Committee: Partnership with Federal, state and local agencies to provide benefits, services and program information to incarcerated veterans in a concerted collaborative effort to ensure the veteran is informed on roles of agencies and services provided from intake to release. (DWD, USDVA, DOC, WDVA and CVSOs)

Hiring Our Heroes Planning Committee: The US Chamber of Commerce in partnership with State agencies and other veterans' employment advocates to plan and conduct "Hiring Our Heroes" job fairs in Wisconsin. (CVSOs, VSOs, ESGR, USO, USDVA, WDVA, DWD, DMA ...)

Business Symposiums: Partnership with community businesses to create employment opportunities for veterans throughout the state.

Urban League Partnership Planning Meetings: Partnership to reach out to, educate and inform Veterans of color on the programs, benefits and services they may be eligible for through the State.

Inter Service Family Assistance Committee: Partnership to provide information to military family members about a vast number of businesses and organizations that can provide assistance to support and ease the emotional, financial, and unexpected needs a family may incur while they are separated from their loved one.

Behavioral Health Alliance Committee Partners: Partnership with health agencies to address the issues veterans face as a result of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). Also plan, conduct and participate in Warrior Summits statewide. Partners include...NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI), DMA, CVSOs, Department of Health Services (DHS), DRYHOOTCH, ARMY ONE SOURCE, MENTAL HEALTH ALLIANCE OF WISCONSIN, VA HOSPITALS.



Eligibility

Note: This briefing is intended to illustrate the Eligibility Process. It is not an exhaustive presentation of the Eligibility rules.

The First Step in Obtaining General Benefits from WDVA

Ric Mathews
Chad McCafferty
Agency Training
April 10, 2013

Current Eligibility Specialists

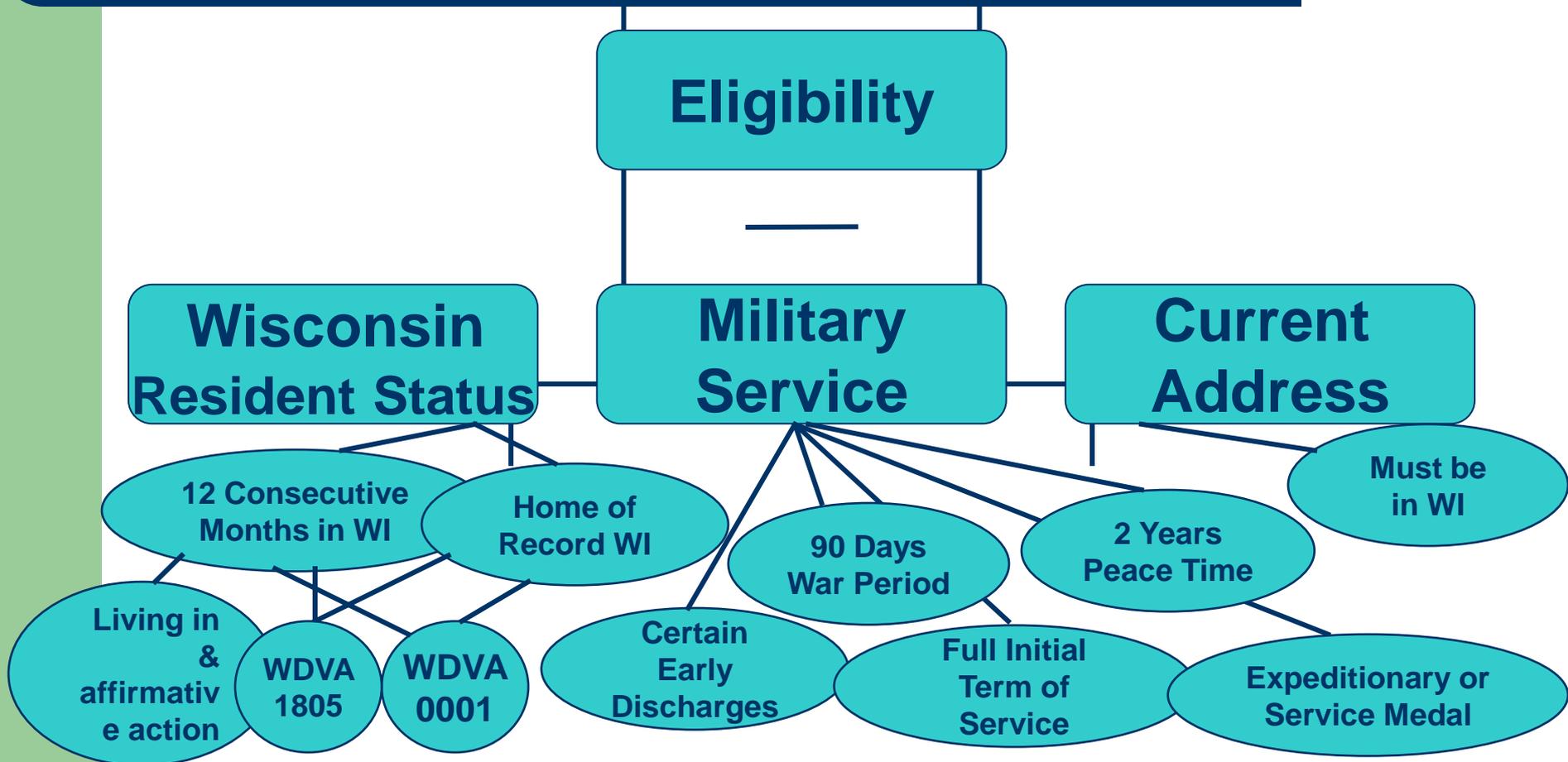
- Chad McCafferty
- Ric Mathews

Overview

- Eligibility requirements for WDVA benefits

Introduction

The Basic Requirements



Eligibility Determination Form WDVA 0001



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

(FOR OFFICE USE ONLY)
 File No. _____
 Co. _____

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

Permanent and Legal Address _____
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Present Address (if different) _____
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2. Veteran's Place of Birth _____ Veteran's Date of Birth _____
(City) (State or Foreign Country)

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

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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.

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Non-parental legal guardian was _____
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The parent or guardian occupied a dwelling at _____ on _____
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Date _____ Applicant's Signature _____
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New Base File Number



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Eligibility Determination Form WDVA 0001

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Employment during the same 12 months:				Schools attended during the same 12 months:			
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)
 or
 Non-parental legal guardian was _____
 (First Name) (Middle Name) (Last Name)
 The parent or guardian occupied a dwelling at _____ on _____
 (# 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.

Eligibility Determination Form WDVA 0001

- 1-2. Demographic information;
3. Service dates;
4. Previous names used;
5. Residence at time of entry or reentry;
6. Address, employment and schooling during 12 months prior to date of entry or reentry;
7. Parent, legal guardian;
8. Signature and date;



STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
30 West Mifflin Street, 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. _____ Social Security # _____
 Ms. (Veteran's Last Name) (Full First Name) (Full Middle Name)
 Name of Applicant (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 _____

Entered Service		Separation from Service		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.
Date	Place	Date	Place	

5. Veteran was a legal resident of _____ on _____
 (Name of State) (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)

# 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:			
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)
 or
 Non-parental legal guardian was _____
 (First Name) (Middle Name) (Last Name)
 The parent or guardian occupied a dwelling at _____ on _____
 (# 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.

Eligibility Determination Form WDVA 0001

- 1-2. Demographic information;
3. Service dates;
4. Previous names used;
5. Residence at time of entry ;
6. Address, employment and schooling during 12 months prior to date of entry;
7. Parent, legal guardian;
8. Signature and date;



STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
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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. _____ Social Security # _____
 Ms. _____
(Veteran's Last Name) (Full First Name) (Full Middle Name)

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

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 _____ Veteran's Date of Birth _____
(City) (State or Foreign Country)

Entered Service		Separation from Service		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.
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Employment during the same 12 months:				Schools attended during the same 12 months:		
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The parent or guardian occupied a dwelling at _____ on _____
(# 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.

Military Service Review

- DD 214
- DD 215
- On Active Duty

Detailed explanation of the Military Service requirements is available on our website at:

http://dva.state.wi.us/Ben_militaryservice.asp

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		THIS IS AN IMPORTANT RECORD SAFEGUARD IT.		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID																	
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY																					
1. NAME (Last, First, Middle) XXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER XXX XX XXXX																	
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)																		
7a. PLACE OF ENTRY INTO ACTIVE DUTY XXXXXXX WISCONSIN		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) XX XXXX XX WISCONSIN RAPIDS WISCONSIN																			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED PORT MCCOY, WI																		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE	NONE																
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of XX XXXX XX				12. RECORD OF SERVICE																	
				a. DATE ENTERED AD THIS PERIOD	2005 XX XX																
				b. SEPARATION DATE THIS PERIOD	2006 XX XX																
				c. NET ACTIVE SERVICE THIS PERIOD	XXXX XX XX																
				d. TOTAL PRIOR ACTIVE SERVICE	0000 XX XX																
				e. TOTAL PRIOR INACTIVE SERVICE																	
				0001	00 00																
				0000	00 00																
number of weeks, and month and																					
<table border="1"> <tr> <td></td> <td>YES</td> <td>X</td> <td>NO</td> </tr> <tr> <td>X</td> <td>YES</td> <td></td> <td>NO</td> </tr> <tr> <td>PROPRIATE</td> <td>YES</td> <td></td> <td>NO</td> </tr> <tr> <td>TION</td> <td></td> <td>X</td> <td></td> </tr> </table>							YES	X	NO	X	YES		NO	PROPRIATE	YES		NO	TION		X	
	YES	X	NO																		
X	YES		NO																		
PROPRIATE	YES		NO																		
TION		X																			
OF POST SERVICE IRAQI FREEDOM IAW LLOWS																					
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s - include ZIP Code)																					
54494																					
s: title and signature)																					
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	X	YES	NO																		
DD FORM 215, FEB 2000 PREVIOUS EDITION IS OBSOLETE. MEMBER - 4																					
CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY																					
1. NAME (Last, First, Middle) XXXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH USMC		3. SOCIAL SECURITY NUMBER (Also, Service Number if applicable) XXX XX XXXX																	
4. MAILING ADDRESS (Include ZIP Code) XX XX XXXX WI																					
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:																					
ITEM NO.	CORRECTED TO READ																				
13	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: Combat Action Ribbon (Iraq)																				
18	Deployed in support of operation: Iraqi Freedom: (XX XX XXXX-XX XXXXXX) AND NO OTHERS																				
6. DATE (YYYYMMDD) XX XX XXXX		7. OFFICIAL AUTHORIZED TO SIGN																			
		a. TYPED NAME (Last, First, Middle Initial) XX XX XXXX	b. GRADE XXX	c. TITLE XX XX XXXX	d. SIGNATURE XXX																
DD FORM 215, FEB 2000 PREVIOUS EDITION IS OBSOLETE. MEMBER - 4																					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)																					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (include upgrades) HONORABLE																		
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE																					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials)																	
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Military Service Review

DD 214

- Name, SSN, DOB;
- Home of Record;
- Military service;
- Character of service;

More info on Military Service:
http://dva.state.wi.us/Ben_militaryservice.asp

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) XXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER XXX XX XXXX	
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PERIOD OF ENTRY INTO ACTIVE DUTY XXXXXXX WISCONSIN		7b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) XX XXXXX XX WISCONSIN RAPIDS WISCONSIN			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8b. STATION WHERE SEPARATED FORT MCCOY, WI		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE AMOUNT: \$XXX,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of XX XXXXX XX)		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
		b. SEPARATION DATE THIS PERIOD	2005	XX	XX
		c. NET ACTIVE SERVICE THIS PERIOD	2006	XX	XX
		d. TOTAL PRIOR ACTIVE SERVICE	XXXX	XX	XX
		e. TOTAL PRIOR INACTIVE SERVICE	0000	XX	XX
		f. FOREIGN SERVICE	0001	00	00
		g. SEA SERVICE	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	NO
15b. HIGH SCHOOL GRADUATE OR EQUIVALENT				X YES	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA// INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) WISCONSIN RAPIDS WISCONSIN 54494		19b. NEAREST RELATIVE (Name and address - include ZIP Code) WISCONSIN RAPIDS WISCONSIN 54494			
20. MEMBER REQUESTS COPY 6 BE SENT TO WI DIRECTOR OF VETERANS AFFAIRS		X YES		NO	
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE			
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials)	

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Military Service Review

DD 214

- Name, SSN, DOB;
- Home of Record;
- Military service;
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CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) XXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER XXX XX XXXX	
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PLACE OF ENTRY INTO ACTIVE DUTY XXXXXXX WISCONSIN		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) XX XXXXX XX WISCONSIN RAPIDS WISCONSIN			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND		b. STATION WHERE SEPARATED FORT MCCOY, WI			
9. COMMAND TO WHICH TRANSFERRED			10. SGLI COVERAGE AMOUNT: \$XXX,000.00		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of XX XXXXX XX)		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
		b. SEPARATION DATE THIS PERIOD	2005	XX	XX
		c. NET ACTIVE SERVICE THIS PERIOD	XXXX	XX	XX
		d. TOTAL PRIOR ACTIVE SERVICE	0000	XX	XX
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE	0001	00	00
		g. SEA SERVICE	0000	00	00
		h. EFFECTIVE DATE OF PAY GRADE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	X
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		X		YES	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
					X
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA// INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
<small>The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.</small>					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)		
WISCONSIN RAPIDS WISCONSIN 54494			WISCONSIN RAPIDS WISCONSIN 54494		
20. MEMBER REQUESTS COPY 6 BE SENT TO		WI		DIRECTOR OF VETERANS AFFAIRS	
				X	YES
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)				30. MEMBER REQUESTS COPY 4 (Initials)	
NONE					

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Military Service Review

DD 214

- Name, SSN, DOB;
- Home of Record;
- **Military service;**
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CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) XXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER XXX XX XXXX	
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)		
7a. PLACE OF ENTRY INTO ACTIVE DUTY XXXXXXX WISCONSIN		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) XX XXXXX XX WISCONSIN RAPIDS WISCONSIN			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED FORT MCCOY, WI		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE	NONE
				AMOUNT: \$XXX,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of XX XXXXX XX)		12. RECORD OF SERVICE			
		YEAR(S)	MONTH(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD	2005	XX	XX
		b. SEPARATION DATE THIS PERIOD	2006	XX	XX
		c. NET ACTIVE SERVICE THIS PERIOD	XXXX	XX	XX
		d. TOTAL PRIOR ACTIVE SERVICE	0000	XX	XX
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE	0001	00	00
		g. SEA SERVICE	0000	00	00
		h. EFFECTIVE DATE OF PAY GRADE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL/ARMY GOOD CONDUCT			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS		
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT				X YES	NO
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					X
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19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) WISCONSIN RAPIDS WISCONSIN 54494			b. NEAREST RELATIVE (Name and address - include ZIP Code) WISCONSIN RAPIDS WISCONSIN 54494		
20. MEMBER REQUESTS COPY 6 BE SENT TO WI DIRECTOR OF VETERANS AFFAIRS			X	YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)		
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE				30. MEMBER REQUESTS COPY 4 (Initials)	

Military Service Review

DD 214

- Name, SSN, DOB;
- Home of Record;
- Military service;
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CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY								
1. NAME (Last, First, Middle) XXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER XXX XX XXXX				
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7a. PLACE OF ENTRY INTO ACTIVE DUTY XXXXXXX WISCONSIN		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) XX XXXXX XX WISCONSIN RAPIDS WISCONSIN						
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED FORT MCCOY, WI					
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE	NONE			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of XX XXXXX XX)				AMOUNT: \$XXX,000.00				
12. RECORD OF SERVICE		YEAR(S)		MONTH(S)		DAY(S)		
		a. DATE ENTERED AD THIS PERIOD		2005		XX XX		
		b. SEPARATION DATE THIS PERIOD		2006		XX XX		
		c. NET ACTIVE SERVICE THIS PERIOD		XXXX		XX XX		
		d. TOTAL PRIOR ACTIVE SERVICE		0000		XX XX		
		e. TOTAL PRIOR INACTIVE SERVICE						
		f. FOREIGN SERVICE		0001		00 00		
		g. SEA SERVICE		0000		00 00		
h. EFFECTIVE DATE OF PAY GRADE								
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS					
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM				YES	X	NO		
b. HIGH SCHOOL GRADUATE OR EQUIVALENT				X	YES	NO		
16. DAYS ACCRUED LEAVE PAID		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES	NO	
							X	
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA// INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS								
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.								
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)			b. NEAREST RELATIVE (Name and address - include ZIP Code)					
WISCONSIN RAPIDS WISCONSIN 54494			WISCONSIN RAPIDS WISCONSIN 54494					
20. MEMBER REQUESTS COPY 6 BE SENT TO			WI	DIRECTOR OF VETERANS AFFAIRS		X	YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)					
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)								
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY			24. CHARACTER OF SERVICE (Include upgrades) HONORABLE					
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE								
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE					30. MEMBER REQUESTS COPY 4 (Initials)			

DD FORM 214-AUTOMATED, FEB 2000 PREVIOUS EDITION IS OBSOLETE. GENERATED BY TRANSPROC STATE DIRECTOR OF VETERANS AFFAIRS - 6

Military Service Review

DD 215

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID		
CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, First, Middle) XXXX XX XXXXX		2. DEPARTMENT, COMPONENT AND BRANCH USMC		3. SOCIAL SECURITY NUMBER (Also, Service Number if applicable)
4. MAILING ADDRESS (Include ZIP Code) XX XX XXXX WI		XXX	XX	XXXXX
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW:				
ITEM NO.	CORRECTED TO READ			
13	SEPARATION DATE ON DD FORM 214 BEING CORRECTED: Combat Action Ribbon (Iraq)			
18	Deployed in support of operaton: Iraqi Freedom (XX XX XXXX-XX XX XXXX)			
	AND NO OTHERS			
6. DATE (YYYYMMDD) XX XX XXXX		7. OFFICIAL AUTHORIZED TO SIGN		
		a. TYPED NAME (Last, First, Middle Initial) XX XX XXXX	b. GRADE XXX	c. TITLE XX XX XXXX
		d. SIGNATURE XXX		
DD FORM 215, FEB 2000 (PFFF-WNS(DOR))		PREVIOUS EDITION IS OBSOLETE.		
				MEMBER - 4

Military Service Review

Currently On Active Duty

1. **Statement of Service on DOD letterhead**, signed and dated by the Commanding Officer to include veteran's name, date of birth, social security number, date of entry and expected date of discharge into the service, home of record at time of entry and character of service (in good standing/honorable);
2. **Copy of Orders** if veteran is serving in the National Guard or Reserve components or Enlistment Contract if serving on regular Active Duty;
3. **Current LES** (Leave Earning Statement) to show from which State taxes are being withheld;
4. **POA** (power of attorney) documents if applicable;

Wisconsin Residency

1. Resident at time of entry or reentry

2. Resident for any consecutive 12 months after date of entry or reentry and by the date of application



Wisconsin Residency

WI Resident at Time of Entry or Reentry

- WI home of record on DD214 or Enlistment Record if on Active Duty;
- No Home of Record on DD214 (late 70s to mid 80s);
- Home of Record on DD214 - Another State;



Wisconsin Residency

WI Resident at Time of Entry or Reentry

- WI home of record on DD214 or Enlistment Contract if on Active Duty;
- Address, employment and schooling for 12 months prior to entry or reentry in box 6;

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) XXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / ARNGUS		3. SOCIAL SECURITY NUMBER XXX XX XXXX		
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)			
7a. PLACE OF ENTRY INTO ACTIVE DUTY XXXXXXXX WISCONSIN			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) XX XXXXX XX WISCONSIN RAPIDS WISCONSIN			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED FORT MCCOY, WI			
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE AMOUNT: \$XXX,000.00		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of XX XXXX XXXX)			12. RECORD OF SERVICE			
			a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
			b. SEPARATION DATE THIS PERIOD	2005	XX	XX
			c. NET ACTIVE SERVICE THIS PERIOD	2006	XX	XX
			d. TOTAL PRIOR ACTIVE SERVICE	XXXX	XX	XX
			e. TOTAL PRIOR INACTIVE SERVICE	0000	XX	XX
			f. FOREIGN INACTIVE	0001	00	00
			g. SEA SERVICE	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL / ARMY GOOD CONDUCT			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE / NOTHING FOLLOWS			

5. Veteran was a legal resident of _____ on _____
(Name of State) (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)

# and Street	City	Country	State	From: Mo. / Yr.	To: Mo. / Day / Yr.

Employment during the same 12 months: Schools attended during the same 12 months:

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.

Wisconsin Residency

WI Resident at Time of Entry or Reentry

- WI home of record on DD214 or Enlistment Record if on Active Duty;

- Address, employment and schooling for 12 months prior to entry or reentry in box 6;

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) XXX XX XXXX		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / ARNGUS		3. SOCIAL SECURITY NUMBER XXX XX XXXX		
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)			
7a. PLACE OF ENTRY INTO ACTIVE DUTY XXXXXXX WISCONSIN			b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) XX XXXXX XX WISCONSIN RAPIDS WISCONSIN			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED FORT MCCOY, WI			
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$XXX,000.00		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of XX* or XXXX**XX)			12. RECORD OF SERVICE			
			a. DATE ENTERED AD THIS PERIOD	2005	XX	XX
			b. SEPARATION DATE THIS PERIOD	2006	XX	XX
			c. NET ACTIVE SERVICE THIS PERIOD	XXXX	XX	XX
			d. TOTAL PRIOR ACTIVE SERVICE	0000	XX	XX
			e. TOTAL PRIOR INACTIVE SERVICE			
			f. FOREIGN SERVICE	0001	00	00
			g. SEA SERVICE	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL / ARMY GOOD CONDUCT			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE / NOTHING FOLLOWS			

5. Veteran was a legal resident of _____ on _____
(Name of State) (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)

# 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:		
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.

Wisconsin Residency

WI Resident at Time of Entry or Reentry

• No Home of Record on DD214, veteran claims WI; (late 70s to mid 80s);

- WI tax records for the year of entry or reentry
- Enlistment contract
- School records within 90 days of entry or reentry
- Veteran's Residency Affidavit

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD SAFEGUARD IT ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 **CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, first, middle) **XXXX X XXXXXXXX** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/RA** 3. SOCIAL SECURITY NO. **XXX XX XXX**

4a. GRADE, RATE OR RANK **XXX** 4b. PAY GRADE **XX** 5. DATE OF BIRTH **XXXXXX** 6. PLACE OF ENTRY INTO ACTIVE DUTY **Milwaukee, WI**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND (if any) 8. STATION WHERE SEPARATED

9. COMMAND TO WHICH TRANSFERRED 10. SGLI COVERAGE AMOUNT **1.35** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years)

12. RECORD OF SERVICE

	YEAR (s)	MON (s)	DAY (s)
a. Date Entered AD This Period	82	XX	XX
b. Separation Date This Period	84	XX	XX
c. Nat Active Service This Period	02	00	00
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00		
f. Foreign Service	01	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	XX	XX	XX
i. Reserve Oblig Term, Date	XX	XX	XX

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN BROSSE AWARDS OR EQUIVALENTS

5. Veteran was a legal resident of **Wisconsin** on **Date of Entry**
(Name of State) (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)

# and Street	City	County	State	From: Mo. / Yr.	To: Mo. / Day / Yr.

Employment during the same 12 months:

Name of Employer	City and State of Employment	From: Mo. / Yr.	To: Mo. / Yr.	Schools attended during the same 12 months:
				Name, City and State of School
				From: Mo. / Yr. To: Mo. / Yr.

Wisconsin Residency

WI Resident at Time of Entry or Reentry

- No Home of Record on DD214, veteran claims WI; (late 70s to mid 80s)

- WI tax records for the year of entry or reentry

- Enlistment contract
- School records within 90 days of entry or reentry
- Veteran's Residency Affidavit

<http://www.revenue.wi.gov/faqs/ise/request.html>



Wis. Stats. Chapter 45

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

INCOME TAX RELEASE AUTHORIZATION

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.

The Wisconsin Department of Veterans Affairs is authorized to examine any of my income tax returns, or any schedules, exhibits, writings or audit reports pertaining to the same, on file with the State of Wisconsin, Department of Revenue.

Veteran Signature _____ Date _____

Print Name _____

Address _____

Year(s) to Request _____

Social Security Number _____

Spouse Signature _____ Date _____

Print Name _____

Address _____

Social Security Number _____

Wisconsin Residency

WI Resident at Time of Entry or Reentry

- No Home of Record on DD214, veteran claims WI; (late 70s to mid 80s);

- WI tax records for the year of entry or reentry

- Enlistment contract

- School records within 90 days of entry or reentry

- Veteran's Residency Affidavit

ENLISTMENT/REENLISTMENT DOCUMENT ARMED FORCES OF THE UNITED STATES			
PRIVACY ACT STATEMENT			
<p>AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 285, 275, 504, 508, 510, 591, 872(d), 878, 837, 1007, 1071 through 1087; 1188, 1189, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).</p> <p>PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.</p> <p>ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.</p> <p>DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.</p>			
A. ENLISTEE/REENLISTEE IDENTIFICATION DATA			
1. NAME (Last, First, Middle)		2. SOCIAL SECURITY NUMBER	
3. HOME OF RECORD (Street, City, State, ZIP Code)		4. PLACE OF ENLISTMENT/REENLISTMENT (WI, Washington, City, State)	
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD)	6. DATE OF BIRTH (YYYYMMDD)	7. PREV MIL SVC UPON ENL/REENLIST	YEARS MONTHS DAYS
		a. TOTAL ACTIVE MILITARY SERVICE	
		b. TOTAL INACTIVE MILITARY SERVICE	
B. AGREEMENTS			

Wisconsin Residency

WI Resident at Time of Entry or Reentry

- No Home of Record on DD214, veteran claims WI; (late 70s to mid 80s);

- WI tax records for the year of entry or reentry

- Enlistment contract

- **School records within 90 days of entry or reentry**

- Veteran's Residency Affidavit



Wisconsin High School Diploma or transcripts within 90 days of entry

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER
UNIVERSITY OF WISCONSIN - MADISON TRANSCRIPT
 OFFICIAL COPY

	CRS	GR	PTS	
Performance: Voice	1.000	A	4.000	
Planning	1.000	A	4.000	
Societies/3rd Wld	H 3.000	A	12.000	
Re & Drama to 18c	3.000	A	12.000	Bachelor of Arts
Education	3.000	A	12.000	with Honors in the Maj
-Stage Costume Dsgn	3.000	A	12.000	Degree Conferred December 2
A CR 16 GPA 4.000	16.000	64.000		Graduated with Distinct
Letters & Science Candidate				MAJOR: Theatre and Drama
the Major-				OPTION: Undergraduate Specialist in Act
				MAJOR: International Relations
				(Honors)

College records showing veteran was enrolled as resident of WI within 90 days of entry

Wisconsin Residency

WI Resident at Time of Entry or Reentry

- No Home of Record on DD214, veteran claims WI; (late 70s to mid 80s);

- WI tax records for the year of entry or reentry

- Enlistment records

- School records within 90 days of entry or reentry

-Veteran's Residency Affidavit



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

VETERAN'S RESIDENCY AFFIDAVIT

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.

Section 71.07(6e)(a)2. a-c and 3., Wis. Stats., requires an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service or the national guard or reserve component of the U.S. armed forces or to have a consecutive 5-year period of Wisconsin residence after entry into that service and if deceased, was a resident of Wisconsin at the time of death.

Veteran's Wisconsin Department of Veterans Affairs Base File #:

(if known)

Veteran's Name: _____

Claimant's Name (if not the veteran): _____

Current Address: _____ Phone Number: _____
Street Address
P.O. Box or Apt. Unit # _____ E-mail Address: _____
City State Zip Code

Veteran's Social Security Number: _____ Surviving Spouse's Social Security Number (if applicable): _____

Part 1

Veteran's State of Legal Residency at Time of Entry Into Active Service: _____

Veteran's Address at Time of Entry Into Active Service: _____
Street Address
P.O. Box or Apt. Unit # _____
City State Zip Code

Part 2 The form **WDVA 1805** can only be used when there is not any contradictory evidence.
Complete Part 2 only if veteran was not a legal resident of Wisconsin at time of entry into active service.
If veteran has been a resident of Wisconsin for any consecutive 5-year period after entry into active service, list address(es) below. Unless applying only for basic WDVA Chapter 45 benefits, then include residence(s) information for the last 12-month period.

Address 1: _____ Years Resided:
Street Address From: _____
P.O. Box or Apt. Unit # _____ Month Year
City State Zip Code To: _____
Month Year

Wisconsin Residency

Resident for Any Consecutive 12 Months After Date of Entry or Reentry and by Date of Application

- WDVA Bulletin 945



Jim Doyle, Governor
Kenneth B. Black, Secretary

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS

30 West Mifflin Street, P.O. Box 7843, Madison, WI 53707-7843
PHONE: (608) 266-1311 1-800-WIS-VETS (947-8387)
EMAIL: Headquarters@dva.state.wi.us
WEBSITE: www.WisVets.com
FAX: (608) 267-0403

October 12, 2010

WDVA Bulletin No. 945

TO: County Veterans Service Officers

SUBJECT: Request for obsolete WDVA 0001D

Due to the new Veteran's Residency Affidavit, otherwise known as form WDVA 1805, the Supplement to the Form WDVA 0001 to establish 12 months of Wisconsin Residence known as form WDVA 0001D has been deemed as obsolete and will no longer be available for use.

The WDVA 0001D (Supplement to Form 1) will no longer be listed on the WDVA website as a form used to help establish a veteran's residency status. Effective immediately, any WDVA 0001Ds that are received after this bulletin has been issued will only be used as a tool and not as a tax release form or proof of living in Wisconsin. The Wisconsin Department of Revenue has informed us they will no longer maintain any taxes older than seven (7) years. If you wish for us to check taxes within the last seven years to prove Wisconsin resident status, please assist the veteran to complete the WDVA tax release form WDVA 1035, which can be found on our website.

Proving that a veteran is/was a resident of Wisconsin is accomplished by completing two steps. The first step is proof the veteran has lived in Wisconsin for appropriate amount of time depending on the program he/she is applying for. The second step is to provide coinciding proof the veteran has taken an affirmative action to secure his/her status as a resident of Wisconsin. With the new form WDVA 1805 (Veteran's Residency Affidavit) both steps can be accomplished as long as there is not any contravening evidence.

POC for this bulletin is the Eligibility Staff in the Program Services Section at (608) 266-3601.

Wisconsin Residency

**Resident for Any
Consecutive 12
Months After Date of
Entry or Reentry and
by Date of Application**

**Evidence Used to Prove 12
Consecutive Months of
Being a Resident of WI**

**Wisconsin State Income Tax
Records for any 12
consecutive months**

**Employment and landlord statements
on company letterhead showing WI
address for at least 12 months + proof
of an affirmative action**

**Two notarized affidavits
from non-family members
+ proof of an affirmative
action**

Wisconsin Residency

**Resident for Any
Consecutive 12
Months After Date of
Entry or Reentry and
by Date of Application**

**Evidence Used to Prove 12
Consecutive Months of
WI Residency**

**Wisconsin State Income Tax
Records for any 12
consecutive months**

- Capability to request taxes from DOR for the last 7 years, excluding the most recent tax year;
- Accept personal signed copy of the most recent Wisconsin tax return;
- If part-year resident tax return was filed, needs additional evidence;

Wisconsin Residency

**Resident for Any
Consecutive 12
Months After Date of
Entry or Reentry and
by Date of Application**

**Evidence Used to Prove 12
Consecutive Months of
WI Residency**

**Employment and/or Landlord
statements on company letterhead
showing WI address for at least 12
consecutive months**

- The statement needs to include the beginning and ending date of employment/residence and the veteran's home address while employed/residing there;

Wisconsin Residency

**Resident for Any
Consecutive 12
Months After Date of
Entry or Reentry and
by Date of Application**

**Evidence Used to Prove 12
Consecutive Months of
WI Residency**



Wis. Stat. Chapter 45

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

NOTARIZED RESIDENCE AFFIDAVIT

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

Date _____

**Two notarized affidavits
from non-family members**

I have known _____ for the period of time between _____
Mo/Yr

and _____ Mo/Yr. The reason I know the veteran: _____

I have known that the veteran has lived at the following addresses during the following dates:

Street Address	City	State	From (Mo/Yr)	To (Mo/Yr)

I have known that the veteran has worked for the following employers during the following dates:

Employer's Name	City & State of Employment	From (Mo/Yr)	To (Mo/Yr)

The above information is true to the best of my knowledge.

Signature _____

Print Name _____

Current Address _____

Telephone # _____

NOTARY PUBLIC

Subscribed and sworn to before me this

_____ day of _____, _____

_____, Notary Public.

_____ County, Wisconsin

My commission expires: _____

Wisconsin Residency

Veteran's Residency Affidavit WDVA 1805



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

VETERAN'S RESIDENCY AFFIDAVIT

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.

Section 71.07(6e)(a)2. a-c and 3., Wis. Stats., requires an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service or the national guard or reserve component of the U.S. armed forces or to have a consecutive 5-year period of Wisconsin residence after entry into that service and if deceased, was a resident of Wisconsin at the time of death.

Veteran's Wisconsin
Department of Veterans
Affairs Base File #:

(if known)

Veteran's Name: _____

Claimant's Name (if not the veteran): _____

Current Address: _____ Phone Number: _____
Street Address
P.O. Box or Apt. Unit # _____ E-mail Address: _____
City State Zip Code

Veteran's Social Security Number: _____ Surviving Spouse's Social Security Number (if applicable): _____

Part 1

Veteran's State of Legal Residency at Time of Entry Into Active Service: _____

Veteran's Address at Time of Entry Into Active Service: _____
Street Address
P.O. Box or Apt. Unit # _____
City State Zip Code

Part 2

Complete Part 2 only if veteran was not a legal resident of Wisconsin at time of entry into active service.

If veteran has been a resident of Wisconsin for any consecutive 5-year period after entry into active service, list address(s) below. Unless applying only for basic WDVA Chapter 45 benefits, then include residence(s) information for the last 12-month period.

Address 1: _____ Years Resided:
Street Address From: _____
P.O. Box or Apt. Unit # _____ To: _____
City State Zip Code Month Year
Month Year



Eligibility

**The First Step in
Obtaining General
Benefits from WDVA**

Conclusion

Eligibility Review

1. Verifying Demographic Information (Name, DOB, SSN):

Verify demographic information, does the DD214 information match Form 1: Name, Date of Birth, SSN? If information does not match the veteran will have to provide documentation showing the change: Birth, Marriage and/or Divorce Certificate, Court Orders and/or SS Card.

2. Military Service Requirements:

Using the following military service requirements, review the veteran's discharge documentation (DD214, DD215, NGB22, Enlistment Records, Casualty Report, etc.)

In general, Wisconsin veterans must have served a specified period of "active duty" (other than active duty for training) in the armed forces of the United States, or in forces incorporated as armed forces of the United States (i.e., Merchant Marines during WWII, etc.) in order to be eligible for state veterans' programs and services.

For the purposes of this section, "active duty" means active duty (other than active duty for training) military service in the armed forces of the United States, or in forces incorporated as part of the armed forces of the United States. (Full-time National Guard duty does not qualify as "active duty" under federal law. Active federal military service performed by National Guard members under Title 10 of the U.S. Code may qualify as "active duty.")

a) Character of Service: Must be honorable, under honorable conditions, general under honorable conditions. Veterans with characterizations of uncharacterized, general, bad conduct, other than honorable or dishonorable can seek to have their discharge upgraded through the military appeals process or request the federal VA adjudicate their case. Most veterans who follow this process and become eligible for general federal VA benefits will also be granted eligibility for Wisconsin state benefits.

If the veteran had more than one qualifying term of service, at least one term of service must have met the criteria above for the purpose of establishing eligibility.

Exceptions: In order to be eligible for services in the Veterans Assistance Program (VAP), veterans need only to have served at least one day on "active duty," as defined above, under conditions other than dishonorable.

b) Term of Service: In order to fulfill the military active duty service requirements for most Wisconsin state veterans' benefits, programs and services, a veteran must have served for **two (2) continuous years of "active duty"** as defined above.

Exceptions to the two-year “active duty” requirement are as follows. A veteran need only satisfy one of the following in order to meet general state eligibility requirements for military service:

- **Short Initial Service Term.** Veterans who have completed their full initial “active duty” service obligation that was less than two years, regardless of when they served.
- **90 Days “Active Duty” Service During a Statutorily Designated Wartime Period.** Veterans who accumulate 90 days or more of “active duty” service (other than for training) during one of the statutorily-designated Wartime Periods:
 - **World War I**, between April 6, 1917, and November 11, 1918. Extended to April 1, 1920, if service was in the Soviet Union, or
 - **World War II**, between August 27, 1940, and July 25, 1947, or
 - **Korean War**, between June 27, 1950, and January 31, 1955, or
 - **Vietnam War**, between August 5, 1964, and January 1, 1977, or
 - **Persian Gulf War**, between August 1, 1990 and [an ending date yet to be established], or
 - **Afghanistan War**, between September 11, 2001, and [an ending date yet to be established], or
 - **Iraq War**, between March 19, 2003, and [an ending date yet to be established].
- **Expeditionary Medal.** Veterans who received, or are qualified to receive, the Armed Forces Expeditionary Medal (established by executive order 10977 on December 4, 1961), the Navy Expeditionary Medal, the Marine Corps Expeditionary Medal, or equivalent expeditionary or service medal.
- **Other Periods of Eligible Active Duty Service:**
 - **Berlin Crisis Service.** For members of the Reserve or National Guard who were called to “active duty” under Section 1 of Executive Order 10957 dated August 10, 1961 and served at least 90 days on “active duty”, or if having served less than 90 days was honorably discharged for a service-connected disability or for a disability subsequently adjudicated to have been service-connected or died in service.
 - **Vietnam Service.** Veterans who received, or are qualified to receive the Vietnam Service Medal (established by executive order 11231 on July 8, 1965).
 - **Lebanon Service.** Veterans who served at least one day of “active duty” in Lebanon between August 1, 1982, and August 1, 1984.
 - **Grenada Service.** Veterans who served at least one day of “active duty” in Grenada between October 23, 1983, and November 21, 1983.
 - **Middle East Crisis: Iran Hostage Crisis.** Veterans who were awarded the Humanitarian Service Medal for the attempt to rescue American hostages in Iran; OR who were held hostage in Iran AND awarded the Valor Ribbon.
 - **Middle East Crisis: Libya.** Veterans who participated in military action against Libya on April 14, 1986.

- **Middle East Crisis: USS Stark.** Veterans who served on the USS Stark on May 17, 1987.
- **Panama Service.** Veterans who served at least one day of “active duty” in Panama between December 20, 1989, and January 31, 1990.
- **Gulf War Service.** Veterans who served at least one (1) day of “active duty” in support of Operation Desert Shield or Operation Desert Storm may be eligible if the veteran served:
 - In the Middle East or in adjacent territorial or international waters, and
 - In support of Desert Shield or Desert Storm under an active-duty order, unit assignment order, or an involuntary extension of an active-duty order, and
 - Between August 1, 1990 and [an ending date yet to be established].
- **Somalia Service.** Veterans who served at least one day of “active duty” in Somalia or in territorial waters adjacent to Somalia between December 9, 1992, and [an ending date yet to be established].
- **Bosnia Service.** Veterans who served at least 90 days in Bosnia or other statutorily designated areas between December 1, 1995, and [an ending date yet to be established].
- **Operation Enduring Freedom Service.** Veterans who served for 90 days or more in support of Operation Enduring Freedom or an operation that is a successor to Operation Enduring Freedom or served in the theater of operations:
 - Under an active duty order, a unit assignment order, or an involuntary extension of an “active duty” order, and
 - Were discharged under honorable conditions, and
 - Whose service in support of Operation Enduring Freedom was between September 11, 2001 and [an ending date yet to be established].
- **Qualifying Early Discharge.** Veterans who were discharged from “active duty” due to:
 - A service-connected disability (or during a wartime period, a disability subsequently adjudicated to have been service-connected), or
 - Hardship, or
 - A reduction of forces (RIF).
- **Death in Service.** A service member on “active duty” (including federal military “active duty” service under Title 10 U.S. Code by members of the Reserve or National Guard) who is killed in action or who otherwise dies while on “active duty” is considered to have satisfied the military service requirements for eligibility for Wisconsin state veterans benefits, programs, and services for themselves and any eligible dependents.
- **Eligibility exception where the veteran qualifies under Wisconsin Statutes s. 45.01(12)(h), (i), (j):**
 - (h) A person who, while serving in the U.S. armed forces or in forces incorporated as part of the U.S. armed forces, is missing in action.
 - (i) A person who died as the result of a service-connected disability.
 - (j) A person who died in the line of duty while on inactive or active duty for training purposes in the U.S. armed forces, in forces incorporated as part of the U.S. armed forces, or in the National Guard.

- **Additional Exception for the Primary Mortgage Home Loan Program.** Veterans who would not otherwise be eligible but who served for more than six consecutive months but less than two years on “active duty” (as defined above) between the dates of February 1, 1955, and August 4, 1964, and veterans who served in the National Guard for 6 consecutive years are specially eligible for the WDVA Primary Mortgage Home Loan and the Home Improvement Loan Program if they meet all other program eligibility requirements.

3. **Wisconsin Residency Requirements:**

If the person had more than one qualifying term of service, at least one term of service must have met the residency requirements for the purpose of establishing eligibility.

The Wisconsin G.I. Bill and the Wisconsin Veterans and Surviving Spouses Property Tax Credit require Wisconsin residency at the time of entry onto active duty military service.

In general, to be eligible for Wisconsin state veterans’ benefits, programs, and services, a veteran must meet at least one of the following:

a) **Home of Record: Wisconsin Resident before Entering “Active Duty.”** Was a resident of Wisconsin at the time of entry or reentry into active duty; or, his or her selective service local board, if any, and **home of record** at the time of entry or reentry into active service as shown on the veteran's report of separation from the U.S. armed forces for a qualifying period were in Wisconsin. The “Home of Record” box on the DD214 should show Wisconsin address. In this case question #6 should reflect the address and employment, unemployment or education for the period of 12 months prior to the date of entry. If any part of question #6 is missing the application is considered incomplete.

- **No Home of Record on DD214:** In some cases the DD214 does not have the Home of Record box (late 70s to mid 80s). If the veteran is claiming he was a Wisconsin resident at time of entry he/she would need to provide additional evidence as follows:
 - Enlistment Records;
 - Wisconsin State Income Tax for the year of entry;
 - Verification of school attendance within 90 days of entry (transcripts);
 - Verification of employment at time of entry;
 - Form 2058 within 90 days of entry.
- **Home of Record in Another State:** In a case when the Home of Record is in a state other than Wisconsin and the veteran is claiming he/she was a Wisconsin resident at time of entry, the evidence that can be used is as follows:
 - Wisconsin State Income Tax Records for the year of entry;
 - Updated DD214 (DD215).

b) 12 Months of Residency: Moved to Wisconsin. Has been a resident of this state for any consecutive 12-month period after entry or reentry into service and before the date of his or her application or death. In this case the veteran should submit a signed Form 1D (WDVA 0001D) reflecting his/her address and employment for any 12 month period. Form 1D should be accompanied by supporting documentation to be used as evidence to establish eligibility. The documentation could be any of the following:

- Wisconsin State Income Tax Records for a period of 12 consecutive months;
- Employer or landlord statement on letterhead indicating 12 months of residence at Wisconsin address;
- Two notarized affidavits from non family members.

c) Resident of and Living in Wisconsin When Making Applications: In addition to meeting state residency requirements for eligibility for state veterans' benefits, programs, or services, a veteran must be a resident of and living in Wisconsin when making application, or be deceased.

Veterans who are otherwise eligible and who are serving on active duty in the U.S. armed forces need not be living in this state on the date of application in order to qualify for state veterans' benefits, programs, or services. They need to provide the following evidence:

- Statement of Service on DOD letterhead, signed and dated by the Commanding Officer to include the name, date of birth, social security number, date of entry into the service, the home of record at time of entry and character of service (in good standing/honorable);
- Copy of Orders if you are serving in the National Guard or Reserve components or Enlistment papers if you are serving on regular Active Duty;
- Current LES (Leave Earning Statement) to show from which State taxes are being withheld;
- POA (power of attorney) documents if applicable.

4. Reviewing Applicant's Signature:

Make sure veteran or applicant (if different from veteran) has signed the application. If only the applicant and not the veteran has signed, then do not send the Letter of Eligibility (1800 letter) until the veteran signs as well.

Increasing System Efficiency

By Chad McCafferty and Ric Mathews

Processing Tips

- Ensure the veteran is in V-BATS
- Verify the veteran's information is correct in V-BATS
- Ensure all forms are completed and legible
- Submit electronic applications if possible
- Submit complete packets OR note on cover letter if something is missing
- Verify that the document sent is what is noted on cover letter

Cont'd

- Verify Home of Record (HOR) is listed on DD-214
- If HOR is not listed, include a WDVA 1805
- Ensure the DD-214 submitted has a character of service listed
- Ensure proper signature is on the correct form

Cont'd

- Ensure dates on WDVA 1805 match
- If address is changed in V-BATS, please make a note of when it was changed
- If there is already a DD-214 in V-BATS, we do not need another copy sent in for the application
- If a DD-214 is not scanned in V-BATS, please send in a copy with the application

Cont'd

- If supporting documents are submitted for a prior application, we do not require them for the next application
- Send all documents at once if possible.
Example: sending a form 1 and then sending a WI GI Bill application a month later
- Do not mail applications or supporting documents if previously sent via email or fax unless requested to do so

Eligibility Tidbits

- Only when the spouse is the student for the WI GI Bill certification is the initial 30% effective date required
- A current USDVA letter (within 12 months) is required only for the Property Tax Credit
- Current USDVA letter consists of:
 - Created within the 12 months prior to the application date
 - Letter must be from the USDVA
 - Letter must state if disability is service-connected
 - Must state if the rating is 100% or IU

Cont'd

- If veteran's signature greatly differs from past signatures we will accept a POA or the veteran's signature notarized
- Read notes in V-BATS prior to calling
- For certifications only (WI GI Bill and PTC) we can use any qualifying DD-214
- If there is any indication the veteran has changed their resident status we will require proof that they are considered a current WI resident at time of application
- DOR has December 31st rule

Veteran's Residency Affidavit WDVA 1805



Wis. Stat. Chapt. 45

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
 201 West Washington Avenue, P.O. Box 7843, Madison, WI 53707-7843
 (608) 266-1377 T-800-WIS-VETS (947-8187)

VETERAN'S RESIDENCY AFFIDAVIT

Permitted information you provide may be used for secondary purposes (Privacy Law, s. 19.35(1)(g)).
 The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Section 71.67(6e)(a)2., a-c and 3., Wis. Stats., requires an eligible veteran to either have been a resident of Wisconsin at the time of entry into active service or the national guard or reserve component of the U.S. armed forces or to have a consecutive 5-year period of Wisconsin residence after entry into that service and if deceased, was a resident of Wisconsin at the time of death.

Veteran's Wisconsin
 Department of Veterans
 Affairs Case File #:

(If known)

Veteran's Name: _____

Claimant's Name (if not the veteran): _____

Current Address: _____ Phone Number: _____
 Street Address _____
 P.O. Box or Apt. Unit # _____ E-mail Address: _____
 City _____ State _____ Zip Code _____

Veteran's Social Security Number: _____ Surviving Spouse's Social Security Number (if applicable): _____

Part 1

Veteran's State of Legal Residency at Time of Entry Into Active Service: _____

Veteran's Address at Time of Entry Into Active Service: _____
 Street Address _____
 P.O. Box or Apt. Unit # _____
 City _____ State _____ Zip Code _____

Part 2

Complete Part 2 only if veteran was not a legal resident of Wisconsin at time of entry into active service.

If veteran has been a resident of Wisconsin for any consecutive 5-year period after entry into active service, list address(es) below. Unless applying only for basic WDVA Chapter 45 benefits, then include residence(s) information for the last 12-month period.

Address 1: _____ Years Resided: _____
 Street Address _____ From: _____ Month _____ Year _____
 P.O. Box or Apt. Unit # _____ To: _____ Month _____ Year _____
 City _____ State _____ Zip Code _____

USDVA Rating History

(Page 1 of 2)

Rating Decision		Department of Veterans Affairs VA REGIONAL OFFICE		Page 1 04/21/2008
NAME OF VETERAN:	VA FILE NUMBER	DD FORM SECURITY NO.	FOR DISABLED AMERICAN VETERANS	copy to DAV

ACTIVE DUTY			
EDD	SAD	BRANCH	CHARACTER OF DISCHARGE
07/23/1980	07/21/1983	Army	Honorable

MILITARY SERVICE			
ADDT. SERVICIAL CODE	CONDUCT CODE	SERVICIAL SHOW CODE	STATUS
	1	4	None

JURISDICTION: Medical or Other Evidence Received 04/08/2008

ASSOCIATED CLAIM(S): 310; Routine Return Exam; 04/08/08

SUBJECT TO COMPENSATION (L. SC)

5293	LOW BACK STRAIN WITH LEFT LUMBAR RADICULOPATHY, L5, WITH BULGING DISC OF L4 TO 5 AND L5 TO S1 (PREVIOUSLY SHOWN UNDER DC 5293) Service Connected, Peacetime, Insured 20% from 10/16/1987 40% from 10/14/1993 60% from 04/01/2003
9484	DEPRESSIVE DISORDER, NOT OTHERWISE SPECIFIED WITH ANXIETY ASSOCIATED WITH LOW BACK STRAIN WITH LEFT LUMBAR RADICULOPATHY, L5, WITH BULGING DISC OF L4 TO 5 AND L5 TO S1 (PREVIOUSLY SHOWN UNDER DC 5293) Service Connected, Peacetime, Secondary 30% from 07/13/2003
7805	CHEST SCAR Service Connected, Peacetime, Insured 0% from 07/22/1983

COMBINED EVALUATION FOR COMPENSATION:

0% from 07/22/1983
20% from 10/16/1987
40% from 10/14/1993
60% from 04/01/2003
80% from 07/13/2003
Individual Unemployability Granted from July 16, 2004

NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSC Peacetime)

Dates of Entry into Service

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
201 Fox Washington Avenue, P.O. Box 2643, Madison, WI 53702-7843
(608) 266-3311 1-800-WIS-VETS (947-8387)

(FOR OFFICE USE ONLY)
File No. [REDACTED]
Co. [REDACTED]

ELIGIBILITY DETERMINATION

Personal information you provide may be used for secondary purposes. Privacy Law, 15.004(1)(g).
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 veteran's service officer or to the address at the top of this form.

1. Mr. [REDACTED] (Veteran's Last Name) [REDACTED] (First Name) [REDACTED] (Full Middle Name) Social Security # [REDACTED]
 Ms. [REDACTED] (Last Name) [REDACTED] (First Name) [REDACTED] (Middle Name) S.S.# [REDACTED]
Name of Applicant (If different) [REDACTED] (Last Name) [REDACTED] (First Name) [REDACTED] (Middle Name) S.S.# [REDACTED]
Permanent and Legal Address [REDACTED] (Street) [REDACTED] (City) [REDACTED] (County) [REDACTED] (State) [REDACTED] (Zip)
Present Address (If different) [REDACTED] (Street) [REDACTED] (City) [REDACTED] (County) [REDACTED] (State) [REDACTED] (Zip)

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

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

Entered Service			Separation from Service		
Date	Place	Date	Place		
SEE DO 114					

4. Name Used in Service. If more than one name was used, list how you were known during the time you were in the service. (Last Name, First Name, Middle Name, Divorce Name, or Legal Name) [REDACTED] FEB 19 [REDACTED]

5. Veteran was a legal resident of [REDACTED] (Name of State) in [REDACTED] (Year) (Month/Day/Year) (Month/Day/Year)
(Local Post-Entry Use Only - 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 dwelling occupied by veteran during the 12 months prior to time of entry or receipt: (use extra sheet if necessary)

# and Street	City	County	State	From: Mo./Yr.	To: Mo./Day/Yr.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Employment during the same 12 months:

Name of Employer	City and State of Employment	From: Mo./Yr.	To: Mo./Yr.	Schools attended during the same 12 months:	From: Mo./Yr.	To: Mo./Yr.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 21, 1952, or if veteran was under 18 years of age and date of entry was after March 22, 1952.
 Veteran's Parent having legal custody was [REDACTED] (First Name) [REDACTED] (Middle Name) [REDACTED] (Last Name)
or
 Non-parental legal guardian was [REDACTED] (First Name) [REDACTED] (Middle Name) [REDACTED] (Last Name)
The parent or guardian occupied a dwelling at [REDACTED] (Street) [REDACTED] (City) [REDACTED] (State) [REDACTED] (Date of Birth)

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 [REDACTED] Applicant's Signature [REDACTED]
Home Phone # [REDACTED] Email Address [REDACTED]

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.

WDVA 0001 (04/02)
WDVA@wisconsin.gov 1-800-832-2643 ext 2643

You can access the most recent version of this form from the WDVA website at www.wis.gov/vets.

Dates of Entry into Service



Wis. Stat. Chapter 19

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 (947-4387)

(FOR OFFICE USE ONLY)

File No. _____

Co. _____

ELIGIBILITY DETERMINATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.01(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. _____ Social Security # _____
 Ms. (Woman's Last Name) (Full First Name) (Full Middle Name)

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

Permanent and Legal Address _____
 (Full Street) (City) (County) (State) (Zip)

Present Address (if different) _____
 (Full 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)

Entered Service		Separation from Service	
Date	Place	Date	Place

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.

5. Veteran was a legal resident of _____ on _____
 (Name of State) (Date of Entry 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 dwelling occupied by veteran during the 12 months prior to date of entry or residency: (use extra sheet if necessary)

Street	City	County	State	From: Mo. / Yr.	To: Mo. / Day / Yr.

Employment during the same 12 months:			School attended during the same 12 months:		
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 _____ on _____
 (Full 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.

WDVA 0001 (08/10)
 W:\templates\WVA_001_LE\020810_020110101.doc

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

Thank you for your service for our
veterans



WDVA Information Technology Training - VBATS

The Wisconsin Department of Veterans Affairs maintains an internet based system called **VBATS** (Veterans Benefits and Applications Tracking System).

The point of contact for assistance, issues, or questions for VBATS is

Alan Braker

phone: (608) 267- 7330

e-mail: alan.braker@dva.wisconsin.gov

Wisconsin Dept. of Veterans Affairs
Bureau of Information Systems
201 W. Washington Ave. 4th floor
Madison, WI 53707-7843

Prior to a new CVSO or staff member using VBATS, he or she must contact WDVA and confirm the new appointment, and receive a logon ID and password.

VBATS allows veterans with established eligibility (or CVSOs on behalf of veterans) to apply for Wisconsin benefits in an electronic fashion that requires less paperwork and less time. Once eligibility is established, a CVSO can utilize VBATS to perform many tasks:

- ◆ Search for existing veterans
 - View eligibility if it has been established
 - View a veteran's service history
 - View or request a veteran's DD214 discharge paper (if scanned / on file)
 - Request Gold Certificate of eligibility for primary mortgage
- ◆ Search for existing applications
- ◆ Update a veteran's information
 - Add a spouse
 - Add a dependant
 - Change contact details
 - Register a death or grave

- ◆ Create a new application for a veteran
 - Eligibility
 - Education grant
 - Veteran Education Grant
 - Assistance to Needy Veteran grant
 - Subsistence aid (\$3000 maximum / year)
 - Dental care (\$500 maximum / year)
 - Upper denture (\$1875 maximum / 4 years)
 - Lower denture (\$1875 maximum / 4 years)
 - Vision care (\$400 maximum / year: exam, lenses, frames)
 - Hearing aid LEFT ear (\$1875 maximum / 4 years)
 - Hearing aid RIGHT ear (\$1875 maximum / 4 years)
- ◆ View applications for your county that are in-work, approved, or denied
- ◆ Review past applications
- ◆ View funding availability for a veteran
- ◆ Change your password to log onto VBATS
- ◆ Print reports
 - Application reports
 - County analysis report
 - County applications list
 - County benefits report
 - County initiated applications report
 - County loan delinquencies list
 - Grave Registration Reports
 - Deaths by county or cemetery
 - Activity reports
 - Museum
 - Veteran search
- Supporting documents can be sent to WDVA via fax, mail, delivery, or almost instantly when uploaded through VBATS (documents must be scanned in prior to uploading. The upload takes place near the end of the application process.

General Notes and Enhancements

- In the future we will have the WI GI Bill and Property Tax Credit applications online within VBATS. Currently they are paper applications only. The Retraining Grant is a paper application only.
- An applicant only needs to be certified for the WI GI Bill once. If an applicant (veteran, spouse, or dependent child) knows he or she used the WI GI Bill previously, have him or her ask the current school certifying official. School certifying officials can view/print any applicant's Form 2031 (WI GI certification). Do not have them resubmit unless it's a new applicant (spouse / dependent children).
- In the last year or two we have implemented some VBATS enhancements:
 - CVSO viewable DD214s (Form 1045 vs. last application vs. eligibility application)
 - CVSOs are able to retrieve withdrawn eligibility applications
 - School certifying officials can view any veteran's Form 2031

These are the general VBATS uses by County Veteran Service Officers and their staff. Below are some images of common VBATS screens.

Log Into Wisconsin Department of Veterans Affairs VBATS Application - Windows Internet Explorer

https://services.dva.state.wi.us/WDVALogin.aspx

File Edit View Favorites Tools Help

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

WDVA Home Page

Login Page

If You Have An Assigned UserID, Please Log In

User ID:

Password:

Login

Veterans:
 In order to login you must have a WDVA basefile number. If you do not have a WDVA basefile number, you probably have not established eligibility. To obtain eligibility, you must complete form, WDVA 0001, with your [County Veteran Service Officer](#).
[To Receive LoginID and Password Click Here.](#)
[If You Forgot Your LoginID or Password Click Here.](#)

School Officials:
[To Receive LoginID and Password Click Here.](#)
[To View Instructions on Completing Applications Click Here.](#)

Veterans:
[To View Instructions on Completing Applications Click Here.](#)

WDVA Home Page

Done

Logging on to VBATS

10.121.68.140/MainMenu.aspx

10.121.68.140/MainMenu.aspx

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

WDVA Applications Main Menu

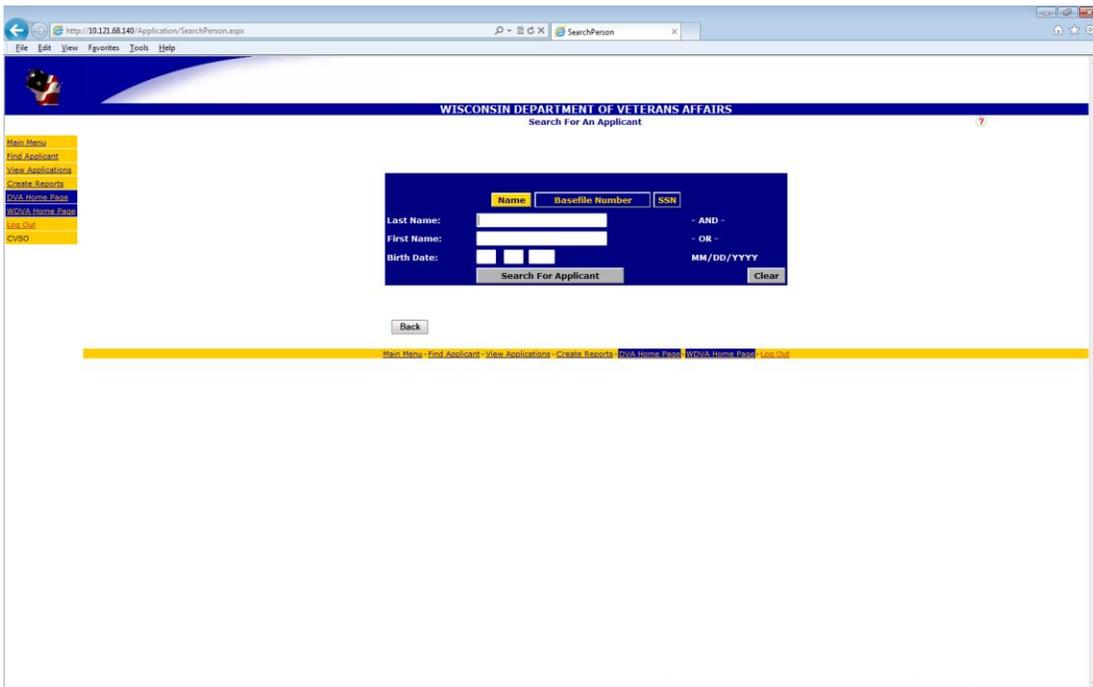
Please select an option below.

- Create New Application/Find an Applicant
- View Existing Application
- Change Your Contact Information
- Change Your Password
- Change Your Role
- Create and Print Reports
- Report a Problem or Submit a Comment/Suggestion

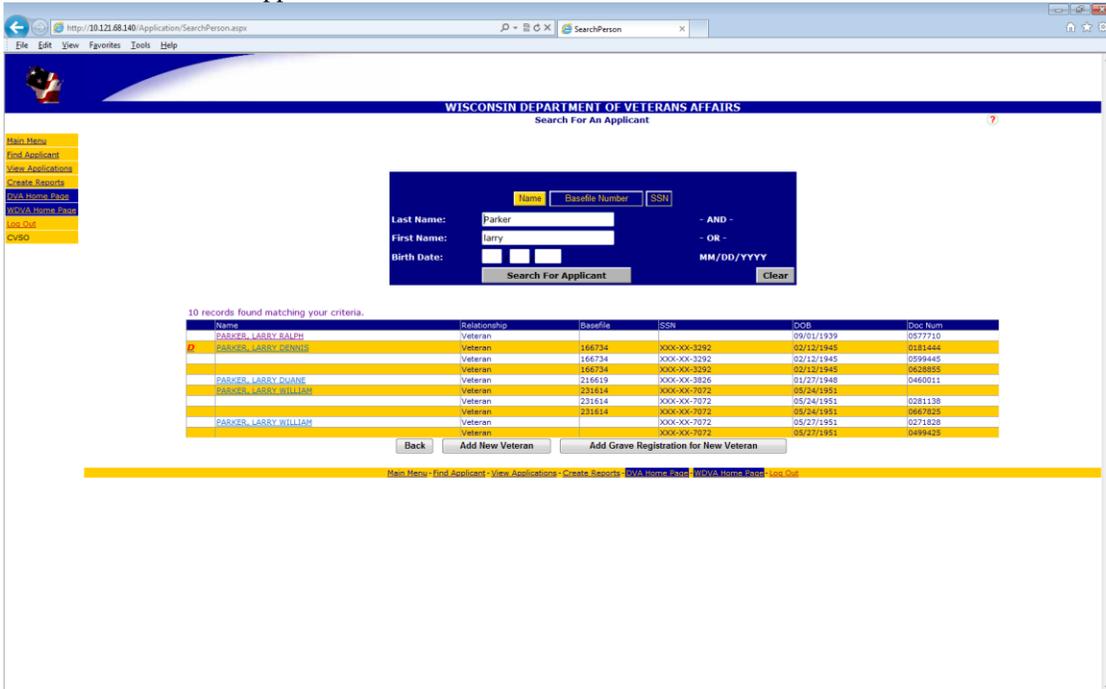
Go

Welcome - Eligibility - Benefits - Employment Assistance - Veterans Museum - News & Updates - Links

Main menu



Search for a veteran or application



User Information - Windows Internet Explorer
 http://10.121.68.140/Application/UserInformation.aspx

File Edit View Favorites Tools Help

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Modify User Information

First Name: ALAN
 Last Name: BRAKER
 E-Mail Address: alan.braker@dva.state.wi.us
 Work Phone: 608 267 7330 Ext:
 Work Location: Brown County CVSO Office
 Contact WDVA to Change Work Location

Back Save

Indicates Required Field

Main Menu - Find Applicant - View Applications - Create Reports - DVA Home Page - WDVA Home Page - Log Out

Change contact information

http://10.121.68.140/Application/ApplicantDetails.aspx

File Edit View Favorites Tools Help

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Note Saved.

Applicant Information		Applicant Detail Information		Review Funding Availability for Basefile
Name:	LARRY WILLIAM PARKER	Relationship:	Veteran	Add to Needy Veteran Grants
Address:	PO BOX 92			Create New Application for Applicant
City, State Zip:	HUMBIRD, WI 54746			Go
E-Mail:	None			View Application History for Basefile
Phone #:	None			All Applications
Base File #:	231614			Go

Check Applicants Eligibility
 Change Veteran Information
 View Service History
 Add Grave Registration

Name	Relationship	Soe Sec #	Birth Date
LARRY PARKER	Dependent-Child	xxx-xx-2222	02/20/2009

Date: 4/4/2013 1:25:00 PM Note Subject: Awarding 00214 Owner: jolene11

Back Add Dependent Add Note

Main Menu - Find Applicant - View Applications - Create Reports - DVA Home Page - WDVA Home Page - Log Out

Applicant Detail page

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Update Veteran Information for LARRY W. PARKER

Prefix: [dropdown] First Name: LARRY Middle Name: WILLIAM Last Name: PARKER Suffix: [dropdown]

Deceased: [checkbox] Social Security Number: [text] Birth Date: 05 / 24 / 1951 Birth City: [text] Birth State*: WI [dropdown]

Home Phone: [text] Cell Phone: [text] Work Phone: [text]

Pending File: [checkbox] Email Address: [text]

Permanent and Legal Address

Address: PO BOX 92

City: HUMBIRD State*: WI Zip Code: 54746 County: [dropdown]

Present Address (if different than above, enter all fields)

Address: [text]

City: [text] State*: [dropdown] Zip Code: [text] County: [dropdown]

* FC = Foreign State
 ◦ = Required Field

Back Save

Update veteran, spouse, or dependant personal info

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Veteran Information		Contact Information	
Name: LARRY PARKER		Address: PO BOX 92	
Base File #: 231614		City, State Zip: HUMBIRD, WI 54746	
Birth Date: 05/24/1951		E-Mail: [text]	
DD214 Information			
Document #:	Entry Dt: 07/19/1968 Entry Loc: Service#: Branch: Permanent Address:	Separation Dt: 03/19/1973 Separation Loc: Character: Pay Grade:	
Document #: 0281138	Entry Dt: 10/01/1969 Entry Loc: Service#: Branch: Army Permanent Address: RT 2 BX 57 HIXTON, WI 54635	Separation Dt: 03/19/1973 Separation Loc: Character: Honorable Pay Grade: E-5	
Document #: 0667825 Document is scanned. Use Form 1045 for the veteran to authorize access.	Entry Dt: 10/01/1969 Entry Loc: Service#: Branch: Army Permanent Address: RT 2 BX 57 HIXTON, WI 54635	Separation Dt: 03/19/1973 Separation Loc: Character: Honorable Pay Grade: E-5	

Back

View service history / download Form 1045 / access scanned DD214

http://10.121.68.140/Application/Form1045.aspx

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Form 1045

First Name	Middle Name	Last Name
LARRY	WILLIAM	PARKER
Date of Birth	Social Security OR Service Number	Period of Service
05 / 24 / 1951	000-00-7072	From: 07 / 1968 To: 03 / 1973
Address	City	State
PO BOX 92	HUMBERD	WI
Expires	Zip Code	
04 / 04 / 2014	54746	

Check all record types to be discussed and/or released

- Applications for benefits with either the United States Department of Veterans Affairs (VA) or Wisconsin Department of Veterans Affairs (WDVA)
- VA or WDVA medical treatment records
- VA or WDVA mental health records
- Military separation records ***required for online DD214 access***
- Department of Defense (DOD) service records
- Any other records maintained by WDVA which were received from the VA or the DOD or were created by WDVA

Generate Form Back

Home Menu Find Applicant View Applications Create Records WVA Home Page WVA's Home Page Log Out

Form 1045 access

http://10.121.68.140/Application/ViewForms.aspx?ID=Form1045 - Windows Internet Explorer

http://10.121.68.140/ServerDocs/Form1045_569242.PDF

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) Fax: (608) 264-6089

Wis. Stat. Chapter 45

REQUEST FOR RELEASE AND/OR DISCUSSION OF VETERAN RECORDS

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.

Veteran's Name: PARKER LARRY WILLIAM
Last First Middle

Date of Birth: 05/24/1951 Social Security or Service Number: 389507072

Period of Service: From: July 1968 To: March 1973
Month Year Month Year

I hereby authorize the Wisconsin Department of Veterans Affairs (WDVA) to discuss and/or release any and all of the following records with and to the third party identified below: (Check the appropriate box(es) below to indicate which records should be released.) No records generated in the course of employment with WDVA, irrespective of the content, may be released under this authority.

- My applications for benefits with either the United States Department of Veterans Affairs (VA) or Wisconsin Department of Veterans Affairs (WDVA).
- VA or WDVA medical treatment records.
- VA or WDVA mental health records.
- Military separation records.
- Department of Defense (DOD) service records.

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Veteran Information | **Contact Information**

Name: LABBY PARKER | Address: PO BOX 92
 Base File #: 231614 | City, State Zip: HUMBIRD, WI 54746
 Birth Date: 05/24/1951 | E-Mail:

DD214 Information

Document #:	Entry Dt:	Entry Loc:	Service#:	Branch:	Permanent Address:	Separation Dt:	Separation Loc:	Character:	Pay Grade:
	07/19/1968					03/19/1973			
0281130	10/01/1969			Army	RT 2 BX 57 HDXTON, WI 54635	03/19/1973		Honorable	E-5
0667825 View PDF	10/01/1969			Army	RT 2 BX 57 HDXTON, WI 54635	03/19/1973		Honorable	E-5

[Back](#)

After the veteran has signed the Form 1045 and you confirm, you can view the DD214 as a PDF

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Eligibility Benefit Approval Information

Veteran Information | **Applicant Information (if other than veteran)**

Name: Mr. LABBY WILLIAM PARKER | Name:
 Address: PO BOX 92 HUMBIRD, WI 54746 | Address:
 Base File #: 231614 | Relationship:

Current Eligibility to Apply for State of Wisconsin Veterans' Benefits

- WI DOR Property Tax Credit
- Primary Mortgage/Home Improvement Loan Programs (PHL/HILP)
- Personal Loan Program (PLP)
- Assistance to Needy Veterans Program (ANV)
- Veteran Education Grant Program (VetEd)
- Retraining Grant Program (RTG)
- Veterans Assistance Program (VAP)
- Professional/Occupational License Fee Waiver Program

Eligibility was determined by using the following criteria:

- Wisconsin home of record
- 12 month residency requirement
- 5 year residency requirement

[Request Gold Certificate of Eligibility for Primary Mortgage](#)

[Back](#) | [Print 1800](#)

View veteran's eligibility, print 1800 letter, and/or request a Gold Certificate

Graves Registration - Veteran Information - Windows Internet Explorer

http://10.121.68.140/Graves/GraveReg1Man.aspx

Graves Registration

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Main Menu
Find Applicant
View Applications
Create Reports
DVA Home Page
WDVA Home Page
Log Out
CVSO

Personal Information
P. PARKER

Prefix: [] First Name: ALLEN Last Name: PARKER Suffix: []

Deceased: [] Social Security Number: XXX-XX-8904 Birth Date: 05/22/1951 Birth City: [] Birth State*: WI

* FC = Foreign State
= Required Field
[Add/Edit Comments](#)

Back Save Continue

Main Menu - Find Applicant - View Applications - Create Reports - DVA Home Page - WDVA Home Page - Log Out

Add grave registration (must input burial location and death date as minimum)

http://10.121.68.140/Application/ApplicantDetails.aspx

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Note Saved.

Main Menu
Find Applicant
View Applications
Create Reports
DVA Home Page
WDVA Home Page
Log Out
CVSO

Applicant Information

Name: LARRY WILLIAM PARKER
Relationship: Veteran
Address: PO BOX 92
City, State Zip: HUMBIRD, WI 54746
E-Mail: None
Phone #: None
Base File #: 231614

Applicant Detail Information

Review Funding Availability for Basefile
Add to Newly Veteran Grants
Create New Application for Applicant
Go
View Application History for Basefile

Eligibility
Veteran Education Grant
Assistance to Needy Veteran Grant

Check Applicants Eligibility
Change Veterans Information
View Service History
Add Grave Registration

Name	Relationship	Soc Sec #	Birth Date
Wendy Fischer	Dependent-Child	xxx-xx-2222	02/20/2008
Date	Note Subject	Owner	
4/4/2013 1:25:00 PM	AWARDING DC0214	jdems11	

Back Add Dependent Add Note

Main Menu - Find Applicant - View Applications - Create Reports - DVA Home Page - WDVA Home Page - Log Out

Create a new application

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Applicant Detail Information

Applicant Information

Name: LABRY WILLIAM PARKER
 Relationship: Veteran
 Address: PO BOX 92
 City, State Zip: HUMBIRD, WI 54746
 E-Mail: None
 Phone #: None
 Base File #: 231614

Review Funding Availability for Basefile

Aid to Needy Veteran Grants [Go]
 Create New Application for Applicant [Go]
 View Application History for Basefile [Go]

All Applications [Go]
 Econ Loan - Delts [Go]

Check Applicants Eligibility
 Change Veterans Information
 View Service History
 Add Service Restrictions

Name	Relationship	Base File #	Birth Date
Wendy Eckert	Dependent-Child	900-W-2222	02/26/2008

Date: 4/4/2013 1:25:00 PM
 Note Subject: Anastro, CG214
 Owner: lodon11

Buttons: Back, Add Dependent, Add Note

Main Menu - Find Applicant - View Applications - Create Reports - DVA Home Page - WDVA Home Page - Log Out

View the history of applications applied for

Applicant Detail Information - Windows Internet Explorer

http://10.121.68.140/application/ViewAppHistory.aspx

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

Applicant Information

Name: Mr. ALLEN PAUL PARKER
 Relationship: Veteran
 Address: 6164 SOUTH 37TH STREET
 City, State Zip: GREENFIELD, WI 53221
 E-Mail: None
 Phone #: None
 Base File #: 209093

Estimated VetEd Credits Remaining
 N/A

Estimated ANV Lifetime Benefits Remaining
 \$7,500.00
 ***Estimates are calculated from benefits used and do not reflect any outstanding applications.

Limit By Application Type
 All Applications [Go]

Notice: The Pre-Application is no longer a Veterans Education Reimbursement Grant (VetEd) Program requirement as of July 1, 2009.

Application Number	Veteran Number	Applicant	Application Type	Status	Status Date	Owner ID
209093-01	PARKER, ALLEN P.	PARKER, ALLEN P.	PML(P)	Application Denied	03/13/1980	DEFAULT
209093-02	PARKER, ALLEN P.	PARKER, ALLEN P.	PML(P)	Application Approved	05/06/1980	DEFAULT
209093-03	PARKER, ALLEN P.	PARKER, ALLEN P.	PML(P)	Application Approved	06/02/1989	DEFAULT

Buttons: Back

Main Menu - Find Applicant - View Applications - Create Reports - DVA Home Page - WDVA Home Page - Log Out

Application history

**WISCONSIN
DEPARTMENT OF
VETERANS AFFAIRS**

Military Funeral Honors

Military Funerals Honors

Department of Defense - Law

Section 578 of the National Defense Authorization Act for Fiscal Year 2000 requires the Department of Defense to provide, upon request, Military Funeral Honors (MFHs) for all eligible veterans. Honors shall as a minimum consist of the ceremonial folding and presentation of the American Flag and the sounding of “Taps”.

The law further recognizes the valuable role that members of Veterans Service Organizations (VSOs) play in honoring our veterans. Subsection 578(d) authorizes members of VSOs and other approved organizations to participate with the Military Services in providing MFHs. VSOs can assist the military by providing additional elements such as, a color guard, bugler, pallbearers or a firing party.

Military Funeral Honors Wisconsin - Law

- **Act 136/s.45.19 signed into law on May 9, 2000**
 - **Gives WDVA the authority to coordinate a funeral honors program**
 - **Allows for the coordination with the Wisconsin National Guard and to request Veterans Service Organizations (VSO's) to provide funeral honors**
 - **Allows Veterans Service Organizations to request reimbursement, not to exceed \$50.00 per funeral**
 - **Allows for the WI Department of Veterans Affairs to establish teams to provide military funeral honors**

Military Funeral Honors Mission

- *Mission Statement:* *Provide and coordinate the appropriate final tribute to eligible Wisconsin Veterans, acknowledging their faithful and honorable service to the State of Wisconsin and our Nation.*

“Ensure every veteran and family is aware of the honors available and upon their request provide honors”.

Military Funeral Honors Program

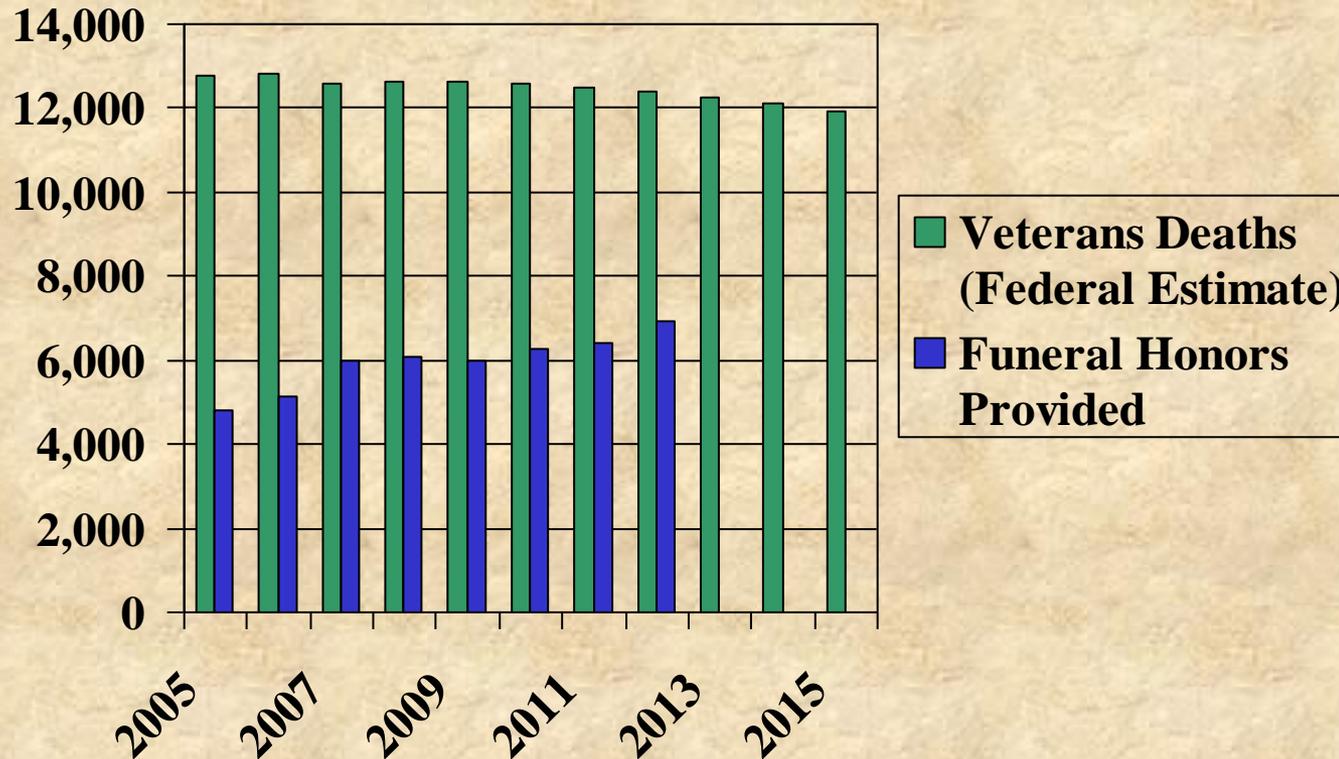
Located in Union Grove at the

Southern Wisconsin Veterans Memorial Cemetery:

1 – Program Supervisor

4 – Coordinators/Team Members

Military Funeral Honors in Wisconsin



Number of Honors provided is the combined number in Wisconsin from WDVA teams, federal military services and veterans services organizations.

Military Funeral Honors Coordination Process

- **Families contact Funeral Home**
- **Funeral home or Next of Kin contacts MFH Program (Union Grove) by phone or Fax (toll-free)**
 - **submits WDVA Form 2800**
 - **submits if available DD Form 214 (Record of Service)**
- **MFH Coordinators, based on honors to be provided, contacts appropriate support agencies (CACs, Military Services, VSOs) to conduct service**

Military Funeral Honors Eligibility

- **Military members on active duty or in the Selected Reserve.**
- **Former military members who served on active duty and departed under conditions other than dishonorable.**
- **Former military members who completed at least one term of enlistment or period of initial obligated service in the Selected Reserve and departed under conditions other than dishonorable.**
- **Former military members discharged from the Selected Reserve due to a disability incurred or aggravated in the line of duty.**

Military Funeral Honors Buglers

- **Bugles Across America: Wisconsin (60+ buglers)**
www.buglesacrossamerica.org
- **Database of volunteer buglers**
- **Military buglers: NG, USAR, NAVY, AF**
- **Ceremonial Bugle - electronic version**
- **Tuition reimbursement program for student buglers with the UW system. \$25 vouchers for each service where they sound TAPS.**

Military Funeral Honors Certification Program

- **The Federal Government created a program called AP3 but never fully supported it**
- **WDVA MFHP utilized the concept to create a certification program for WI VSO's participating in the Stipend Program**
- **Training program conducted for VSOs at their locations**
- **Completion of Training: Certificates and Lapel Pins**

WDVA Military Honors Stipend Program

- VSO honor guard members must have attended a training event to certify the members to provide honors.**
- Once certified and have a W9 on file the stipend reimbursement to VSOs is up to \$50.00 per funeral to assist in off-setting expenses.**
- Reimbursement is for the Veterans Service Organization and not per individual (Stipends are split if more than one VSO participates)**

Military Funeral Honors Stipend Process

Two different methods for processing Stipends

- 1. Services that are arranged directly between a funeral home and VSO are required to submit a Form 2801 to request payment.**
- 2. Services coordinated through the MFHP staff are automatically process for payment under the internal Form 6 through VBATS. No action is needed on the part of the VSO.**

Military Funeral Honors Stipend Process

Method 1 details :

Upon completion of a service:

- **Funeral Director and VSO complete WDVA Form 2801**
 - **Funeral Director fills in basic information, signs, and gives to VSO**
 - **VSO completes information, signs and either faxes or sends completed form to MFH Program (Union Grove)**
 - **Payment of the stipend takes 2-4 weeks**

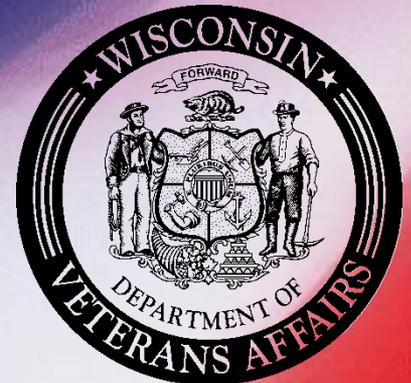
*Wisconsin Department of
Veterans Affairs*

Military Funeral Honors

Questions ?

Wisconsin Department of Veterans Affairs Assistance to Needy Veterans Grant Program

Program Overview



ASSISTANCE TO NEEDY VETERANS GRANT

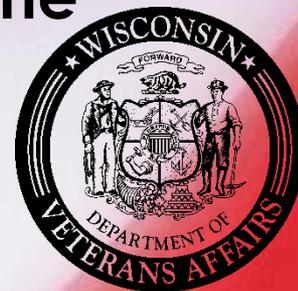
Wisconsin State Statute 45.40

Wisconsin Administrative Code VA 2.01

Health Care Aid (payment of Dental, Vision and Hearing Care) when not available through the VA Health Care System or other agencies

Subsistence Aid (replacement of veteran's income lost due to illness, injury or natural disaster and not eligible for replacement by any other means)

Provided to Wisconsin veterans whose household income is within program income limits



ASSISTANCE TO NEEDY VETERANS GRANT

Assistance is also provided to Needy Families of Veterans!

- Spouses and dependents of service members who died on active duty or in the line of duty, and whose income is within income limit.
- Spouses and dependents who have lost income due to deployment or activation of a US Armed Forces service member *and* have suffered an economic emergency. Program income limits do not apply.

Examples of economic emergencies:

- Severe damage to primary residence due to natural disaster
- Medical emergency
- Failure of major household appliances, mechanical systems or sole means of transportation.



ASSISTANCE TO NEEDY VETERANS GRANT

- The Assistance to Needy Veterans grant program provides limited financial assistance to veterans and, in limited cases, family members.
- Applicants must have applied for all county, state and federal aid administered by the county before applying for a grant. The grants may be used for specified health care and subsistence needs up to a \$7,500.00 lifetime benefit limit.
- Health care includes vision, dental, and hearing care. Only medical care that is not available through the VA Health Care System will be covered by this grant.
- The Subsistence Aid part of the program can pay the veterans lost income for up to 3 months after a loss of income due to illness, injury or natural disaster.



ASSISTANCE TO NEEDY VETERANS GRANT

Income Limits:

Household income must not exceed income limit set by State VA code (currently 130% of federal poverty limit, or \$1,245 for a single person)

Health care: Household income at the time of application must be within the above limit

Subsistence aid: Household income immediately after the date of income loss must be within the above limit

(look at the first 30 days after onset date listed on 2045 form)



ASSISTANCE TO NEEDY VETERANS GRANT

Income Verification: Earned vs Unearned

- **Earned Income:**
 - Income from employment including Reserves and National Guard pay
 - Work study payments
- **Unearned Income:**
 - Unemployment compensation
 - VA compensation
 - Worker's compensation
 - Social Security payments
 - Income from trusts or inheritances
 - Net rentals from real estate
 - Interest or dividend income
 - Benefits or grants from the USDVA or other federal agencies
 - Scholarships, fellowships, grants, tuition and fee waivers, vocational rehabilitation payments

Wisconsin Admin Code VA 2.01 (1)(j) and (t)



Assistance to Needy Veterans Grant

Acceptable income verification:

Earned income - copies of check stubs, signed employer's statement of monthly pay

Unearned income - current award letters, monthly bank statements showing automatic deposits

Assistance to Needy Veterans Grant

- *Self-employed applicants* must submit a profit and loss statement covering the last 6-month period. Unless professionally prepared, supporting documentation should be attached.
- Spouse's income and assets must be reported and verified even if they do not live with the applicant.

ASSISTANCE TO NEEDY VETERANS GRANT

Health Care Aid Application Process

1. Applicants must apply through their County Veterans Service Office after having applied for and accepting all other aid available, including aid administered by the county.
2. Approved applicants will be issued a Description of Benefits (DOB) identifying the type of care authorized and a 90-day effective date. An additional 90 days can be requested in writing by the provider during the week before the expiration date if additional time is needed to complete care.
3. Applicants should give the DOB to their health care providers as evidence of WDVA assistance. The DOB is to be used by providers for billing purposes. Providers must return the completed DOB 30 days after care is completed with billing information.
4. WDVA will issue a check sent directly to the provider for payment of eligible health care costs.



ASSISTANCE TO NEEDY VETERANS GRANT

Health Care Aid Supporting Documents:

- Application, form 2450 (fully completed)
- Declaration of Aid, form 2451 (fully completed)
- Income verification for any household income, earned or unearned

****If the veteran is 65 years old or older thus receiving regular Social Security OR is receiving Social Security Disability, WDVA needs to have a Notice of Decision showing the Medicaid deductible. OR a statement from the county Dept of Health and Human Services stating the non-availability of dentists accepting new Medicaid patients****



ASSISTANCE TO NEEDY VETERANS GRANT

Subsistence Aid Application Process

WDVA 2450 “Assistance to Needy Veterans Grant Application”

WDVA 2451 “Declaration of Aid”

WDVA 2045 “Verification of Illness or Disability”

- Applicants must apply through their County Veterans Service Office (CVSO). Income loss must have occurred within 91 days of WDVA receiving the ANVG application.
- Applicants must have applied for all other aid available, including aid administered by the county.
- Subsistence Aid is available for the 90 day period following the date of the verified loss of income due to illness, injury or natural disaster.
- Approved applicants will be issued a check in the amount of the grant award. The check will be sent to the CVSO, who ensures delivery of the check to the applicant.

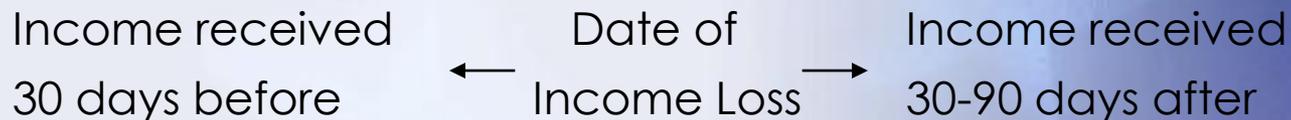


ASSISTANCE TO NEEDY VETERANS GRANT

Subsistence Aid Application:

Supporting documentation required:

1. Verification of veteran's income received during the 30-day period *before* and the 30 – 90 day period (depending on length of disability) *immediately after* the date of income loss due to illness, disability (per the patient's doctor) or natural disaster.



2. Verification of ALL household income (spouse, dependents) during the 30-day period following the date of lost income.



ASSISTANCE TO NEEDY VETERANS GRANT

Subsistence Aid Application:

Supporting documentation required (continued):

3. Original WDVA 2045, "Verification of Illness or Disability" signed by a licensed physician, dentist, optometrist or audiologist. Do not send a photocopy. We will accept a fax only if sent directly to WDVA from the provider.

NOTE: CVSOs are faxed a copy of the WDVA 2045. Analysts will notify the CVSO if the 2045 is missing when the application is reviewed. CVSOs may request for either WDVA or the veteran's doctor to provide them with a copy of the completed form.

4. Notice of Decision from the county showing county administered aid was applied for, the date applied for and the amount of FoodShare.



ASSISTANCE TO NEEDY VETERANS GRANT

Subsistence Aid

Calculating the Award Amount

The method for determining an award amount is outlined in the Wisconsin Administrative Code and the limits are in the Wisconsin State Statutes:

Wisconsin Administrative Code CH VA 2.01(3)(b) "...Subsistence aid shall be limited to the difference between the amount of earned and unearned income available before the loss of income and the earned and unearned income being received after the loss of income, subject to limitations under s.45.40(1)(b) and (3), Stats....."

Note: There is no exclusion for income/wages received *after* the loss that were earned *before* the loss.

Wisconsin State Statute 45.40 (1)(b) The maximum amount that any veteran may receive under this subsection per occurrence during a consecutive 12-month period may not exceed \$3,000.

Wisconsin State Statute 45.40 (3) The total cumulative amount that any veteran may receive under this section may not exceed \$7,500.



ASSISTANCE TO NEEDY VETERANS GRANT

Subsistence Aid

Calculating the Award Amount

- Grant award is calculated by subtracting income received after the date of the loss of income (either the disability onset date or the date a natural disaster caused a loss of income) from income received before the loss.

Income before the date income was lost

—

Income received after the date income was lost*

\$ Award Amount

- * Income received after the loss of income includes wages, sick/disability pay, insurance payments, veteran's service commission funds, food share benefits, and any other aid or income that replaces the lost income.



ASSISTANCE TO NEEDY VETERANS GRANT

Health Care and Subsistence Aid

- The DOA must be submitted with all applications and must be signed by a county official.
- When applying for dental grant please include all portions of aid the veteran may need.
- Please remind veterans that being enrolled in the VA Health Care System allows them an annual vision and hearing exam at the VA as part of their primary care, regardless of whether they have a service-connected disability.



Scott Walker, Governor

John A. Scocos, Secretary

James Bond, Administrator



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Division of Veterans Services**

201 West Washington Avenue

P.O. Box 7843

Madison, WI 53707-7843

Phone: (608) 266-1311

Toll-free: 1-800-WIS-VETS (947-8387)

Fax: (608) 267-0403

Email: WisVets@dva.wisconsin.gov

Website: www.WisVets.com

Assistance to Needy Veterans Grant Program (ANVG) – Fact Sheet

September 2010

The ANVG program provides limited health and subsistence aid to eligible veterans and dependents. Veterans and dependents should contact their County Veterans Service Office for assistance in establishing eligibility. Applications for benefits must be made through the [County Veterans Service Office](#).

Eligible applicants:

- Veterans and dependents of service members who died on active duty in the line of duty and whose household income is within program limits (currently 130% of Federal Poverty Limits).
- Families of deployed/activated service members who have lost income due to the deployment/activation and have suffered an economic emergency. Program income limits do not apply.

Benefits and Limits:

\$7500 combined lifetime limit for health care and subsistence aid

<u>Type of Aid</u>	<u>Maximum Benefit</u>
Dental Care-Qualifying Care	\$500 in any consecutive 12 month period
Dental-Upper Denture	\$1,875 in any consecutive 48 month period
Dental-Lower Denture	\$1,875 in any consecutive 48 month period
Vision Care-Qualifying Care	\$400 in any consecutive 12 month period
Hearing Care-Qualifying Care	\$200 in any consecutive 12 month period
Hearing Aid-Left Ear	\$1,875 in any consecutive 48 month period
Hearing Aid-Right Ear	\$1,875 in any consecutive 48 month period
Subsistence Aid	\$3,000 in a 12-month period

Health Care Aid:

- Future care for vision, dental or hearing care authorized for 90 days.
- An additional 90 days can be authorized if justified in writing by the provider.

Subsistence Aid:

- Provides aid when a veteran or eligible family member has suffered a loss of income due to illness, disability or a natural disaster.
- Aid is limited to the amount of income lost up to the statutory limitation of \$3000 per consecutive 12-month period, or the remainder of lifetime \$7500 ANVG benefit, whichever is less.

Requirements:

- Applicants must have applied for all county, state or federal aid administered by the county before applying for the ANVG. Aid applied for and available must be verified by the county on a Declaration of Aid.
- Veterans must obtain care through the VA Health Care System if available during the 90-day Description of Benefits (DOB) effective dates.
- The requirement to use Medicaid/BadgerCare benefits can be waived if we receive evidence that no providers within their county will accept these patients using Medicaid.
- Upon approval of an application for health care, a DOB is issued identifying eligible care and dates of care to be covered. This document is used by the provider for billing purposes.
- Income lost due to illness, injury or natural disaster must be verified with proof of monthly income lost and evidence of an illness, injury (medical statement) or natural disaster (newspaper clipping, police/fire report, etc.).

Scott Walker, Governor

John A. Scocos, Secretary

James Bond, Administrator



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Division of Veterans Services**

201 West Washington Avenue
P.O. Box 7843
Madison, WI 53707-7843

Phone: (608) 266-1311
Toll-free: 1-800-WIS-VETS (947-8387)
Fax: (608) 267-0403
Email: WisVets@dva.wisconsin.gov
Website: www.WisVets.com

Assistance to Needy Veterans Grant

The Assistance to Needy Veterans grant program provides limited financial assistance to veterans and, in limited cases, family members. Applicants must have applied for all county, state and federal aid administered by the county before applying for a grant. The grants may be used for specified health care and subsistence needs up to a \$7,500.00 lifetime benefit limit.

Spouses and dependents that due to activation or deployment have had a loss of income along with an economic emergency, and spouses and dependents of veteran who died in the line of duty may be eligible for this grant.

Health care includes vision, dental, and hearing care. The only medical care covered is that connected to dental, vision and hearing care. Only medical care that is not available through the VA Health Care System will be covered by this grant.

The Subsistence Aid part of the new program can pay the veterans lost income for up to 3 months after a loss of income due to illness, injury or natural disaster.

ASSISTANCE TO NEEDY VETERANS GRANT

COMPLETING THE ASSISTANCE TO NEEDY VETERANS GRANT APPLICATION

WDVA 2450 (Can be completed and sent electronically)

In the right hand corner of the application:

Base file #:

County:

County Contact: Person assisting the veteran or dependent

Veteran's Name: First Name, Middle Name, Last Name

Address: Street, City, State and Zip Code

Birth Date: Month, Day, Year

Social Security Number:

Applicant's Name: Check the box if veteran is the applicant, or fill in Applicant Name if person applying is an unmarried spouse or dependent of a veteran who died in the line of duty, or spouse and dependent of an activated or deployed veteran

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

Name: First Name, Middle Name, Last Name

Applicant's Birth Date: Month, Day, Year

Applicant's Social Security Number:

Patient's Name: Check the box if veteran is the patient, or fill in applicant name if person applying is an unmarried spouse or dependent of a veteran who died in the line of duty, or spouse and dependent of an activated or deployed veteran

Relationship to veteran: Spouse/Widow(er), or Dependent

Name: First Name, Middle Name, Last Name

Patient's Birth Date: Month, Day, Year

Patient's Social Security Number:

Applicant's Marital Status: Unmarried, Married, Separated

(If the applicant is separated and has not started divorce proceedings the spouses income is required.)

Select Desired Benefit: (There is a life time maximum of \$7,500.00 for all ANV grant types combined)

Subsistence Aid: (\$3,000.00 maximum per 12 month period, which starts with the date of award.)

Health Care Aid Components:

Vision Care:

Dental Care:

Hearing Care:

(The grant does not pay for medical bills unless related to dental care, vision care or hearing care AND is not available through the VA Health Care system. Send explanation).

No work should be done before the veteran has a Description of Benefits (DOB). A DOB authorizing care for a 90-day period will be posted for approved applications, it is to be printed by the CVSO for delivery to the provider who will complete the "Request for Payment" section and submit with a copy of the bill to WDVA for payment. Care must be completed before the "Expiration" date on the DOB.

The grant has an income limit; the household income must not be more than 130% of the Federal Poverty Guidelines in effect on the date the application was received by WDVA for the applicant's family size.

Living Arrangements: Check all boxes that apply

VA Health Care System: (Wisconsin law requires use of all available resources and agencies [VA2.01 (2)a]

Date veteran applied to Federal VA health care system:

Has veteran been enrolled into the system? No, Yes, Date enrolled

Does the veteran have a service-connected disability (SCD)? No, Yes, Disability rating (If SCD the veteran must go to VA for eyeglasses and hearing aids)

List Disabilities:

(If the veteran is enrolled in the VA health care system the eye exam, hearing exam and other medical care should be done at the VA, unless the veteran provides evidence that the exams are not available during the next 90 days.)

Health Insurance:

I do not have insurance:

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

(If there is insurance, send a copy of the policy)

Spouse and Legal Dependents Living with Applicant:

List all by: First Name, Last Name, Birth Date, and Relationship to Veteran

Income—Verification Required: Veterans, Spouse, or any Dependent Name (Living in household. Spouses income must be reported even if they do not live with the veteran.) Must be completed by all applicants. Provide the average monthly net income of veteran and dependents.

Recipient: (Complete separate section for each person)

Current Income: Amount: Frequency: Monthly, Annually, Semi-Annually, Quarterly, Semi-Monthly, Bi- Weekly, Weekly

Income Type: Check each type that applies

Send verification of all income reported. Acceptable verification of earned income includes copies of paystubs with pay dates clearly identified (different from the pay range and pay period) or a signed statement from the employer giving dates and amounts of pay. Unearned income can be verified with copies of current award letters or a current bank statement with automatic deposits identified. CVSOs can verify VA benefits with a written statement (Emails are ok) with: date benefit was verified with the VA and amount of the benefit.

Self-employed applicants should send a profit and loss statement. If not professionally prepared, the statement should be accompanied by copies of invoices and receipts.

Required – For Subsistence Aid Only: Income lost due to illness, injury, or natural disaster

Date of Stop/Decrease: **(Give the date of the income loss)**

Income before Stop/Decrease: Frequency: Monthly, Annually, Semi-Annually, Quarterly, Semi-Monthly, Bi- Weekly, Weekly

(Send verification of the monthly income before loss, (last two pay stubs) and any income received in the three months following the income loss).

The reason for loss of income was due to: Illness, Injury or Natural Disaster

(A WDVA 2045 should be sent to the veteran’s doctor and then must be sent to WDVA from the doctor’s office.)

Note: If aid is available for this type of incident and the applicant hasn’t applied for it, a written explanation will be required.

Liability insurance available: Yes, No Disability insurance available: Yes, No

Lawsuit will be filed or is pending: Yes, No Workers Compensation available: Yes, No

Crime Victim Compensation available: Yes, No

(Send all paperwork connected with available aid.)

Explanation of Incident: (This is needed if there was an accident or injury)

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.

Nature of Incident:

Date of Incident:

Time of Day/Night:

Location of Incident:

Phone Number:

Address, City, State, Zip Code

Witnesses:

Name

Phone number

Address, City, State, Zip Code

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. (If there is a police, ambulance, or fire report it should be sent in with the application.)

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

Owner's Name

Asset Type: Check the boxes that apply and give the amount in each type

Must be completed by all applicants and include liquid assets of veteran and dependents.

Cash and checking provide the average monthly balance after paying for household expenses.

Savings, IRAs or other retirement funds, include all retirement accounts, whether individual or through employer, even if accessing these funds would result in penalty. If retirement funds are not accessible, send verification from the retirement fund administrator.

Signature Block

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. I have applied for and accepted all benefits available from other agencies or organizations. 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 within 30 days of the date of the request or I may be denied any benefit. 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 Number, Signature, Date

(This should be completed by the veteran or applicant.)

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.

Health Care

The Assistance to Needy Veterans Grant pays for dental, vision and hearing care, not to exceed the \$7,500.00 lifetime maximum benefit. Subsistence aid grants also draw off this lifetime benefit.

The applicant's income must be under 130% of the Federal Poverty Guidelines in effect at the time the application is received by WDVA. All income must be verified.

The law requires all applicants to apply for and accept all available aid prior to applying for the grant. The application is completed and sent with the Declaration of Aid form completed and signed by the County Veterans Service Officer or other person as designated by the County Board or Executive.

Health care aid will only be granted after a Description of Benefits (DOB) has been transmitted to the applicant or the County Veterans Service Office. The DOB gives the applicant 90 calendar days to receive the care. A second DOB can be given if WDVA receives a statement from the health care provider within 7 days before the expiration date listed on the first DOB.

The Description of Benefits is completed by the health care provider and sent to WDVA after care is completed along with a copy of the bill showing dates of service and care provided. The dates of service must be within the effective date and expiration date on the DOB.

Eligible applicants are: Veterans, unmarried spouses and dependents of veterans who died in the line of duty. They must submit evidence from the appropriate military service indicating that the veteran died in the line of duty. Spouses and dependents of activated or deployed members who have submitted evidence that the service member has been deployed or activated, that due to the activation or deployment a loss of income has occurred, that an economic emergency has occurred during the activation or deployment, and that they are residents of the state.

Subsistence Aid

Subsistence aid replaces income lost for a period of up to 90 days immediately following the loss of income because of illness, injury or natural disaster. Aid cannot exceed the \$7,500.00 lifetime maximum benefit. Grants awarded for health care also draw off this same lifetime benefit.

Applicants who have lost income due to illness or injury must have their incapacitation verified by a medical authority. The WDVA 2045 must be completed and sent to WDVA from the doctor's office. Loss of employment is not sufficient to qualify for a grant.

Applicants lost income due to a natural disaster must provide evidence of the disaster, such as a police or fire report, news clipping or insurance claim documents.

The applicants must apply for other county-administered aid, aid such as FoodShare, within 30 days of the income loss date.

The grant is limited to a maximum of three months of lost income not to exceed \$3,000.00 in a 12-month period. The checks are mailed to the County Veterans Service Office.

The grant replaces the income lost for 30 day periods. If incapacitation continues beyond 30 days, applicants may receive a second and third grant. Applicants who are expected to be disabled for at least 90 days may be awarded one 90-day grant.

LIBERAL INTERPRETATION

Section VA 1.01 of the Wisconsin Administrative Code says that we:

"...shall administer the (programs)...in an expeditious and liberal manner, resolving all reasonable doubt in favor of the veteran, to the end that available benefits are provided to veterans and their eligible dependents as promptly and effectively as possible."

WILLFUL MISCONDUCT

Section VA 1.04 of the Code states, in part,

"Financial aid from the department shall not be extended to veterans or dependents when the need for the aid arises or results from the willful misconduct of the veteran or the beneficiary."

STATE STATUTE Section 45.40 Assistance to needy veterans.

(1m) SUBSISTENCE AID.

(a) The department may provide subsistence payments to a veteran on a:

- month-to-month basis or;
- for a 3-month period.

The department may pay subsistence aid for a 3-month period:

- if the veteran will be incapacitated for more than 3 months and;
- if earned or unearned income or aid from sources other than those listed in the application will not be available in the 3-month period.

The department may provide subsistence payments only to a veteran who has suffered a loss of income due to:

- illness,
- injury,
- or natural disaster.

The department may grant subsistence aid under this subsection to a veteran whose loss of income is the result of abuse of alcohol or other drugs only if the veteran is participating in an alcohol and other drug abuse treatment program that is approved by the department.

No payment may be made under this subsection if the veteran:

- has other assets or income available to meet basic subsistence needs or;
- if the veteran is eligible to receive aid from other sources to meet those needs.

(b) The maximum amount that any veteran may receive under this subsection per occurrence during a consecutive 12-month period may not exceed \$3,000.

Statute Section 45.40 (2)

(2) HEALTH CARE.

(a) The department may provide health care aid to a veteran for:

- dental care, including dentures;
- vision care, including eyeglass frames and lenses; and
- hearing care, including hearing aids.

(c) The department may not provide health care aid under this subsection

unless the aid recipient's health care provider agrees to accept, as full payment for the health care provided,

- the amount of the payment,
- the amount of the recipient's
 - health insurance or
 - other 3rd-party payments, if any, and
- the amount that the department determines the veteran is capable of paying.

The department may not pay health care aid under this subsection if the *liquid assets* of the veteran are in excess of \$1,000.

Note: a loss of income is not required for these applicants.

(2m) DEPENDENTS ELIGIBILITY

Statute Section 45.40(2m)

(a) The unremarried spouse and dependent children of a veteran who died

- on active duty, or
- in the line of duty while on
 - active or
 - inactive duty for training purposes,

in the

- U.S. armed forces or
- forces incorporated in the U.S. armed forces

are eligible to receive payments under subs. (1) and (2) if the household income of those persons does not exceed the income limitations established under sub. (3m).

Statute Section 45.40 (2m)

(b)

The spouse and dependent children of a member of

- the U.S. armed forces or of
- the Wisconsin national guard who has been
 - activated or
 - *deployed* to serve in the U.S. armed forces
 - who are residents of this state,
 - who have suffered a loss of income due to that activation or deployment, and
 - who experience an *economic emergency* during the member's activation or deployment

are eligible to receive assistance under subs. (1) and (2).

Statute Section 45.40 LIMITATIONS.

(3) The total cumulative amount that any veteran may receive under this section may not exceed \$7,500.

(Link to 3m through 5 and misc language)

CODE VA 2.01

Assistance to needy veterans program.

VA 2.01(1)

(1) DEFINITIONS. In this section:

VA 2.01(1)(a)

(a) "Applicant" means an individual who meets the requirements of s. 45.40, Stats.

VA 2.01(1)(b)

(b) "Applicant's family" means the applicant's spouse and dependents or, where the applicant is a dependent, the parents, stepparents, or any custodial guardians of the dependent.

VA 2.01(1)(c)

(c) "Approved treatment programs" means treatment programs approved by the United States Department of Veterans Affairs (USDVA) or alcohol and other drug treatment programs certified by the Wisconsin department of health services.

VA 2.01(1)(d)

(d) "Available liquid assets" means cash on hand, including cash in checking, savings, money market or similar accounts, cash value of life insurance policies, liquid investments, including stocks and bonds and amounts deposited in any retirement plans, owned, either jointly or solely, by the applicant or the applicant's family.

VA 2.01(1)(e)

(e) "Declaration of aid" means a written determination regarding the availability of county, state, or federal aid administered by the county for an applicant. A declaration of aid must be signed by a county official authorized to determine whether aid is available for an applicant and the applicant's family and whether the applicant has accepted the aid available.

VA 2.01(1)(f)

(f) "Dental care" means any care given to teeth, the supporting natural and artificial structures for teeth, and any replacement or restoration of teeth.

VA 2.01(1)(g)

(g) "Denture" means a dental device that replaces one or more teeth and includes all dental preparation and the manufacture and fitting of the device.

VA 2.01(1)(h)

(h) "Department" means the Wisconsin department of veterans affairs.

VA 2.01(1)(i)

(i) "Description of benefits" means a written determination that an applicant is eligible for health care aid or subsistence aid or both. A description of benefits expires 90 days after the date of eligibility is established and printed by the department unless extended by the department.

VA 2.01(1)(j)

(j) "Earned income" means all anticipated family monthly take home earnings from employment including armed forces reserve and national guard pay, and work study payments, after all payroll deductions of the applicant and the applicant's family except payroll deductions for savings plans and payment of debts.

VA 2.01(1)(k)

(k) "Economic emergency" means a natural disaster which damages an applicant's primary living residence, a medical emergency, the failure of the applicant's sole means of transportation, or a severe disruption in essential household systems caused by a failure of the applicant's stove, refrigerator, heating system, ventilating and air conditioning system, plumbing system, or electrical system such that it materially compromises the applicant's ability to live.

VA 2.01(1)(L)

(L) "Health care" means dental care, dentures, hearing care, and vision care.

VA 2.01(1)(m)

(m) "Health care aid" means the payment by the department for health care.

VA 2.01(1)(n)

(n) "Hearing care" means any care related to hearing, including, but not limited to, hearing exams or hearing aids.

VA 2.01(1)(o)

(o) "Illness or injury" means a physical or mental health problem that has been diagnosed by a licensed physician, dentist, optometrist, or audiologist.

VA 2.01(1)(p)

(p) "Month" means any consecutive 30-calendar day period.

VA 2.01(1)(q)

(q) "Natural disaster" means a catastrophic occurrence over which the applicant or family members living with the applicant has no control, including, but not limited to, a fire, flood, tornado, blizzard, or earthquake.

VA 2.01(1)(r)

(r) "Subsistence" means essential living expenses including current rent or mortgage payments on the applicant's primary residence, food, current medical insurance premiums, current costs for prescribed medications, essential travel, child care required because of employment, educational or medical reasons, and current costs for electricity, heat, and basic telephone service for the applicant's primary residence. Subsistence also means any repairs or purchases required due to an economic emergency.

VA 2.01(1)(s)

(s) "Subsistence aid" means the payment by the department for subsistence.

VA 2.01(1)(t)

(t) "Unearned income" means the estimated amount the applicant and the applicant's family receives in benefits or grants during any month from the USDVA or other federal agencies, scholarships, fellowships, grants, tuition and fee waivers, all other definite awards other than loans, including amounts paid to the applicant or the applicant's family or to the school on behalf of the applicant or applicant's family for vocational rehabilitation by the USDVA or any other agency, income from trusts or inheritances, unemployment compensation, worker's compensation, social security payments, net rentals from real estate, interest or dividend income or other income not included under earned income. It shall not include death benefits paid by the USDVA or other federal agencies.

VA 2.01(1)(u)

(u) "Vision care" means a vision exam by a licensed vision care provider and a prescription for lens and frame.

VA 2.01(1)(v)

(v) "Change in refractive error" means an increase or decrease of sphere, cylinder or power of at least the following: sphere power of + or - .25 diopter; cylinder power of + or - .5 diopter; axis change of + or -.25 to .75 diopters at 5 degrees, + or - 1 to 2 diopters at 3 degrees or + or -2.25 or more diopters at 2 degrees.

VA 2.01(2)

(2) GRANT APPLICATION.

VA 2.01(2)(a)

(a) Forms required. A grant application shall be submitted on a department approved form. It may be submitted through a county veterans service officer, through any other department authorized agent, or directly to the department, either manually or electronically. The application shall specify the type of care being requested and if the care requested is subsistence aid, the application shall be submitted no later than the 91st day following the verified loss of income due to illness, injury or natural disaster. A declaration of aid shall be submitted with the application. The declaration shall state that the applicant has applied for all aid offered through or administered by the county, including aid from the federal or state government and shall list all assets available

to the applicant or the applicant's family. If requested by the department the applicant shall submit evidence establishing that all other available aid has been applied for and accepted. The department may request additional verification of any information provided in the application. The department shall notify the applicant or applicant's county veterans service officer if any required documentation is missing or if further verification is required to make a decision on the applicant's eligibility. The department shall terminate an application if such documentation or verification does not arrive at the department's central office within 30 days of that notification.

VA 2.01(2)(b)

(b) Eligibility.

VA 2.01(2)(b)1.

1. 'All applicants.' Except for applicants who are eligible under subd. 3., the applicant's income shall not exceed 130% of the federal poverty guidelines, in effect on the date the application arrives at the department's central office, for the number of family members living in the primary residence. An applicant may apply for subsistence aid, health care aid, or both. Applications approved by the department shall have the balance of the maximum available aid allocated towards each type of aid requested, unless the applicant indicates a lesser amount in writing. Applications shall be denied if no unallocated funds are available at the time of application. The department shall indicate on each description of benefits the type of health care or subsistence aid authorized, the date the department confirmed that the applicant was eligible for the grant, a date 90 calendar days from that date, the unallocated amount available for each type of aid and for the cumulative limits of this section, and the amount of aid being authorized. No more than one description of benefits may be outstanding at any time, except where all health care providers have submitted binding quotes prior to the issuance of more than one description of benefits, and are willing to accept payment from this program in full for any service rendered to the applicant in accordance with the description of benefits. The department shall pay the lesser of the actual cost of services invoiced or the binding quote submitted by the health care provider. No payment shall be made by the department unless an itemized written invoice is received by the department within 30 days of the expiration date, or any approved extension of that expiration date, as identified in the applicable description of benefits. Authorized applications for health care aid may not be withdrawn without the agreement of the provider of the health care aid.

VA 2.01(2)(b)2.

2. 'Unremarried surviving spouses and dependents of veterans who die in the line of duty.' Unremarried surviving spouses and dependents claiming eligibility due to the death of a veteran in the line of duty shall submit evidence from the appropriate military service indicating that the veteran died in the line of duty.

VA 2.01(2)(b)3.

3. 'Spouses and dependents of activated or deployed members.' Spouses and dependents of a member of the U.S. armed forces or of the Wisconsin National Guard claiming eligibility shall submit evidence that the service member has been deployed or activated, that due to the activation or deployment a loss of income has occurred, that an economic emergency has occurred during the activation or deployment, and that the spouse and dependents are residents of the state.

VA 2.01(3)

(3) LIMITATIONS.

VA 2.01(3)(a)

(a) Health care aid. A health care provider may provide health care within 90 days after the department confirms that the applicant is eligible only after a description of benefits has been transmitted to the applicant or the county veterans service officer. The department may accept a second application for the health care listed on the first description of benefits if the department receives a statement from the health care provider, within 7

calendar days before the expiration listed on the first description of benefits, that the health care authorized is still being provided and that the patient will not incur costs.

VA 2.01(3)(b)

(b) Subsistence aid. Subsistence aid is available for the 90 day period following the date of the verified loss of income due to illness, injury or a natural disaster. Applications may be made for any 30 day period within the 90 days following the date of the verified loss of income. No more than three 30 day periods of subsistence aid may be granted for any verified loss of income due to illness, injury or natural disaster. No subsistence aid will be granted for any period prior to the date the application for subsistence aid is received. Subsistence aid shall be limited to the difference between the amount of earned and unearned income available before the loss of income and the earned and unearned income being received after the loss of income, subject to the limitations under s. 45.40 (1m) (b) and (3), Stats. The applicant shall verify the loss of income by submitting verification of income forms, certified public accounting statements or any other evidence as the department deems credible. Illness or injury must be verified in writing on a form approved by the department. When the department has evidence that the incapacitation will cause an income loss for 90 days or longer, subsistence grants will be prorated for each of the 30 day periods unless the department determines that an alternate distribution of the grant would benefit the applicant. If the loss of income is the result of alcohol or other drug abuse, the applicant shall verify current participation in an approved treatment program.

VA 2.01(3)(c)

(c) Restrictions. Aid granted for subsistence or health care under s. 45.40, Stats., is subject to a \$7,500 cumulative total based on the aid granted to a veteran and his or her spouse and dependents. The maximum amount of subsistence aid payable in a consecutive 12-month period is \$3,000. The department may provide a grant only if the provider accepts the grant, available health insurance, third party payments on behalf of the applicant and any department-approved payment from the veteran as payment in full. The department may approve a payment by the veteran when a provider refuses to accept the maximum grant available to the veteran as payment in full if the veteran has sufficient available liquid assets to contribute an amount that will induce the provider to accept the aggregate payment as payment in full.

VA 2.01(3)(d)

(d) Dental care aid. A dental health care professional shall indicate in writing that the dental procedures performed were directly necessary to dental care. Such procedures shall not exceed \$500.00 in any consecutive 12 month period except where a full or partial upper / or a lower denture is required. The grant for such denture or dentures shall not exceed \$1,875 for one or \$3,750 for both in any consecutive 48 month period.

VA 2.01(3)(e)

(e) Hearing care aid. Hearing care shall not exceed \$200.00 in any consecutive 12 month period except where a left and / or right ear hearing aid is required. The grant for each hearing aid shall not exceed \$1,875 in any consecutive 48 month period. A participant may obtain a grant to fund an additional or more costly hearing aids and a related examination, if a licensed audiological health care professional identifies, in writing, compelling medical circumstances which have required this added assistance.

VA 2.01(3)(f)

(f) Vision care aid. A grant for vision care shall not exceed \$400.00 in any consecutive 12 month period; however a participant may obtain a grant for replacement glasses before 12 consecutive months have elapsed if the eyewear is prescribed because of a documented change in refractive error.

VA 2.01(3)(g)

(g) Vision care replacement. A participant may obtain a grant for an additional visit to a licensed vision care provider and for a more costly set of corrective eyewear or for an additional set of corrective eyewear where an optometrist or an ophthalmologist identifies in writing a compelling medical circumstance which has required this added assistance.



Wis. Stats. Chapter 45

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

ASSISTANCE TO NEEDY VETERANS GRANT APPLICATION

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 Mr. Ms.
First Name Middle Name Last Name Suffix
Address City State Zip Code
Birth Date Social Security Number

Applicant's Name Mr. Ms.
Veteran 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
Applicant's Birth Date Applicant's Social Security Number

Patient's Name Mr. Ms.
Veteran Relationship to Veteran Spouse/Widow(er) Dependent
First Name Middle Name Last Name Suffix
Patient's Birth Date Patient's Social Security Number

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

Select Desired Benefit (Maximum of \$7,500 for all ANV Grant types combined)
Subsistence Aid (\$3,000 maximum per 12 month period)
Health Care Aid Components
Vision Care (up to lifetime maximum shown above)
Dental Care (up to lifetime maximum shown above)
Hearing Care (up to lifetime maximum shown above)

A Description of Benefits (DOB) authorizing care for a 90-day period will be posted for approved applications. It is to be printed by the CVSO for delivery to the provider who will complete the "Request for Payment" section and submit to WDVA for payment. Care must be completed before the "Expiration" date on the DOB.

Living Arrangements Own Home Mobile Home Live With Roommates VA Facility
Rent Homeless Live With Relatives VAP Facility

VA Health Care System (Wisconsin law requires use of all available resources and agencies [VA2.01(2)(a)]
Date veteran applied to Federal VA health care system
Has veteran been enrolled into the system? No Yes Date enrolled
Does the veteran have a service-connected disability? No Yes Disability rating %
List Disabilities

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 Vision Hearing

Spouse and Legal Dependents Living With Applicant
First Name Last Name Birth Date Relationship to Veteran
Name Spouse Dependent
Base File #

Income—Verification Required (Veteran, Spouse, or Any Dependent Name)

Recipient 1

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

- Income Type
- | | |
|---|--|
| <input type="checkbox"/> National Guard/Reserve | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Compensation – VA | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Compensation – Unemployment (insurance) | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Compensation – Workers | Emplo |
| | yer _____ |
| <input type="checkbox"/> Sick/Disability Pay (from employer or insurance) | <input type="checkbox"/> Overtime |
| <input type="checkbox"/> Pension – Other than Federal VA | <input type="checkbox"/> Bonuses |
| <input type="checkbox"/> Pension – Federal VA | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> Social Security – Regular | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Social Security – Disability (SSD) | <input type="checkbox"/> Retirement (pay) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Student Financial Aid (all types) |
| <input type="checkbox"/> Aid to Families with Dependent Children | <input type="checkbox"/> Federal GI Bill |
| <input type="checkbox"/> Food Share (formerly called Food Stamps) | <input type="checkbox"/> State or Federal Voc Rehab |
| <input type="checkbox"/> Rental(income) | <input type="checkbox"/> Other |

Recipient 2

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

- Income Type
- | | |
|---|--|
| <input type="checkbox"/> National Guard/Reserve | <input type="checkbox"/> Dividends |
| <input type="checkbox"/> Compensation – VA | <input type="checkbox"/> Interest |
| <input type="checkbox"/> Compensation – Unemployment (insurance) | <input type="checkbox"/> Wages |
| <input type="checkbox"/> Compensation – Workers | Emplo |
| | yer _____ |
| <input type="checkbox"/> Sick/Disability Pay (from employer or insurance) | <input type="checkbox"/> Overtime |
| <input type="checkbox"/> Pension – Other than Federal VA | <input type="checkbox"/> Bonuses |
| <input type="checkbox"/> Pension – Federal VA | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> Social Security – Regular | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Social Security – Disability (SSD) | <input type="checkbox"/> Retirement (pay) |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Student Financial Aid (all types) |
| <input type="checkbox"/> Aid to Families with Dependent Children | <input type="checkbox"/> Federal GI Bill |
| <input type="checkbox"/> Food Share (formerly called Food Stamps) | <input type="checkbox"/> State or Federal Voc Rehab |
| <input type="checkbox"/> Rental(income) | <input type="checkbox"/> Other |

Required – For Subsistence Aid Only Income lost due to illness, injury, or natural disaster

Date of Stop/Decrease _____

Income Before Stop/Decrease \$ _____ Frequency Monthly Annually Semi-Annually Quarterly
 Semi-Monthly Bi-Weekly Weekly

The reason for loss of income was due to

- Illness Injury (send a copy of police/fire report if applicable) Natural Disaster

NOTE: If aid is available for this type of incident and the applicant hasn't applied for it, a written explanation will be required.

- | | | | |
|-------------------------------------|--|--------------------------------|--|
| Liability insurance available | <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability insurance available | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lawsuit will be filed or is pending | <input type="checkbox"/> Yes <input type="checkbox"/> No | Workers Compensation available | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Crime Victim Compensation available | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Explanation of Incident

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.

(continued on next page)

Nature of Incident _____
 Date of Incident _____ Time of Day/Night _____
 Location of Incident _____ Phone _____
 Address _____ City _____ State _____ Zip Code _____

Witnesses

Name 1 _____ Phone _____
 Address _____ City _____ State _____ Zip Code _____
Name 2 _____ Phone _____
 Address _____ City _____ State _____ Zip Code _____

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.

Liquid Assets (In Veteran, Spouse, or Any Dependent Name)

Owner 1 _____

<u>Asset Type</u>	<u>Value</u>	<u>Asset Type</u>	<u>Value</u>
<input type="checkbox"/> Checking Account	\$ _____	<input type="checkbox"/> Government Pension/Retirement Plan	\$ _____
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Cash Value of Life Insurance	\$ _____
<input type="checkbox"/> Money Market	\$ _____	<input type="checkbox"/> Stocks (or stock accounts)	\$ _____
<input type="checkbox"/> Certificate of Deposit	\$ _____	<input type="checkbox"/> Bonds (or bond accounts)	\$ _____
<input type="checkbox"/> 401K Plan	\$ _____	<input type="checkbox"/> Custodial Accounts (Children or Grandchildren)	\$ _____
<input type="checkbox"/> 403B Plan	\$ _____	<input type="checkbox"/> Gambling Winnings	\$ _____
<input type="checkbox"/> IRA (Roth and Regular)	\$ _____	<input type="checkbox"/> Tax Refunds	\$ _____
<input type="checkbox"/> Company Pension/Retirement Plan	\$ _____	<input type="checkbox"/> Other _____	\$ _____

Owner 2 _____

<u>Asset Type</u>	<u>Value</u>	<u>Asset Type</u>	<u>Value</u>
<input type="checkbox"/> Checking Account	\$ _____	<input type="checkbox"/> Government Pension/Retirement Plan	\$ _____
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Cash Value of Life Insurance	\$ _____
<input type="checkbox"/> Money Market	\$ _____	<input type="checkbox"/> Stocks (or stock accounts)	\$ _____
<input type="checkbox"/> Certificate of Deposit	\$ _____	<input type="checkbox"/> Bonds (or bond accounts)	\$ _____
<input type="checkbox"/> 401K Plan	\$ _____	<input type="checkbox"/> Custodial Accounts (Children or Grandchildren)	\$ _____
<input type="checkbox"/> 403B Plan	\$ _____	<input type="checkbox"/> Gambling Winnings	\$ _____
<input type="checkbox"/> IRA (Roth and Regular)	\$ _____	<input type="checkbox"/> Tax Refunds	\$ _____
<input type="checkbox"/> Company Pension/Retirement Plan	\$ _____	<input type="checkbox"/> Other _____	\$ _____

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. I have applied for and accepted all benefits available from other agencies or organizations. 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 within 30 days of the date of the request or I may be denied any benefit. 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.



STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
30 West Mifflin Street, P.O. Box 7843, Madison, WI 53707-7843
(608) 266-1311 FAX (608) 267-0403

DECLARATION OF AID

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

This form is designed to provide information about county-administered benefits to WDVA for the Assistance to Needy Veterans program. It is to be completed and signed by the County Veterans Service Officer or other person as designated by the County Board or Executive.

Applicant's Name: _____ County: _____

I certify that this applicant has applied for all federal, state, or county aid administered by the county. Aid is available as listed below:

Note: If aid is unavailable, enter a zero. Do not leave the line blank.

Subsistence or Health Care Aid

Veterans Service Commission Funds \$ _____

If zero, provide reason: [] Funds exhausted [] Other (please explain): _____

Health Care Aid Only

Medicaid (Medical Assistance) \$ _____ deductible

Badger Care \$ _____ deductible

Other (please list): _____ \$ _____

_____ \$ _____

Subsistence Aid Only

Food Share Benefits (formerly called Food Stamps) \$ _____

W2 (AFDC) \$ _____

Medicare Premium Assistance (QMB, SLMB) \$ _____

Unemployment Insurance (also called Unemployment Compensation or UC) \$ _____

Worker's Compensation \$ _____

Other (please list): _____ \$ _____

_____ \$ _____

County Agent's Name: _____ Title: _____

Signature: _____ Date: _____



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

DESCRIPTION OF BENEFITS - For Health Care Providers

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

Patient Name: _____ WDVA #: _____ Date Received: _____
 County or VAP Contact: _____ County or VAP Phone: _____ CVSO County: _____

Listed below is the benefit available to this patient under the rules governing the Health Care Aid component of the WDVA Assistance to Needy Veterans grant program. This is a State of Wisconsin program and is not associated with the federal Department of Veterans Affairs (VA).

WDVA will pay up to \$5,710.02 for the following types of care. The amount available decreases as bills are paid. The veteran is responsible for tracking his expenses.

WDVA will not pay for care, including exams, available through the VA Health Care System during the effective dates. The veteran is responsible for providing evidence of this to WDVA.

Benefit Types	Effective 06/20/2008	Expiration 09/18/2008
DENTAL CARE	Dental care means any care given to teeth, the supporting natural and artificial structures for teeth, and any replacement or restoration of teeth.	

NOTE TO PROVIDER

BILLING	Please complete the Request for Payment section below and submit this form to WDVA via mail or fax to (608) 267-0403 within 30 days of the final care date. DO NOT SEND MULTIPLE BILLINGS. Please indicate payments from insurance, Medicare, etc. Charges submitted in any other format or outside the 30-day limit will be rejected.
PAYMENT	Payment for qualifying care will be made directly to the health care provider. Your acceptance of WDVA's payment indicates acceptance as payment-in-full for the charges listed on this form.
ONE-TIME EXTENSION:	Providers may request a 90-day extension by faxing or mailing a written statement to WDVA which must be received during the week before the expiration date above certifying that 1) care has begun and 2) additional time is needed to complete care. Veterans must reapply for benefits if additional time is needed after the extension has expired.

REQUEST FOR PAYMENT - PLEASE PRINT LEGIBLY

Provider Name: _____ Phone: _____ FAX: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-mail: _____

Please summarize dates of service and total balance due and attach an Itemized bill.

<u>Dates of Service</u>	<u>Charges</u>	<u>Insurance Payments</u>	<u>Insurance is Pending</u>	<u>Balance</u>
_____	\$ _____	\$ _____	<input type="checkbox"/>	\$ _____

WARNING: The law limits aid to a lifetime maximum of \$7,500.00 under this Assistance to Needy Veterans Grant. This grant consists of the Health Care Aid component mentioned above and a Subsistence Aid component. While the department will attempt to be accurate in listing benefit amounts available and will pay bills in the order that they are received, the legal limits of the program can never be exceeded.

I have read the conditions of payment listed in this form and agree to them and certify that the above charges represent the balance due on the services listed as having been rendered.

Provider Name (Please Print): _____ Signature: _____ Date: _____

Appeal Rights: Any applicant may contest a decision concerning any application for benefits by expressing the desire to appeal, in writing, to the Office of Legal Counsel, at the address listed above. An appeal must be received by the department within 60 calendar days after the date of the Department decision. Questions concerning this appeal process should be directed to the Office of Legal Counsel at (608) 266-0518.

VERIFICATION OF ILLNESS OR DISABILITY
Assistance to Needy Veterans Grant — Subsistence Aid

County Number

A. TO BE COMPLETED BY THE PATIENT

Please release the information requested to the Wisconsin Department of Veterans Affairs.

1. Veteran's Name:	2. Patient's Name: (if different)	3. WDVA # or Veteran's Birth Date:
4. Patient's Address:	5. Date I feel I became ill/disabled:	
6. Patient's Signature: _____ Date: _____		

B. TO BE COMPLETED BY A LICENSED PHYSICIAN OR OPTOMETRIST

Refer to the date listed in number 5 above by the patient. Please answer all questions fully. Unanswered questions will delay emergency aid.

1. Diagnosis of illness/disability:

2. Date illness or injury caused a loss or reduction of employment:

3. I estimate the veteran was or will be incapacitated for the following number of days following the date noted in #2 directly above:

not incapacitated 30 60 90 days or longer incapacitation is permanent

DOCTOR'S COMMENTS:

DOCTOR INFORMATION:

WARNING: ONLY A LICENSED PHYSICIAN OR OPTOMETRIST MAY SIGN THIS FORM. THE FORM WILL NOT BE ACCEPTED IF IT IS SIGNED BY ANYONE ELSE.

(print or type) _____ () _____
Name Title Telephone

_____ _____
Address Email

Doctor's Signature (NO STAMPED SIGNATURES) Date Signed

**Please complete and send to the address at the top of this form.
Do not give it to the patient.**



CVSO Training – Apr 2013

RETRAINING GRANT PROGRAM

Topics: Assistance Provided, Eligibility,
and CVSO Items

Retraining Grant - Benefit:

- Up to \$3000 per year, with a lifetime maximum of \$6000 while being retrained for employment.
- Award may be issued in partial payments to ensure veteran continues in retraining program.

Retraining Grant - Eligibility

- Veterans only (no spouses or dependents)

Requirements:

- Became unemployed or underemployed (income from wages below federal poverty guidelines) within one year of WDVA's receipt of application.
- Loss of employment cannot have been caused by voluntary actions.
- Veterans who have been discharged from active military duty within the last 12 months are eligible.
- Has received a retraining grant within 13 months prior to the date the department issued the final payment of the 1st approved RTG.

Retraining Grant - Requirements

- Cannot be used during same school period as Veterans Education Grant
- Applicants must be enrolled in a technical education program or engaged in a structured on-the-job training program at the time of application.
- Program must be completed within two years.
- Eligible schools include Wisconsin technical colleges and private and occupational trade schools approved by the Wisconsin Educational Approval Board.
(<http://eab.state.wi.us/resources/schoolsprogram.asp>)

Retraining Grant – Application (WDVA 2019) Wisconsin Technical Colleges, Occupational and Trade Schools

- A current version of the application is available for downloading at WDVA's website
- Page three is to be completed and signed by appropriate personnel at veteran's school.
- Page four, Workforce Development: Verification of Income : Veterans must contact a Workforce Investment Act service provider or Veterans Employment Representative at their local Wisconsin Job Center and have them complete this form.

Retraining Grant – On-the-Job Training (OJT)

- WDVA will pay retraining grant award to the employer of a veteran engaged in an OJT training program.
- The employer must complete the Retraining Grant Application-OJT (WDVA 2039). This form is to be submitted with the Retraining Grant application.

Retraining Grant - Second payment

- Use WDVA 2085 when requesting the second of two grant payments.
- Veteran must complete the top portion
- School veterans official should complete the bottom portion of the form.



TRIBUTE

WISCONSIN VETERANS MEMORIAL CEMETERIES

Mission: To provide a final resting place for veterans and create a lasting monument to their achievements and sacrifices on behalf of a grateful nation.

**OPERATED BY THE WISCONSIN DEPARTMENT OF
VETERANS AFFAIRS**

Wisconsin Veterans Memorial Cemeteries Southern, Northern & Central



CENTRAL WISCONSIN VETERANS MEMORIAL CEMETERY KING, WI

CEMETERY REPRESENTATIVE –

GRETCHEN JUNGERBERG



VIEW OF KING CEMETERY



SOUTHERN WISCONSIN VETERANS MEMORIAL CEMETERY

UNION GROVE, WI

CEMETERY

DIRECTOR – MATT BERGS

OPENED TO 1ST TIME INTERMENT SEPTEMBER 30, 1996/ DEDICATED MAY 1998





ADMINISTRATION BUILDING



INDOOR CHAPEL



DISPLAY CASE



**KIOSK
INFORMATION CENTER**



CEMETERY FEATURES



**OUTDOOR
COMMITTAL SHELTER**



CARILLON TOWER



**POW/MIA,
WISCONSIN &
BRANCH OF
SERVICE FLAGS**

NORTHERN WISCONSIN VETERANS MEMORIAL CEMETERY SPOONER, WI CEMETERY DIRECTOR – DAWN ANDERSON

OPENED TO 1ST TIME INTERMENTS NOVEMBER 11, 2000/ DEDICATED JUNE 2001





ADMINISTRATION BUILDING



INDOOR CHAPEL



GREETING AREA

**KIOSK
INFORMATION CENTER**





CEMETERY FEATURES



**OUTDOOR
COMMITTAL SHELTER**



CARILLON TOWER



FOUNTAINS



AERIAL VIEW

NORTHERN WISCONSIN VETERANS MEMORIAL CEMETERY

FACING WEST



FACING EAST





WISCONSIN CEMETERY STATISTICS

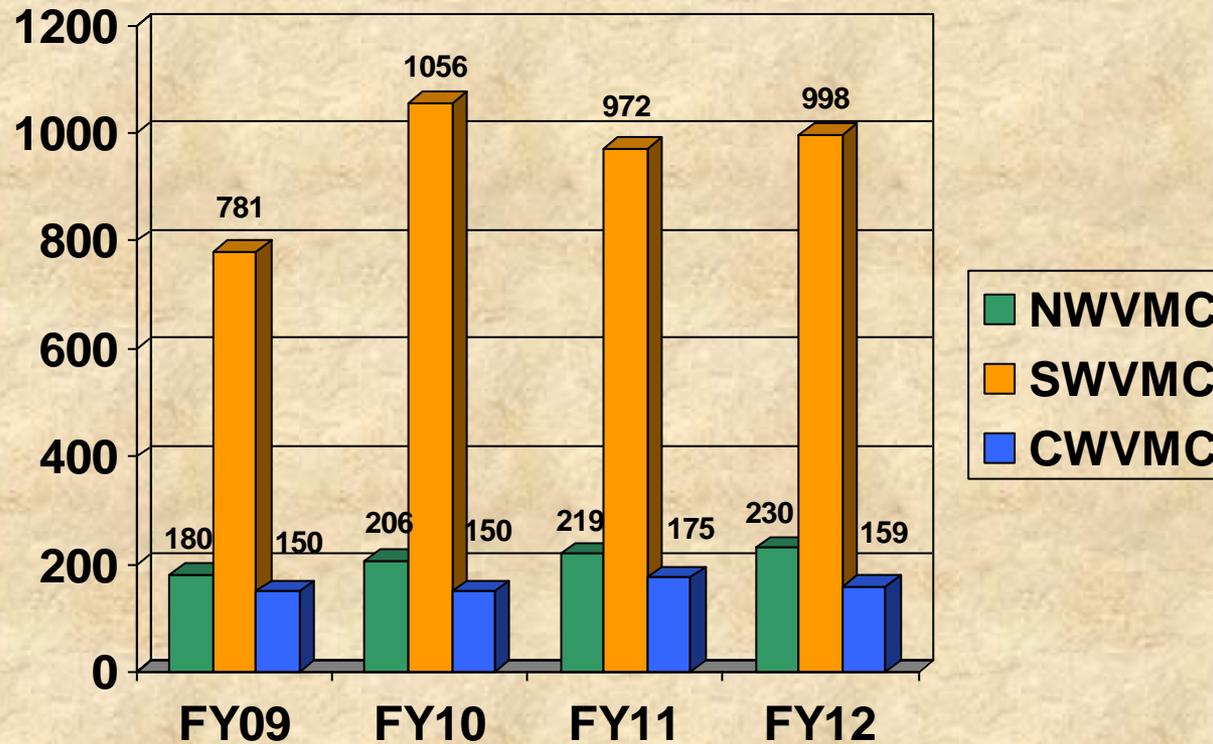
<u>Interments</u>	<u>FY 12</u>	<u>Since Inception</u>
NWVMC	230	1,889
SWVMC	998	11,155
CWVMC	159	6,171
Total	1,387	19,215

Burials: Casket/Columbarium/Urn Garden/Scattering Garden

Eligibility: Veterans/Spouses/Dependents/Residents

INTERNMENTS BY CEMETERIES

Includes: Casket/ Cremation Urn/ Columbarium/Scattering Garden





INTERMENT OPTIONS

Wisconsin State Veterans Cemeteries inters caskets and cremation urns. Cremation urns may be placed in an urn garden, columbarium or the cremated remains may be scattered in a scattering garden.

THE CEMETERY PROVIDES

Space – next available – no pre-selection.

Liner – pre-set concrete liner for casket interments. (NWVMC & SWVMC only)

Marker – (Ordered through State Veterans Cemeteries)

- **Upright granite for casket burials**
- **Flush or upright granite for cremated remains in urn garden**
- **Bronze plaques for the columbarium niche.**



CASKET GARDENS



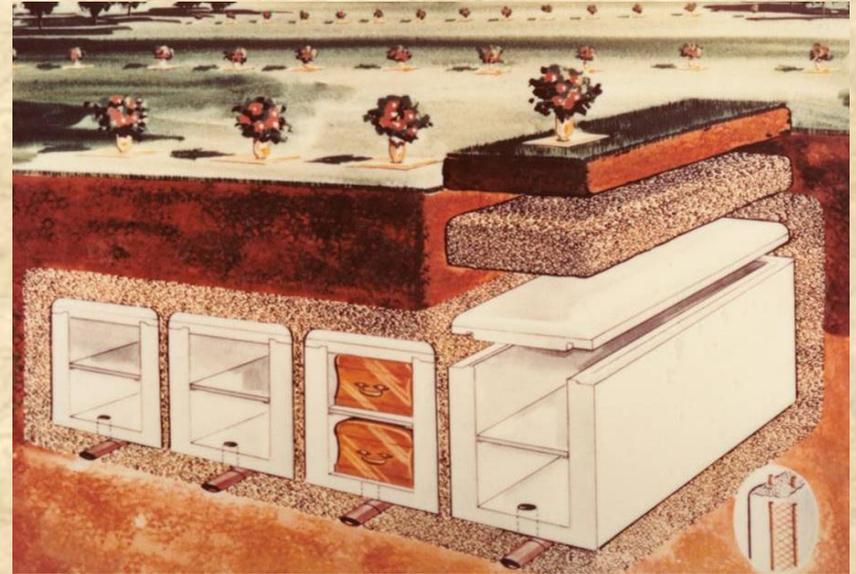
**COMPANION
ARRANGEMENTS**



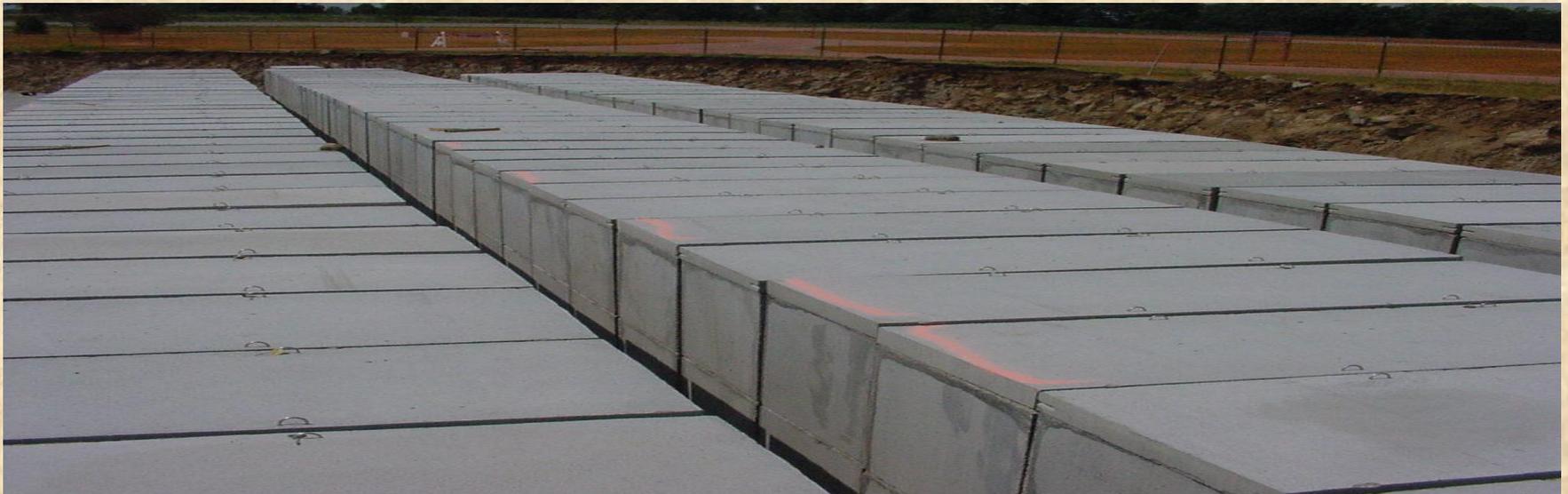
**SINGLE
ARRANGEMENTS**



LINER INSTALLATION



LINER INSTALLATION





URN GARDEN

**UPRIGHT MARKERS AT NORTHERN
FLUSH MARKERS AT SOUTHERN**



**IN
MEMORY
GARDEN**





COLUMBARIUM

**COMPANION AND SINGLE
ARRANGEMENTS AT
SOUTHERN & NORTHERN**



ARRANGING FOR BURIAL

- **Specific gravesites at Wisconsin State Veterans Cemeteries cannot be reserved in advance. Gravesites are assigned at time of need by cemetery personnel.**
- **At time of need, next of kin should obtain services from a funeral home. To request burial, the funeral home should call while the next of kin is present (if possible).**
- **Before scheduling a burial, cemetery staff must determine eligibility.**
- **Burials will be scheduled after eligibility is established.**
- **Spouses and dependent children of an eligible veteran may also be interred (prior to or after death of eligible veteran).**
- **There is no charge for the interment of an eligible veteran. Currently the fee is \$550.00 for an eligible veteran's spouse or dependent child (No pre-payment).**
- **Pre-Registration is encouraged but not required.**



ELIGIBILITY

MILITARY SERVICE

(MUST MEET ONE OF THE FOLLOWING CRITERIA)

- Veteran was discharged or released from active duty service under other than dishonorable conditions, or
- Veteran served at least 20 years in National Guard or Reserves and qualified for retirement pay (or would have qualified for retirement pay except death occurred before age 60), or
- Veteran died while on active duty.

STATE RESIDENCY

(MUST MEET ONE OF THE FOLLOWING CRITERIA)

- Veteran was a Wisconsin resident at the time of entry or re-entry into military service, or
- Veteran was a Wisconsin resident at the time of death, or
- Veteran was a Wisconsin resident for at least twelve consecutive months at some point after discharge from active duty.

CEMETERY PRE-REGISTRATION

Pre-registration for the Wisconsin state veterans cemeteries is encouraged but not required. Pre-registration offers peace of mind, helps avoid confusion and possible delays at time of need.

Pre-registration can be accomplished in person or by mail and may be done either at the cemetery of choice or any County Veterans Service Office.

DOCUMENTATION REQUIRED

- **Signed pre-registration form**
- **Discharge documents**
- **Marriage certificate (if married)**
- **Proof of residency**

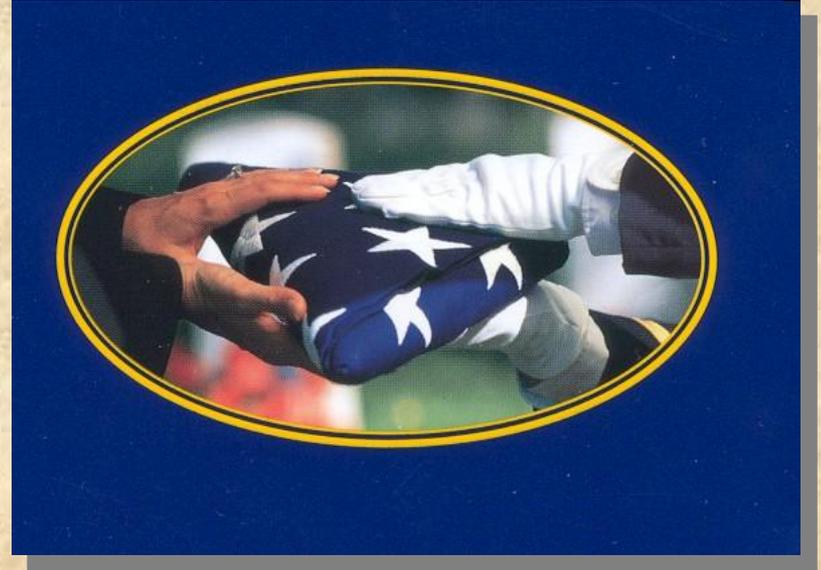
CEMETERY DONATION PROGRAMS

Purpose: To honor loved ones and help with continued beautification of the cemeteries

- **Wall of Honor - (Individuals, families, organizations)**
- **Avenue of Flags - flag/flagpole**
- **Commemorative Benches**
- **Memorial Trees**
- **Memorial Walkways**
- **Joint Service Wall**
- **General Cash Donation**



Provide and coordinate the appropriate final tribute to eligible Wisconsin Veterans, acknowledging their faithful and honorable service.





WISCONSIN DEPARTMENT OF VETERANS AFFAIRS

STATE VETERANS
CEMETERIES

QUESTIONS?



Department of Workforce Development

Office of Veterans' Services

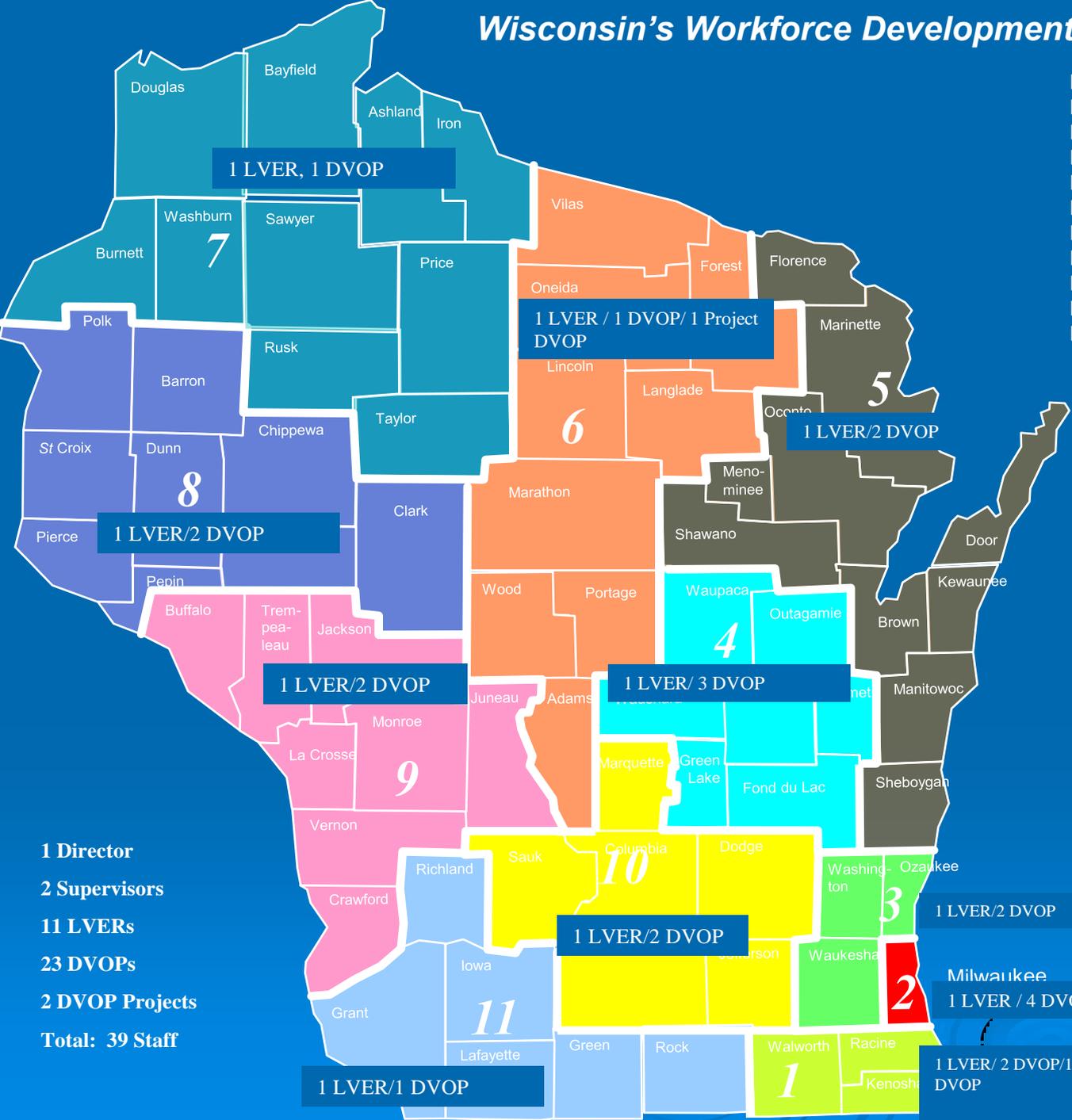


Office of Veteran Services

- 11 Business Service Staff (LVERs)
 - 25 Veteran Case Managers (DVOPs)
 - 1 Program Director
 - 2 Regional Supervisors
- **Program is funded by dollars from USDOL-VETS**

Wisconsin's Workforce Development Areas

- 1 Southeast
- 2 Milwaukee County
- 3 Waukesha-Ozaukee-Washington
- 4 Fox Valley
- 5 Bay Area
- 6 North Central
- 7 Northwest
- 8 West Central
- 9 Western
- 10 South Central
- 11 Southwest



1 Director
2 Supervisors
11 LVERs
23 DVOPs
2 DVOP Projects
Total: 39 Staff



DVOP



- **Case Management**
- **Comprehensive Assessment**
- **Develop Individualized Employment Plan**

LVER

- **Develop Annual Business Plans**
- **Contact Federal Contractors**
- **Participate in Management Meetings with Local Partners**
- **Submit Lead Worker Activities and Reporting**
- **Facilitate Job Fairs**

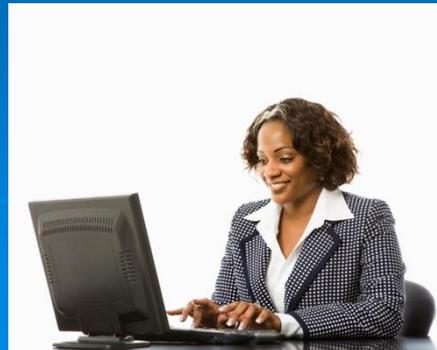


Veteran OJTs

- Beginning in 2010 OVS staff received a grant from DOL of \$320,000 to write on-the-job training for veterans dislocated from the workforce.
- OVS staff worked directly with employers to develop 48 contact OJT contracts with an average wage of \$11.75.
- In 2012 OVS received an additional \$70,000 and developed 7 additional contracts with an average wage of \$15.40

How can we help?

- **LVER & DVOP staff can match you with individuals that are, dependable, motivated, and skilled.**



DWD Hiring Incentives

➤ On the Job Training Program

- Offset training costs



➤ Tax Credits

- Lower Your Taxes, Save Money and Boost the Economy



Find the **RIGHT** candidate using

➤ **National Career Readiness Certificate**

➤ **Improve your bottom line**

➤ **Find Better Applicants**

➤ **Reduce Hiring Costs: Reduce Turnover: Improve Effectiveness of Training Dollars**



Special Hiring Incentives

for Service-Connected Disabled Vets

US Department of Veterans Affairs
Chapter 31 Program



Work Opportunity Tax Credit

➤ WOTC

- **Federal tax incentives for employers to hire targeted individuals that are most in need of employment.**
- **Enhanced for employers that hire qualified veterans**



VOW to Hire Heroes Act of 2011

- On November 21, 2011, the President signed into law the “Vow to Hire Heroes Act”, which amends and expands the definition of Veteran target groups for the Work Opportunity Tax Credit (WOTC).



VOW to Hire Heroes Act of 2011

- **5 categories of Qualified Veterans that are eligible for this Extended and Enhanced Tax Credit**
 - **The Act added two new categories to the existing qualified veteran targeted group and made the WOTC available to certain tax-exempt employers as a credit against the employer's share of social security tax.**

WOTC / Vow To Hire Act Veteran Category	Qualified First Year Wages	Maximum Credit
Veteran receiving 3 of last 15 months Supplemental Nutrition Assistance Program (SNAP)	\$6,000	\$2,400
Veteran entitled to compensation for service-connected disability and discharged within 1 year ending on hiring date	\$12,000	\$4,800
Veteran entitled to compensation for service-connected disability and unemployed for at least 6 months within 1 year ending on hiring date	\$24,000	\$9,600
Veteran receiving Unemployment Insurance payment for at least 4 weeks and less than 6 months within 1 year of hiring date	\$6,000	\$2,400
Veteran receiving Unemployment Insurance payment for at least 6 months within 1 year of hiring date	\$14,000	\$5,600

KEY PROVISIONS

- **Tax credit of up to \$5,600 for hiring veterans who have been looking for a job for more than six months, as well as a \$2,400 credit for veterans who are unemployed for more than 4 weeks, but less than 6 months.**



KEY PROVISIONS

- **Tax credit of up to \$9,600 for hiring veterans with service-connected disabilities who have been looking for a job for more than six months.**



Contact for WOTC and VOW

➤ **Central Office – Madison:**

Jody Thomas 608.266.1903

➤ **Mail to:**

201 E. Washington Ave. Room G100

Madison, WI 53707

Or

Fax to: 608.264. 9682



Completing the Work Opportunity Tax Credit (WOTC) application

The 8850, 9061, and 9062

Contact Information

Return all completed forms: [IRS 8850](#) and Individual Characteristics [ETA Form 9061](#) or if you received a completed Conditional Certification [9062](#) mail to:

Department of Workforce Development (DWD)

Federal Tax Credits, Rm. G100

201 E. Washington Ave., PO Box 7972

Madison WI 53707-7972

For assistance contact your local Wisconsin Job Center or visit the WOTC website at:

<http://www.dwd.state.wi.us/jobservice/taxcredit/wotc.htm>

Program Coordinator: Jody Thomas 608/266/1903

LVER/DVOP Service to post 9/11 Veterans

- As of December 31, 2012
- OVS staff provided employment services to 6,981 veterans and eligible persons
 - LVER/DVOP staff provided staff assisted services to 6,222 post 9/11 veterans and intensive services to 3,433 post 9/11 veterans with barriers to employment.
 - The entered employment rate for post 9/11 veterans following staff assisted services was 60%
 - The entered employment rate for post 9/11 veterans following intensive service was 60%
 - The average rate of pay at six months of employment for post 9/11 veterans was \$13.35 per hour.

OVS Staff Services to Disabled Vets

- LVER/DVOP staff provided staff assisted services for 1,624 disabled veterans
- LVER/DVOP staff provided intensive services to 1,005 disabled veterans with barriers to employment
- The entered employment rate for disabled veterans following staff assisted services was 54%
- The entered employment rate for disabled veterans following intensive services was 55%

Transitioning Service Members

The jobs for Veterans Act of 2002 calls for increased emphasis by the One-Stop delivery system on providing employment services to Transitioning Service Members.

-TSMs is defined as a active duty service member who participates in employment services and is within 24 months of retirement or 12 months of separation.

ONE-Stop Performance for TSMs

➤ As of December 2012

- 78% of transitioning service members entered employment with an average wage of \$16.41 per hour.

Any Questions?



Wisconsin Veterans Homes
“Wonderful Places to Live!”

OUR MISSION

- Our mission is to work on behalf of Wisconsin's veterans community - - veterans, their families and their survivors - - in recognition of their service and sacrifice to our state and nation.

WVH-King

- 320 acres on beautiful Rainbow Lake
- Picturesque and Historic Campus
- Provides skilled nursing care
- 46 bed memory care unit
- Home to approximately 680 veterans and spouses
- 500 nursing staff & 300 support staff
- 300+ volunteers





MAC ARTHUR HALL

The image shows the exterior of a multi-story building with a light-colored brick facade. A prominent horizontal concrete band runs across the middle of the building, featuring the name "OLSON HALL" in dark, sans-serif capital letters. Below this band, the ground floor has a stone-clad base with large windows and glass doors. The scene is captured during the day, with shadows from trees and a utility pole cast across the building's surface. In the foreground, there is a paved walkway, green benches, and some orange traffic cones. A person is visible sitting on one of the benches.

OLSON HALL



**ADMINISTRATION
OFFICES**

STORDOCK HALL



AINSWORTH HALL



WVH-Union Grove

- Located in Racine county
- Offers assisted living & skilled nursing care
- Home to approximately 160 Veterans and spouses



Assisted Living Fairchild Hall



- Serves a varied population of Veterans, to include those needing minimal assistance to those with mild to moderate memory care needs.

Boland Hall

120-Bed Skilled Nursing



Boland Hall

- Long-term care, as well as short-term rehabilitation care, is provided.
- Hospice and end-of-life comfort care is offered.
- A secured Memory Care Unit is also available.

WVH-Chippewa Falls



- Located in Northwest WI
- 72-bed skilled nursing facility
- Long-term care and short-term rehab options
- Four 18-bed households
- Private rooms with private bathroom with walk-in shower



Why We Need Veterans Homes

Veterans have made many sacrifices and have unique issues:

- Estimated that 128,000 veterans over age 65 will live in WI in year 2030
- Factors increasing the need for Long Term Care (LTC) for Veterans
 - Increased life spans
 - Fewer informal caregivers
 - Baby Boomers
 - Alzheimer's/Dementia increasing incidence needed
 - Special Health needs → PTSD, Substance Abuse, Multiple chronic illnesses etc
- Decreased availability of LTC due to regulatory requirements & low reimbursement rates

**Choosing a Wisconsin
Veterans Home has
many benefits...**

1. It's affordable

- Veterans living in State Veterans Homes may be eligible for federal benefits which can help supplement their cost of care. The cost of staying at a Veterans Home is often significantly below what is charged at for-profit facilities
- Qualified veterans with a permanent service connected disability rating of 70% or higher are entitled to cost-free care

The daily rate at skilled nursing facilities also include:

- Activities • Housekeeping • Laundry services • Local phone • Cable hook-up (60 channels)
- Banking services • Personal care supplies
 - Wheelchairs, walkers and canes • Oxygen • Medical care supplies such as eyeglasses and hearing aids • Prescriptions • AND MORE



Skilled Nursing Care

- Private Pay
- Medicaid (T-19)
- Medicare (T-18) Union Grove only
- Federal Veterans Entitlements – Veterans with a 70% permanent service connected disability rating are entitled to cost free care.

Assisted Living

- Private Pay
- Please note that Medicare and Medicaid only cover Nursing Home costs not Assisted Living
- Eligibility requires applicants have enough income/assets to pay for their first 4 years of care

The daily rate at UG assisted living facilities includes:

- Private room • Weekly housekeeping • Local phone
- Heat, electricity, water and air conditioning • Cable hook-up (60 channels)
- Three daily meals plus snacks • Medication supervision • Furniture (if needed)
- Transport to VA medical appointments • Medical supplies
- Nursing services

2. Part of a Strong Veteran Community





99



DISABLED AMERICAN VETERANS

Wheel Chair Shop

King of the Hill

DAV

715-255-1111

FLORIDA
WFLA-TV









3. Health is in Great Hands

- Multi-disciplinary team of physicians, nurses, therapists, social workers, and even a dentist!













4. Fun & Camaraderie:

Includes daily recreational activities, regularly sponsored special outings, & many social events















GENUINE DRAFT







ROBERTO LOPEZ
RHP
B: 7-0
H: 23
E: 3

Advertisements along the outfield fence including: Aflinity, AON, 950 Kiss, CN, and others.

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MAROSZ



AMERICA'S HEROES

TRANS HOME AT KING



75-288-6365
Welcome Home@the.state.mn.us
www.HV-10.org.us



ELIGIBILITY

- A Veteran must have entered service from the State of WI or must have resided in WI for 12 consecutive months since discharge from military service. Also must be a resident of WI on date of application.
- Served on active duty for at least one qualifying term of service.
- Spouses of veterans, and parents of deceased veterans, can also reside at the Home.

Forms/Documents for Admission

- Visit Our Website at: www.dva.state.wi.us/Homes
- Application Checklist (WDVA 4006)
- Application for Admission to the Wisconsin Veterans Homes (WDVA 4000)
- Applicant's Financial Statement (WDVA 4001)
- Authorization for Disclosure of Health Information (WDVA 4002)
- Request for Authorization to Release Medical Records of Health Information (VA 10-5345)
- WI Residence Affidavit (WDVA 1805)
- Medical Care Determination (WDVA 4004)
- Certified Copy of DD214
- Certified Copy of Birth Certificate



To Set up a Tour:

Wisconsin Veterans Home at King

N2665 County Rd. QQ

King, WI 54946-0600

Phone: (715) 258-5586 ext. 2270

Wisconsin Veterans Home at Union Grove

21425 G Spring St.

Union Grove, WI 53182

Phone: (262) 878-6702

Wisconsin Veterans Home at Chippewa Falls

2175 E Park Ave

Chippewa Falls, WI 54729

Phone: (715) 720-6629

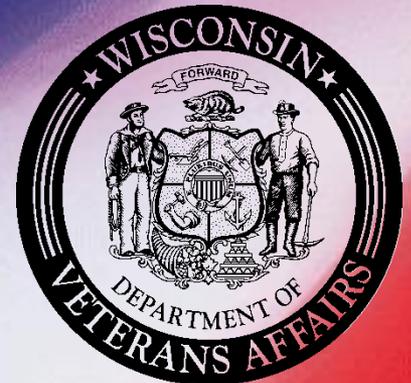
For more information, please go to www.dva.state.wi.us/Homes



The Veterans Education Reimbursement Grant Program

Presented by

**Leslie Ann Busby Amegashie, Benefits Specialist
Wisconsin Department of Veterans Affairs
Madison**



The Veterans Education Reimbursement Grant (VetEd)

- Reimburses approved tuition and fees paid by the veteran for courses taken at an accredited institute of higher learning.
- Reimburses tuition that is not already paid by other grants or scholarships that specifically cover tuition.
- Reimbursement is currently 100% of tuition and fees, not to exceed what UW-Madison charges for the same number of credits.
- The percentage of reimbursement may be adjusted on an annual basis.

Wisconsin Veteran Status:

- Establish veteran status by submitting a WDVA form 0001 [*Eligibility Determination*].
- Criteria: (1) Wisconsin residency; (2) character of service (under honorable conditions); and (3) length of service.

Program Eligibility

- Veteran must be a state resident at the time of applying for the grant.
- Veteran must achieve at least a 2.0 or 'C' average for the semester, term or class.
- Veteran with a bachelor's degree is not eligible for the VetEd.
- Veteran's dependents are not eligible for the VetEd.

Program Eligibility

- If eligible for the National Guard Tuition Grant (NGTG) or the Reserve Tuition Assistance Program (TAP), the veteran is not eligible for the VetEd.
- A member of the Guard or Reserves can become eligible for the VetEd Grant. To become eligible a veteran must provide evidence of being ineligible for the NGTG/Reserve Grant.

Credit Bank

The number of credits or semesters that can be reimbursed is based on the length of active duty. *Active Duty for Training* does not count toward eligibility.

- 90 days to 180 days: 30 credits or two semesters.
- 181 days to 730 days: 60 credits or four semesters.
- More than 730 days: 120 credits or eight semesters.

Delimiting Date Criteria

- Ten years after leaving active duty, i.e., delimiting date, a veteran can only enroll as a part-time student (11 credits or less) to be considered for a VetEd Grant.
- After reaching delimiting date, only up to 60 unused credits will be available for part-time study.
- During the summer session, all enrollments are considered part time, i.e., there is no credit limit for those beyond delimiting date.

Two Program Deadlines

- **Application**

The VetEd Application (WDVA 2200) must be submitted by the veteran to WDVA no later than 60 days after the start of the semester or term. An online submission is preferred however, if the application cannot be submitted online, WDVA will accept a hard copy dated stamped by an authorized official.

Income Limit

- Annual income of the veteran and spouse cannot exceed \$50,000, plus \$1,000 for each dependent in excess of two dependents.
- If the income is different in the current year than what was reported by the most recent IRS Form 1040, the veteran may submit a WDVA 2304, Income Verification; the employer will need to complete and sign.

Wisconsin G.I. Bill Tuition Remission Program: Impact on VetEd

- The VetEd reimburses 100% of the same tuition and fees remitted or waived by the Wisconsin G.I. Bill to Wisconsin public school -- leaving no fees eligible for VetEd reimbursement.
- *Eligibility* for the Wisconsin G.I. Bill is the criteria to determine which program to use, not whether the veteran has applied for the grant.

WDVA Contact Information:

Wisconsin Department of Veterans Affairs

201 West Washington Ave.

P.O. Box 7843

Madison, WI 53707-7843

1-800-WIS-VETS (947-8387)

www.dva.state.wi.us

- Leslie Ann Busby -Amegashie at leslie.busby-amegashie@dva.state.wi.us

For Help or More Information on Veterans' Benefits

- **County Veterans Service Office (CVSO)**
 - www.wicvso.org/your.cvso.htm
- **Wisconsin Department of Veterans Affairs (WDVA)**
 - 800-947-8387
 - www.dva.state.wi.us
- **U.S. Department of Veterans Affairs (VA)**
 - 800-827-1000
 - www.va.gov

Scott Walker, Governor

John A. Scocos, Secretary

James Bond, Administrator



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Division of Veterans Services**

201 West Washington Avenue
P.O. Box 7843
Madison, WI 53707-7843

Phone: (608) 266-1311
Toll-free: 1-800-WIS-VETS (947-8387)
Fax: (608) 267-0403
Email: WisVets@dva.wisconsin.gov
Website: www.WisVets.com

VetEd Reimbursement Grant

Program Description

The Veterans Education (VetEd) Reimbursement Grant Program reimburses eligible veterans for up to the cost of undergraduate tuition and fees when courses are taken for credit at approved schools. Eligible schools include UW System, Wisconsin Technical Colleges, many private schools and Minnesota public university and vocational schools at which they are enrolled under the Minnesota-Wisconsin Reciprocity Agreement. Some out of state schools are also approved for the VetEd, if approved by the Wisconsin Education Approval Board (EAB).

Reimbursement for the VetEd Program will be based on a total tuition and fee cost not to exceed the cost for an equivalent number of credits at UW-Madison, up to the full-time rate.

Applications are accepted online. Veterans are encouraged to submit them online and at the start of each semester so that deadlines are met and the forms will not be lost in the mail. WDVA will immediately process it, if submitted online; it then resides in the school's online account until the school accesses it at the end of the semester. If the veteran initiates the Application to the school within the 60 day deadline, then he or she will have satisfied the deadline for WDVA. The veteran will not be penalized if the school fails to meet the 60 day deadline.

An online student's (veteran's) manual is available at <https://services.dva.state.wi.us/WDVLogin.aspx>.

CVSO's can register at <https://services.dva.state.wi.us/RequestID.asp>.

Eligibility

Eligible veterans who have not yet been awarded a bachelor's degree and are registered as an undergraduate may use VetEd to pursue educational or vocational objectives up to a bachelor's degree. Reimbursement is currently up to 100% of the tuition and fees not covered by other grants, scholarships, or remissions. The reimbursement percentage may be adjusted periodically to reflect demand and available funding.

Income Limit

The annual income of the veteran and spouse may not exceed \$50,000 plus \$1,000 for each dependent in excess of two dependents. In most cases, income will be verified by submission of a copy of the veteran's most recent federal tax return. A CVSO may submit the verification to WDVA. All income must be verified with a signed statement from the veteran.

Submission Deadline

WDVA Form 2200 – must be received by WDVA no later than 60 days after the start of the semester.

National Guard or Reserve Members

Veterans eligible for the National Guard Tuition Grant (NGTG) or Reserve Tuition Assistance Program (TAP) are not eligible for VetEd. A veteran's eligibility for either of these other grants is the criterion for VetEd eligibility, not whether the veteran has applied for either. Documentation must be provided to prove ineligibility if the veteran is a member of the National Guard or the Reserves. Members in a "flagged" status that are ineligible for benefits due to being flagged are **NOT** eligible for the VetEd. Being in "flagged" status is a failure to maintain standards.

Successful Completion Required

Veterans must achieve at least a 2.0 grade point average or an average grade of "C" in the semester for which reimbursement is requested to be eligible for reimbursement.

Amount of Reimbursement Available

The maximum amount of credits for which a veteran may receive reimbursement is based on the amount of time the veteran served on active duty. *Active Duty for Training* does not count toward general or VetEd eligibility.

<u>Active Duty Time</u>	<u>Maximum Amount of Credits or Semesters</u>
90 to 180 days	30 credits or two semesters
181 to 730 days	60 credits or four semesters
731 days or more	120 credits or eight semesters

Relevant Courses

Reimbursement will only be made for courses taken for credit that are part of the required curriculum necessary to complete a degree in a particular course of study. Elective courses may be acceptable provided the credits are needed for the degree, diploma or certificate and a school official so certifies.

Beyond 10-Year Separation Date

Veterans may use VetEd for full-time or part-time study until they have reached the ten-year anniversary of separating from active duty (delimiting date). After the ten-year delimiting date, WDVA will "bank" a maximum of 60 unused credits for the veterans use until he or her earns a bachelor's degree. The department will then reimburse up to eleven credits per semester.

Summer Session

Summer sessions are considered part-time study regardless of the number of credits taken.

Retraining Grant

A veteran may not receive a VetEd and a WDVA Retraining Grant during the same semester.

Fees

Reimbursement for fees shall be limited to those fees which are mandatory and uniform for the courses in which the veteran was enrolled and which were paid by the veteran to the qualifying school. On UW campuses *Segregated Fees* are paid; on the Technical College campuses, *Material Fees* are paid.

No Duplication of Benefits

The VetEd cannot be received if it would duplicate another benefit. It may be used in conjunction with other benefits. For example, if a veteran is receiving Vocational Rehabilitation benefits, which pays tuition and fees, the VetEd will be denied for that semester. But, if a veteran is receiving financial aid from an employer for 35% of tuition and fees, he or she may also receive the VetEd for the same semester. Payment is limited to the lesser of UW undergraduate tuition and fees or the remaining tuition and fees that have not been reimbursed. Education benefits which are not specifically for the payment of tuition and fees need not be considered, e.g. Montgomery GI Bill.

Child Support

A veteran will be denied a VetEd if found to be delinquent in child support payments. The WDVA receives a statewide support lien docket listing all individuals who have a delinquent child-support obligation in Wisconsin. WDVA may not approve a VetEd for any applicant on the docket unless the applicant provides one of the following:

- A statement signed by the Wisconsin Department of Children and Families or its designee showing that all delinquent obligations have been paid.
- A copy of a child-support repayment agreement that has been kept current for the six month period before the date the WDVA receives the application as long as no lien exists.

School Veterans Official

Each school has designated a person as the School Veterans Official (SVO). SVO's have varying positions and job titles (financial aids officer, vets clerk, registrar or assistant registrar). Certification for the Veterans Educational Grant is usually only a part of their duties.

The information provided by the SVO ensures that WDVA complies with state law. The SVO provides information to which only the SVO has ready access, i.e., school financial and administrative records. It is vital that the information be accurate and complete.

To ensure confidentiality and reliability, each SVO must have a signature on file with WDVA. This also helps to identify fraud, should an unauthorized person complete the school's portion of the application form. When there is a change in personnel, the SVO should contact WDVA for a new signature form (WDVA Form 2016 – www.WisVets.com/Forms#WDVA2016).

Completing the Forms

Veterans Educational Grant (VetEd) – WDVA Form 2200

Veteran's Section

If done in hardcopy, the veteran must sign and date the application. Applications not signed within the 60-day deadline will be denied.

If submitted online, application will be held in the school's VBATS account until the end of the semester. The school then completes its portion and submits it to WDVA within 60 days of the semester end-date.

Item 1: Approximate date the term, semester, or course ended

Enter semester dates; SVO verifies dates in their portion of application. SVO ending date establishes the 60-day deadline for the application to be received by WDVA.

Item 2: Member of National Guard or Reserves:

If eligible for Tuition Assistance from the Reserves or NG, check box. If the veteran is a member of the NG or Reserves, but is **NOT** eligible for TA, then provide documentation in the form of an official letter stating reason for ineligibility for educational benefits. Veterans who are recipients of the VetEd grant are cross-checked with National Guard and Reserve rosters to restrict receiving benefits from both organizations, i.e., “double-dipping.” WDVA will recover from veterans found to be double-dipping.

Item 3: Degree prior to the start of the semester

The veteran must be enrolled as an undergraduate. Those with an undergraduate or post-graduate degree are not eligible for a VetEd grant. SVOs will be asked to confirm this information in their portion.

Item 4: Financial Aid

List any financial aid that falls into one of the four categories.

Item 5: Sign and Date

The school’s portion of the application should be completed and received by WDVA within 60 days of the semester completion date.

School Veterans Official (SVO) Section

Item 1: Bachelors degree and Reciprocity

Those with Bachelors degree are ineligible for a VetEd. Anyone attending a Minnesota school must have tuition agreement from the Wisconsin Higher Education Approval Board (HEAB) to receive a grant – <http://heab.state.wi.us/programs.html#reciprocity>.

Item 2: Tuition and Fees Paid for the Semester, Credits, GPA, and Wisconsin GI Bill

The SVO should list all tuition and fees paid for by the student for the semester that were not refunded. Public schools list the tuition and fees that are or would be eligible for remission (waiver) under the Wisconsin GI Bill. WDVA uses this amount to identify the amount to be awarded through the VetEd. Only Segregated Fees at UW campuses and Mandatory Fees at Wisconsin Technical College campuses are eligible for reimbursement. Include the total credits for which the veteran was enrolled and the semester G.P.A. VetEd only reimburses those who have paid for their courses in full.

A veteran may not be reimbursed for any semester in which the veteran fails to receive at least a 2.0 grade point average or an average grade of “C”. If the semester is satisfactorily completed, reimbursement will be made based for the tuition and fees paid by the veteran, and not refunded.

Item 3: Financial Aid for Tuition and Fees

List any known financial aid the veteran received that was to be used specifically for payment of tuition and fees and does not need to be repaid by the veteran. Loans should not be listed. We use this information to avoid duplicating a benefit the veteran has already received, as we can only reimburse costs that the veterans paid themselves.

Item 4: Signature of School Veterans Official

Include the authorized SVO’s signature and phone number.

Submitting the Application to WDVA

The completed application should be sent to WDVA at the address on the application within 60 days of the end of the semester. To meet the deadline the application (completed and signed by the veteran and the SVO) may be faxed to 608 267-0403, with the original application following in the mail. *It is more safe and timely if done online.*

WDVA Point of Contact:

Leslie Ann Busby-Amegashie
Veterans Benefits Specialist
(608) 266.3575 or 1-800-WIS-VETS (947-8387)
Leslie.Busby-Amegashie@dva.state.wi.us



Wisconsin GI Bill Tuition Remission Program

Wisconsin Department of Veterans Affairs

April 10, 2013

Wisconsin GI Bill Tuition Remission Program

- **Program Description**
- **Eligibility Rules**
- **Application Process**
- **Program Responsibilities**

Program Description

- **Three Cooperating Institutions**
 - UW System
 - Wisconsin Technical College System
 - Wisconsin Department of Veterans Affairs
- **100% Remission of “Standard Academic” Tuition and Fees for Wisconsin Vets**
 - No income limits
 - No delimiting periods
 - No limits on level of study
- **100% Remission of “Standard Academic” Tuition and Fees for dependents**
 - Veterans who die in the line of duty
 - Veterans who have 30% or more SCD.

Eligibility Rules

- **Applicant must be a Wisconsin Veteran or the spouse, un-remarried surviving spouse or child of a Wisconsin Veteran. Veteran must have:**
 - **Entered active duty Title 10 Federal Service as a Wisconsin Resident**
 - **Resided in Wisconsin at time of death or disability determination**
- **Benefit may be used for up to 8 semesters or 128 credits whichever is greater.**

Spousal Eligibility

- Eligibility lasts ten years from date of veterans death or the date of the veterans initial SCD award of 30% or more.
 - May study part-time or full-time
-

Children's Eligibility

- Eligibility extends from age 17 through age 25.
- Can study full-time or part-time

New Law Change to Un-remarried Surviving Spouse

- **Un-remarried Surviving Spouse has an additional 10 year use period commencing with when, the youngest child that they had with the veteran, reaches or would have reached 18 years of age.**

WDVA B0105 Has everything that you need.

- The booklet, “*Wisconsin Tuition Programs for Veterans and Qualifying Spouses and Children*” (WDVA B0105), contains complete program information, eligibility criteria, application forms and instructions, and statutory citations and is available online at www.WisVets.com/Education, or by calling WDVA toll-free at 1-800-WIS-VETS (1-800-947-8387).

What is Covered?

- Only “Standard Academic (**Tuition**)” and Segregated Fees-at UW System Schools
- “Program (**Tuition**)” and material fees at a Wisconsin Technical College
- Some Fees such as: Continuing Education Credits and On-line Course Fees are not covered.
- For Baccalaureate study the UW will charge a student between \$100.00 and over \$266.00 a course.
- On-line Masters Programs will only be reimbursed at the “in classroom rate”.

POINT OF CONTACT

- Always check with your **School Veterans' Certifying Official** to Determine what is and what is not covered under the Wisconsin G.I. Bill Tuition Remission Program.
- Students should always **FIRST** check with their **School Veterans' Certifying Official** if they have a problem-Not the bursars office.

Application Process

- GO TO: www.wisvets.com/education
- Select WDVA B0105, “Wisconsin Tuition Programs for Veterans and Qualifying Spouses and Children”
- Print it and complete the two forms:
 - Application for Wisconsin GI Bill Benefits or Residency for Tuition Purposes (the Application)
 - Request for Certification for Wisconsin GI Bill Benefits and Residency for Tuition Purposes (the Request)

What do you send to WI Dept. of Veterans Affairs?

- Form WDVA 0001-Eligibility Determination Form if not sent since 2005.
- **NOTE: Even if veteran has a base file but veteran has not completed a new form since 2005 or if their information needs updating, i.e. address, name change ect. A new form should be submitted**
- DD-214 Copy #4 or #6 (This has what we need)
- Form WDVA 2030 so that we know you want to request certification for WI G.I. Bill
- Death Certificate or Casualty Report-(If applicable)
- INITIAL Federal VA Service Connected Disability Award Letter Showing 30% or greater Disability.- (If applicable)

Your County Veterans Service Officer Can Assist You.

- Please contact your local County Veterans Service Officer (CVSO) their information is included in the WDVA Booklet B0-105.
- They can assist you in the completion of the paperwork and assist you in obtaining the necessary documentation needed to complete this process.
- Veterans that entered service in the late '70s and 80's may not have their Home of Record on their DD-214. Your CVSO can assist you in obtaining your enlistment record and form **DD 2058** and contact WI Dept. of Revenue for **proof of payment of taxes for the year of entry** to prove this.

NOTE: Veterans who would like to speed up this process can go to the DOR webpage,

- **<http://www.revenue.wi.gov/faqs/ise/request.html>.**
- **At this webpage they can print off a P-521 form and request proof of payment of taxes in the year that he/she **entered into active duty**.**



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- Publications
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- Training
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Requesting Copies of Previously Filed Tax Returns

1. Can I obtain copies of Wisconsin tax returns I [previously filed](#)?
2. How do I [request copies](#) of tax returns?
3. What documents are [available](#)?
4. [Who may request](#) copies of tax returns?
5. Is a [fee charged](#) for obtaining copies of tax returns?

1. Can I obtain copies of Wisconsin tax returns I previously filed?

Upon receiving a properly filled out request [Form P-521](#) with all appropriate and necessary documentation, the Department of Revenue will provide taxpayers with copies of their previously-filed tax returns. Please see below for a complete listing of the information required.

Note: The Department of Revenue will no longer accept notaries as an acceptable form of identification.

Copies of returns are generally mailed within 15 business days after a request is received. Requests missing information, including improper authorization(s), will not be filled.

2. How do I request copies of tax returns?

All requests for copies of returns must be made in writing or in person. It is preferred that requestors use [Form P-521](#). Requests must include all of the information below or they will not be filled. Requests by telephone or fax machine **will not** be accepted.

Warn your applicants

- **This DOR webpage will state it only keeps microfiche copies of tax returns for 10 years. DOR stores basic tax information on a “Tax roll worksheet.” The Tax roll worksheet will reflect the information for the year requested even when the year requested is more than 10 years old.**

Quicker turn around time.

- **The “Tax roll worksheet” can provide the veteran or**
- **WDVA with proof of their Home of Record (HOR). Veterans are doing this everyday to provide us their HOR documentation. This is also the quickest method to prove HOR.**
- **DOR currently has a \$6.00 fee to obtain the “Tax roll worksheet.” Requests are generally mailed within 15 business days.**

Common Problem in Completing Application:

- When completing the WDVA Form 001 to establish your basic benefits with WDVA make sure that you document the entire 12 month period prior to “Entry into Active Duty” in Question #6.
- This includes: employment, residence and schools attended. If not applicable put down “n/a and then the month and year”
- Most forms that get returned to the veteran requesting more information is for this issue.
- This will slow down you application process.



Wis. Stats. Chapter 45

STATE OF WISCONSIN, DEPARTMENT OF VETERANS AFFAIRS
30 West Mifflin Street, 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. _____ Social Security # _____
 Ms. (Veteran's Last Name) (Full First Name) (Full Middle Name) (Optional)

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

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)

Entered Service		Separation from Service		4. Name used in service if different from above
Date	Place	Date	Place	

5. Veteran was a legal resident of _____ on _____
(Name of State) (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)

# and Street	City	County	State	From: Mo. / Yr.	To: Mo. / Day / Yr.

Employment during the same 12 months:

Name of Employer	City and State of Employment	From: Mo. / Yr.	To: Mo. / Yr.	Schools attended during the same 12 months:	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)

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

The parent or guardian occupied a dwelling at _____ on _____
(# 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.

#6 Employment/Address/Schools **HERE** ►►
For all 12 Months NO BLANKS HERE

Form Completion Checklists

- Submit the Application for tuition remission to the School with:
 - Copy of Marriage Certificate (if applicable)
 - Copy of Birth Certificate (if applicable)
 - Copy of Adoption Certificate (if applicable)
- Submit the Request for Certification to WDVA with:
 - DD Form 214
 - Eligibility Determination (if not submitted since 2005)
 - Photo copy of Death Certificate (if applicable)
 - Photo copy of Initial USDVA SCD Rating Notification Letter

Responsibilities

- **WDVA will determine whether the veteran involved in the Request is eligible**
- **WDVA will notify the Veteran and the Educational Institution of the veteran's eligibility or will notify both the veteran and the Educational Institution if the veteran is not eligible.**
- **The Educational Institution involved will make all other eligibility determinations and will notify the applicant accordingly.**
- **It is the schools who approve the student for the tuition remission.**

POINT OF CONTACT

- **Always check with your School Veterans' Certifying Official (SVCO)** to Determine what is and what is not covered under the Wisconsin G.I. Bill Tuition Remission Program. Students should always **FIRST** check with their School Veterans' Certifying Official if they have a problem-Not the bursars office.
- A list of SVCO's and there contact information is listed in your B0-105 or by going on line at www.WisVets.com/cvso
- Click on "Campus Veteran Coordinators "



REVIEW OF PROGRAM

Wisconsin GI Bill Tuition Remission Program

WI G.I. Bill Tuition Remission Program

- **Veteran Eligibility**
- **State resident at time of Entry into Active Duty**
- **Discharge under honorable conditions**
- **Military Service: 2 years peacetime OR 90+ days wartime service OR Expeditionary/Service Medal or SCD discharge or Hardship/RIF discharge.**
- **No Delimiting Date**

Spouse Eligibility Period

- Spouse can attend full or part-time
- 10 Years after spouses was KIA
- 10 Years After Line Of Duty Death
- 10 Years after Service Connected Death
- 10 Years after initial 30% + SCD Rating
- *Surviving Spouse has 10 years after the date that the youngest child that they had with the veteran reaches or would have reached 18 year of age.*

Child Eligibility Period

- Begins at age **17** through age 25 (Can complete semester)
- Student can be full or **part-time**

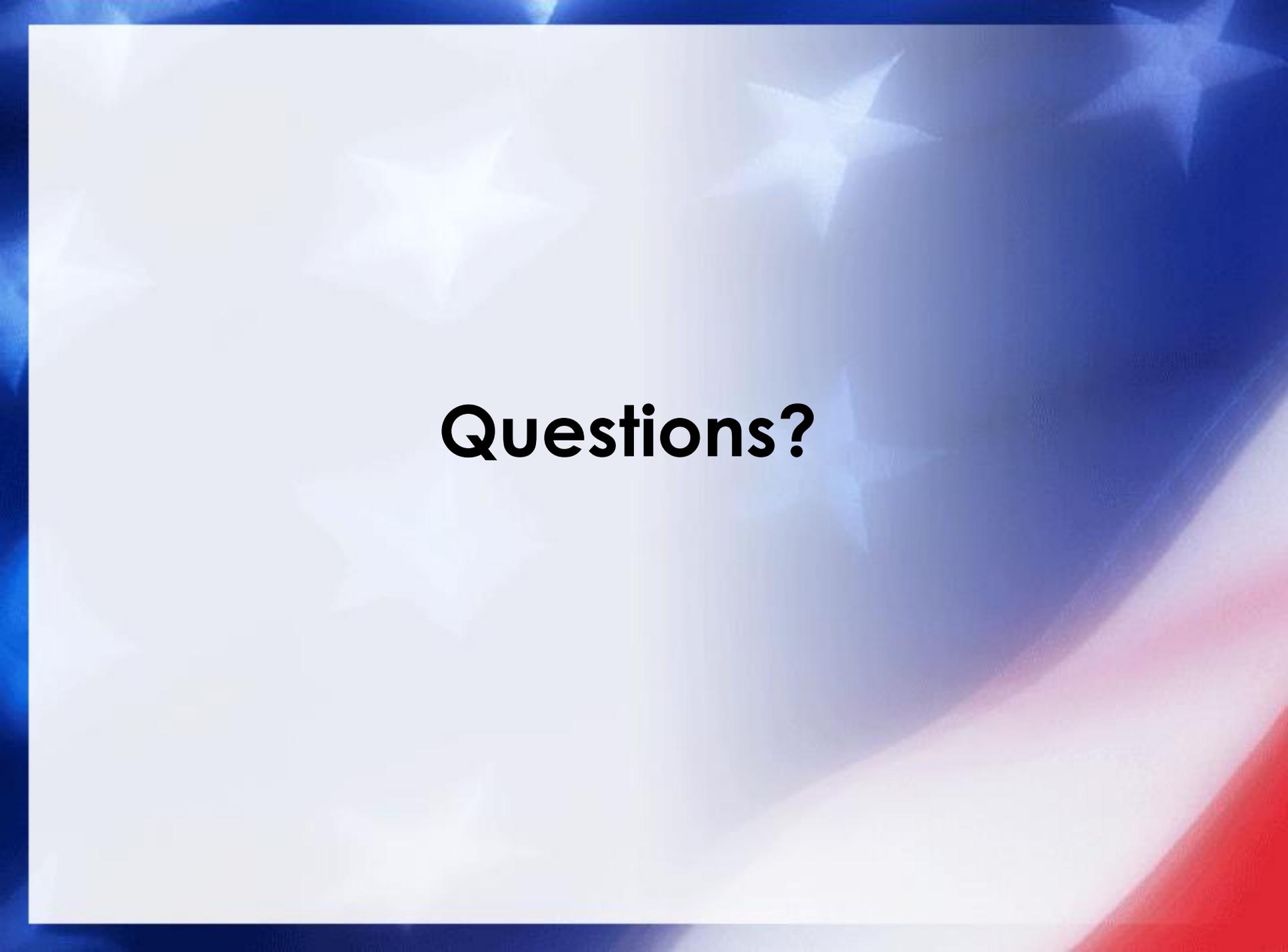
CHANGES TO WI G.I. FOR POST 9/11 VETS

- **If you served after September 10, 2001, and are currently using the WI GI Bill or plan to use the WI GI Bill, the following information is very important. Do not make an irrevocable choice to change to Post 9/11, Chapter 33 Federal GI Bill benefits until you have all the facts.**
- **New legislation *requires* veterans eligible for the Post-9/11 Chapter 33 GI Bill to access Post-9/11 GI Bill benefits **prior to using the combination of the Wisconsin GI Bill together with other Federal benefits.****

- www.gibill.va.gov. or call 1-800-442-4551 ***A veteran's choice to apply for Post-9/11 GI Bill benefits is irrevocable. The veteran should NOT make this decision until he/she has all the facts.***
- Then go to the UWS/WTCS website:
- NOTE: The Federal counselor that you talk to knows nothing about the complicated interplay with state benefits.
- Go to: gibill.wisconsin.edu For the latest word on WI G.I. Bill. Talk with you Veterans School certifying official on your campus. Sign up there for the RSS feed to receive alerts when updates are posted

Consider all your options

- Example: Actively drilling WI National Guard Members are eligible for the National Guard Tuition Reimbursement Grant while still using Chapter 1607.
- As of 04-2010 rates:
- (1 year service) full time student $\$820.80 + \150.00 buy up
- = $\$970.80$ a month without kicker.
- (2 years service) full time student $\$1,940.40 + \$150.00 = \$1,190.40$ a month without kicker.

The background of the slide is a close-up, slightly blurred image of the American flag, showing the stars and stripes in shades of blue, white, and red. The text is centered over the white field of the flag.

Questions?

Scott Walker, Governor

John A. Scocos, Secretary

James Bond, Administrator



**STATE OF WISCONSIN
DEPARTMENT OF VETERANS AFFAIRS
Division of Veterans Services**

201 West Washington Avenue

P.O. Box 7843

Madison, WI 53707-7843

Phone: (608) 266-1311

Toll-free: 1-800-WIS-VETS (947-8387)

Fax: (608) 267-0403

Email: WisVets@dva.wisconsin.gov

Website: www.WisVets.com

Fact Sheet: WI G.I. Bill – Wisconsin’s State Tuition Remission Program for Veterans and Dependents

About the Program

Under current law, the state-level *Wisconsin G.I. Bill* tuition remission program provides a waiver (“remission”) of tuition and fees at University of Wisconsin System (UWS) and Wisconsin Technical College System (WTCS) schools. The Wisconsin G.I. Bill may be used at Wisconsin public higher educational institutions (i.e., University of Wisconsin institutions and Wisconsin Technical Colleges) by eligible veterans, spouses, unremarried surviving spouses, and children for a total of up to 8 semesters or 128 credits, whichever is greater.

Veteran Eligibility

Veterans must have been a resident of Wisconsin at the time of entry onto Active Duty military service in the U.S. Armed Forces and forces incorporated in the U.S. Armed Forces. The military service must have been under honorable conditions, and must have included at least one of the following: 1) Ninety (90) or more days active duty service during a statutorily designated wartime period (See www.WisVets.com/Eligibility); 2) Two (2) years active duty service during peacetime; 3) Active duty service that included the award of the Expeditionary Medal or a qualifying campaign service medal; 4) The period of service was ended due to a Service-connected Disability (including a later determination), hardship, or a Reduction in Forces (RIF). Unlike current federal veterans’ education benefits, there is no post-service delimiting date before which the veteran must use the benefit.

Dependent Eligibility

A qualifying Wisconsin veteran’s **spouse**, **unremarried surviving spouse**, and dependent **children** are eligible for the remission when any of the following qualifying events occur: 1) The veteran is killed in action (KIA); 2) The veteran dies in the line of duty (LOD) while on active, reserve, or National Guard service; 3) The veteran’s death after military service is determined by the federal VA to be the direct result of a service-connected (S/C) condition; 4) The veteran is awarded a federal VA service-connected disability (SCD) combined rating of at least 30%. The veteran’s **spouse** can receive the remission for full-time or part-time study during the ten (10) years following such an event; the veteran’s **children** are eligible for the remission for full-time or part-time study beginning at age 17 and prior to age 26 (the child may complete the semester in which he or she reaches age 26), regardless of their age at the time of such an event. Surviving spouse has an additional 10-year use period commencing with youngest child reaching (or would have reached) age 18.

Limits

If you are also eligible for Federal Post-9/11 G.I. Bill/Chapter 33 Federal Education Benefits, please get more information to understand the complex relationship between the WI G.I. Bill tuition remission and Chapter 33. Go to www.WisVets.com/WisGIBill#WIGI for information on the coordination of federal and state benefits. Students should understand how these benefits conflict or work together when planning their education goals.

Any credits taken using the federal Post-9/11 G.I. Bill (Chapter 33) at Wisconsin’s public higher educational institutions will reduce (count against) a student’s WI G.I. Bill 128 credit or 8 semester allotment. For example, a WI G.I. Bill eligible student who has used Chapter 33 to pay for one semester (12 credits) will have 116 credits of

their WI G.I. Bill allotment remaining. Attendance at institutions other than UW or WTCS will not count against the 8 semesters or 128 credits, whichever is greater.

Effective Date

The Wisconsin G.I. Bill first became effective on July 27, 2005, and was amended in 2007 and again in 2009.

More Information and How to Apply

Potential applicants are encouraged to contact their local County Veterans Service Officer (CVSO) for assistance in applying and to discuss other federal and state veterans' benefits, programs and services for which they may be eligible. CVSO contact information is available online at www.WisVets.com/CVSO.

The booklet, "*Wisconsin Tuition Programs for Veterans, Qualifying Spouses and Dependents*" (WDVA B0105), contains complete program information, eligibility criteria, application forms and instructions, and statutory citations and is available online at www.WisVets.com/Forms#WDVAB0105, or by calling WDVA toll-free at 1-800-WIS-VETS (947-8387).

Federal GI Bill Benefits

Wisconsin State Approving Agency



Fort McCoy - ACAP



Overview

- **Basics of the MGIB**
- **Types of Programs Available**
- **Using Your MGIB Benefits Wisely**
- **The NEW Post-9/11 GI Bill**

Montgomery GI Bill - MGIB

Money for Education or Training!!

Benefits must be used within
10 years from last date of
service!





MGIB Chapters

Chapter 30 – Active Duty

Chapter 35 – Dependents/Spouse

Chapter 1606 – Selected Reserve

Chapter 1607 – Reservist who was called-up or ordered to Active Duty (REAP)



Chapter 30

MGIB - Active Duty (AD)

ELIGIBILITY

- Contribute \$1,200 (\$100/month for 12 months)
 - Complete initial obligated period of active duty
 - Earn an HONORABLE DISCHARGE

ENTITLEMENT - Up to 36 months of benefits

BUY-UP – A \$600 contribution results in an extra \$150/month or \$5,400



Chapter 32

VEAP Post-Vietnam Veterans' Educational Assistance Program

ELIGIBILITY

- **Contributory program for service between 01/01/1977 and 06/30/1985**
- **Most VEAP participants either converted to MGIB Chapter 30 or cashed out their VEAP accounts**

Chapter 35

DEA – Dependents' Educational Assistance Program

ELIGIBILITY

Son, daughter or spouse of a veteran

- Permanently and totally disabled as the result of, or dies of, a service-connected disability
- Permanent and total SCD who dies from any cause

Son, daughter or spouse of service member

- Missing in action or is captured in line of duty and is being held by a hostile force
- Currently being forcibly detained or interned in line of duty by a foreign government or power

Chapter 35

ENTITLEMENT

As a son or daughter, as long as you have entitlement left, you may generally receive benefits under this program from age 18 to 26 (8 years)

As a spouse, benefits generally end 10 years from one of the following dates:

- Effective date of the veteran's permanent and total disability evaluation
- Date VA notifies the veteran of the permanent and total disability evaluation
- Beginning date you choose between the above two dates

Chapter 1606

MGIB – Selected Reserve

ELIGIBILITY

- Execute at least a **six year obligation** to serve
- Possess high school diploma or equivalent before applying
- Complete initial Active Duty for Training (ADT)
- Must **serve in a drilling SR unit** and remain in good standing with reserve unit

Chapter 1606

MGIB – Selected Reserve

ENTITLEMENT

- Up to 36 months of benefits
- Receive monthly benefits while still in Selected Reserve
- ***A member (1) separated due to a disability or (2) involuntarily separated from the SR due to deactivation of his or her unit is eligible for Ch 1606 for 14 years from original date of eligibility. Deactivation must have occurred between 10/31/2007 and 09/30/2014.***



Chapter 1607

REAP – Reserve Ed. Assistance Program

ELIGIBILITY

Reservist Called Up or Ordered to Active Duty)

- **Serves on active duty on or after 09/11/2001**
- **Under Title 10 US Code**
- **Serves at least 90 consecutive days or more**

BUY-UP - A \$600 contribution results in an extra \$150/month or \$5,400 in additional MGIB benefits.

Chapter 1607- REAP

(Reservist Called Up or Ordered to Active Duty)

ENTITLEMENT

- Up to 36 months of benefits under one program
- If combining two or more programs increases to 48 months of benefits
- REAP participants who separated from the SR **after completing their service contract** under other than dishonorable conditions are **eligible for REAP benefits for 10 years after separation**



Programs for the MGIB

- **Academic Programs**
 - ✓ Universities
 - ✓ Community Colleges
 - ✓ Vocational/Technical Schools
 - **Flight Training**
 - **On-The-Job Training (OJT)**
 - **Apprenticeship Training**
 - **College Preparatory Courses**
 - **Graduate School Entrance Exams**
 - **Licensing and Certification Reimbursement**
- 



Use at **Public** Schools

Typical Wisconsin Public University

- Tuition & fees: about \$4,000 per semester or \$8,000 per academic year
- MGIB Chapter 30 pays about \$12,312 per academic year (9 months @ \$1,368/month)



Use at **Private** Schools

A Private University in Wisconsin

- Average tuition is from \$22,000 to \$37,000 per academic year
- MGIB still only pays \$14,076 per academic year
- MGIB benefits may affect eligibility for federal financial aid



Additional MGIB Benefits

- **Remedial, deficiency and refresher courses, if needed to overcome difficulties in a particular area of study**
- **Tutoring allowance up to \$100/month for a total of up to \$1,200**
- **MGIB students may be eligible for work-study benefits**
 - ✓ **Must be enrolled at least $\frac{3}{4}$ time**
 - ✓ **May work up to 25 hours/week**

Flight Training



- Can only use vocational flight reimbursement for **post-private pilot training**

Courses which may be approved:

- ✓ Instrument
- ✓ Multi-Engine
- ✓ Flight Instructor
- ✓ Commercial Pilot
- ✓ Airline Transport Pilot

- VA **only reimburses 60%** of eligible costs
- 



On-the-Job Training

- Find a job that requires training
- MGIB benefits supplement regular wages
- OJT programs are between 6 and 24 months
- Employer must be approved by the Wisconsin Department of Workforce Development (DWD)

Contact: Ken Moore at 608-266-3132

Ken.Moore@dwd.wisconsin.gov or
www.wisconsinapprenticeship.org

Apprenticeship



- Find a job that requires an apprenticeship
 - Employer must be approved by DWD
 - Veteran gets MGIB benefits and regular wages
 - Apprenticeship programs are generally 3 to 5 years
 - Contact: Ken Moore at 608-266-3132 or www.wisconsinapprenticeship.org
- 



LACTR

Licensing & Certification Test Reimbursement

MGIB benefits can be used to pay for the cost of licensure tests or certification examinations

- ✓ Limited to \$2,000 per exam (contrary to P9/11 GI Bill)
- ✓ Must be required by government or industry
- ✓ Exam must be approved by the State Approving Agency (SAA)
- ✓ Veteran pays for the cost of the exam and applies for reimbursement from VA



How Do You Start Using Your MGIB?





Using Your Benefits

- **Apply ASAP to the VA**
- **Complete VA Form 22-1990**
- **Online - www.gibill.va.gov**



Welcome to the Department of Veterans Affairs

Veterans ON-line APPLICATION (VONAPP) Website

WHAT IS VONAPP?

General Description

The VONAPP (Veterans On Line Application) website is an official U.S. Department of Veterans Affairs (VA) website that enables service members, veterans and their beneficiaries, and other designated individuals to apply for benefits using the Internet.

U.S. military veterans and some service members within six months of separation or retirement can apply for **compensation benefits** and/or **pension benefits** using VA Form 21-526, and **vocational rehabilitation benefits** can be applied for using VA Form 28-1900.

U.S. military veterans, service members with two years of service, and members of the Selected Reserve can apply for **education benefits**.

The **status of dependents** can be reported using VA Form 21-686c, and **burial benefits** can be applied for using VA Form 21-530.

A **Statement in Support of Claim**, VA Form 21-4138, can be used to provide information requested by the VA to support a claim. VA Form 21-4138 can also serve as a claim for the following:

[What is VONAPP?](#)

[Who should use VONAPP?](#)

[What do I need to run VONAPP on my computer?](#)

[Frequently Asked Questions \(FAQs\)](#)

[VA Partners — Service Organizations](#)

[State and County Organizations and Other Help](#)

[Instructions for Filling Out Applications](#)

[Start VONAPP](#)



Monthly Checks

MGIB monthly living stipend is paid *in arrears*

For example: the student receives payment for September at the beginning of October, etc.

Monthly Checks



Before the VA sends a check:

Each month the student must complete a monthly self-certification of enrollment to receive benefits:

- ✓ Web Automated Verification of Enrollment (W.A.V.E)
www.gibill.va.gov
- ✓ Telephone certification: 877-823-2378



UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

- VA Home
- About VA
- Organizations
- Apply Online
- Find a Facility
- Contact VA

- Health Care
- Benefits
- Burial & Memorials
- Education Benefits
- Information for Benefit Recipients
- Information for Education Professionals
- Questions & Answers
- Office Locations
- Related Links



W.A.V.E. Web Automated Verification of Enrollment

- Certify Your Attendance (WAVE)
- Operation Enduring Freedom & Operation Iraqi Freedom Vets
- Transition Assistance Information
- Going to a Foreign School
- Education Advisory Committees

Lost PIN/

Login

Policies &

Self Certification can be completed by enrolling in 'WAVE'

... of enrollments through May 1, 2008, REAP participants must verify their enrollment on a regular basis for VA to continue benefits.

First Time Users - Please review the [Log-in Instructions](#)

First Name:

Last Name:

File Number:

Password/PIN:

LOG IN

- Apply for benefits
- Information Benefit recipients
- Information Education Professionals
- Q&A
- Contact Us
- Other Links
- Homepage

[Frequently Asked Questions](#) [Lost PIN/ Password](#) [Login Instructions](#) [Policies & Disclaimers](#)

First Name:
Last Name:
File Number:
Password/PIN:

LOG IN

First Time Users - Please review the [Log-in Instructions](#)

NOTE: You MUST have a current or active benefit award for MGIB-Active Duty (Chapter 30) or MGIB Selected Reserve (Chapter 1606), or Reserve Educational Assistance Program (REAP, Chapter 1607) in our system. Active records are those with activity in the last 12 months.

IMPORTANT INFORMATION

8-10-09

Please note, the WAVE application is for those using benefits under chapter 30 (Montgomery GI Bill -Active Duty), chapter 1606 (Montgomery GI Bill - Selected Reserve), and chapter 1607 (Reservist Educational Assistance Program, REAP) that must verify their attendance each month. It is not currently available to those receiving chapter 33 (Post 9/11 GI Bill) benefits.

You have reached a web server that is the property of the United States Government. Unauthorized use of this system will result in criminal prosecution.

MGIB Rates

Current Education Monthly Payments for FULL TIME enrollment, effective October 1, 2009

- Ch 30 - Enlistment 3-year - \$1,564
- Ch 30 - Less than 3-year Enlistment - \$1,111
- Ch 35 - Dependent/Spouse - \$ 925
- Ch 1606 - Selected Reserve (Not Activated) - \$ 356
- Ch 1607 - Selected Reserve (Called Up)
 - Minimum of 90 days continuous AD - \$ 625.60
 - 1 year or more continuous AD - \$ 938.40
 - 2 years or more continuous AD - \$1,251.20
 - OR multiple mobilizations totaling 3 years or more

Increase the Value

➤ Get maximum credit for your previous education and military training

Apply for and/or submit transcripts for evaluation of transfer credit or advanced standing from the following sources:

ACE <http://www.acenet.edu/>

AARTS <https://aarts.army.mil>

SMART <https://www.navycollege.navy.mil/transcript.html>

CCAF <http://www.maxwell.af.mil/au/ccaf/transcripts.asp>

DANTES http://www.dantes.doded.mil/dantes_web/examinations/transcripts.htm#After

CLEP http://www.dantes.doded.mil/dantes_web/examinations/CLEP.htm



Increase the Value

- **Use Wisconsin veterans education programs, if eligible**
 - **Wisconsin GI Bill**
 - **VetEd Reimbursement Grant**
 - **Use National Guard or Reserve Tuition Assistance Grants**
- 



Post-9/11 GI Bill

- AKA Chapter 33 or Webb GI Bill
- Applies to training (education) undertaken on or after August 1, 2009
- Provides up to 36 months educational benefits
- Qualifying veterans have a **15 year** delimiting date from last date of discharge or last period of 90 days of AD

Post-9/11 GI Bill

COVERED VETERANS

Category	If the Veteran has Aggregate Post-9/11 Active Duty Military service of at least...	...but less than	...and...	...then the rate of payment for tuition and fees, living allowance, and stipend, is:
1	36 months	N/A	<u>includes</u> active duty service for entry level and skill training	100%
2	30 continuous days	N/A	is discharged or released due to a service-connected disability	100%
3	30 months	36 months	<u>includes</u> active duty service for entry level and skill training	90%
4	24 months	30 months	<u>includes</u> active duty service for entry level and skill training	80%
5	18 months	24 months	<u>excludes</u> active duty service for entry level and skill training	70%
6	12 months	18 months	<u>excludes</u> active duty service for entry level and skill training	60%
7	6 months	12 months	<u>excludes</u> active duty service for entry level and skill training	50%
8	90 days	6 months	<u>excludes</u> active duty service for entry level and skill training	40%



Post-9/11 GI Bill

Entitlement

- Eligibility for any one chapter of the GI Bill is limited to 36 months.
- Eligibility for multiple chapters of the GI Bill is limited to a total of 48 months; maximum of 36 months from one chapter.
- If you transfer to the Post-9/11 GI Bill from the Montgomery GI Bill (Ch 30), you will be limited to the amount of remaining Chapter 30 entitlement.
- If you exhaust all Ch 30 benefits and then transfer to Ch 33, you may be eligible for 12 months of additional Post-9/11 GI Bill benefits.



Post-9/11 GI Bill

Core Benefits

- I. Tuition and fees charged by your school
- II. Housing allowance
- III. Stipend for Books and Supplies

NOTE: Payments are made at eligibility percentage of veteran for all three core benefits based on total AD since September 10, 2001

Post-9/11 GI Bill



I. Tuition and Fees Payment

Payments based on the veteran's percentage based on aggregate AD service, for the lesser of:

- Actual tuition and fees charged
- Highest amount of tuition and fees charged for full-time, undergraduate, in-state tuition rates at a public university or college in the State the student is attending. (Determined by the State Approving Agency)
- Wisconsin 2009-2010 academic year payment rates:
 - 1) Max tuition: **\$663 per credit hour**
 - 2) Max total: **\$30,979 per term**

Post-9/11 GI Bill



Fees Defined

Any mandatory charge (other than tuition) universally applied to every student enrolled in an undergraduate program for that quarter, semester, or term.



Post-9/11 GI Bill

II. Monthly Housing Allowance (BAH)

- BAH for an E-5 with dependents
 - Based on zip code of student's IHL.
 - Prorated based on the percentage of the maximum benefit payable.
- BAH not paid if:
 - Student is serving on AD
 - Studying at half time or less
 - All classes are distance learning

Post-9/11 GI Bill

II. Monthly Housing Allowance

Typical housing payments for Wisconsin communities with universities and colleges

Appleton	\$ 843	Platteville	\$1,005
Eau Claire	\$ 996	Racine	\$1,530
Green Bay	\$ 879	River Falls	\$1,380
La Crosse	\$1,089	Stevens Pt.	\$ 840
Madison	\$1,410	Superior	\$1,380
Milwaukee	\$1,539	Wausau	\$1,004
New Richmond	\$1,380	Whitewater	\$1,251



Post-9/11 GI Bill

III. Books & Supplies Stipend

- Up to \$1,000 per year
- Paid at the rate of 24 credits per year:
 $\$1,000/24 = \$41.67/\text{credit}$
- Paid proportionally for each quarter, semester or term attended
- AD personnel are not eligible



Post-9/11 GI Bill

Kickers/College Funds/Buy Up

- Buy-Up -- Not payable under Post-9/11 GI Bill
- Enlistment or Reenlistment kickers and College Funds -- payable under Post-9/11 GI Bill

Post-9/11 GI Bill



Approved Programs

- All academic programs approved under Chapter 30 and offered at a college or university (Institute of Higher Learning or IHL)
- Individuals previously eligible for Chapters 30, 1606, or 1607 may continue to receive benefits for approved programs not offered by IHLs (i.e. flight, correspondence, APP/OJT, preparatory courses and national tests).



Post-9/11 GI Bill

Additional Benefits:

- Tutoring Assistance: Up to \$100/month for a total of up to \$1,200
- Relocation Assistance: A one-time \$500 payment for qualifying individuals
- Licensure or Certification Reimbursement: Maximum payment of \$2,000 or the actual cost of ONE test, whichever is less

Post-9/11 GI Bill



Transfer of Entitlement

Eligible Service Members:

Transfer entitlement to one or more dependents, if he/she:

- Has at least six years of service in the Armed Forces and agrees to serve four additional years
 - Has at least ten years of service in the Armed Forces (AD and/or selected reserve), is precluded by either standard policy (service or DoD) or statute from committing to four additional years, and agrees to serve for the maximum amount of time allowed by such policy or statute
- 



Post-9/11 GI Bill

Transfer of Entitlement

Retirement Eligible Service Members:

A service member is retirement eligible if he or she has completed 20 years of AD or 20 qualifying years of reserve service

- For those individuals eligible for retirement on August 1, 2009, no additional service is required
 - For those individuals who have an approved retirement date after August 1, 2009, and before July 1, 2010, no additional service is required
- 



Post-9/11 GI Bill

Transfer of Entitlement

Retirement Eligible Service Members:

For individuals with an approved retirement date after August 1, 2009, and before:

- August 1, 2010 - **1 year** of additional service after approval of transfer is required
 - August 1, 2011 - **2 years** of additional service after approval of transfer is required
 - August 1, 2012 - **3 years** of additional service after approval of transfer is required
- 



Post-9/11 GI Bill

Transfer of Entitlement (TEB)

Eligible Family Members:

- Spouse
 - Same 15 Year delimiting date as for veteran or
Earlier date set by veteran
Revocation by veteran
- Children
 - 26th birthday of dependent child or
Earlier date set by veteran
Revocation by veteran
- Veteran and Dependents both responsible for overpaid benefits

Post-9/11 GI Bill



Yellow Ribbon Program

- Universities and Colleges may voluntarily enter into an agreement with VA to pay tuition and fees charged that are not covered under chapter 33.
 - VA will match each additional dollar funded by the school.
 - The combined amounts may not exceed the full cost of the school's tuition and fees charged.
 - Only individuals entitled to the 100 percent benefit rate (based on length of AD service) may receive this funding.
- 



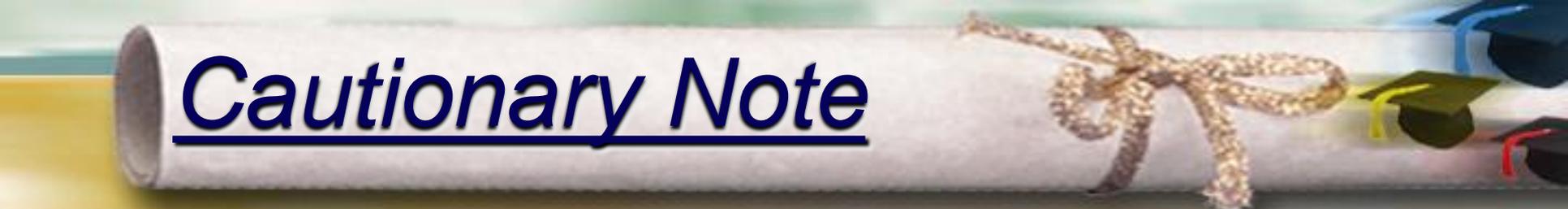
Post-9/11 GI Bill

Overpayment of Benefits

- An individual who does not complete all courses in the certified period of enrollment will be charged an overpayment equal to the amount of ALL educational assistance paid for that period of enrollment.
- Tuition and Fee payments are paid to the school on behalf of the veteran, overpayments for Tuition and Fees will be charged to the veteran.
- Schools will follow their established student refund policy.
- Veterans may (or may not) receive a refund from the school.

Three GI Bills Summary

Wisconsin GI Bill	Waives eligible tuition and fees at Wisconsin's public colleges and universities	Based on (1) Wisc. residency when entering AD (2) length of AD
Montgomery GI Bill	Provides a monthly stipend for a set number of months	Based on (1) length of AD (2) type of program
Post-9/11 GI Bill	Pays a percentage of (1) tuition & fees (2) housing allowance (3) supplies and books	Based on length of AD since 9/11/2001



Cautionary Note

- Recent Wisconsin changes **require** those eligible for both the Post-9/11 GI Bill and the Wisconsin GI Bill to use the Post-9/11 GI Bill prior to using the combination of the Wisconsin GI Bill and other Federal benefits.
- If you transfer to the ***Post-9/11 GI Bill, the choice is irrevocable***.
- Please check regularly at <http://gibill.wisconsin.edu/> for new policy that will govern state and federal GI Bills. Sign up for the RSS feed to receive alerts when updates are posted.
- Stay in contact with your School Certifying Official.



Points of Contact

UW and Wisconsin Technical College Systems:

<http://gibill.wisconsin.edu/>

Wisconsin Department of Veterans Affairs (WDVA)

- 608.266.1311 or 800.WIS.VETS (947.8387)
- <http://dva.state.wi.us/ResourceCenter.asp>

US Department of Veterans Affairs (VA)

- www.gibill.va.gov
- Education Hotline: 888.442.4551



Contact

Wisconsin State Approving Agency
30 W Mifflin St.
Madison, WI 53707-7843

Phone: 608-261-8771

Website: <http://saa.dva.state.wi.us>

Questions?

VBRC Contact Information

Hours: Monday – Friday

7:45 a.m. – 4:30 p.m. Central Time

Phone: Local: (608) 266-1311

Toll-free: 1-800-WIS-VETS (947-8387)

Email: WisVets@dva.wisconsin.gov

Location: 201 W. Washington
Ave, 4th Floor

Walk-ins are Welcome!

Madison, WI 53703



T.V.S.O. & C.V.S.O. GRANTS

CVSO Grants

Nate Nez- TVSO Grants

Application:

- **Your county's name in two locations.**
- **Job titles and salaries**
 - **Original signatures** from C/TVSO & Chairperson, County Board or other Official designated to sign for county.

New CVSO- If appointed since last application.

- **WDVA needs a letter signed by a County Official stating that the position was in accordance with Wisconsin Statute 45.82(2) was appointed under a civil service competitive examination procedure SS 59.52(8).**
- **County Official must verify that the position is a full time county employee. (*If full-time grant money is desired*)**

GRANT AGREEMENT

- Your county's name printed in three locations.
- ***Date of agreement is 1st Day of January this year through December 31, of this year.
- Original signatures of County Official and their title.
- C/TVSO signature.

TRANSACTION SHEET

- Report for calendar year **This year**; for “Your county” **CVSO from 01/01/Last year to 12/31/Last year.”**
- **Federal Benefits- Just give us the numbers.**
 - Talk to your sister and brother C/TVSO’s to see how/what they are reporting.

Status of Last Years Grant/Office Goals and Objectives

- **Just let us know how you did.**
- **How many of your goals were reached?**

Grant/Office Goals and Objectives for Next Year

- **Tell us what you hope to achieve next year**
- **“Be realistic!”**

This Years T/CVSO Office Budget

- Just submit a certified copy of your office budget for this year.
- “I certify that this is a true and correct copy of the budget **adopted** by the county board for the county veterans’ service office operation”

Who can certify an office budget?

- **County Treasurer**
- **County Board Supervisor**
- **County Board Member**
- **The CVSO**

This Year's Grant Budget

- **What are you going to do with the grant money that WDVA is going to give you?**
- **If you are getting \$10,000.00 this year the total grant budget submitted to us has to equal \$10,000.00.**

Ask Questions

- **Please call us with any questions that you have.**



Scott Walker, Governor

John A. Scocos, Secretary

James Bond, Administrator

**STATE OF WISCONSIN
DEPARTMENT OF VETERANS
AFFAIRS
Division of Veterans Services**

201 West Washington Avenue
P.O. Box 7843
Madison, WI 53707-7843

Phone: (608) 266-1311
Toll-free: 1-800-WIS-VETS (947-8387)
Fax: (608) 267-0403
Email: WisVets@dva.wisconsin.gov
Website: www.WisVets.com

County Transportation Grant (CTG) – Fact Sheet

WDVA provides financial assistance to counties to provide transportation to VA medical appointments. VA medical appointments include appointments arranged or conducted by the U.S. Department of Veterans Affairs. Grant funds are meant to be a partial reimbursement of county expenses, therefore, the county must incur un-reimbursed expenses to be eligible.

The grant consists of \$100,000 to be distributed among eligible counties. Grant funds must be used by the county to provide transportation services that aid veterans in getting to their VA medical appointments.

Eligible Counties:

- Counties that do not have regularly scheduled service from Disabled American Veterans (DAV) transportation services.
- Counties who are not served by DAV, but share provision of transportation services may submit joint applications.

Application and Approval Process:

- County Veterans Service Offices are notified that an application is available through a WDVA Bulletin. A letter announcing the availability of the County Transportation Services Grant is also sent to the County Administrators in each of Wisconsin's 72 counties.
- Applications must be received by November 1st immediately preceding the fiscal year for which a grant is sought. Grants will be distributed to counties after January 1.
- Counties that have an ongoing transportation program and who do not intend to expand the program by more than 50% must provide data for the prior 12-month period ending on June 30th of the year in which the application is submitted.
- Use of prospective data is accepted in the case of programs that have been recently initiated or expanded significantly. If a county did not operate a veterans transportation program during the entire 12-month period ending June 30th of the year in which the application is submitted, or if a county proposes to expand an existing program by increasing the number of miles that veterans are transported by at least 50%, it may submit an application based on the number of estimated miles it expects to transport veterans during the subsequent calendar year.
- Supporting documentation must be submitted with the application:
 - Revenue and expenses report for the last fiscal year (July 1 – June 30)
 - Report verifying the number of veterans transported and miles drive
 - New or expanded (by at least 50%) programs only: 2007 budget identifying budget authority for veterans' transportation

Award Determination:

Each approved application will receive a percentage of the available funds (\$100,000) based on the number of miles driven to transport veterans to medical appointments and their total un-reimbursed expenses. A check is issued to the appropriate county agency.





State of Wisconsin

Department of Veterans Affairs

CVSO
BASIC ORIENTATION

Claims Administrator: James Bond
Office Supervisor: Colin Overstreet

CVSO RESOURCES

COUNTY VETERANS SERVICE OFFICER (CVSO)

VETERANS BENEFITS PROGRAM

US Department
of
Veterans Affairs
Milwaukee

Wisconsin Department
of Veterans Affairs
Madison

Service Organizations
VA Regional Office -
Milwaukee

Miscellaneous
Support Service

VA Department of Veterans Affairs Organizational Structure



Veterans Health Service
&
Research Administration

Veterans Benefits
Administration

National Cemetery
System

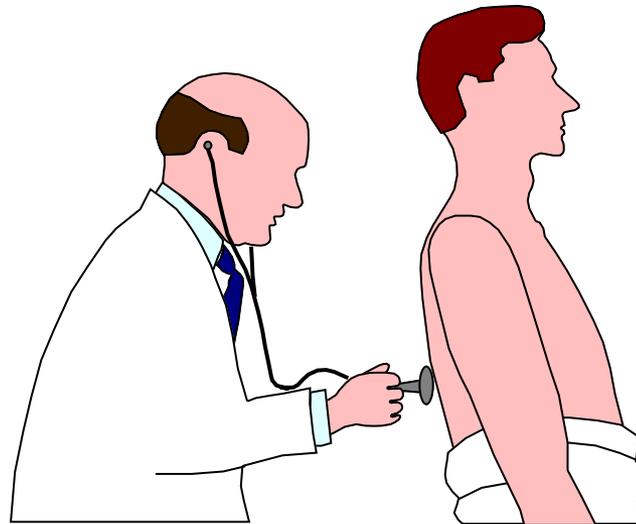
Disability Compensation Defined

- **Direct**
- **Presumptive**
- **Aggravation**



Claims Requirements

- **Current Medical Diagnosis**
- **In-service Occurrence or Aggravation**
- **Nexus or Link**



Documentation Required



DD-214 (Discharge Certificate)



VA Form 21-22



VA Form 21-526ez



Dependency information (VA Form 21-686c)



Medical Evidence

Medical Evidence

 **Service Medical Records**

 **Private Medical Records**

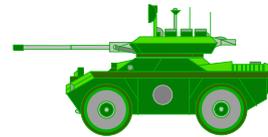
 **VA Form 21-4142**

 **Lay Statements**



Non-Service Connected Pension Defined

- **Wartime Service**



- **Permanent & Total Disability**



- **Income Based Benefit**



Special Monthly Pension

- Housebound



- Aid & Attendance



Documentation Required



DD-214 (Discharge Certificate)



VA Form 21-22



VA Form 21-527ez



Dependency information (VA Form 21-686c)



Medical Evidence

Eligibility Verification Reports (EVR)



\$ No longer required

**\$ Pension recipients must remember to
report all changes in income, net worth
and dependency to the VA immediately**

CHECKLISTS

- **Original Compensation Claim Checklist**
- **Original Disability Pension Checklist**
- **Original Death Pension Checklist**

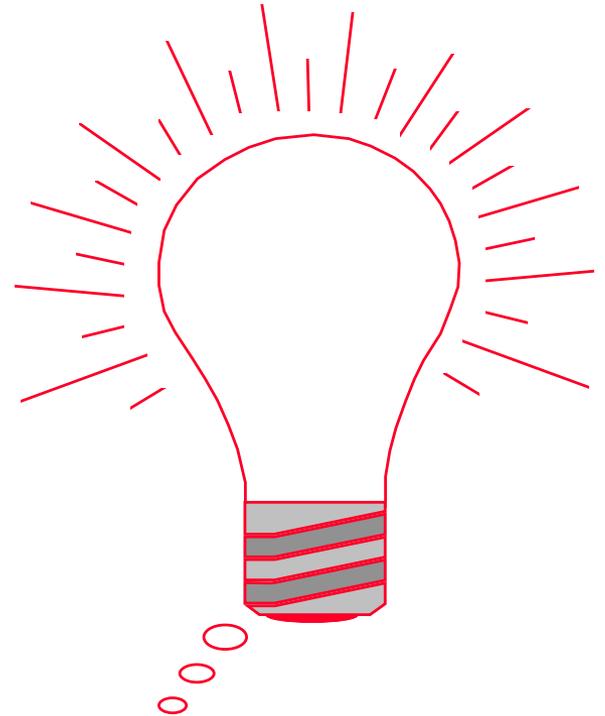


WDVA Bureau of Claims - Milwaukee Claims Office Filing Suggestions

 **Informal Claims**

 **VA Form 21-4138**

 **VA Form 9**

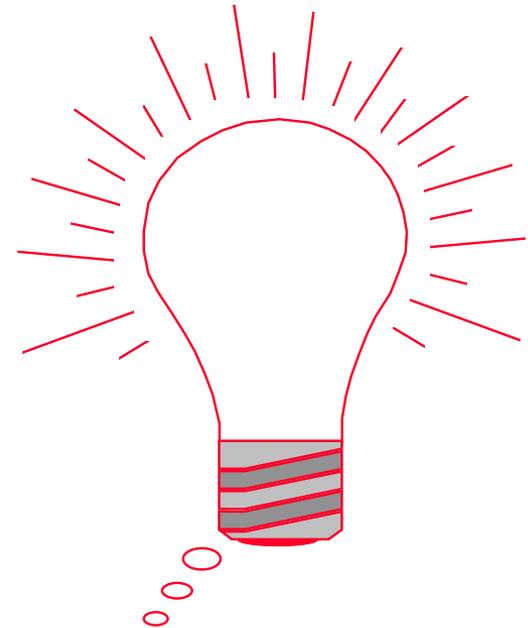


WDVA Bureau of Claims - Milwaukee Claims Office Filing Suggestions

 **Returned VA Checks**

 **Waiver Requests**

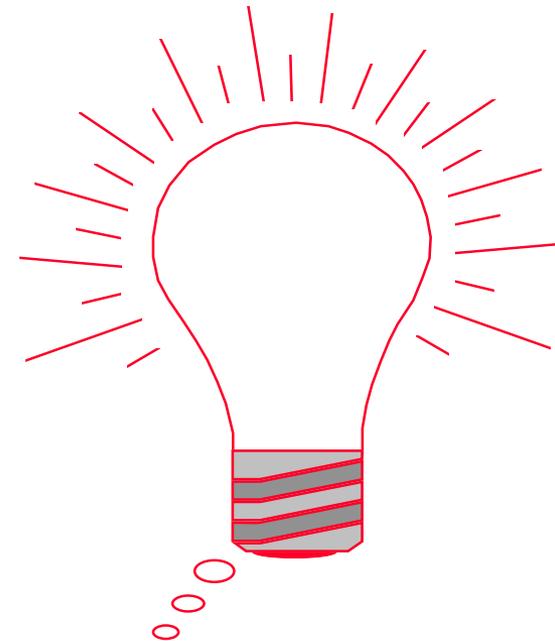
 **Limited Withholding**



WDVA Bureau of Claims - Milwaukee Claims Office Filing Suggestions

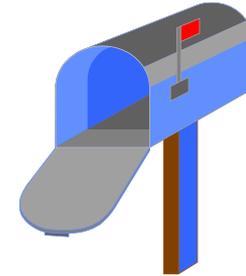
 Hospital Claims

 Claim Number / SSN



CONTACT

- CVSO Cover Letter
- Resumes
- Telephone Calls



Claims Officers Assigned Caseload

 **Tim Neary** **Digits 00-19 and 40-44**

 **Matt Seidl** **Digits 20-39 and 45-49**

 **Rich Teele** **Digits 60-79 and 50-54**

 **Benji Terrell** **Digits 80-99 and 55-99**

 **Oscar Rodriguez** **Training**

Appeals Caseload

- **Sandra VanZeeland -Team Lead**
- **Kimberley Mattioli Digits 00-49**
- **Linda De Pons Digits 50-99**

- **Program Supervisor - Colin Overstreet**



Thank You

&

Have A Safe Journey
Home!

