

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 Veterans Assistance Grant 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) \$ _____

Emergency Assistance \$ _____

Medicare Premium Assistance (QMB, SLMB) \$ _____

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

Worker's Compensation \$ _____

W2 (AFDC) \$ _____

Other (please list): _____ \$ _____

_____ \$ _____

County Agent's Name: _____ Title: _____

Signature: _____ Date: _____