



AMVETS

**Department of Wisconsin
Terminally Veterans Dream Fund
Application
(TVDF)**

(Established in Memory of Jon Van Wageningen)

1. Veteran's Name, Address and Phone Number:

2. Support Person's Name, Address and Phone Number (if needed):

3. Veteran's Wish:

4. Veteran's Diagnosis:

5. Veteran's Service Connected Condition:

6. Estimated Prognosis: ___Days to Weeks _ Weeks to Months

7. Does the Veteran require assistance with any of the following:
(If you answered "yes to any question, please explain on line below)

a. Eating/Special Diet: NO YES

b. Transfers: NO YES

c. Ambulation/Mobility: NO YES

d. Toileting: NO YES

e. Ability to Travel: NO YES

8. Name and contact information of referring VA social worker:

Refer questions or return completed form directly to

Tim Thiers
AMVETS Department of Wisconsin
Terminal Veteran Dream Fund
3713 Mac Arthur Drive
Manitowoc, WI 54220
Cell 920-905-5951