Iowa Injured Veteran Grant Application

Submit to:
Iowa Department of Veterans Affairs
7105 – NW 70th Avenue
Camp Dodge, Building 3465
Johnston, IA 50131-1824

This form is to be completed by the "veteran" or person authorized to represent the veteran. If assistance is needed in filling out the application, please call the Iowa Department of Veterans Affairs at **800-838-4692 or 515-727-3443**. Mail completed application to the address indicated above.

Last Name **First Name** **M.I.** **Rank**

SSN Number **Branch of Service**

Current Mailing Address (where you want to receive grant check**)**

Daytime Phone # **Evening Phone #** **Email address**

1. Current Unit Assigned and phone number (If separated, enter n/a):

   _____

2. Unit Assigned and theatre of operation or hostile fire zone served:

   _____

3. Date medically evacuated from theatre of operation: _____
4. Was injury/illness considered "in line of duty"? (Yes or No) _____
5. Date of medical or rehabilitation treatment:_____

   (If still receiving treatment list "inpatient" or "outpatient" and name of facility:

   _____

6. State of legal residence at time of evacuation: _____

Mark "x" to show necessary documents are included with this application:

_____ Proof of Iowa Residency (example: IRS Form W-2, military orders, etc.)
_____ Copy of Military I.D.
_____ Copy of Military Orders to verify assignment in combat zone or hostile fire zone
_____ Copy of DD214 Discharge Certificate, if separated (must be under honorable conditions)
_____ Copy of medical records that document start and stop of medical or rehabilitative treatment
_____ Copy of document showing severity of injury (casualty report)

Veteran Statement:

I am requesting a grant under the Iowa Injured Veterans Grant Program and under penalty of law, certify that the above information is true and accurate. I understand that the Iowa Department of Veterans Affairs will not disclose any personal, medical, or military information about its applicants to any third party, except to the extent the Department deems it necessary to validate the information provided on this application. My signature below indicates acceptance of the foregoing conditions.

_____ _____

Veteran signature or designee **Date**