



AMVETS DEPARTMENT OF WISCONSIN

AMVETS “Terminal Veterans Dream Fund” (TVDF)

AMVETS Department of Wisconsin, through our **Hospital and Service Foundation** has created a **Terminal Veterans Dream Fund**. It is available to any Veteran residing in Wisconsin who has been diagnosed with a limited life expectancy **DUE TO A SERVICE CONNECTED DISABILITY**, or is expected to be service connected; it is intended to provide a final wish or goal the Veteran may have. AMVETS wants to enhance the quality of life for their fellow veterans and will work to make the dream of terminal Veterans a reality.

AMVETS will only accept referrals from VA Social Workers who are working with the individual Veterans. Upon receipt of the application, the AMVETS Terminal Veterans Dream Fund Committee will work with the Veteran to reach their dream goal. Every effort will be made by AMVETS to honor their final wish. The application will allow AMVETS to understand the desire and physical needs of the veteran. In some instances, it may be necessary for a support person to accompany the veteran for assistance with administering medication, mobility etc...

Those wishing to apply or would like more information should, please complete the attached application information form and send or call:

CONTACT PERSON:
Tim Thiers - Chairman
AMVETS Terminal Veterans Dream Fund
tithiers@lakefield.net
3713 Mac Arthur Drive
Manitowoc, WI 54220

Cell: 920 905 5951

Application for AMVETS Terminal Veterans Dream Fund

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. Veterans Service Connected Condition:

6. Estimated prognosis ___ Days to weeks ____ Weeks to months

7. Does the veteran require assistance with any of the following:

a. Eating/Special Diet: ___ No ___ Yes (Describe)

b. Transfers: ___ No ___ Yes (describe)

c. Ambulation/Mobility: ___ No ___ Yes (describe)

d. Toileting: ___ No ___ Yes (describe)

e. Ability to travel: ___ No ___ Yes (describe)

f. Other extenuating circumstance

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

Use additional paper if needed