

Michigan American Legion Wilwin at Cygnet Cove

VETERANS WITH DISABILITIES APPLICATION (Priority Given) (Form #2)

Name of Veteran _____ Age _____ Male Female

Address: _____ City _____ State _____

Zip Code _____ Telephone (____) _____ E-mail: _____

MILITARY SERVICE: _____ Dates Requested _____

Branch: _____ Dates Served: _____ Are you currently on active duty? Yes No

Are you applying through a VA Facility? Yes No If "yes," what facility _____

Are you disabled? Yes No If "yes," describe disability briefly _____

Do you need a caregiver? Yes No Do you need a barrier free accommodation? _____

Do you have any physical restrictions? Yes No If so, describe: _____

Are you a member of The American Legion? Yes No (Membership is not required)

Do you belong to any other veterans organization? Yes No If so, which one(s)? _____

Family Information: Please list the names and ages of those accompanying you (children must be of minor age and a current legal dependent of the veteran).

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

PERSONAL EMERGENCY INFORMATION:

Physician's Name _____ Address _____ Phone Number _____

Person to contact in case of emergency: Address _____ Phone Number _____

STATEMENT OF APPLICANT: I certify that if I or my family incurs any expenses for medications, hospitalization, or any other personal expenses, while at the Wilwin at Cygnet Cove facility, we will be responsible for such expenses. I will hold harmless The American Legion, Department of Michigan, and Michigan American Legion Wilwin at Cygnet Cove for any injuries or liabilities while a guest of the facility.

Signature of Applicant _____ Printed Name _____ Date _____

Witness Signature _____ Printed Name _____ Date _____

I assume responsibility for the loss of, or damage to, my personal effects while at the Wilwin at Cygnet Cove facility. I will furnish my own food and transportation to and from the facility.

Signature of Applicant _____ Date _____