



## INFORMATION AND REFERRAL SERVICES FORM

To allow Wounded Warrior Project® (WWP) to accurately and appropriately refer warriors, family members, and caregivers to your organization, please provide the following information.

**WHAT IS THE FULL NAME OF YOUR ORGANIZATION?**

\_\_\_\_\_

**HOW IS THE ORGANIZATION STRUCTURED?**  501C3  LLC  CORPORATION  GOVERNMENT ORGANIZATION

**ARE YOUR SERVICES FREE?**  YES  NO

**IF NOT, WHAT IS YOUR FEE STRUCTURE?** \_\_\_\_\_

**ARE YOU LICENSED OR ACCREDITED?**  YES  NO

**IF SO, ARE YOU ABLE TO PROVIDE DOCUMENTATION?**  YES  NO

**PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR MISSION AND EXPERIENCE WORKING WITH WOUNDED, INJURED, AND ILL VETERANS AND/OR THEIR FAMILIES AND CAREGIVERS.**

**WHAT DEMOGRAPHIC DOES YOUR ORGANIZATION PROVIDE SERVICES FOR?**

**(SELECT ALL THAT APPLY)**  PRE-9/11 VETERANS  POST-9/11 VETERANS  ALL-ERA VETERANS  
 FAMILY MEMBERS/CAREGIVERS  CHILDREN  
 OTHER \_\_\_\_\_

**WHAT SERVICES DOES YOUR ORGANIZATION PROVIDE? (SELECT ALL THAT APPLY)**

ADVOCACY  EDUCATION  EMPLOYMENT  FAMILY SERVICES  FINANCIAL ASSISTANCE  
 HOUSING ASSISTANCE  LEGAL ASSISTANCE  MEDICAL ASSISTANCE  
 MENTAL HEALTH ASSISTANCE  RECREATION AND WELLNESS  SERVICE ANIMALS  
 SPIRITUAL/FAITH-BASED  TRANSPORTATION  
 OTHER \_\_\_\_\_

**PLEASE PROVIDE A DETAILED DESCRIPTION OF ANY AND ALL ELIGIBILITY REQUIREMENTS THAT MUST BE MET PRIOR TO YOUR ORGANIZATION PROVIDING SERVICES TO VETERANS, FAMILY MEMBERS, AND CAREGIVERS.**

PLEASE ATTACH YOUR COMPLETED FORM IN AN EMAIL TO  
I&RSERVICES@WOUNDEDWARRIORPROJECT.ORG