



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 IRSERVICES@WOUNDEDWARRIORPROJECT.ORG