HIV SERVICES PROGRAM
2015 VETERAN'S ELIGIBILITY VERIFICATION FORM
(Complete this form ONLY if the client answered "yes" on page one of the application)

1. **Have you <u>ever</u> served in the United States Armed Forces (Army, Navy, Air Force, Marines, Coast Guard, or Reserves)?**
   - ☐ YES, go to Question #2
   - ☐ NO, skip to certification at bottom of form

2. **Do you currently receive Veteran's Benefits?**
   - ☐ YES, skip to certification at bottom of form
   - ☐ NO, go to Question #3

3. **Did you serve on active duty for more than 180 days with the Army, Navy, Air Force, Marines, Coast Guard, or Reserves?**
   - ☐ YES, go to Question #4
   - ☐ NO, skip to certification at bottom of form

4. **Did you receive an Honorable or a General Discharge?**
   - ☐ YES, go to question #5
   - ☐ NO, skip to certification at bottom of form

5. **Do you have a letter from the Veterans Administration denying you benefits?**
   - ☐ YES, attach copy of denial and skip to certification at bottom of form
   - ☐ NO. You **must** apply for benefits from the VA before you can be deemed eligible for the HIV Services Program. A letter of determination from the VA must be on file with the Program before eligibility for future program benefits can be determined. You will be allowed 120 days to obtain this determination letter prior to discontinuation of current Program benefits you may be receiving.

CERTIFICATION AND AUTHORIZATION

I, _____, the Applicant for benefits and services under Wyoming's HIV Services Program, do hereby certify under penalty of perjury that the answers I have given are true and correct to the best of my knowledge, information, and belief. I understand that determination of my eligibility for benefits and services under the Program is based upon my answers given. I hereby authorize the release and exchange of information between the Wyoming Department of Health's HIV Services Program and the Veteran's Administration for the purposes of verification of my eligibility for benefits and services under either program. I further understand that if I deliberately omit or give false information, I can be removed from the Program, prosecuted under applicable state and federal statutes, or both.

DATE: _____ SIGNATURE: _____

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