



## DAV AUXILIARY CARING FOR CAREGIVERS INITIATIVE APPLICATION FORM

The DAV Auxiliary recognizes the dedication of caregivers who selflessly support our nation's veterans, often at the expense of their own well-being. In accordance with Article II of the DAV Auxiliary Constitution, the Caring for Caregivers Initiative Program was established to advance the interests and improve the lives of wounded, injured, and disabled veterans and their families.

This program honors caregivers and encourages them to prioritize their own well-being. Self-care is not a luxury—it is essential!

Eligible caregivers of a veteran must be a spouse, child, parent, stepfamily member, or an individual residing full-time with the veteran.

Applicants must complete the application in full and obtain pre-approval from DAV Auxiliary National Headquarters. Proof of caregiving is required and must include one of the following:

- Enrollment letter or official proof of participation in the DAV Caregiver Support Program.
- VA Caregiver Support Program eligibility determination letter.
- Physician's letter on official letterhead verifying the designated caregiver.

All documentation must be current and clearly identify both the veteran and his/her caregiver.

Upon approval, caregivers may receive reimbursement of up to \$250 for qualified self-care activities. Valid receipts are required. Incomplete documentation may delay or void reimbursement.

Caregivers may apply twice per calendar year with at least four months between approvals. Reimbursement is subject to fund availability and limited to approved self-care expenses such as spa services, massages, yoga, meditation, or wellness classes that support physical, emotional, or mental health.

All approved activities must be for the improvement of the caregiver's overall physical, emotional, or mental health.

Applicant's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to the service-connected disabled veteran:

Spouse  Sibling  Child  Other  \_\_\_\_\_

Veteran's full name: \_\_\_\_\_

Veteran's branch of military service: \_\_\_\_\_ Service Dates, if known: \_\_\_\_\_

Time per week providing direct care: \_\_\_\_\_

Are you enrolled in the DAV Caregiver Support Program: Yes  No

Please explain your normal caregiver duties:

Activity you wish to do and anticipated cost:

Please check what form of documentation is included for verification purposes:

- Enrollment letter or official proof of participation in the DAV Caregiver Support Program.
- Caregiver Support Program eligibility determination letter.
- Physician's letter on official letterhead verifying the designated caregiver.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Complete in detail and send all documents to: DAV Auxiliary, 860 Dolwick Dr., Erlanger, KY 41018 or Email: [dava@dav.org](mailto:dava@dav.org)

Notice: The DAV Auxiliary National Finance Committee shall determine an amount to be disbursed each calendar year. This program is funded solely through donations. Once the allocated funds have been exhausted, no further distributions will be granted. Submission of this application does not guarantee approval.

If approval of this request is granted, it may be necessary to provide a completed IRS Form W-9.