



Sheboygan County Veterans Service Office

Charlene K. Cobb
Veterans Service Officer

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Veterans Benefit Specialist

WISCONSIN

VA HEALTHCARE ENROLLMENT WORKSHEET

This is not an application. This is a worksheet designed to gather all the needed enrollment information. Please return completed worksheet and schedule an appointment with the Sheboygan County Veterans Service Office to complete an application for VA Healthcare. Worksheets can be mailed or faxed to the Veterans Service Office along with a copy of your DD FORM 214.

Veteran's Full Name (include maiden name, if applicable): _____

Date of Birth: _____ Place of Birth: _____ Social Security: _____

Service Branch: _____ Dates of Service: _____ to _____

Home address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Religion: _____

Mothers Maiden Name: _____

Marital Status: _____

Spouse Full Name: _____ Date of Birth: _____

Social Security Number: _____

Date of Marriage: _____ City and State of Marriage: _____

Next of Kin Name: _____ Relationship: _____

Address: _____ City _____ State _____

Zip Code: _____ Telephone Number: _____

SERVING THOSE WHO SERVED SINCE 1935

Telephone (920) 459-3053
Facsimile (920) 459-3055

Courthouse Annex
615 North 6th ST
Sheboygan, WI. 53081-4612

Veterans.Services@SheboyganCounty.com
www.co.sheboygan.wi.us

Health Insurance Company name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____

Name of Policy Holder: _____

Policy Number: _____ Group Code: _____

Are you eligible for Medicaid? YES NO

Medicare Type A Effective Date: _____

Veteran's Employment Status: _____ Company: _____

Company Address: _____ City: _____ State: _____

Company Telephone: _____ Date of Retirement: _____

Income (Previous Calendar Year):	VETERAN	SPOUSE
Gross annual income from employment:	_____	_____
Net income from your farm, property or business:	_____	_____
Other(social security, compensation, Pension, Interest, dividends):	_____	_____

Deductible expenses (Previous Calendar Year):

Non-Reimbursed medical expenses paid
by you or your spouse(deductibles, medications,
Medicare, health insurance, hospital or nursing home) _____

Funeral and Burial Expenses
(Deceased Spouse or dependent child): _____

College or Vocational Education Expenses
(tuition, books, fees, materials,) Do Not List Dependent
Educational Expenses: _____

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