

DEPARTMENT OF NAVAJO VETERANS AFFAIRS

CHECK OFF LIST FOR VAMC FEE REIMBURSEMENT PROGRAM FOR TRADITIONAL CEREMONIES FOR NAVAJO VETERANS

AGENCY

VETERAN'S NAME: _____

- | | |
|--|---|
| <input type="checkbox"/> Financial Assistance Request Form | <input type="checkbox"/> Authorization for Service Form |
| <input type="checkbox"/> Request for Direct Payment (RDP) Form | <input type="checkbox"/> VA Form 10-10EZ |
| <input type="checkbox"/> Referral to Diagnostician Form | <input type="checkbox"/> Form W-9 for Veteran |

The following items listed below are also required for submittal to VAMC:

- | | |
|--|--|
| <input type="checkbox"/> Copy of DD214 / Military Discharge Papers | <input type="checkbox"/> Copy of Certificate of Indian Blood |
| <input type="checkbox"/> Copy of Signed RDP Form | <input type="checkbox"/> Copy of RDP Check: _____ |

The following items listed below are verified to be in the Veteran's Personal Folder:

- | | |
|--|--|
| <input type="checkbox"/> Copy of DD214 / Military Discharge Papers | <input type="checkbox"/> Copy of Voter Registration |
| <input type="checkbox"/> Copy of Identification / Drivers License | <input type="checkbox"/> Copy of Certificate of Indian Blood |
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Form W-9 for Veteran |
| <input type="checkbox"/> Copy of Marriage License (if applicable) | |

OFFICIAL USE ONLY

I hereby certify that the required documents are attached and submitted for payment and reimbursement.

DNVA-Agency Signature & Title

Date

Veteran Service Officer's Signature

Date

SUBMITTED TO CARL T. HAYDEN VAMC

Signature & Title

Date