DEPARTMENT OF NAVAJO VETERANS AFFAIRS

DNVA STAFF MEMBERS REQUESTING ASSISTANCE FROM CARL T. HAYDEN VAMC FEE REIMBURSEMENT PROGRAM

FINANCIAL ASSISTANCE REQUEST FORM - II

1. DNVA Staff Who Is A Veteran Requesting Assistance.

Name of DNVA Staff Member: _____
Agency: _____
Title: _____
Social Security No.: _____
Address: _____
_____

Type of Assistance: Diagnostic and/or Traditional Ceremony, Carl T. Hayden VAMC

OFFICIAL USE ONLY

I have verified the following: Voter Registry ☐ Discharge Document ☐ Supporting Documents ☐
APPROVED: _____ DISAPPROVED:_____
Reason for Disapproval:_____
_____
_____

_____ _____
Department Manager's Signature Date

_____ _____
Division Director's Signature Date

CERTIFICATION

I certify the Diagnostician Service and/or Traditional Ceremony indicated above was performed as authorized by the Carl T. Hayden VAMC, Phoenix, Arizona.

Traditional Practitioner or Diagnostician: _____ _____
Signature Date

Department Manager's Certification: _____ _____
Signature Date

Division Director's Certification: _____ _____
Signature Date