



## FEHERTY'S TROOPS FIRST FOUNDATION

24/7 BATTLE BUDDIES APPLICATION  
c/o Wisconsin American Legion Riders, District 2  
Corey Doehrmann 262-305-0305  
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Jackson, Wisconsin 53037

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

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

*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

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

Occupation: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Disability rating: \_\_\_\_\_

### Reference Information

Full Name: \_\_\_\_\_

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_

*Last* \_\_\_\_\_ *First* \_\_\_\_\_

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

Relationship: \_\_\_\_\_

## Disability Information

Describe your disability needs including information about your injuries and prognosis. (specifically, what type or limitations, do you use any mobility devices)

Please describe your current level of independence:

What specific tasks would a service dog help you with?

Do you have any pets in the household? If so, how many and what kind

How did you hear about the 24/7 Battle Buddy program/ Were you referred to us by a recipient?

Additional comments or information you wish to share?

**DISCLAIMER**

*I certify that my answers are true and complete to the best of my knowledge.*

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