

GUARDIAN FOR HEROES FOUNDATION NOMINATION FORM



Date \_\_\_\_\_  
Organization \_\_\_\_\_  
Submitted by \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Relation to Nominee \_\_\_\_\_

**Veteran Information**

Name \_\_\_\_\_ VA Claim # \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth (Including Year) \_\_\_\_\_

**Combat Disabled**

Case Number \_\_\_\_\_  
Assigned Case Worker Contact Information \_\_\_\_\_

VA Disability Rating (Verification Required) \_\_\_\_\_ % Year Disabled \_\_\_\_\_  
What war did Veteran serve in? \_\_\_\_\_  
Is the Veteran disabled? \_\_\_\_ Yes \_\_\_\_ No Service-connected injury \_\_\_\_ Yes \_\_\_\_ No  
Has the Veteran received Purple Heart? (Verification Required) \_\_\_\_\_

Veteran has incurred what type of disability? (e.g., Loss of limb(s), PTSD, limited use of motor skills)  
\_\_\_\_\_  
\_\_\_\_\_

What donated service is the Veteran being nominated for and why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documents required:

1. Two referral letters with contact information
2. Copy of "DD-214" or other evidence of Purple Heart
3. Copy of VA Disability Award letter stating percentage of disability
4. Letter of Intent (i.e. what this nomination means to you and how you can benefit from its services)

Please return nomination form with **all** required documentation to:

Guardian for Heroes Foundation  
4287 Belt Line Rd #268  
Addison, TX 75001  
[info@guardianforheroesfoundation.org](mailto:info@guardianforheroesfoundation.org)