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To learn more about USA Cares, the military families we have helped, our various fundraising activities, volunteer opportunities, and much more, please visit our website.

www.usacares.org

CFC 12359



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**WARRIOR
TREATMENT**

Today



★★★★★
**WARRIOR
 TREATMENT**
 ★★★★★
Today Program

Warrior Treatment Today is a USA Cares program designed to bridge the gap between personal financial demands and the need to receive treatment.

Specifically, our program seeks to remove the financial barrier that exists for many OIF/OEF service members who suffer from PTSD and/or TBI, but cannot afford to leave their employment for treatment. National Guard and Reserve personnel are particularly vulnerable to this barrier as they resume their civilian lives upon return from deployment. Should they be referred for treatment of a significant duration, they have to not only keep their jobs, but also acquire the dollars necessary to continue to meet their financial obligations.

USA Cares will take on the responsibility for paying essential household bills (rent/mortgage, utilities, car payment, etc.) while the service member is attending residential type PTSD/TBI treatment. In so doing, USA Cares will facilitate attendance to mandated/recommended treatment programs by removing the financial obstacles many face today.

The recent Rand study suggests over 300,000 suffer from PTSD/TBI, with fewer than half of these cases actually identified. Thus, the magnitude of the problem is significant. We believe any program that will help diagnosed service members attend necessary treatment is of great value and deserves our full support.

**Removing barriers to
 treatment for post-traumatic
 stress disorder and
 traumatic brain injury
 (PTSD/TBI) for
 OIF/OEF Veterans.**

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**Financial
 Assistance Request
 For OIF/OEF
 In-Patient PTSD
 Clients**

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____

E-Mail: _____

Alternate point of contact name: _____

Address: _____

Phone: _____

E-Mail: _____

Discharge / ETS Date: _____

Start date of residential rehabilitation: _____

Location of rehab facility: _____

Types of financial assistance needed (circle all that may apply):

- a. Mortgage
- b. Rent
- c. Utilities
- d. Car payment
- e. Food
- f. Other _____

Fax this form to: 1-866-533-0426

Questions call: 1-800-773-0387 and ask for the Advocate Cell

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