

# Enrolment Form Widow(er)

**INSTRUCTIONS FOR COMPLETION:**

Please use this form when enrolling new clients. Refer to the Enrolment Policy for detail.

- USE BLOCK LETTERS TO COMPLETE THIS FORM
- Before completing this form, review supporting documents listed under Checklist on Page 4.
- A discharge certificate does not give the full story of a veteran’s service. Naval veterans discharge details are shown on page two of the Certificate of Service. (Where possible, please copy and attach to this application).
- Original campaign medals have the veteran’s name and number inscribed on them. Please indicate the name of each medal and whether or not the medal is inscribed with the veteran’s details. Allied nations do not usually inscribe medals.
- If no service documents are available for an allied veteran but the veteran was receiving a service pension from the Department of Veteran Affairs (DVA) please have the widow(er) sign Information Access Form.
- Note that possession of a GOLD CARD does not automatically entitle a Widow(er) to be enrolled in Legacy as the Widow(er) may be a veteran in their own right. You should not tell the Widow(er) that they have been enrolled until the application has been approved.

**Surname:**

**Initials:**

**Enrolment ID Number  
(Office Use):**

**LEGACY CONTACT GROUP**

**Contact Group Name:**

**Name of Legatee/Staff Member enrolling:**

**Signature:**

**Date of Interview:**

### VETERAN'S DETAILS:

Salutation:
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Surname:
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Given Names:
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Date of Birth:	
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Date of Death:	
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Service Details	Date	Place
Enlistment:		
Discharge:		

Period Spent overseas (in days):
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Cause of death:
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Service No/PMKeys:	
Rank:	
Unit or Ship:	
DVA File Number:	
Branch of Service:	

### WIDOW(ER)'S DETAILS:

Salutation:	Post Nominals:
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Surname:
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Given Names:
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Date of Birth:	
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Date of Marriage:	
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Address 1:
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Address 2:
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Suburb:	Postcode:
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State:
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Email address:
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Telephone – Primary:
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Telephone - Mobile:
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Preferred contact method ( <i>Circle</i> ):
<input type="checkbox"/> Mail <input type="checkbox"/> email <input type="checkbox"/> Phone <input type="checkbox"/> No Contact

### HOUSING:

Please tick as applicable.

- Own Home - lives alone
- Own Home - does not live alone
- Lives in family member's home
- PWD - group home
- PWD - aged care facility
- PWD - high care facility
- PWD living at home
- PWD living at home alone
- Aged Care Facility
- Aged Care Facility - high care
- Aged Care Facility - low care
- Aged Care Facility - Independent living
- Other - Please describe:

**SOCIAL INCLUSION ACTIVITIES:**

Would you be interested in attending social activities? *(Check Box)*

Yes                       No

**PENSIONS:**

Are you a self-funded retiree e.g. superannuation?

Yes                       No

Do you receive any of the following payments?

<input type="checkbox"/>	Aged Pension paid by Centrelink
<input type="checkbox"/>	Newstart Allowance paid by Centrelink
<input type="checkbox"/>	Disability Pension paid by Centrelink
<input type="checkbox"/>	War Widows Pension paid by DVA
<input type="checkbox"/>	Aged Pension paid by DVA
<input type="checkbox"/>	Service Pension paid by DVA
<input type="checkbox"/>	Disability Pension paid by DVA
<input type="checkbox"/>	Income Support Supplement paid by DVA
<input type="checkbox"/>	Other - Please describe:

If you are not in receipt of a war widow's pension, would you like Legacy to assist with a claim?

Yes. Please complete a Pension Kit.

No.  
Are you being assisted by another organisation?

Yes. Please provide the name of the organisation:

No

Have you remarried since the veteran died?

Yes                       No

Were you and the veteran ever divorced?

Yes                       No

**NEXT OF KIN EMERGENCY CONTACT:**

Person 1:

<b>Name:</b>	
<b>Relationship:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Suburb:</b>	<b>Postcode:</b>
<b>State:</b>	
<b>Email address:</b>	
<b>Telephone – Primary:</b>	
<b>Telephone - Mobile:</b>	
<b>Preferred contact method (Circle):</b>	
<b>Mail</b>	<b>email</b> <b>Phone</b>

Person 2:

<b>Name:</b>	
<b>Relationship:</b>	
<b>Address 1:</b>	
<b>Address 2:</b>	
<b>Suburb:</b>	<b>Postcode:</b>
<b>State:</b>	
<b>Email address:</b>	
<b>Telephone – Primary:</b>	
<b>Telephone - Mobile:</b>	
<b>Preferred contact method (Circle):</b>	
<b>Mail</b>	<b>email</b> <b>Phone</b>

**DEPENDANTS:**

*(Members of the veteran's family who were reliant on the veteran for financial and/or other support)*

Did the veteran have any children/dependants under 18 or if over 18 undertaking full-time education?

Yes  No

If Yes, complete below. Check boxes Yes/No.

Name	Date of Birth	Form A2 is attached to this form	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Do you have any children/dependants (of any age) who have a disability?

Yes  No

If Yes, complete below. Check boxes Yes/No.

Name	Date of Birth	Form A3 is attached to this form	
		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**DECLARATION OF WIDOW(ER)/ GUARDIAN:**

Do you consent to this information being made available on a strictly confidential basis to authorised persons in Legacy, for the purpose of assisting you and Legacy?

Yes  No

To the best of my knowledge the particulars on this form are correct:

**Signature:**

**CHECKLIST:**

Copies of the documents listed below should be submitted (do not send originals):

*Please check applicable box.*

<input type="checkbox"/>	Marriage Certificate/proof of relationship
<input type="checkbox"/>	Evidence of veteran's death (at least one)
<input type="checkbox"/>	Death Certificate
<input type="checkbox"/>	Medical Certificate Cause of Death
<input type="checkbox"/>	Copy of Obituary
<input type="checkbox"/>	Evidence of war widows' pension (at least one if applicable)
<input type="checkbox"/>	Copy of Gold Card
<input type="checkbox"/>	DVA Letter
<input type="checkbox"/>	Power of Attorney (If POA has signed on beneficiary's behalf)
<input type="checkbox"/>	Evidence of service pension (if applicable)
<input type="checkbox"/>	DVA Letter
<input type="checkbox"/>	Signed Information Access Form (Allied veterans in receipt of a DVA service pension)
<input type="checkbox"/>	Evidence of veteran's Service (at least one)
<input type="checkbox"/>	Discharge Certificate
<input type="checkbox"/>	Nominal Roll Register
<input type="checkbox"/>	Other (List):

