



Our Military Kids Treatment Letter Template

The following letter must be submitted on the case manager/medical provider's official letterhead that includes the phone number and/or email address of the care provider.

<Date>

Dear Our Military Kids,

I certify that I am the case manager (or medical professional) providing care for **<insert Veteran/service member's name>**.

I certify that the above named is receiving care for an injury or illness sustained while serving overseas in support of a post-9/11 combat mission and has an injury, illness, or a disability rating of 30% or more in one of the following categories: burns, amputation, mental health, spinal cord injury, traumatic brain injury, PTSD, or one of the presumptive conditions outlined in the PACT Act.

Further, I certify that the above named is currently receiving care for these same injuries/illnesses, which makes their children eligible for the Our Military Kids extracurricular activity grant program.

Sincerely,

***(Case manager/Medical Professional's signature, certification/degree,
and complete contact information)***

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Our Military Kids Activity Grant Eligibility Requirements:

- The child or teen is age 1-18 **OR** not yet a high school graduate.
- Service Member/Veteran has sustained combat-related wounds, illnesses, or injuries while deployed in support of any post-9/11 overseas contingency operation.
- Service Member/Veteran has an **individual VA disability rating of 30% or more (not combined)** in one of the following categories: burns, amputation, mental health, spinal cord injury, traumatic brain injury, PTSD, or one of the presumptive conditions outlined in the PACT Act.
- Service Member/Veteran is **actively receiving treatment** for their combat injuries and has a case manager or medical provider who can certify the above information in writing.