

## Brain Injury and Recovery-TBI Program How can we help you?



Name:	В	est Contact:
Date:		
Which best describes you	? (Circle one	e)
I am active military	I am a fam	ily member of a veteran
I am a veteran	I provide services to / employ veterans	
Which services are you in	terested in?	(Check all that apply)
TBI /ABI resource information		Ongoing support accessing service
Disability rights / accommodations		Employer support
Screening for TBI / ABI		Referral assistance
Treatment coordination		Case consultation
I would like to schedule a	presentation	on TBI /ABI
Request WDVA, Brain Inj	ury and Recov	very-TBI Program participate in an event
Case Consultation from a	Certified Bra	in Injury Specialist
Additional information /other	•	

## The Next Step! Get this information to the <u>right place!</u>

Send this form into WDVA – Brain Injury and Recovery-TBI Program by

Mail:

DO Roy 41155 Observing WA 08504

PO Box 41155, Olympia, WA, 98504

## **HeatherLynn Bahme**

Brain Injury and Recovery- TBI Program
Program Manager

Email: Heather.Bahme@dva.wa.gov

Phone: (509)828-0449

"Or contact us at"



## **Brianna Flott**

Brain Injury and Recovery-TBI Program
Program Specialist

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