



**BRAIN INJURY  
RESOURCE  
CENTER** of Wisconsin

**Acquired/Traumatic Brain Injury Verification Statement**

The individual named below, or their guardian, states that they have sustained an acquired/traumatic brain injury and are eligible for Resource Facilitation and the various programs and services offered through the *Brain Injury Resource Center of Wisconsin*.

BIS Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Printed name of verifying medical professional: \_\_\_\_\_

Address of verifying medical professional: \_\_\_\_\_  
\_\_\_\_\_

Phone number of verifying medical professional: \_\_\_\_\_

I certify that I am a:

- \_\_\_\_\_ Family Practioner
- \_\_\_\_\_ Neurologist
- \_\_\_\_\_ Neuropsychologist

Signature of verifying medical professional: \_\_\_\_\_

Date signed by verifying medical professional: \_\_\_\_\_

License No. \_\_\_\_\_ - \_\_\_\_\_

*Please return this form to our office as soon as possible so this individual may begin to receive and/or use the programs and services offered by the **Brain Injury Resource Center of Wisconsin**.*

|   |
|---|
| <b>Office Use Only:</b>                                   |
| <b>DATE SIGNATURE VERIFIED:</b> _____                     |
| <b>BRAIN INJURY WALLET CARD</b>                           |
| <input type="checkbox"/> Passport-style photo received    |
| <input type="checkbox"/> BIRC of WI Wallet Card No. _____ |
| <input type="checkbox"/> Date wallet card issued: _____   |
| <input type="checkbox"/> Issued by: _____                 |

RETURN COMPLETED FORM TO [admin@bircofwi.org](mailto:admin@bircofwi.org)  
FAX: 262-436-1747 PHONE: 262-770-4882  
Brain Injury Resource Center of Wisconsin, Inc.  
511 N. Grand Avenue, Waukesha, WI 53186



### **The following items are required prior to issuance of the Brain Injury Wallet Card**

Passport style photo of yourself ready to upload to the form.

Ensure the photo is in color, clear and in focus, is without any creases or tears,

Ensure you are facing forward and looking straight at the camera,

Sunglasses are not worn (prescription glasses are permitted),

No head covering (unless it's for religious or medical reasons),

No other persons may be shown in the photograph,

Plain background,

No animals in the picture (this is a headshot photo and not a body photo), smiles are preferred, but not required

Photo is no larger than 1 ½ X 1 ½ inches

FAQ: About the Brain Injury Wallet Card

Why should I carry a Brain Injury Resource Center of Wisconsin - Brain Injury Wallet Card?

The complexities of brain injury can make it difficult for people to ask for support. Carrying an official Brain Injury Resource Center of Wisconsin - Brain Injury Wallet Card can provide you with the confidence to know that if you need help, your needs can be easily identified, whether in social situations, or if you come into contact with police officers or other emergency services.

Who can apply?

The card is available to anyone in Wisconsin aged 18 and over who has a verifiable brain injury. If you are living in another state that does not offer the Brain Injury Identification Wallet Card, Wisconsin criteria applies.

I'm not currently involved with BIRCoFWI. Can I still apply for a card?

Yes. Anyone living with the effects of brain injury can apply for a card, however, a Resource Facilitation Specialist will contact you for basic information and a completed Brain Injury Verification Form is required.

I have never come into contact with the police – is this card for me?

Absolutely! The card can be used in many different everyday social scenarios to help you access any support you may need.

What is required?

Clinical verification of brain injury and a photo are required, as well as some information about how your brain injury affects you. A Resource Facilitation Specialist will contact you for basic information

How much does it cost?

The card is provided free-of-charge (donations to defer the cost of creating a card is appreciated)

How long does it take to get my card?

Once the Brain Injury Verification Form (including the photo) has been completed and received, it may take 4 to 6 weeks to receive the card.

RETURN COMPLETED FORM TO [admin@bircofwi.org](mailto:admin@bircofwi.org)

FAX: 262-436-1747 PHONE: 262-770-4882

Brain Injury Resource Center of Wisconsin, Inc.

511 N. Grand Avenue, Waukesha, WI 53186

FORM RF001 (Rev. 19) Rev Date 03-2021