

<b>POA:</b>		<b>MCVSO INTAKE FORM</b>		<b>DATE:</b>	
CLAIMANT: Y OR N		<b>VETERAN'S GENERAL INFORMATION</b>			
<b>1. VETERAN'S NAME</b> <i>(Last, First &amp; Middle Name)</i>					
<b>2. SOCIAL SECURITY NUMBER</b>			<b>3. GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
<b>4. WHAT IS THE VETERANS RACE?</b> <i>(You may check more than one. Information is required for statistical purposes only.)</i> <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE AMERICAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> OTHER RACE					
<b>5. DATE OF BIRTH</b> <i>(mm/dd/yyyy)</i>			<b>6. PLACE OF BIRTH</b> <i>(City and State)</i>		
<b>7. DATE OF DEATH</b> <i>(mm/dd/yyyy)</i>			<b>8. PLACE OF DEATH</b> <i>(City and State)</i>		
<b>9. PERMANENT MAILING ADDRESS</b> <i>(Street, City, State and Zip Code)</i>					
<b>10. HOME PHONE NUMBER</b> <i>(Include area code)</i>			<b>11. MOBILE PHONE NUMBER</b> <i>(Include area code)</i>		
<b>12. E-MAIL ADDRESS:</b>					
<b>13. CURRENT MARITAL STATUS</b> <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> N/A					
<b>14. IS THE VETERAN'S CURRENT SPOUSE ALSO A VETERAN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
<b>TELL US ABOUT THE VETERAN'S MARRIAGES</b> <i>If additional space is needed please use the remarks section of this form indicating the item number to which the answers apply.</i>					
<b>15A. HOW MANY TIMES WAS THE VETERAN MARRIED?</b> <i>(Including current marriage)</i>					
<b>15B. DATE</b> <i>(mm/dd/yyyy)</i> & <b>PLACE OF MARRIAGE</b> <i>(City &amp; state or country)</i>	<b>15C. TO WHOM MARRIED</b> <i>(First, middle &amp; last name)</i>	<b>15D. TYPE OF MARRIAGE</b> <i>(Ceremonial, common-law, tribal, or other)</i>	<b>15E. HOW MARRIAGE TERMINATED</b> <i>(Death, divorce)</i>	<b>15F. DATE</b> <i>(mm/dd/yyyy)</i> & <b>PLACE MARRIAGE TERMINATED</b> <i>(City &amp; state or country)</i>	
<b>16. DID THE VETERAN EVER FILE A CLAIM WITH THE VA?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide the file number in block 17)</i>			<b>17. VA FILE NUMBER</b>		
<b>18. MILITARY HISTORY</b> <i>(Check yes or no)</i>				<b>YES</b>	<b>NO</b>
<b>18A. IS/WAS THE VETERAN A PURPLE HEART RECIPIENT?</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>18B. IS/WAS THE VETERAN A FORMER PRISONER OF WAR?</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>18C. DID THE VETERAN SERVE IN COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>18D. DID THE VETERAN SERVE IN SOUTHWEST ASIA BETWEEN 08/02/1990 &amp; 11/11/1998?</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>18E. DID THE VETERAN SERVE IN VIETNAM BETWEEN 01/09/1962 &amp; 05/07/1975?</b>				<input type="checkbox"/>	<input type="checkbox"/>
<b>18F. DID THE VETERAN SERVE ON ACTIVE DUTY AT LEAST 30 DAYS AT CAMP LEJEUNE FROM 08/01/1953 THROUGH 12/31/1987?</b>				<input type="checkbox"/>	<input type="checkbox"/>

CLAIMANT: Y OR N	<b>DEPENDENT INFORMATION</b>
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<b>1. SPOUSE'S NAME</b> <i>(Last, First &amp; Middle Name)</i>	<b>2. GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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<b>3. SPOUSE'S SOCIAL SECURITY NUMBER</b>	<b>4. SPOUSE'S DATE OF BIRTH</b> <i>(mm/dd/yyyy)</i>
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**5. PERMANENT MAILING ADDRESS & TELEPHONE NUMBERS** *(If different from Veteran's)*

**6. E-MAIL ADDRESS:**

**TELL US ABOUT THE SPOUSE'S MARRIAGES**  
*If additional space is needed please use the remarks section of this form indicating the item number to which the answers apply.*

**9A. HOW MANY TIMES HAS THE SPOUSE BEEN MARRIED?** *(Including current marriage)*

<b>9B. DATE</b> <i>(mm/dd/yyyy)</i> & <b>PLACE OF MARRIAGE</b> <i>(City &amp; state or country)</i>	<b>9C. TO WHOM MARRIED</b> <i>(First, middle &amp; last name)</i>	<b>9D. TYPE OF MARRIAGE</b> <i>(Ceremonial, common-law, tribal, or other)</i>	<b>9E. HOW MARRIAGE TERMINATED</b> <i>(Death, divorce)</i>	<b>9F. DATE</b> <i>(mm/dd/yyyy)</i> & <b>PLACE MARRIAGE TERMINATED</b> <i>(City &amp; state or country)</i>

**10. HAS THE SPOUSE REMARRIED SINCE THE DEATH OF THE VETERAN?**     YES     NO     N/A

**VETERAN'S DEPENDENT UNMARRIED CHILDREN**  
*If additional space is needed please use the remarks section of this form indicating the item number to which the answers apply.*

<b>1A. NAME OF CHILD</b> <i>(First, Middle Initial &amp; Last)</i>	<b>1B. DATE</b> <i>(mm/dd/yyyy)</i> & <b>PLACE OF BIRTH</b> <i>(City &amp; State)</i>	<b>1C. SOCIAL SECURITY NUMBER</b>	<b>1D. BIOLOGICAL</b>	<b>1E. ADOPTED</b>	<b>1F. STEP-CHILD</b>	<b>1G. 18-23 YRS. OLD &amp; IN SCHOOL</b>	<b>1H. SERIOUSLY DISABLED</b>
	DATE: PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DATE: PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DATE: PLACE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**POINT OF CONTACT'S (POC) INFORMATION**

<b>1. POINT OF CONTACT'S NAME</b> <i>(Last, First &amp; Middle Name)</i>	<b>2. RELATION TO THE VETERAN AND/OR CLAIMANT?</b>
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**3. PERMANENT MAILING ADDRESS** *(Street, City, State and Zip Code)*

<b>4. HOME PHONE NUMBER</b> <i>(Include area code)</i>	<b>5. MOBILE PHONE NUMBER</b> <i>(Include area code)</i>
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**6. E-MAIL ADDRESS:**

**7. USE THIS CONTACT INFORMATION FOR VA CORRESPONDENCE?**     YES     NO

**CLAIMANT'S DIRECT DEPOSIT INFORMATION**

**1. NAME OF FINANCIAL INSTITUTION**

**2. TYPE OF ACCOUNT** *(Check the appropriate box)*

CHECKING     SAVINGS     CLAIMANT DOES NOT HAVE AN ACCOUNT

**3. ACCOUNT NUMBER**

**4. ROUTING NUMBER**

**Do you use the VA Med Center:**    Yes                      NO                      **Which one:**

**REMARKS**

**THANK YOU FOR COMPLETING THIS FORM. PLEASE RETURN IT TO THE RECEPTIONIST.**

**SERVICES RENDERED**

**(TO BE COMPLETED BY SERVICE OFFICER)**

**FEDERAL BENEFITS (VHA, VBA & NCA)**

<input type="checkbox"/> 10-10EZ	<input type="checkbox"/> DEATH NOTIFICATION	<input type="checkbox"/> NSC PENSION	<input type="checkbox"/> COMPENSATION (RE-OPEN)
<input type="checkbox"/> APPEAL	<input type="checkbox"/> DIC	<input type="checkbox"/> NSC PENSION W/ A&A	<input type="checkbox"/> SURVIVOR'S PENSION
<input type="checkbox"/> ACCRUED BENEFITS	<input type="checkbox"/> HEADSTONE, MARKER OR MEDALLION APPLICAITON	<input type="checkbox"/> PRE-NEED DETERMINATION FOR BURIAL AT NATIONAL CEMETERY	<input type="checkbox"/> SURVIVOR'S PENSION W/ A&A
<input type="checkbox"/> BURIAL BENEFITS	<input type="checkbox"/> INCOMPETENCY NOTICE RESPONSE	<input type="checkbox"/> COMPENSATION (ORIGINAL)	<input type="checkbox"/> WAIVER REQUEST
<input type="checkbox"/> CHAMPVA APPLICATION	<input type="checkbox"/> NOTICE OF DISAGREEMENT	<input type="checkbox"/> COMPENSATION (INCREASE)	<input type="checkbox"/> OTHER _____

**STATE BENEFITS**

<input type="checkbox"/> DD-214/ RECORDS REQUEST (ODVS)	<input type="checkbox"/> MIRF APPLICATION	<input type="checkbox"/> OHIO VETERANS BONUS APPLICATION
<input type="checkbox"/> OHIO VETERANS HOME APPLICATION	<input type="checkbox"/> OHIO WAR ORPHANS SCHOLARSHIP	<input type="checkbox"/> OTHER _____

**COUNTY BENEFITS**

<input type="checkbox"/> FINANCIAL ASSISTANCE	<input type="checkbox"/> INDIGENT BURIAL APPLICATION	<input type="checkbox"/> OTHER _____
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**OTHER BENEFITS**

<input type="checkbox"/> DD-214/ RECORDS REQUEST (NPRS OR DPRIS)	<input type="checkbox"/> MEDAL & AWARDS REQUEST	<input type="checkbox"/> OTHER _____
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**INTERVIEWER:**

## NOTES