

<b>POA:</b>	<b>MCVSO INTAKE FORM</b>	<b>DATE:</b>
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<small>CLAIMANT: Y OR N</small>	<b>VETERAN'S GENERAL INFORMATION</b>
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<b>1. VETERAN'S NAME:</b> <i>(Last, First &amp; Middle Name)</i>	
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<b>2. SOCIAL SECURITY NUMBER:</b>	<b>3. GENDER:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DECLINE
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<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"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American or Pacific Islander <input type="checkbox"/> Other _____	
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<b>5. DATE OF BIRTH:</b> <i>(mm/dd/yyyy)</i>	<b>6. PLACE OF BIRTH:</b> <i>(City and State)</i>
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<b>7. DATE OF DEATH:</b> <i>(if applicable) mm/dd/yyyy</i>	<b>8. PLACE OF DEATH:</b> <i>(If applicable) City and State</i>
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<b>9. PERMANENT MAILING ADDRESS:</b> <i>(Street, City, State and Zip Code)</i>	
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<b>10. HOME PHONE NUMBER:</b> <i>(Include area code)</i>	<b>11. MOBILE PHONE NUMBER:</b> <i>(Include area code)</i>
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<b>12. E-MAIL ADDRESS:</b>
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<b>13. CURRENT MARITAL STATUS:</b> <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced
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<b>THE VETERAN'S MARRIAGES:</b> <i>If additional space is needed, please use the remarks section, pg. 3</i>
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<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
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<b>15A. VETERAN'S CURRENT &amp; PREVIOUS MARRIAGES:</b>
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15B. DATE & PLACE OF MARRIAGE <i>(City &amp; state or country)</i>	15C. TO WHOM MARRIED <i>(First, Middle, Maiden / Last name)</i>	15D. TYPE OF MARRIAGE <i>(Ceremonial, Common-law, or other)</i>	15E. IF MARRIAGE TERMINATED <i>(Death, divorce)</i>	15F. DATE & PLACE MARRIAGE TERMINATED <i>(City &amp; state or country)</i>

<b>16. Has the Veteran ever filed 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> <i>(if applicable)</i>
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18. MILITARY HISTORY: <i>(Check yes or no)</i>	YES	NO
<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"/>

<b>CLAIMANT: Y OR N</b>	<b>SPOUSE - DEPENDENT INFORMATION</b>						
<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 <input type="checkbox"/> DECLINE			
<b>3. SPOUSE'S SOCIAL SECURITY NUMBER</b>				<b>4. SPOUSE'S DATE &amp; PLACE OF BIRTH:</b>			
<b>5. PERMANENT MAILING ADDRESS &amp; TELEPHONE NUMBER:</b> <i>(If different from Veteran's)</i>							
<b>6. E-MAIL ADDRESS:</b>							
<b>SPOUSE'S CURRENT &amp; PREVIOUS MARRIAGES:</b> <i>If additional space is needed, use the remarks section on page 3</i>							
<b>9A. HOW MANY TIMES HAS THE SPOUSE BEEN MARRIED?</b> <i>(Including current marriage)</i>							
<b>9B. DATE &amp; PLACE OF MARRIAGE</b> <i>(City &amp; state or country)</i>	<b>9C. TO WHOM MARRIED</b> <i>(First, middle &amp; Maiden name)</i>	<b>9D. TYPE OF MARRIAGE</b> <i>(Ceremonial, common-law or other)</i>	<b>9E. IF MARRIAGE TERMINATED</b> <i>(Death, divorce)</i>	<b>9F. DATE &amp; PLACE MARRIAGE TERMINATED</b> <i>(City &amp; state or country)</i>			
<b>10. Has the spouse remarried since the death of the veteran?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A							
<b>VETERAN'S UNMARRIED DEPENDENT CHILDREN</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>1A. NAME OF CHILD</b> <i>(First, Middle Initial &amp; Last)</i>	<b>1B. DATE</b> <i>(mm/dd/yyyy) &amp; PLACE OF BIRTH</i> <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"/>
<b>CLAIMANT: Y OR N</b>		<b>POINT OF CONTACT (POC) INFORMATION (If applicable)</b>					
<b>1. Point of Contact:</b> <i>(Last, First &amp; Middle Name)</i>				<b>2. Relation to the veteran or claimant:</b>			
<b>3. Mailing address:</b> <i>(Street, City, State and Zip Code)</i>							
<b>4. Preferred Contact Number:</b> <i>(Include area code)</i>				<input type="checkbox"/> Cell <input type="checkbox"/> Landline			
<b>5. E-mail Address:</b>							
<b>6. USE THIS CONTACT INFORMATION FOR ALL VA CORRESPONDENCE?</b> <input type="checkbox"/> YES <input type="checkbox"/> 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 Medical Center?  YES  NO    If Yes, Which One?

REMARKS

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

**NOTES**