

Please complete the form as best you can, type or print legibly

SECTION I.	CLAIMANT: Yes No	Veterans Information
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1. VETERANS NAME: *(Last, First and Middle Name)*

2. SOCIAL SECURITY #:	3. GENDER: Male Female Other Decline
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4. WHAT IS THE VETERAN'S RACE: *(You may check more than one. Information is required for statistical purposes only)*
 American Indian or Alaska Native Asian Black/African American
 White/Caucasian Native American or Pacific Islander Other: _____

5. DATE OF BIRTH: <i>(mm/dd/yyyy)</i>	6. PLACE OF BIRTH: <i>(City and State)</i>
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7. DATE OF DEATH: <i>(if applicable) mm/dd/yyyy</i>	8. PLACE OF DEATH: <i>(If applicable) City and State</i>
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9. PLACE OF BURIAL:

10. PERMANENT MAILING ADDRESS: *(Street, Apt #, City, State and Zip Code)*

11. PHYSICAL ADDRESS WHERE VETERAN RESIDES: *(Name of Assisted Living, Nursing Home, etc., Street, Apt #, City, State and Zip Code)*

12. HOME PHONE NUMBER: <i>(Include area code)</i>	13. MOBILE PHONE NUMBER: <i>(Include area code)</i>
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14. E-MAIL ADDRESS:

15. CURRENT MARITAL STATUS:
 Married Never Married Separated Widow/Widower Divorced Other

THE VETERAN'S MARRIAGES: *(If additional space is needed, please use the remarks section, pg. 4)*

16. HOW MANY TIMES HAS THE VETERAN BEEN MARRIED: <i>(Including current marriage)</i>	17. IS THE VETERAN'S CURRENT SPOUSE ALSO A VETERAN: YES NO N/A
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18. VETERAN'S CURRENT & PREVIOUS MARRIAGES:

18a. DATE & PLACE OF MARRIAGE <i>(City & state or country)</i>	18b. TO WHOM MARRIED <i>(First, Middle, Maiden / Last name)</i>	18c. TYPE OF MARRIAGE <i>(Ceremonial, Common-law, or other)</i>	18d. IF MARRIAGE TERMINATED <i>(Death, divorce)</i>	18e. DATE & PLACE MARRIAGE TERMINATED <i>(City & State or country)</i>

Veterans Military and VA Information

19. BRANCH OF SERVICE <i>(Check all that apply)</i>		
USA	USMC	USN USAF USCG NG Reserves Other: _____
20. ENTERED MILITARY SERVICE:	<i>mm/dd/yyyy</i>	
21. DISCHARGED FROM MILITARY SERVICE:	<i>mm/dd/yyyy</i>	
22. TYPE OF DISCHARGE:		
HON	General (UHC)	OTH Dishonorable Other: _____
23. MILITARY & VA HISTORY: <i>(Check yes or no)</i>	YES	NO
23a. IS / WAS THE VETERAN A PURPLE HEART RECIPIENT?		
23b. IS / WAS THE VETERAN A FORMER PRISONER OF WAR?		
23c. DID THE VETERAN SERVE IN COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?		
23d. DID THE VETERAN SERVE IN SOUTHWEST ASIA BETWEEN 08/02/1990 & 11/11/1998?		
23e. DID THE VETERAN SERVE IN VIETNAM OR ON BOARD A SHIP WITHIN 12 NAUTICAL MILES OF THE VIETNAM SHORELINE BETWEEN 01/09/1962 & 05/07/1975?		
24f. DID THE VETERAN SERVE ON ACTIVE DUTY AT LEAST 30 DAYS AT CAMP LEJEUNE FROM 08/01/1953 THROUGH 12/31/1987?		
23g. IS THE VETERAN RETIRED FROM THE MILITARY?		
24. IS THE VETERAN ENROLLED IN VA HEALTHCARE?		
25. WHICH VA MEDICAL CENTER HAS THE VETERAN BEEN SEEN AT? <i>(List all that apply)</i>		
i.		
ii.		
iii.		
26. Has the Veteran ever filed a claim with the VA?	27. VA File Number: <i>(if applicable)</i>	
YES NO <i>(If "Yes," provide the file number in block 27)</i>		

SECTION II.	CLAIMANT: Yes No	SPOUSE - DEPENDENT INFORMATION
1. SPOUSE'S NAME <i>(Last, First & Middle Name)</i>		
2. SPOUSE'S SOCIAL SECURITY#:	3. GENDER:	
	Male	Female Other Decline
4. SPOUSES DATE OF BIRTH: <i>(mm/dd/yyyy)</i>	5. SPOUSE'S PLACE OF BIRTH:	
6. SPOUSES PERMANENT MAILING ADDRESS: <i>(If different from Veteran's)</i>		
7. PHYSICAL ADDRESS WHERE SPOUSE RESIDES: <i>(Name of Assisted Living, Nursing Home, etc., Street, Apt #, City, State and Zip Code)</i>		

8. SPOUSE HOME PHONE NUMBER: <i>(Include area code)</i>	9. SPOUSE MOBILE PHONE NUMBER: <i>(Include area code)</i>
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10. SPOUSE'S E-MAIL ADDRESS:

11. SPOUSE'S CURRENT MARITAL STATUS:
 Married Never Married Separated Widow/Widower Divorced Other

THE SPOUSE'S MARRIAGES: *(If additional space is needed, please use the remarks section, pg. 4)*

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

12a. DATE & PLACE OF MARRIAGE <i>(City & State or Country)</i>	12b. TO WHOM MARRIED <i>(First, Middle & Maiden name)</i>	12c. TYPE OF MARRIAGE <i>(Ceremonial, common-law or other)</i>	12d. IF MARRIAGE TERMINATED <i>(Death, divorce)</i>	12e. DATE & PLACE MARRIAGE TERMINATED <i>(City & State or Country)</i>

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

SECTION II.a. VETERAN'S UNMARRIED DEPENDENT CHILDREN
(If additional space is needed, please use the remarks section below)

1a. NAME OF CHILD <i>First, Middle Initial, Last</i>	1b. Date <i>(mm/dd/yyyy)</i> Place of Birth <i>(City & State)</i>	1c. SOCIAL SECURITY NUMBER	Biological	Adopted	Step-Child	18-23 yrs old & in School	Seriously Disabled prior to 18
	DATE: PLACE:						
	DATE: PLACE:						
	DATE: PLACE:						
	DATE: PLACE:						
	DATE: PLACE:						
	DATE: PLACE:						

REMARKS:

SECTION III.		CLAIMANT: Yes No		POINT OF CONTACT (POC) INFORMATION <i>(If applicable)</i>			
1. POINT OF CONTACT: <i>(Last, First & Middle Name)</i>							
2. RELATION TO THE VETERAN OR CLAIMANT:							
3. VA FIDUCIARY	YES	NO	3b. POWER OF ATTORNEY	YES	NO	NONE	
4. MAILING ADDRESS: <i>(Street, City, State and Zip Code)</i>							
5. HOME PHONE NUMBER: <i>(Include area code)</i>			6. MOBILE PHONE NUMBER: <i>(Include area code)</i>				
7. E-MAIL ADDRESS:							
8. <u>USE THIS CONTACT INFORMATION FOR ALL VA CORRESPONDENCE?</u>					YES	NO	

SECTION IV.		CLAIMANT'S DIRECT DEPOSIT INFORMATION			
1. NAME OF FINANCIAL INSTITUTION:					
2. TYPE OF ACCOUNT: <i>(Check the appropriate box)</i>					
CHECKING		SAVINGS		CLAIMANT DOES NOT HAVE AN ACCOUNT	
3. ACCOUNT NUMBER:			4. ROUTING NUMBER:		
BRIEF REASON FOR YOUR APPOINTMENT:					
REMARKS:					

THANK YOU FOR COMPLETING THIS FORM. PLEASE RETURN IT TO THE INTAKE SPECIALIST

SECTION IV.

FOR OFFICE USE ONLY

SERVICES:

DD-214 VERIFIED	(source)	ACCRUED	MIRF	
COMPENSATION	DIC	VAMC APP	BONUS	
NSC PENSION	PRE-NEED	INSURANCE	OVH	
SURVIORS PENSION	BURIAL/RELATED	FA	FLAG CASE	FOIA (to) _____

RECORDS REQUEST:

Date: _____ NPRC DIPRIS ODVS VA FOIA OTHER: _____

Notes:

CLAIM FILE MANEGMENT:

VA eVet UPLOAD	VA INSURANCE UPLOAD	FAX	(to) _____	WAITING POA
VA DIRECT UPLOAD	VA FAX TO PMC	MAIL	(to) _____	PENDING
VA SEP UPLOAD	VA FAX TO NEWNAN	E-MAIL	(to) _____	CLOSED
MED RCD's Scanned to		OTHER		SCANNED

NOTES