

# Veteran's Initial Screening Form

This process will determine the first step in submitting your claims. Return completed form via email then you will be sent the your "Welcome Packet".

Your Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (H) or (C) \_\_\_\_\_ Email: \_\_\_\_\_

## Point Of Contact (Name of person that VA can contact to get in touch with you)

POC Name: \_\_\_\_\_ POC Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Grade: \_\_\_\_\_ Rank: \_\_\_\_\_ DD 214:  Yes  No

Occupation in the Military: \_\_\_\_\_ Job Series (AFC, MOS, NEC): \_\_\_\_\_

Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Separation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Retired:  Yes  No

Entry Place: \_\_\_\_\_ Separation Place: \_\_\_\_\_

Conflict: \_\_\_\_\_ Type of Discharge:  Honorable  Other (Specify) \_\_\_\_\_

Have you filed a Claim with the VA before?  Yes  No If Yes, With whom

Self (Via eBenefits)  American Legion  DAV  NABVETS  VFW Other \_\_\_\_\_

Has it been over 12 Months since you filed that claim?  Yes  No

Are currently receiving: Compensation  Yes  No OR Pension  Yes  No Disability %: \_\_\_\_\_

Service connected disability for: (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Medical Treatment Facilities: (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

## What type of **Benefit(s)** are you wanting information on today?

- |                                                                          |                                                                    |                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Burial and Memorial                             | <input type="checkbox"/> Employment                                | <input type="checkbox"/> Nursing Home and    |
| <input type="checkbox"/> Counseling Service<br>(i.e. PTSD/Sexual Trauma) | <input type="checkbox"/> Healthcare                                | <input type="checkbox"/> Long-term Care      |
| <input type="checkbox"/> Dental                                          | <input type="checkbox"/> Housing Assistance<br>(i.e. Homelessness) | <input type="checkbox"/> Pension (Survivors) |
| <input type="checkbox"/> Disability Compensation                         | <input type="checkbox"/> Insurance (Health or Life)                | <input type="checkbox"/> Pension (Veteran)   |
| <input type="checkbox"/> Education                                       | <input type="checkbox"/> Military Personnel Records                | VA Home Loan                                 |

Is this an initial claim for benefits?  Yes  No An Increase for benefits?  Yes  No

An appeal for benefits?  Yes  No

Do you have an eBenefits Account If no, would you like to establish one today?

Yes  No

Yes  No

## Social Media accounts

Facebook  Twitter  Snapchat  Instagram  LinkedIn