Department of Veterans Affairs OPERATION ENDURING FREEDOM/OPERATION IRAQI FREEDOM SERIOUSLY INJURED/ILL SERVICEMEMBER/VETERAN WORKSHEET												
IMPORT	ANT - Please read the Privacy Act and R	esponde	nt Burden Informatio									
1A. LAST NAME-FIRST NAME-MIDDLE NAME					DATE (	OF BIRTH (Mo, day	v, year) 3	3. SOCIA	L SECURITY N	IUMBER		
4. PERMA	4. PERMANENT MAILING ADDRESS (Street, City, State and ZIP Code)					Y/ILLNESS						
				5A. INJURY/ILLNESS 5B. REASON   VSI SPC BATTLE INJURY					ILLNESS			
						si 🗌 i	NSI		N BATTLE INJU	URY		
				5C	. TELEF	PHONE NUMBER	Include are	ea code)	5D. CELL PH	IONE NUMBER		
6 BRANC	6. BRANCH OF SERVICE 7. THEATRE/OPERATION					ELEASED FROM		ITV				
						LELASEDTROWN						
	ARMY AIR FORCE GUARD OF OF OF											
9A. NAME	AND ADDRESS OF MILITARY/VA HOSPITAL			9B. ADMISSION DATE 9C. WARD ROOM NUMBER								
and Zil	P Code)											
104 NAM	0A. NAME OF NEXT OF KIN AND RELATIONSHIP				10B. ADDRESS OF NEXT OF KIN (Street, city, State and ZIP Code)							
10, 1, 10, 10,	TUA. NAME OF NEXT OF KIN AND RELATIONSHIP					I UD. ADDRESS OF NEXT OF KIN (Street, City, State and ZIP Code)						
10C. TELE	PHONE NUMBER OF NEXT OF KIN (Include	Area Code	e)	10	D. CELL	PHONE NUMBER	R OF NEXT	OF KIN	(Include Area C	Code)		
11. DATE	11. DATE OF INITIAL VA CONTACT 12A. NAME OF VA CONT			PERSON 12B. TELEPHONE NO. OF VA CONTACT PER (Include Area Code)				ONTACT PERSON				
	Check all times that apply											
NOTE:	Check all types that apply. 13. CLAIMS					14 .9	SUPPORT		OCUMENTS			
CHECK	ТҮРЕ		DATE FILED	С	HECK		TYPE			DATE RECEIVED		
	VA FORM 21-526 COMPENSATION AND PE		DATETIED	Ĕ		DD 214 SEPARA		_				
┠╬──		INSION		⊢		-		UNENT				
┟┝┥	VA FORM 21-4502 AUTOMOBILE GRANT			⊢								
	VA FORM 21-686C STATUS OF DEPENDEN			⊢								
<u>   -</u>	VA FORM 21-674C DEP. CHILD 18 OR OVE	R										
∺	VA FORM 21-509 DEPENDENT PARENT					TYPE	CUF	RRENT	COMPLETE			
$\square$	VA FORM 22-1990 EDUCATION					VCAA						
┣ <u>╝</u>	VA FORM 22- 5490 CH. 35 DEA					STRS						
┣╝	VA FORM 26-1880 LOAN GUARANTY ELIG	BIBILITY		┝		MEB						
┟╠	VA FORM 26-4555 ADAPTIVE HOUSING			ł	_	PEB						
┣ <u></u> <u>⊢</u>	VA FORM 26-8937 VERIFICATION OF VA BENEFITS			PERCENT %			MENT/SEPARATION					
┠╠──	VA FORM 28-1900 VOCATIONAL REHABILITATION			┞	— <u>—</u>							
┣╬──	VA FORM 28-8832 COUNSELING			┡	<u> </u>							
¦ −	VA FORM 29-4364 RH INSURANCE			┞		OTHER (Specify)						
┣ <u></u> ╝	VA FORM 10-8678 CLOTHING ALLOWANCE	=		<u> </u>		15. REFERRALS						
<u>⊣</u>	DD 1172 APPLICATION FOR ID CARD					ТҮРЕ				DATE REFERRED		
	Traumatic Injury Proctection (TSGLI)			⊢		VHA SOCIAL WORKER						
	Veteran's Group Life Insurance (VGLI)			┡		VR&E						
	Servicemembers' Goup Life Insurance (SGLI)				VR&E TESTING PACKET ISSUED							
	STATE OR LOCAL BENEFITS (Specify)					SERVICE ORGANIZATIONS						
	OTHER (Specify)					STATE VETERANS AFFAIRS						
						SSA						
				L		ROJ						
					<u> </u>	TRANSITION PATIENT ADVOCATE						
┠╞╡──				┡	<u> </u>	FEDERAL RECO		ORDINA	OR			
VA FORM	21-0773			1		OTHER (Specify)	1		Continuos	l on Reverse		

50

16A. LAST - FIRST - MIDDLE NAME

16B. LAST 4 OF SOCIAL SECURITY NUMBER

16C. CONTACTS, SERVICE PROVIDED, OTHER INFORMATION, AND DATE FOR FUTURE VISIT/COMMUNICATION							
DATE	DESCRIPTION	INITIALS					
PRIVACY ACT	NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act	of 1974 or Title					
38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is voluntary. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect Prior to January 1, 1975, and still in effect.							
<b>RESPONDENT BURDEN:</b> This form will be used as a checklist to ensure Veterans Service Representatives are providing OEF/OIF Seriously Injured/III Servicemembers/veterans with information and/or forms for all VA benefits, in addition to SSA, State and local benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="https://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA">www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA</a> . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.							