



OPERATION ENDURING FREEDOM/OPERATION IRAQI FREEDOM SERIOUSLY INJURED/ILL SERVICEMEMBER/VETERAN WORKSHEET

IMPORTANT - Please read the Privacy Act and Respondent Burden Information on reverse before completing this form.

1A. LAST NAME-FIRST NAME-MIDDLE NAME		2. DATE OF BIRTH (Mo, day, year)	3. SOCIAL SECURITY NUMBER
4. PERMANENT MAILING ADDRESS (Street, City, State and ZIP Code)		5A. INJURY/ILLNESS <input type="checkbox"/> VSI <input type="checkbox"/> SPC <input type="checkbox"/> SI <input type="checkbox"/> NSI	5B. REASON <input type="checkbox"/> BATTLE INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> NON BATTLE INJURY
		5C. TELEPHONE NUMBER (Include area code)	5D. CELL PHONE NUMBER
6. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORP	7. THEATRE/OPERATION <input type="checkbox"/> OEF <input type="checkbox"/> OIF <input type="checkbox"/> OTHER	8. DATE RELEASED FROM ACTIVE DUTY	
9A. NAME AND ADDRESS OF MILITARY/VA HOSPITAL (Street, City, State and ZIP Code)		9B. ADMISSION DATE	9C. WARD ROOM NUMBER
10A. NAME OF NEXT OF KIN AND RELATIONSHIP		10B. ADDRESS OF NEXT OF KIN (Street, city, State and ZIP Code)	
10C. TELEPHONE NUMBER OF NEXT OF KIN (Include Area Code)		10D. CELL PHONE NUMBER OF NEXT OF KIN (Include Area Code)	
11. DATE OF INITIAL VA CONTACT	12A. NAME OF VA CONTACT PERSON	12B. TELEPHONE NO. OF VA CONTACT PERSON (Include Area Code)	

NOTE: Check all types that apply.

13. CLAIMS			14. SUPPORTING DOCUMENTS			
CHECK	TYPE	DATE FILED	CHECK	TYPE	DATE RECEIVED	
<input type="checkbox"/>	VA FORM 21-526 COMPENSATION AND PENSION		<input type="checkbox"/>	DD 214 SEPARATION DOCUMENT		
<input type="checkbox"/>	VA FORM 21-4502 AUTOMOBILE GRANT		<input type="checkbox"/>	MARRIAGE CERTIFICATE		
<input type="checkbox"/>	VA FORM 21-686C STATUS OF DEPENDENTS		<input type="checkbox"/>	BIRTH CERTIFICATE (S)		
<input type="checkbox"/>	VA FORM 21-674C DEP. CHILD 18 OR OVER		<input type="checkbox"/>	DIVORCE DECREE (S)		
<input type="checkbox"/>	VA FORM 21-509 DEPENDENT PARENT		<input type="checkbox"/>	CHECK	TYPE	CURRENT
<input type="checkbox"/>	VA FORM 22-1990 EDUCATION		<input type="checkbox"/>	VCAA		
<input type="checkbox"/>	VA FORM 22- 5490 CH. 35 DEA		<input type="checkbox"/>	STRS		
<input type="checkbox"/>	VA FORM 26-1880 LOAN GUARANTY ELIGIBILITY		<input type="checkbox"/>	MEB		
<input type="checkbox"/>	VA FORM 26-4555 ADAPTIVE HOUSING		<input type="checkbox"/>	PEB		
<input type="checkbox"/>	VA FORM 26-8937 VERIFICATION OF VA BENEFITS		<input type="checkbox"/>	PERCENT %		
<input type="checkbox"/>	VA FORM 28-1900 VOCATIONAL REHABILITATION		<input type="checkbox"/>	TYPE OF RETIREMENT/SEPARATION		
<input type="checkbox"/>	VA FORM 28-8832 COUNSELING		<input type="checkbox"/>	MEB/PEB DOCUMENT PACKET		
<input type="checkbox"/>	VA FORM 29-4364 RH INSURANCE		<input type="checkbox"/>	OTHER (Specify)		
<input type="checkbox"/>	VA FORM 10-8678 CLOTHING ALLOWANCE			15. REFERRALS		
<input type="checkbox"/>	DD 1172 APPLICATION FOR ID CARD		<input type="checkbox"/>	CHECK	TYPE	DATE REFERRED
<input type="checkbox"/>	Traumatic Injury Protection (TSGLI)		<input type="checkbox"/>	VHA SOCIAL WORKER		
<input type="checkbox"/>	Veteran's Group Life Insurance (VGLI)		<input type="checkbox"/>	VR&E		
<input type="checkbox"/>	Servicemembers' Group Life Insurance (SGLI)		<input type="checkbox"/>	VR&E TESTING PACKET ISSUED		
<input type="checkbox"/>	STATE OR LOCAL BENEFITS (Specify)		<input type="checkbox"/>	SERVICE ORGANIZATIONS		
<input type="checkbox"/>	OTHER (Specify)		<input type="checkbox"/>	STATE VETERANS AFFAIRS		
<input type="checkbox"/>			<input type="checkbox"/>	SSA		
<input type="checkbox"/>			<input type="checkbox"/>	ROJ		
<input type="checkbox"/>			<input type="checkbox"/>	TRANSITION PATIENT ADVOCATE		
<input type="checkbox"/>			<input type="checkbox"/>	FEDERAL RECOVERY COORDINATOR		
<input type="checkbox"/>			<input type="checkbox"/>	OTHER (Specify)		

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.

RESPONDENT BURDEN: 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 www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.