



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

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		CHECK	TYPE	CURRENT	COMPLETE
<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			PERCENT %		
<input type="checkbox"/>	VA FORM 28-1900 VOCATIONAL REHABILITATION			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 (<i>Specify</i>)		
<input type="checkbox"/>	VA FORM 10-8678 CLOTHING ALLOWANCE			15. REFERRALS		
<input type="checkbox"/>	DD 1172 APPLICATION FOR ID CARD		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' Goup Life Insurance (SGLI)		<input type="checkbox"/>	VR&E TESTING PACKET ISSUED		
<input type="checkbox"/>	STATE OR LOCAL BENEFITS (<i>Specify</i>)		<input type="checkbox"/>	SERVICE ORGANIZATIONS		
<input type="checkbox"/>	OTHER (<i>Specify</i>)		<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 (<i>Specify</i>)		

