OMB Control No. 2900-0720
Respondent Burden: 30 minutes
Expiration Date: XXXXXXX

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

GLOBAL WAR ON TERRORISM
SERIOUSLY INJURED/ILL SERVICEMEMBER/VETERAN WORKSHEET

IMPORTANT - Please read the Privacy Act and Respondent Burden Information on Page 3 before completing this form.

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

NOTE: You will *either* complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER – –

3. VA FILE NUMBER *(If applicable)*

4. DATE OF BIRTH *(MM/DD/YYYY)*
Month – Day – Year

5. GENDER
☐ MALE ☐ FEMALE

6. VETERAN'S SERVICE NUMBER *(If applicable)*

7. PREFERRED MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code –

8. TELEPHONE NUMBER *(Include Area Code)*

9. E-MAIL ADDRESS *(Optional)*

SECTION II: INJURY/ILLNESS INFORMATION

10. INJURY/ILLNESS
☐ VERY SERIOUS INJURY (VSI) ☐ SPECIAL CATEGORY PERSON (SPC)
☐ SERIOUS INJURY OR ILLNESS (SI) ☐ NOT SERIOUSLY INJURED (NSI)

11. REASON
☐ BATTLE INJURY ☐ NON BATTLE INJURY ☐ ILLNESS
☐ OTHER

SECTION III: SERVICE INFORMATION

12. BRANCH OF SERVICE
☐ ARMY ☐ AIR FORCE ☐ COAST GUARD
☐ NAVY ☐ MARINE CORP

13. THEATRE/OPERATION
☐ OEF ☐ OTHER
☐ OIF

14. DATE RELEASED FROM ACTIVE DUTY *(MM/DD/YYYY)*
Month – Day – Year

15. NAME AND ADDRESS OF MILITARY/VA HOSPITAL *(Street, City, State and ZIP Code)*

16. ADMISSION DATE

17. WARD ROOM NUMBER

SECTION IV: NEXT OF KIN

18. NAME OF NEXT OF KIN AND RELATIONSHIP

19. ADDRESS OF NEXT OF KIN *(Street, City, State and ZIP Code)*

20. TELEPHONE NUMBER OF NEXT OF KIN *(Include Area Code)*

21. CELL PHONE NUMBER OF NEXT OF KIN *(Include Area Code)*

SECTION V: VA CONTACT INFORMATION

22. DATE OF INITIAL VA CONTACT

23. NAME OF VA CONTACT PERSON

24. TELEPHONE NO. OF VA CONTACT PERSON *(Include Area Code)*

VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION VI: GENERAL INFORMATION

NOTE: Check all types that apply.

25. CLAIMS

CHECK	TYPE	DATE FILED
☐	VA FORM 21-526 COMPENSATION AND PENSION	
☐	VA FORM 21-526B SUPPLEMENTAL CLAIM	
☐	VA FORM 21-526C PRE-DISCHARGE CLAIM	
☐	VA FORM 21-526EZ APPLICATION FOR COMPENSATION AND RELATED COMPENSATION BENEFITS	
☐	VA FORM 21-4502 AUTOMOBILE GRANT	
☐	VA FORM 21-686C STATUS OF DEPENDENTS	
☐	VA FORM 21-674C DEP. CHILD 18 OR OVER	
☐	VA FORM 21-509 DEPENDENT PARENT	
☐	VA FORM 22-1990 EDUCATION	
☐	VA FORM 22-5490 CH. 35 DEA	
☐	VA FORM 26-1880 LOAN GUARANTY ELIGIBILITY	
☐	VA FORM 26-4555 ADAPTIVE HOUSING	
☐	VA FORM 26-8937 VERIFICATION OF VA BENEFITS	
☐	VA FORM 28-1900 VOCATIONAL REHABILITATION	
☐	VA FORM 28-8832 COUNSELING	
☐	VA FORM 29-4364 RH INSURANCE	
☐	VA FORM 10-8678 CLOTHING ALLOWANCE	
☐	DD 1172 APPLICATION FOR ID CARD	
☐	Traumatic Injury Protection (TSGLI)	
☐	Veteran's Group Life Insurance (VGLI)	
☐	Servicemembers' Group Life Insurance (SGLI)	
☐	STATE OR LOCAL BENEFITS *(Specify)*	
☐	OTHER *(Specify)*	
☐		
☐		

26. SUPPORTING DOCUMENTS

CHECK	TYPE	DATE RECEIVED
☐	DD 214 SEPARATION DOCUMENT	
☐	MARRIAGE CERTIFICATE	
☐	BIRTH CERTIFICATE(S)	
☐	DIVORCE DECREE(S)	

CHECK	TYPE	CURRENT	COMPLETE	
☐	VCAA			
☐	STRS			
☐	MEB			
☐	PEB			
☐	PERCENT %			
☐	TYPE OF RETIREMENT/ SEPARATION			

CHECK	TYPE	DATE RECEIVED
☐	MEB/PEB DOCUMENT PACKET	
☐	OTHER *(Specify)*	

27. REFERRALS

CHECK	TYPE	DATE REFERRED
☐	VHA SOCIAL WORKER	
☐	VR&E	
☐	VR&E TESTING PACKET ISSUED	
☐	SERVICE ORGANIZATIONS	
☐	STATE VETERANS AFFAIRS	
☐	SSA	
☐	ROJ	
☐	TRANSITION PATIENT ADVOCATE	
☐	FEDERAL RECOVERY COORDINATOR	
☐	OTHER *(Specify)*	

27A. CONTACTS, SERVICE PROVIDED, OTHER INFORMATION, AND DATE FOR FUTURE VISIT/COMMUNICATION

DATE	DESCRIPTION	INITIALS

VETERAN'S SOCIAL SECURITY NO. ☐☐☐ – ☐☐ – ☐☐☐☐

27A. CONTACTS, SERVICE PROVIDED, OTHER INFORMATION, AND DATE FOR FUTURE VISIT/COMMUNICATION *(Continued)*

DATE	DESCRIPTION	INITIALS

28. REMARKS

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, Vocational Rehabilitation and Employment Records - VA, 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/Ill 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 http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.