



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)       BATTLE INJURY       NON BATTLE INJURY       ILLNESS  
 SERIOUS INJURY OR ILLNESS (SI)       NOT SERIOUSLY INJURED (NSI)       OTHER

11. REASON

**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*)

**SECTION VI: GENERAL INFORMATION**

**NOTE: Check all types that apply.**

25. CLAIMS			26. 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 21-526B SUPPLEMENTAL CLAIM		<input type="checkbox"/>	MARRIAGE CERTIFICATE		
<input type="checkbox"/>	VA FORM 21-526C PRE-DISCHARGE CLAIM		<input type="checkbox"/>	BIRTH CERTIFICATE(S)		
<input type="checkbox"/>	VA FORM 21-526EZ APPLICATION FOR COMPENSATION AND RELATED COMPENSATION BENEFITS		<input type="checkbox"/>	DIVORCE DECREE(S)		
<input type="checkbox"/>	VA FORM 21-4502 AUTOMOBILE GRANT		<b>CHECK</b>	<b>TYPE</b>	<b>CURRENT</b>	<b>COMPLETE</b>
<input type="checkbox"/>	VA FORM 21-686C STATUS OF DEPENDENTS		<input type="checkbox"/>	VCAA		
<input type="checkbox"/>	VA FORM 21-674C DEP. CHILD 18 OR OVER		<input type="checkbox"/>	STRS		
<input type="checkbox"/>	VA FORM 21-509 DEPENDENT PARENT		<input type="checkbox"/>	MEB		
<input type="checkbox"/>	VA FORM 22-1990 EDUCATION		<input type="checkbox"/>	PEB		
<input type="checkbox"/>	VA FORM 22-5490 CH. 35 DEA			PERCENT %		
<input type="checkbox"/>	VA FORM 26-1880 LOAN GUARANTY ELIGIBILITY			TYPE OF RETIREMENT/ SEPARATION		
<input type="checkbox"/>	VA FORM 26-4555 ADAPTIVE HOUSING			MEB/PEB DOCUMENT PACKET		
<input type="checkbox"/>	VA FORM 26-8937 VERIFICATION OF VA BENEFITS		<input type="checkbox"/>	OTHER ( <i>Specify</i> )		
<input type="checkbox"/>	VA FORM 28-1900 VOCATIONAL REHABILITATION			<b>27. REFERRALS</b>		
<input type="checkbox"/>	VA FORM 28-8832 COUNSELING		<b>CHECK</b>	<b>TYPE</b>	<b>DATE REFERRED</b>	
<input type="checkbox"/>	VA FORM 29-4364 RH INSURANCE		<input type="checkbox"/>	VHA SOCIAL WORKER		
<input type="checkbox"/>	VA FORM 10-8678 CLOTHING ALLOWANCE		<input type="checkbox"/>	VR&E		
<input type="checkbox"/>	DD 1172 APPLICATION FOR ID CARD		<input type="checkbox"/>	VR&E TESTING PACKET ISSUED		
<input type="checkbox"/>	Traumatic Injury Protection (TSGLI)		<input type="checkbox"/>	SERVICE ORGANIZATIONS		
<input type="checkbox"/>	Veteran's Group Life Insurance (VGLI)		<input type="checkbox"/>	STATE VETERANS AFFAIRS		
<input type="checkbox"/>	Servicemembers' Group Life Insurance (SGLI)		<input type="checkbox"/>	SSA		
<input type="checkbox"/>	STATE OR LOCAL BENEFITS ( <i>Specify</i> )		<input type="checkbox"/>	ROJ		
<input type="checkbox"/>	OTHER ( <i>Specify</i> )		<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> )		
<b>27A. CONTACTS, SERVICE PROVIDED, OTHER INFORMATION, AND DATE FOR FUTURE VISIT/COMMUNICATION</b>						
DATE	DESCRIPTION					INITIALS

