



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		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 (Specify)		
<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' 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)		

