Section 1151

And FTCA Intake Form

You may be entitled to compensation for injury caused by VA medical care, VA vocational rehabilitation, or participation in a VA compensated work therapy program (section 1151 benefits). The following questions will help you and your advocate organize the information you will need to apply for section 1151 benefits. If additional room is needed to complete an answer, please attach a separate piece of paper. Do not send this form to the VA; give it to your accredited service officer.

Date _____

(1) Name of veteran: _____
First Middle Last

(2) Name used in service if different _____

(3) Applicant if other than the veteran: _____
First Middle Last

(4) Relationship to veteran _____

(5) Address: _____
Number Street Apt. No.

_____
City State Zip Code

(6) Mailing address: _____
Number Street Apt. No.

_____
City State Zip Code

(7) Telephone:

Home (_____) _____ Work (_____) _____

Mobile (_____)_____

(8) Date of birth: _____/_____/_____
Month Day Year

(9) Social Security number: _____

(10) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( )

(11) Are you currently employed? yes ( ) no( )

If yes, what is your occupation? _____

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(12) If not employed, are you able to work? yes( ) no( )

(13) If you are not employed, is it because of medical problems related to your military service? yes( ) no( )

(14) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

_____

_____

(15) Do you have dependents? yes( ) no( )

If yes, how many? _____

Please list your dependents' names, how they are related to the veteran, dates of birth, and Social Security numbers:_____

_____

_____

Information Related to Service

(16) Are you a veteran of the U.S. armed forces? yes( ) no( )

If you are a veteran, please attach a copy of your discharge form, DD Form 214. If you do not have a copy of your DD Form 214, please obtain from your advocate and complete *and attach Standard Form (SF) 180, Request Pertaining* to *Military Records,* to *obtain a copy of your DD Form 214.*

(17) To what branch of the service (Army, Navy, Air Force, Marines, Coast Guard, other) did you belong?_____

_____

(18) In what era (World War II, Korea, Vietnam, Persian Gulf, or other) was your service?

_____

(19) Please list your dates of service:

Entry___/___/____ Discharge___/___/____

Entry___/___/____ Discharge___/___/____

Entry___/___/____ Discharge___/___/____

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(20) Please state your type of discharge:

_____

(21) Were you in combat?
yes( ) no( )

(22) Were you wounded?
yes( ) no( )
If so, where on the body?_____

(23) Are you still having medical problems caused by the wound(s)?

yes( ) no( )
If so, what are the problems?_____

_____

(24) Were you treated for any injury, disability, or disease in service?

yes( ) no( )
If yes, briefly describe the disability or disease._____

_____

Information Related to VA Benefits

(25) Have you ever applied for VA benefits?

yes( ) no( )
If yes, check all that apply:

( ) Compensation ( ) Pension
( ) Medical care ( ) Education
( ) Vocational rehabilitation ( ) Nursing home care
( ) Domiciliary care ( ) Home loan guaranty
( ) Other (please specify):
If this is a new claim, ask your advocate about filing an intent to file a claim.

(26) If you have filed a claim before, please give the claim number that the VA assigned:

_____

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(27) Are you now receiving VA benefits?

yes( ) no( )

If yes, check all that apply:

( ) Compensation
( ) Medical care
( ) Vocational rehabilitation
( ) Pension plus aid and attendance benefit
( ) Pension plus housebound benefit
( ) Other (please specify):

( ) Pension
( ) Education
( ) Nursing home care
( ) Home loan guaranty
( ) Domiciliary care

(28) Were you ever treated at a VA hospital?

yes( ) no( )

If yes, please specify when, where, and what the treatment was for:

_____

(29) Have you ever sought counseling or help from a Vet Center?

yes( ) no( )

If yes, please specify when and where: _____

_____

(30) In your opinion, have you (or has the veteran) suffered an injury caused by VA medical care, VA vocational rehabilitation, or participation in a VA compensated work therapy program?

yes( ) no( )

(31) In your opinion, was the injury caused by VA medical negligence?

yes( ) no( )

(32) When and where did this injury occur? _____

_____

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(33) Please describe this injury: _____

_____

_____

_____

_____

_____

(34) Has a claim for VA benefits based on this injury been made in the past?

yes( ) no( )

If you answered yes, please describe what happened: _____

_____

_____

_____

_____

(35) Have you seen an attorney about this injury? yes( ) no( )

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