Agent Orange (Herbicide Exposure)

Intake Form

If you are a veteran or a veteran's family member, you may be entitled to veterans' benefits. In particular, if the veteran served in Vietnam or some other locations, you may be eligible for benefits based on exposure to Agent Orange or other herbicides. The following questions will help you and your advocate organize the information you need to apply. 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
( ) Pension plus aid and attendance benefit
( ) Pension plus housebound benefit
( ) Medical care
( ) Vocational rehabilitation
( ) Pension
( ) Education
( ) Nursing home care
( ) Home loan guaranty
( ) Domiciliary care
( ) Other (please specify):

(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) Did you serve in or visit the Republic of Vietnam, or serve in the territorial waters of the Republic of Vietnam, between January 9, 1962, and May 7, 1975?

yes( ) no( )

(31) Did you serve at a Royal Thai Air Force Base or U.S. Army base in Thailand during the Vietnam era, and have duties related to security or spend any time near the perimeter of the base?

yes( ) no( )

(32) Did you have any service near the Korean demilitarized zone (DMZ) between September 1, 1967, and August 31, 1971.

yes( ) no( )

(33) Did you serve in an Air Force Reserve Unit or Air Force Active Duty unit any time between 1969 and 1986, and have regular or repeated contact with C-123 Provider aircraft?

yes( ) no( )

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(34) Do you believe that you came into contact with Agent Orange or a similar herbicide outside of Vietnam, Thailand, Korea, or a C-123 Provider aircraft?

yes( ) no( )

If yes, please specify when and where: ____________________

____

(35) Please indicate if you have you been diagnosed with any of the following conditions:

( ) Ischemic heart disease
( ) Bladder cancer
( ) Hodgkin's disease
( ) Non-Hodgkin's lymphoma
( ) Multiple myeloma
( ) Type II diabetes
( ) Prostate cancer
( ) Bronchus cancer
( ) Trachea cancer
( ) AL amyloidosis
( ) Parkinson's Disease or Parkinsonism
( ) a Chronic B-cell leukemia, such as hairy cell
( ) Chloracne
( ) Porphyria cutanea tarda
( ) a Soft-tissue sarcoma
( ) Chronic lymphocytic leukemia
( ) Lung cancer
( ) Larynx cancer
( ) Early-onset peripheral neuropathy
( ) Hypothyroidism

(36) If you do not have one of the conditions listed in question 35, do you have another medical condition that you believe is related to herbicide exposure?

yes( ) no( )

If yes, please specify the condition(s): ____________________

____

(37) If you have a condition not listed in question 35 that you believe is related to herbicide exposure, do you have medical evidence or an expert medical opinion to support the conclusion that your condition was caused by exposure to herbicides?

yes( ) no( )

(38) Have you had the VA's Agent Orange registry examination?

yes( ) no( )

(39) Do you have a biological child with spina bifida who was conceived after the date on which you first entered Vietnam?

yes( ) no( )

(40) If you are a female Vietnam veteran, do you have a biological child with a birth defect other than spina bifida who was conceived after the date on which you first entered Vietnam?

yes( ) no( ) n/a ( )

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