Pension Intake Form

If you are a veterans or a veteran's family member, you may be entitled to veterans' benefits. In particular, if the veteran is disabled and in need of financial help, he or she may be eligible for VA pension (as may his or her survivors). The following questions will help you and your advocate organize the information you need to apply for 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, are you permanently and totally disabled?

yes( ) no( )

(31) Are you in a nursing home for long-term care due to disability?

yes( ) no( )

(32) Have you been determined disabled for purposes of Social Security Administration benefits?

yes( ) no( )

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(33) In your opinion, do you suffer from a permanent disability which would render it impossible for the average person to follow a substantially gainful occupation?

yes( ) no( )

(34) Are you age 65 or over?

yes( ) no( )

(35) List the names and addresses of any physicians or hospitals that are currently treating you:

Name Address

Name Address

Name Address

Name Address

Because pension is need based, you must report all household income to the VA. Completing the table below will help in assessing eligibility. Write in the amount of all the monthly income for the veteran and all dependents who reside in the household.

Source of Income	**Veteran**	**Spouse**	**Children**
	$	**$**	**$**
Wages	_____	_____	_____
Social Security	_____	_____	_____
Private Pension	_____	_____	_____
Civil service pension	_____	_____	_____
Interest	_____	_____	_____
Dividends	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

(36) Unreimbursed medical expenses may be used to reduce countable income. Does the veteran, or his or her dependent family members, have any unreimbursed medical expenses?

yes( ) no( )