



## VETERAN INFORMATION

Please complete the following information even if the spouse is deceased. There may be valuable benefits available.

**Client name** \_\_\_\_\_

Military service Yes \_\_\_ No \_\_\_

Branch of service \_\_\_\_\_

Active duty dates from \_\_\_\_\_ to \_\_\_\_\_

### Character of Service:

Honorable Yes \_\_\_ No \_\_\_

Retired from military service Yes \_\_\_ No \_\_\_

**Receiving benefits** from Veterans Administration Yes \_\_\_ No \_\_\_

VA file number \_\_\_\_\_

Monthly benefit amount \_\_\_\_\_

Date benefits began \_\_\_\_\_

### Type of benefit:

Service-connected disability compensation Yes \_\_\_ No \_\_\_ Percentage \_\_\_\_\_

Non-service connected disability pension: Yes \_\_\_ No \_\_\_

Receiving Special Monthly Pension based on Aid and Attendance or Housebound status: Yes \_\_\_ No \_\_\_

Enrolled in VA's Healthcare System: Yes \_\_\_ No \_\_\_

Currently have a claim pending before Veterans Administration Yes \_\_\_ No \_\_\_

**Spouse name** \_\_\_\_\_

Military service Yes\_\_\_No\_\_\_

Branch of service \_\_\_\_\_

Active duty dates from \_\_\_\_\_ to \_\_\_\_\_

**Character of Service:**

Honorable Yes\_\_\_No\_\_\_

Retired from military service Yes\_\_\_No\_\_\_

**Receiving benefits** from Veterans Administration Yes\_\_\_ No\_\_\_

VA file number \_\_\_\_\_

Monthly benefit amount \_\_\_\_\_

Date benefits began \_\_\_\_\_

**Type of benefit:**

Service-connected disability compensation Yes \_\_\_No\_\_\_ Percentage\_\_\_\_\_

Non-service connected disability pension: Yes\_\_\_No\_\_\_

Receiving Special Monthly Pension based on Aid and Attendance or Housebound status: Yes\_\_\_No\_\_\_

Enrolled in VA's Healthcare System: Yes\_\_\_No\_\_\_

Currently have a claim pending before Veterans Administration Yes\_\_\_No\_\_\_

## PREVIOUS MARRIAGES

For **client**:

How many times married? \_\_\_\_\_ (Provide info on additional previous marriages on back of this page.)

Date (*month/day/year*) \_\_\_\_\_ Place (*city/state or country*) \_\_\_\_\_

\_\_\_\_\_

Married to (*first, middle, last name*): \_\_\_\_\_ Social Security# \_\_\_\_\_

\_\_\_\_\_

Marriage terminated by: Death \_\_\_\_\_ Divorce \_\_\_\_\_

Termination: Date (*month/day/year*) \_\_\_\_\_ Place (*city/state or country*) \_\_\_\_\_

\_\_\_\_\_

For **spouse**:

How many times married? \_\_\_\_\_ (Provide info on additional previous marriages on back of this page.)

Date (*month/day/year*) \_\_\_\_\_ Place (*city/state or country*) \_\_\_\_\_

\_\_\_\_\_

Married to (*first, middle, last name*): \_\_\_\_\_ Social Security# \_\_\_\_\_

\_\_\_\_\_

Marriage terminated by: Death \_\_\_\_\_ Divorce \_\_\_\_\_

Termination: Date (*month/day/year*) \_\_\_\_\_ Place (*city/state or country*) \_\_\_\_\_