

NEW CONTACT INTAKE INFORMATION

DATE: _____

REASON FOR VISIT: _____

Veterans Name: _____ SSN: _____

Applicant if not Veteran: _____ Relationship to Veteran: _____

Address : _____

Phone Number: _____ Cell Number: _____ Email: _____

Veteran Information:

DOB: _____ Place of Birth: _____ Date of Death: _____ Place of Death: _____

Military Service: Branch _____ Place of entry _____ Date: _____ NG _____ RES _____

State of Record on enlistment: _____ Place of Separation _____ Date: _____

SERVICE# _____ Rank on discharge _____ Conflict _____ In Country _____

Dependent Information:

SPOUSE/ widow _____ Maiden Name _____ DOB _____ Place _____

Date/location of Marriage _____ No/Divorce _____ Date _____ Place _____

Widow(er) _____ Date of Death _____ Place of Death _____

SSN _____

CHILDREN UNDER 18 or still in school _____

NAME _____ DOB _____ SSN _____

NAME _____ DOB _____ SSN _____

Contact type: Walk-in: _____ Appointment: _____ Phone: _____ Referral: _____

CONTACT SHEET

RECEIVING: _____ PENSION: _____ COMPENSATION: _____

DISABILITY % (S) _____

VA CLAIM # _____

ACTION REQUESTED

ACTION TAKEN

