

Congressman Heath Shuler
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Attn: Susanna Euston

Veteran Information Form
for Assistance with Department of Veterans Affairs Claims

Your Name: _____

SSN: _____ VA Case # _____ Date of Birth: _____

Please print your answers to the ALL of the following questions. Thank you!

1. In which military branch(es) did you serve? 1) _____ Service # _____;
2) _____ Service # _____; 3) _____ Service # _____
2. Dates of Service for each branch in which you served:
From: _____ To: _____; Fm: _____ To: _____; Fm: _____ To: _____
3. Are you a: WWII Vet? ___ Korean War? ___ Vietnam? ___ Gulf? ___ Iraq? ___ Afghanistan ___?
Other? _____ Dates: _____
4. What was your MOS? _____ Actual Duties? _____

5. Were you honorably discharged? _____? Do you have a copy of your DD214? _____
Last Rank obtained: _____ Medals: _____

6. Did you leave the service w/medical notes in your file? Yes / No; Are you Medically Retired? Yes/No
7. If so, what was cited / why? _____
8. When did you apply for benefits with the VA? _____
9. Do you have a Veteran Service Officer assisting you? Name _____
Address: _____ Phone: _____
10. Benefit(s) applied for (please check those that apply)? Service-connected Disability ___;
Pension ___; Survivors Pension ___; Survivors DIC ___; Medical ___; Education ___;
Other _____ (please describe)
11. When did you submit your original claim to the VA? Month ___ Date ___ Year ___
12. Was your claim approved?
Yes / No? Month _____ Date _____ Year _____ **(Please provide copy of denial letter)**
13. If denied, did you ask for 1) reconsideration or 2) appeal? (please circle)
1) Yes / No? Month ___ Date ___ Year ___ 2) Yes / No? Month ___ Date ___ Year ___
14. Have you had a response from the Board of Veteran Appeals?
Yes or No? Month _____ Date ___ Year _____ If denied, please **provide copy decision**:
15. Do you plan to appeal to the US Court of Appeals for Veterans Claims? Yes or No?
16. Do you have an attorney to assist with your appeal?: Name: _____
Phone: _____ Address: _____

(continued on the reverse side)

17. Please describe your disability: _____

18. How does this disability affect your life? _____

19. What is your goal in seeking our help? _____

20. Disability Ratings (CURRENT and DESIRED ratings):

| <u>Disability</u> | <u>Current VA Rating? or</u> | <u>Desired Rating</u> |
|-------------------------------------|------------------------------|-----------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |
| <u>TOTAL COMBINED RATING</u> | | _____ |

The following questions are for 1) Veterans seeking VA NON-SERVICE connected PENSIONS;
2) Surviving Spouses &/or Families of deceased Veterans seeking PENSIONS; or 3) Veterans denied
medical benefits due to excess income or assets.

DO NOT COMPLETE THIS SECTION IF YOUR DISABILITY IS SERVICE-CONNECTED:

21. If you are a **WIDOW or SURVIVOR:** Veteran's name _____
SSN # _____ Case #: _____ DOB _____
Date of Death: _____ Cause: _____

22. How many dependents do you have? Spouse? _____ Children? _____ Other? _____

23. Do you receive any other benefits? Value per month each? SSA-Retirement \$ _____
SSI \$ _____ SSA-DIB \$ _____ Workman's Comp \$ _____ Food Stamps \$ _____
Subsidized Housing \$ _____ Other \$ _____

24. Do you receive a retirement pension? Value per month Military? _____ Private \$ _____

25. Do you, your spouse and/or your children work & contribute to the household income? If so, total monthly income from employment? \$ _____

26. Your total family income based upon #23, #24, and 25? \$ _____

27. What are your & your family's monthly or annual out-of-pocket medical expenses?
Doctors \$ _____ Prescriptions \$ _____ Equipment \$ _____ Other \$ _____

28. _____

Please attach a separate sheet to include additional details / information on your claim.

Thanks for filling out this form! The information will help us serve you better. (Version 08/25/2008)