

# Board of Veterans' Appeals (BVA)

## Intake Form

*You may appeal a VA regional office or medical center decision with which you disagree to the Board of Veterans' Appeals (BVA). You must file a notice of disagreement (NOD) within one year of the date of the decision from the VA regional office or medical center. The following questions will help you gather the information your advocate needs to help you with an appeal. 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 veterans: \_\_\_\_\_  
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 ( ) \_\_\_\_\_

(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, the DD 214. If you do not have a copy of your DD 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 214.*
- (17) To what branch of the service (army, navy, air force, marines, coast guard, merchant marine) 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 informal 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

( ) Domiciliary care

Other (please specify):

( ) Pension

( ) Education

( ) Nursing home care

( ) Home loan guaranty

(28) At which VA regional office is your claim file located? \_\_\_\_\_

(29) Were you ever treated at a VA hospital?

yes( )

no( )

If yes, please specify when, where, and what the treatment was for:

(30) Have you ever sought counseling or help from a Vet Center?

yes( )

no( )

If yes, please specify when and where: \_\_\_\_\_

(31) Date of VA decision being appealed: \_\_\_\_\_

(32) Issue(s) being appealed:

(33) Has a notice of disagreement been filed?

yes( )

no( )



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(34) If yes, date filed:

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(35) Have you received the statement of the case (SOC) from the VA?

yes( )

no( )

(36) If yes, what is the date of the SOC?

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(37) Date on which a substantive appeal (Form 9) was filed:

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