

# Initial Interview Form

*If you are a veteran or a veteran's family member, you may be entitled to veterans' benefits. 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 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 ( )



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(11) Education:

Grade school ( ) High school graduate: yes( ) no( )

If no, highest grade completed GED: yes( ) no( )

College: yes( ) no( ) If yes, type of degree

Major(s): \_\_\_\_\_

If no college degree, semester hours completed: \_\_\_\_\_

Subject(s): \_\_\_\_\_

Vocational school: yes( ) If yes, type

Certificate type awarded: \_\_\_\_\_

Other education/training: \_\_\_\_\_

*If you are not yourself a veteran, and your application is based on the eligibility of a veteran who is a member of your family—your spouse or your parent, for example—please answer the questions below as if you were the veteran.*

(12) Are you currently employed? yes( ) no( )

If yes, what is your occupation? \_\_\_\_\_

(13) If not employed, are you able to work? yes( ) no( )

(14) If you are not employed, is it because of medical problems related to your military service? yes( ) no( )

(15) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

(16) 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Information Related to Service

- (17) 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.*

- (18) To what branch of the service (army, navy, air force, marines, coast guard, merchant marine) did you belong?

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- (19) In what era (World War II, Korea, Vietnam, Persian Gulf, or other) was your service?

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- (20) Please list your dates of service:

Entry\_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge\_\_\_\_/\_\_\_\_/\_\_\_\_

Entry\_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge\_\_\_\_/\_\_\_\_/\_\_\_\_

Entry\_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge\_\_\_\_/\_\_\_\_/\_\_\_\_

- (21) Please state your type of discharge:\_\_\_\_\_

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- (22) Were you discharged because of  
the completion of your obligation ( )  
downsizing ( )  
physical disability ( )  
or other reason?

If other, please specify:

- (23) Are you receiving retirement pay from the military?

yes( )

no( )

If yes, please specify monthly amount: \_\_\_\_\_



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- (24) Are you receiving disability pay from the military?  
yes( ) no( )  
If yes, please specify monthly amount: \_\_\_\_\_
- (25) Did you receive severance pay at discharge?  
yes( ) no( )  
If so, please specify amount received: \_\_\_\_\_  
yes( ) no( )
- (26) Were you in combat?  
yes( ) no( )
- (27) Were you wounded?  
yes( ) no( )  
If so, where on the body? \_\_\_\_\_
- (28) Are you still having medical problems caused by the wound(s)?  
yes( ) no( )  
If so, what are the problems? \_\_\_\_\_
- (29) Were you ever a prisoner of war?  
yes( ) no( )  
If yes, where and for how long? \_\_\_\_\_
- (30) Do you have recurring dreams or intrusive memories about combat or your POW experience?  
yes( ) no( )
- (31) Do you have recurring dreams or intrusive memories about any traumatic experience during military service (one that involved feelings of intense fear, helplessness, or horror)?  
yes( ) no( )
- (32) Do you avoid, or react unusually to, things that symbolize or remind you of a traumatic event in service?  
yes( ) no( )
- (33) Were you treated for any injury, disability, or disease in service?  
yes( ) no( )  
If yes, briefly describe the disability or disease. \_\_\_\_\_



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- (34) Are you currently having problems with these same disabilities or diseases?

yes( )                      no( )

If yes, briefly describe the problems. Be sure to describe how your disability interferes with your work. Also, be sure to describe any disability that has resulted from or has been aggravated by the service disability.

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- (35) Did you suffer from a disease or injury in service that was not treated by a doctor?

yes( )                      no( )

If so, describe: \_\_\_\_\_

- (36) Do you currently have a disease or injury that existed before your entry into service?

yes( )                      no( )

If yes, describe: \_\_\_\_\_

- (37) Did the disease or injury increase in severity (get worse) during service?

yes( )                      no( )

- (38) Are you currently suffering from a disability or disease that appeared within one year after discharge from service?

yes( )                      no( )

If yes, describe: \_\_\_\_\_

- (39) While in the service, were you exposed to:

radiation	yes( )	no( )
Agent Orange	yes( )	no( )
asbestos	yes( )	no( )
toxic chemicals	yes( )	no( )
nerve gas	yes( )	no( )
depleted uranium	yes( )	no( )
smoke from burning oil wells	yes( )	no( )
other	yes( )	no( )

If you answered "other," please describe:

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## Initial Interview

### Information Related to VA Benefits

(40) 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.*

(41) If you have filed a claim before, please give the claim number that the VA assigned:

\_\_\_\_\_

(42) Are you now receiving VA benefits?

yes( )

no( )

If yes, check all that apply:

( ) Compensation

( ) Pension

( ) Pension plus aid and attendance

( ) Medical Care

( ) Pension plus housebound benefit

( ) Education

( ) Vocational rehabilitation

( ) Nursing home care

( ) Domiciliary care

( ) Home loan guaranty

Other (please specify)

\_\_\_\_\_

(43) At which VA regional office is your claim file located?

\_\_\_\_\_

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

yes( )

no( )

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

\_\_\_\_\_

\_\_\_\_\_



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- (45) Have you ever sought counseling or help from a Vet Center? yes( ) no( )

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

\_\_\_\_\_

- (46) Are you now being treated, or have you been treated in the past, by a private physician for an illness or disability incurred in or aggravated by service?

yes( ) no( )

If yes, provide the date(s) on which you were treated and the name and address of the physician: \_\_\_\_\_

\_\_\_\_\_

- (47) Are you currently being treated or have you ever been treated at a hospital for an illness or disability incurred in or aggravated by service?

If yes, provide the date(s) on which you were treated and the name and address of the physician: \_\_\_\_\_

\_\_\_\_\_

- (48) List any other information or comments that may be helpful:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

