

Agent Orange (Herbicide Exposure)

Intake Form

If you are a veteran or a veteran's family member, you may be entitled to veterans' benefits. In particular, if the veteran served in Vietnam, you may be eligible for benefits based on exposure to Agent Orange or other herbicides. The following questions will help you and your advocate organize the information you need to apply. 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 ()

(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

() Pension

() Pension plus aid and attendance benefit

() Education

() Pension plus housebound benefit

() Nursing home care

() Medical care

() Home loan guaranty

() Vocational rehabilitation

() Domiciliary care Other

(please specify):

(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) Did you serve in or visit in Vietnam, or serve in the waters offshore Vietnam with duty or visitation in Vietnam, between January 9, 1962 and May 7, 1975?

yes()

no()

If your answer was yes, then the VA concedes that you were exposed to herbicides. If no, then you have to prove you served in an area where herbicides were used and prove exposure to the herbicides.

(32) Have you been diagnosed as having:

() Hodgkin's disease

() Chloracne

() Non-Hodgkin's lymphoma

() Porphyria cutanea tarda

() Multiple myeloma

() a Soft-tissue sarcoma

() Type II Diabetes Mellitus

() chronic lymphocytic leukemia

() Prostate Cancer

() Respiratory cancer (lung, bronchus, larynx, trachea)

() Acute or Subacute Peripheral Neuropathy



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- (33) If you do not have one of the conditions named in question (32), do you have medical evidence or expert medical opinion to support the conclusion that your condition was caused by exposure to herbicides?
yes() no()
- (34) Have you had the VA's Agent Orange registry examination?
yes() no()
- (35) Do you have a biological child with spina bifida who was conceived after the date on which you first entered Vietnam?
yes() no()

