



VFW Post 12146, Ban Chang Thailand

Service Officer Intake Form

CONTACT INFORMATION

Full Legal Name (First, Middle and Last)			
Nickname	SSN	VA File Number	Date of Birth (MM-DD-YY)
Email address		Veteran Date of Death (MM-DD-YY)	
Phone Number		Fax Number	
VA eBenefits (Premium) account? Yes or <u>No</u>		Remarks	

SERVICE HISTORY

Proof of military service? Yes or <u>No</u>			Branch of Service	Retired? Yes or No
Form Number or Type of Service Record			Original or certified copy? Yes or No	
Dates of service	Start	End	Wartime service verified? Yes or <u>No</u>	
			Vietnam Era Veteran? <u>Yes</u> or No	
Member of VFW? Yes or <u>No</u>			Type of membership	Expiration date
Membership Number			Remarks	

FINANCIAL DATA

Income from VA? Yes or No	Type of income: Compensation, Pension, Education or Other?		
Copy of VA Award letter(s)? Yes or No	Registered with Foreign Medical Program? Yes or No		
List of approved disabilities and %:			
Income from DFAS? Yes or No	Type of income	SBP? Yes or No	
Income from SSA? Yes or No	Type of income	Date payments started or will commence:	
Other Income? Yes or No		List sources and monthly amounts	
Do you file US Tax Returns? Yes or No		Date of last submission	
Direct deposit account? Yes or No		Name of Bank	



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Who has access to Direct Deposit account?		Remarks	
PERSONAL DATA			
Current Physical Address		Current Mailing Address, if different	
How long at Physical Address?		Mailing Address known to VA? Yes or No	
Single, Married, Widowed or Divorced?		Previous marriages? Yes or No	
Number of marriages		Date of current or last marriage:	
Do you have copies of documents supporting the above relationships? Yes or No		Number of Children under 18 (or 24, if attending school fulltime):	
Spouse's full name as shown on Passport or ID Card		If a resident alien, how long did spouse reside in the U.S.?	
Spouse's citizenship		Spouse SSN or ITIN?	
Veteran's Date of Death (from death certificate)		Spouse's Date of Birth (MM-DD-YY)	
CLAIM INFORMATION			
Compensation: See VBA 21-526EZ (Jan 14)		POA: See VBA 21-22	POA: See VBA 21-0845
Pension: See VBA 21-527EZ		Other: See VBA 21-4138	Other: See VBA 20-572
Other: See VBA 21-534EZ			
SERVICE OFFICER			
Name of Service Officer		Phone Number	Fax
VFW Post Number and Location		Email	
Date of first contact		Date claim started	
Appointment Dates			
Date Claim submitted		How submitted?	
Date claim awarded or denied		Action Required? Yes or No	
Notes:		Attach Photo here	