

VFW Post 12146, Ban Chang Thailand Service Officer Intake Form

		CONTA	CT INFORMATION		
Full Legal Name (Fi	irst, Middle and	d Last)	Curren	Current Physical Address	
Nickname		SSN	VA File Number	Date of Birth (MM-DD-YY)	
Email address OM to SEY NAV et reword assembly gnille			Veteran Date of Death	Veteran Date of Death (MM-DD-YY)	
Phone Number OM to self 120gernam 2401vo15			Fax Number	Fax Number Shappovid to be wobit! beinseld also le	
VA eBenefits (Premium) account? Yes or No			Remarks	Remarks zagohnom jo nadmuM	
		SER	VICE HISTORY		
Proof of military service? Yes or No			Branch of Service	Retired? Yes or No	
Form Number or Type of Service Record			Original or certified cop	Original or certified copy? Yes or No	
Dates of service Sta	Start	End	Wartime service verified	Wartime service verified? Yes or No	
			Vietnam Era Veteran? Y	<u>(es</u> or No	
Member of VFW? Yes or No			Type of membership	Expiration date	
Membership Numb	per	RETALTO ARV 942	Remarks	Remarks	
A second	1 33¢ 113/60	FIN	ANCIAL DATA		
Income from VA?	Yes or No	Type of income: Compe	nsation, Pension, Education or (Other?	
Copy of VA Award letter(s)? Yes or No			Registered with Foreign	Registered with Foreign Medical Program? Yes or No	
List of approved dis	sabilities and %	5: batrate misi:	Email Date o	VFW Post Number and Location Date of first contact	
Income from DFAS? Yes or No Type of income		Type of income	SBP? Yes or No	SBP? Yes or No	
Income from SSA? Yes or No Type of income			Date payments started or will commence:		
Other Income? Yes	or No	Required? Yes or No	List sources and monthly	y amounts defined or denied	
Do you file US Tax Returns? Yes or No			Date of last submission	Date of last submission	
Direct deposit account? Yes or No			Name of Bank	Name of Bank	



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Who has access to Direct Deposit account?	Remarks	Remarks	
PERS	ONAL DATA		
Current Physical Address	Current Mailing Address, if o	different (1994) small (1994)	
	SN VA	cloname SSN	
How long at Physical Address?	Mailing Address known to V	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	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 I	INFORMATION		
Compensation: See <u>VBA 21-526EZ</u> (Jan 14)	POA: See <u>VBA 21-22</u>	POA: See <u>VBA 21-0845</u>	
Pension: See <u>VBA 21-527EZ</u>	Other: See VBA 21-4138	Other: See <u>VBA 20-572</u>	
Other: See VBA 21-534EZ			
SERV	ICE OFFICER	oma (rom: VA2, Vas ar Na	
Name of Service Officer	Phone Number	Fax	
VFW Post Number and Location	Email		
Date of first contact	Date claim started		
Appointment Dates	yne of income.	ome from DFAS2. Ves or No.	
Date Claim submitted	How submitted?		
Date claim awarded or denied	Action Required? Yes or No	Action Required? Yes or No	
Notes:		Attach Photo here	
		you file US Tax Returns? Yes or R	