

Intake Form to Screen for History of Military Service¹

Name: _____

Have you ever served in the military? **Yes** **No**

If yes, please provide the information requested below.

If no but a loved one or household member has served in the military, please provide that person's service information below. Include that person's name and your connection to that person here:

1. Branch of Service (select all that apply):

Air Force Army Coast Guard Marine Corps
Navy Other: _____

2. Active and/or Reserve Component and Dates of Service (please be as specific as possible):

3. Did the service include a mobilization or deployment? Yes No

If yes,

 did the service relate to combat? Yes No

 did the service relate to homeland defense activities? Yes No

4. Did the service end due to medical reasons or death? Yes No

5. If you have ever received disability-related income from the Department of Defense, when did you last receive that income? _____

6. If you have ever received *any* income from the Department of Veterans Affairs, when did you last receive that income? _____

7. If you are the person who served, do you have *any* ongoing health issues, regardless of whether those health issues are service-related? Yes No

8. If you are not the person who served, do you have conditions that are or that might be disabling? Yes No

If yes, are you the child of the person who served? Yes No

9. If you are not the person who served, is that person deceased? Yes No

10. Are you working with or would you like to be connected to someone who helps with claims for benefits or issues with military discharges? Yes No

¹ Military service can lead to eligibility for financial resources, opportunities, and legal protections for those who have served and their families. To evaluate your case more completely, we seek to identify each person who has served in the military and then gather information about that military service.

Legal Office File No.: _____