



APPLICATION FOR HEALTH BENEFITS

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME <i>(Last, First, Middle Name)</i>		2. OTHER NAMES USED	3. MOTHER'S MAIDEN NAME	4. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. ARE YOU SPANISH, HISPANIC, OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. WHAT IS YOUR RACE? <i>(You may check more than one.) (Information is required for statistical purposes only.)</i> <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
7. SOCIAL SECURITY NUMBER	9. DATE OF BIRTH <i>(mm/dd/yyyy)</i>		10. RELIGION	
8. CLAIM NUMBER	9A. PLACE OF BIRTH <i>(City and State)</i>			
11. PERMANENT ADDRESS <i>(Street)</i>		11A. CITY	11B. STATE	11C. ZIP CODE <i>(9 digits)</i>
11D. COUNTY	11E. HOME TELEPHONE NUMBER <i>(Include area code)</i>		11F. E-MAIL ADDRESS	
11G. CELLULAR TELEPHONE NUMBER <i>(Include area code)</i>		11H. PAGER NUMBER <i>(Include area code)</i>		
12. TYPE OF BENEFIT(S) APPLIED FOR <i>(You may check more than one)</i> <input type="checkbox"/> HEALTH SERVICES <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DOMICILIARY <input type="checkbox"/> DENTAL				
13. IF APPLYING FOR HEALTH SERVICES OR ENROLLMENT, WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER?				
14. DO YOU WANT AN APPOINTMENT WITH A VA DOCTOR OR PROVIDER AS SOON AS ONE BECOMES AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO I am only enrolling in case I need care in the future.		15. HAVE YOU BEEN SEEN AT A VA HEALTH CARE FACILITY? <input type="checkbox"/> YES, LOCATION: <input type="checkbox"/> NO		
16. CURRENT MARITAL STATUS <i>(Check one)</i> <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN				
17. NAME, ADDRESS AND RELATIONSHIP OF NEXT OF KIN		17A. NEXT OF KIN'S HOME TELEPHONE NUMBER <i>(Include area code)</i>		
		17B. NEXT OF KIN'S WORK TELEPHONE NUMBER <i>(Include area code)</i>		
18. NAME, ADDRESS AND RELATIONSHIP OF EMERGENCY CONTACT		18A. EMERGENCY CONTACT'S HOME TELEPHONE NUMBER <i>(Include area code)</i>		
		18B. EMERGENCY CONTACT'S WORK TELEPHONE NUMBER <i>(Include area code)</i>		
19. INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH. NOTE: THIS DOES NOT CONSTITUTE A WILL OR TRANSFER OF TITLE <i>(Check one)</i> <input type="checkbox"/> EMERGENCY CONTACT <input type="checkbox"/> NEXT OF KIN				