Veteran Valor Project: VA Disability Benefits Assistance Program Application

Personal Information

- Full Name:
- Date of Birth:
- Address:
- City, State, ZIP Code:
- Phone Number:
- Email Address:
- Emergency Contact Name:
- Emergency Contact Phone Number:
- Relationship to Emergency Contact:

Military Service Information

- Branch of Service:
- Rank:
- Years of Service:
- Deployment History:
- Military Occupational Specialty (MOS):

VA Disability Benefits Information

- Are you currently receiving any VA disability benefits? (Yes/No)
 - o If yes, please specify the percentage and conditions:
- Have you previously applied for VA disability benefits? (Yes/No)
 - o If yes, please describe the outcome and any issues encountered:
- Are you currently in the process of applying for VA disability benefits? (Yes/No)
 - o If yes, please describe the current status of your application:

Service-Related Conditions

• List all service-related conditions for which you are seeking VA disability benefits:

Medical Records and Documentation

- Do you have copies of your civilian medical records related to your service-connected conditions? (Yes/No)
- Are you currently receiving treatment for your service-related conditions? (Yes/No)
 - o If yes, please provide details of your healthcare providers:

Assistance Required

- Please describe the specific assistance you need with your VA disability benefits application:
- Have you already started filling out any VA forms? (Yes/No)
 - o If yes, please list the forms you have completed or partially completed:
- Do you need help obtaining additional medical evidence? (Yes/No)
 - o If yes, please describe the type of evidence needed:

Buddy Letters and Supporting Evidence

• Do you have buddy letters from fellow service members? (Yes/No)

• Do you need assistance in writing buddy letters? (Yes/No)
• Do you have letters of support from family members, friends, or colleagues? (Yes/No)
• Do you need assistance in drafting letters of support? (Yes/No)
Consent and Acknowledgement
By submitting this application, I agree to participate in the Veteran Valor Project VA Disability Benefits Assistance Program. I understand that my participation in the program includes collaboration with program coordinators and providing necessary documentation and evidence for my VA disability benefits claim. I acknowledge that any deviation from the program guidelines will result in an automatic suspension from the program.
• Signature:
• Date: