

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)**
 - If yes, please specify the percentage and conditions:
- **Have you previously applied for VA disability benefits? (Yes/No)**
 - If yes, please describe the outcome and any issues encountered:
- **Are you currently in the process of applying for VA disability benefits? (Yes/No)**
 - 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 service medical records? (Yes/No)**

- **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)**
 - 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)**
 - If yes, please list the forms you have completed or partially completed:

- **Do you need help obtaining additional medical evidence? (Yes/No)**
 - 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)**

