

Veteran Valor Project: Health Care Education 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):

Health Care Status

- Are you currently enrolled in VA healthcare? (Yes/No)
 - If yes, please specify the services you are receiving:
- Do you have any private health insurance? (Yes/No)
 - If yes, please provide the name of the insurance provider:

Health Care Education Needs

- Are you familiar with the VA health care benefits available to you? (Yes/No)
- Have you previously attended any VA health care education programs? (Yes/No)
 - If yes, please describe the program and what you learned:
- Are you currently experiencing any barriers to accessing health care? (Yes/No)
 - If yes, please describe these barriers:

Areas of Interest in Health Care Education

- Please select the areas where you need education or assistance (check all that apply):
 - Understanding VA Health Care Benefits
 - Enrolling in VA Health Care
 - Scheduling Appointments with VA Providers
 - Managing Prescription Medications
 - Mental Health Services and Resources
 - Women Veterans' Health Services
 - Preventative Care and Wellness
 - Understanding Medical Billing and Insurance Coverage
 - Accessing Specialty Care (e.g., Cardiology, Orthopedics)
 - Navigating Caregiver Support Services

Current Health Conditions

- Please list any current health conditions or concerns:

- Are you receiving treatment for these conditions? (Yes/No)
 - If yes, please provide details of your healthcare providers:

Medical Records and Documentation

- Do you have access to your VA medical records? (Yes/No)
- Do you have access to your civilian medical records? (Yes/No)
- Are you familiar with how to access and manage your health records through the VA? (Yes/No)

Assistance Required

- Please describe the specific assistance you need with your health care education:
- What are your primary goals for participating in this program?

Additional Information

- Please share any additional information that may help us better assist you:

Acknowledgment

- I certify that the information provided in this application is accurate and complete to the best of my knowledge.

- Signature:

- Date: