

Veteran Status/Benefit Request and Referral

Requesting Agency: _____ Social Worker: _____

Phone: _____ Date: _____

Request information from the Veteran Services Office (VSO) to verify veteran status, determine VA benefit amount/type, and if a DD214 needs to be requested.

THIS SECTION TO BE COMPLETED BY HOMELESS SERVICE PROVIDER / VETERAN

Veteran Name:

Date of Birth:

Social Security #:

Branch of Service:

Service provider Name, Phone # and Email:

Please indicate if you would you like to coordinate a visit between the VSO, veteran and yourself to discuss veterans' benefits. YES NO

_____/_____
Veteran signature / date as authorization enabling the VSO to release information/DD214.

THIS SECTION TO BE COMPLETED BY VETERANS' SERVICES

Is this individual a veteran of the U.S. Military? YES NO

What type of discharge? _____

Is this veteran receiving VA compensation or VA pension?

Compensation Pension Neither

In what amount (if applicable)? \$ _____

DD214 attached? YES NO

If no DD214 is available through the Veteran Services Office or Veterans Affairs, the homeless service provider and veteran will need to access <https://www.archives.gov/veterans/military-service-records> in order to request an undeleted DD214.

Please complete this document and submit to Mike.McManus@Ventura.org or faxes can be sent to (805) 477-5418 (fax)- Attention: Veteran Services Office.