

# Veteran (Service Member) Information

Replicate as Needed and Shred after RCSnet Input \* Indicates required field

**This block is for Staff use Only**

**VIF Number:** \_\_\_\_\_

**SSN Exemption:**  Law or Medical Profession  VA Employee  
 Special Ops Background  Bereavement

**\*Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*First Visit/Contact Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*First Name:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_

**Middle Initial:** \_\_\_\_\_

**\*Last Name:** \_\_\_\_\_

**\*City/Town:** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_

**\*State:** \_\_\_\_\_

**Address Exemption:**  
 Homeless/No Permanent Address  
 Address Inactive

**\*Primary Phone:** \_\_\_\_\_ **Ext** \_\_\_\_\_

**\*Zip Code:** \_\_\_\_\_

**Secondary Phone** \_\_\_\_\_ **Ext** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Territory:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**\*Preferred Contact** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Emergency Contact Relationship:** \_\_\_\_\_

**\*Date of Birth:** \_\_\_\_\_

**\*Gender Identity**  Female  Male  Non-Binary  No Response  Other  
 Transgender Female  Transgender Male

**\*Marital Status:**  Divorced  Domestic Partnership  Married  No Response  Separated  Single  Widowed

**\*Race/Ethnicity:**  African American/Black  Alaskan Native or American Indian  Asian American  
 Hispanic or Latino  No Response  Other  Pacific Islander/Hawaiian  White

**\*Current Military Status :**  Veteran  Active Military  National Guard  Reserve

**\*Branch of Service Records:**

Branch of Service	Date Entered	Discharge Date

**\*Eligibilities- Please Select at Least One (Multiple Selections Allowed)**

**Combat Theater/Area of Hostility:**

WWII War Zone  Korean War Zone  Vietnam Theater  Vietnam Non-Theater  Lebanon  
 Grenada  Panama  Desert Storm/Desert Shield  Somalia  Bosnia  
 Former Yugoslavia Ops/Kosovo  Iraq (Post 9/11)  Afghanistan (Post 9/11)  
 Other Combat Operations  Area of Hostility

**Other Eligibility Criteria:**

Bereavement  Military Sexual Trauma  Humanitarian/Not Eligible  
 Active Military/Reserve Natl. Disaster  Natl. Guard State Emergency  Coast Guard Drug Interdiction

**Combat Operations Support:**

Mortuary Affairs  Medical Personnel  Unmanned Aerial Vehicle Crew

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<b>*Discharge Type:</b>	<input type="checkbox"/> Honorable	<input type="checkbox"/> General	<input type="checkbox"/> Other Than Honorable
	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable Pending Upgrade	
<b>*Eligibility Verification:</b>	<input type="checkbox"/> DD214	<input type="checkbox"/> Military ID	<input type="checkbox"/> DD1300/Obituary for Bereavement
	<input type="checkbox"/> Medals/Ribbons	<input type="checkbox"/> Special Pay (ex. Hostile Fire, Family Separation)	
	<input type="checkbox"/> Unable to Verify	<input type="checkbox"/> Other VA verification	<input type="checkbox"/> Command Letter
	<input type="checkbox"/> Military Service Personal File	<input type="checkbox"/> Orders	<input type="checkbox"/> Pending
<b>*Referral Source:</b>	<input type="checkbox"/> DoD	<input type="checkbox"/> VBA	<input type="checkbox"/> Family/Friend
	<input type="checkbox"/> Self	<input type="checkbox"/> Other Vet Center	<input type="checkbox"/> TAPS/Casualty Officer
	<input type="checkbox"/> VAMC/Medical/Mental Health	<input type="checkbox"/> Outreach	<input type="checkbox"/> Veteran Service Org
	<input type="checkbox"/> DoD In Transition	<input type="checkbox"/> Other Agency	<input type="checkbox"/> Vet Center Call Center
	<input type="checkbox"/> VA/Vet Center Website		
<b>*Wounded/Injured:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>* Purple Heart:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*VA Service Connected:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>*POW (Any number of Days):</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Comments:**

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RETURN COMPLETED FORM TO:

Email address: [Luis.Rodriguez12@va.gov](mailto:Luis.Rodriguez12@va.gov)

OR MAIL TO

Address: Albany Vet Center  
17 Computer Dr W, Albany, NY 12205