

ACTIVE RE-ENTRY

Independent Living Programs

VETERAN BENEFITS COUNSELING APPOINTMENT

VETERANS, VETERAN SPOUSE, SURVIVING SPOUSE, DEPENDENT CHILDREN and
DEPENDENT PARENTS

Your appointment is scheduled for:

Date: _____ Time: _____

Location: _____

ITEMS/INFORMATION NEEDED

- ___ DD-214 (discharge papers). We can help you apply for a certified copy if the veteran doesn't have it.
- ___ List of disabilities and/or medical conditions
- ___ List of doctors and hospitals who have provided treatment with addresses
- ___ Birth certificate of dependents other than spouse or the veteran's birth certificate if the dependents are the veteran's parents
- ___ List of sources of income and the amount in each
- ___ List of assets excluding the home the veteran lives in and their automobile
- ___ List of medical expenses, including travel

