



CLIENT QUESTIONNAIRE

VETERAN'S NAME <i>(REQUIRED)</i>		Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Date of Death		Phone Number
Marital Status <small>(Circle one)</small> Single Separated Married Divorced Widowed		Occupation		
Street Address				Date Moved In
City	State	Zip	County	

APPLICANT'S NAME <i>(if other than Veteran)</i>		Last Name	First Name	Middle Name
Social Security Number	Date of Birth	Occupation		
Relationship to Veteran <small>(circle one)</small> Spouse Widow Separated Divorced Other		Phone Number		
Address				Date Moved In
City	State	Zip	County	

1.	Have you ever applied for Financial Assistance through our agency? YES or NO														
2.	Please list your previous address.														
3.	How long have you lived in Summit County?														
4.	Are you aware that our agency can assist you with filing claims for Federal Benefits through the Department of Veterans Affairs? YES or NO														
5.	<p>Are you interested in filing a claim for FEDERAL BENEFITS through the Department of Veterans Affairs (DVA)? YES or NO</p> <p>If YES, please check the below items you are seeking assistance with:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Aid & Attendance <i>(Homebound/Nursing Home/Invalid Veterans and widows only)</i></td> <td style="width: 50%; border: none;"><input type="checkbox"/> Medals</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Military Records Request</td> <td style="border: none;"><input type="checkbox"/> Non-Service Pension</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ohio Veterans Home Application</td> <td style="border: none;"><input type="checkbox"/> Service Connected Compensation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> DD214 <i>(Upgrade)</i></td> <td style="border: none;"><input type="checkbox"/> Widow's Pension</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Educational Benefits</td> <td style="border: none;"><input type="checkbox"/> Burial Benefits</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> VA Medical Benefits</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Income Verification</td> <td></td> </tr> </table>	<input type="checkbox"/> Aid & Attendance <i>(Homebound/Nursing Home/Invalid Veterans and widows only)</i>	<input type="checkbox"/> Medals	<input type="checkbox"/> Military Records Request	<input type="checkbox"/> Non-Service Pension	<input type="checkbox"/> Ohio Veterans Home Application	<input type="checkbox"/> Service Connected Compensation	<input type="checkbox"/> DD214 <i>(Upgrade)</i>	<input type="checkbox"/> Widow's Pension	<input type="checkbox"/> Educational Benefits	<input type="checkbox"/> Burial Benefits	<input type="checkbox"/> VA Medical Benefits	<input type="checkbox"/> Other _____	<input type="checkbox"/> Income Verification	
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7.	How did you learn about this agency?														

Print Name:	
Signature of Veteran/Applicant	Date