**Veteran Valor Project: VA Disability Benefits Assistance 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):**

**VA Disability Benefits Information**

* **Are you currently receiving any VA disability benefits?** (Yes/No)
	+ If yes, please specify the percentage and conditions:
* **Have you previously applied for VA disability benefits?** (Yes/No)
	+ If yes, please describe the outcome and any issues encountered:
* **Are you currently in the process of applying for VA disability benefits?** (Yes/No)
	+ If yes, please describe the current status of your application:

**Service-Related Conditions**

* **List all service-related conditions for which you are seeking VA disability benefits:**

**Medical Records and Documentation**

* **Do you have copies of your service medical records?** (Yes/No)
* **Do you have copies of your civilian medical records related to your service-connected conditions?** (Yes/No)
* **Are you currently receiving treatment for your service-related conditions?** (Yes/No)
	+ If yes, please provide details of your healthcare providers:

**Assistance Required**

* **Please describe the specific assistance you need with your VA disability benefits application:**
* **Have you already started filling out any VA forms?** (Yes/No)
	+ If yes, please list the forms you have completed or partially completed:
* **Do you need help obtaining additional medical evidence?** (Yes/No)
	+ If yes, please describe the type of evidence needed:

**Buddy Letters and Supporting Evidence**

* **Do you have buddy letters from fellow service members?** (Yes/No)
* **Do you need assistance in writing buddy letters?** (Yes/No)
* **Do you have letters of support from family members, friends, or colleagues?** (Yes/No)
* **Do you need assistance in drafting letters of support?** (Yes/No)

**Consent and Acknowledgement**

By submitting this application, I agree to participate in the Veteran Valor Project VA Disability Benefits Assistance Program. I understand that my participation in the program includes collaboration with program coordinators and providing necessary documentation and evidence for my VA disability benefits claim. I acknowledge that any deviation from the program guidelines will result in an automatic suspension from the program.

* **Signature:**
* **Date:**