

Veterans Administration Eligibility Questionnaire

For Klamath County Veterans Treatment Court

Date of referral: _____ Referred by: _____

Phone: _____ Email: _____

Name: _____ Phone: _____

Address: _____

City State Zip

1. Have you ever served in the U.S. Military? _____Yes _____No

If checked yes, what branch did you serve? (Circle all that apply)

Air Force Marines Army Navy

Coast Guard Merchant Marines National Guard

If checked yes, what years were you in? _____

2. What status have you served? (Circle all that apply)

Active Inactive Retired Active Reserve National Guard

3. Have you served in a foreign war or conflict? _____Yes _____No

If yes, list name and year: _____

4. Are you receiving Veteran benefits? _____Yes _____No

5. Would you like to talk to the Veteran Affairs Justice Outreach Specialist regarding benefits or

other matters? _____Yes _____No

If checked yes, please provide full SSN _____

and Date of Birth _____

**Return Form to: Paul Skinner, Veterans Justice Outreach Specialist
VA Southern Oregon Rehabilitation Center and Clinics
8495 Crater Lake Highway
White City, OR 97503
800 809-8725 x3305; 541 826-2111 x3305; 541 830-7528 fax**

VA use only:

Veteran status confirmed? _____yes _____no. Eligible for VA services? _____yes _____no ST 2/12