



## GRAND TRAVERSE COUNTY DEPARTMENT OF VETERANS AFFAIRS

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Serving Benzie, Grand Traverse  
& Leelanau Counties

Your Appointment is Scheduled for: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Meeting with your VA Service Officer

Listed below are the documents or the attached forms we need for your first appointment with your Service Officer

The Veteran will need to bring the following documents to the appointment:

- |   |   |
|---|---|
| <input type="checkbox"/> DD-214, Separation Report or Discharge Papers  | <input type="checkbox"/> Marriage License   |
| <input type="checkbox"/> Prior Marital Details for Veteran & Spouse (i.e. dates & places of all prior marriages and dates & places of dissolutions) | <input type="checkbox"/> Copies of any prior VA decisions & award letters   |
| <input type="checkbox"/> Dates of birth, place of birth & social security #'s for Spouse & children under 23  | <input type="checkbox"/> Voided Check or Deposit Slip (showing Bank Name, Routing # and Account # for Direct Deposit) |
|   | <input type="checkbox"/> VA Form 21-674 for each child between 18-23 & attending college                              |

The Veteran will also need the following documents to file a claim for

#### Service Connected Disability Compensation

- |   |  |
|---|--|
| <input type="checkbox"/> Any military records in your possession (i.e. service treatment records or personnel records)                              | <input type="checkbox"/> Verification of military retired pay or severance payment received  |
| <input type="checkbox"/> Personal statement from you, family members or fellow service members which will verify a disability was caused by service | <input type="checkbox"/> All medical records from private doctors regarding disabilities you are claiming to be service related (i.e. diagnosis, severity & current treatment) |
| <input type="checkbox"/> Disability Benefits Questionnaire (DBQ)  |  |

#### Non-Service Connected Pension

- |  |   |
|--|---|
| <input type="checkbox"/> Attendant Affidavit completed by Care Provider                            | <input type="checkbox"/> Annual Social Security Statements for Veteran & Spouse                                       |
| <input type="checkbox"/> Proof of All Income   | <input type="checkbox"/> Verification of Long Term Care Insurance   |
| <input type="checkbox"/> VA 21-0779(s) Completed by Nursing / Assisted Living Facility             | <input type="checkbox"/> Cash out values of ALL Life insurance & Annuities  |
| <input type="checkbox"/> VA Form 21-2680(s) completed by both the Veteran and the Spouse's doctors | <input type="checkbox"/> Statements of ALL Savings, CD's, IRA Accounts, Trust Accounts, Life Insurance Policies, etc. |
| <input type="checkbox"/> Statements of ALL Retirement Accounts for Veteran & Spouse                | <input type="checkbox"/> Expected interest amounts from all accounts for the next 12 months                           |
| <input type="checkbox"/> Verification of any/all Medical Insurance premiums for Veteran & Spouse   |   |

#### VA Healthcare Enrollment

- |  |  |
|--|--|
| <input type="checkbox"/> Prior Year Household Income | <input type="checkbox"/> Prior Year Household Medical Expenses |
| <input type="checkbox"/> Current assets              |  |