

Veteran Intake Form

Last Name		First Name		Middle
Date of Birth	Sex	Social Security / Claim #	Branch of Service	
Address				
City		State	Zip Code	
Home Phone		Cell Phone		
Place of Birth		Email Address		

Dates of Service	Type of Claim	Date of Claim	
Hearing Date	Rating Decision Date	Case Statement Date	
Issues Claimed / Diagnosis			
C&P Exam Date	Ready to Rate	Notice of Disagreement	Date of Initial VA Letter
Notes			

Signed 21-22a Power of Attorney	Signed Fee Agreement
YES or NO	YES or NO
Case Manager	Case Manager Contact Number / Email

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.