

Disability Compensation Interview Worksheet

Client Name (last, first): _____

(1) Summary of Disabilities: At a minimum: (a) obtain the veteran's injuries and diagnosis; (b) whether those injuries and/or diagnosis occurred during or within one year service; (c) impact the disability has on the veteran's life (e.g. needs special equipment/care, ongoing treatment costs, aggravating factors, etc).

(2) During service, was the veteran exposed to:

	YES	NO
Radiation		
Agent Orange		
Asbestos		
Unknown Toxic Chemicals		
Depleted Uranium		
Smoke from burning oil wells		
Burn Pit Smoke		
Other: (please list)		

(3) Employment Status: ___ Employed (Full Time) ___ Employed (Part Time) ___ Unemployed

- a. If employed, what is the veteran's occupation? _____
- b. If employed, what is the veteran's monthly income? _____
- c. If unemployed, what obstacles keep the veteran from working?

(4) Please list the dependents living with the veteran, their age, and whether they are disabled.

Name	Relationship	Age	Disability

(5) Does the Veteran have an on-line VA account? ___ Yes ___ No

(6) Is the veteran or dependents receiving benefits from any of the following programs?

Source	Effective Date	Amount
Social Security Retirement		
Social Security Disability		
Social Security Survivors		
Social Security Supplemental Income		
VA Disability		
VA Pension		
Retirement		

(7) Document Checklist

Document	Requested Date	On-file Date	Notes
DD214			
VAF 21-0966 Intent to file claim			
VAF 21-526EZ Application			
Medical Documents			
Marriage Certificate			
Birth/Adoption Certs			
Sworn Statements			
Other			

(8) Notes: