

What other benefits might you be eligible for in the future? \_\_\_\_\_

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**Name of person who served:** \_\_\_\_\_

Which branch of the military? \_\_\_\_\_

Social Security or military serial number: \_\_\_\_\_

Did you enlist or were you drafted? \_\_\_\_\_

Dates of service: \_\_\_\_\_

Rank at discharge: \_\_\_\_\_

Where did you serve? \_\_\_\_\_

Were you on active duty? \_\_\_\_\_

Did you receive military decorations? If so, which ones? \_\_\_\_\_

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Are you eligible for, or currently collecting, a military pension? \_\_\_\_\_

Monthly amount received: \_\_\_\_\_

Are you eligible for, or currently collecting, military disability benefits? \_\_\_\_\_

Monthly amount received: \_\_\_\_\_

What other benefits do you currently receive? \_\_\_\_\_

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What other benefits might you be eligible for in the future? \_\_\_\_\_

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