



Veteran Questionnaire

(11) College: yes no Are you using your GI Bill: Yes No

Are you Interested in Vocational school: Yes No

Other education/training not being used due to disability: _____

If you are not yourself a veteran, and your application is based on the eligibility of a veteran who is a member of your family--your spouse or your parent, for example--please answer the questions below as if you were the veteran.

(12) Are you currently employed? Yes no

If yes, what is your occupation? _____

(13) If not employed, are you able to work? Yes no

(14) If you are not employed, is it because of medical problems related to your military service?

Yes no

(15) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

(16) Do you have dependents? Yes no

If yes, how many? _____

(18) To what branch of the service (army, navy, air force, marines, coast guard, merchant Marines, Reserve, and National Guard) did you belong?

(19) In what era (Korea, Vietnam, Persian Gulf, OEF/OIF, or other) was your service?

(20) Please list your dates of service: Entry _____ Discharge _____

(21) Please state your type of discharge: _____

(22) Were you discharged because of the completion of your obligation (), downsizing (), Physical disability (), or other reason? If other, please specify:

(23) Are you receiving retirement pay from the military? Yes no

If yes, please specify monthly amount: _____



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(24) Are you receiving disability pay from the military? Yes no
If yes, please specify monthly amount: _____

(25) Did you receive severance pay at discharge? Yes no
If so, please specify amount received: _____

(26) Were you in combat? Yes no

(27) Were you wounded? Yes no

(28) Are you still having medical problems caused by the wound(s)? Yes no

(29) Were you ever a prisoner of war? Yes no

(30) Do you have recurring dreams or intrusive memories about combat or your POW experience?
Yes no

(31) Do you have recurring dreams or intrusive memories about any traumatic experience during military service (one that involved feelings of intense fear, helplessness, or horror)?
Yes no

(32) Do you avoid, or react unusually to, things that symbolize or remind you of a traumatic event in service? Yes no

(33) Were you treated for any injury, disability, or disease in service? Yes no
If yes, briefly describe the disability or disease. _____

(34) Are you currently having problems with these same disabilities or diseases? Yes no
If yes, briefly describe the problems. Be sure to describe how your disability interferes with your work: _____

(35) Did you suffer from a disease or injury in service that was not treated by a doctor? Yes no
If so, describe: _____

(36) Do you currently have a disease or injury that existed before your entry into service? Yes no
If yes, describe: _____



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(37) Did the disease or injury increase in severity (get worse) during service Yes no

(38) Are you currently suffering from a disability or disease whose symptoms appeared within one year after discharge from service? Yes no

If yes, describe: _____

(39) While in the service, were you exposed to:

Radiation yes no

Agent Orange yes no

Asbestos yes no

Toxic chemicals yes no

Nerve gas yes no

Depleted uranium yes no

Smoke from burning oil wells yes no

Other yes no

If you answered "other," please describe: _____

Information Related to VA Benefits

(40) Have you ever applied for VA benefits? Yes no

If yes, check all that apply:

Compensation Pension

Medical care Education

Vocational rehabilitation Nursing home care

Domiciliary care Home loan guaranty

Other (please specify): _____

(41) Are you now receiving VA benefits? Yes no

If yes, check all that apply:

Compensation Pension

Pension plus aid and attendance benefit

Pension plus housebound benefit

Medical care Education

Vocational rehabilitation Nursing home care

Domiciliary care Home loan guaranty

Other (please specify): _____

(42) Have you ever sought counseling or help from a Vet Center? Yes no



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(43) List any other information or comments that may be helpful or service you need assistance with:

*** Please contact the Veteran Service Office if you need assistance completing this form or if you would like to schedule an appointment. Accommodations can be made for veterans that are unable to travel to the office.**

Cayuga County Veteran Service Agency
Hours: Mon. - Fri. 8:30 a.m. - 4:30 p.m.
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Email: veterans@cayugacounty.us