



Intake Packet

WELCOME TO THE VAC!

Thank you for reaching out to us for assistance and congratulations on taking the first step towards acquiring your VA benefits.

This packet contains many of the preliminary tasks and documents that need to be completed to get a successful start to the VA claims process. Please review the packet carefully, complete the required sections, and start to gather any supporting documentation that may be beneficial for your claim.

Thank you, and we look forward to working with you!

Please return a completed Claims Questionnaire promptly and call to set up an appointment at (618) 594-0101 or 618-322-0302

Once complete, please return this questionnaire to
Veterans Assistance Commission of Clinton County

850 Fairfax St

Lower Level

Carlyle, IL 62231

Email: vacc@clintonco.illinois.gov

Phone: (618) 594-0101

Intake Form Roadmap

Please use the following roadmap to guide you through what information we need and what you need to bring with you, based on your type of claim.

If you are filing for:

Disability Compensation: You will need the Claims Questionnaire, Condition Explanation Page, Signature Page, and Documents **1, 6, 8, 9, 10** from the Documents List.

Veteran Pension: You will need the Claims Questionnaire, Condition Explanation Page, Signature Page, and Documents **1,2,3,4,5,6,7,8,9,10** from the Documents List.

VA Healthcare: You will need the Claims Questionnaire, Condition Explanation Page, Signature Page, and Documents **1, 2, 8, 9,10** from the Documents List.

Education Benefits: You will need the Claims Questionnaire, Condition Explanation Page, Signature Page, and Documents **1, 2, 6, 8, 9, 10** from the Documents List.

All Other Claims: You will need the Claims Questionnaire, Condition Explanation Page, Signature Page, and Documents **1, 8, 9, 10** from the Documents List (to start).

CLAIMS QUESTIONNAIRE

Applicant Information

Veteran Name: _____ DOB: _____
Last First M.I.

SSN: _____ Birthplace: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Military Service Information

Are you a Vietnam Veteran with service in Vietnam? YES NO

Did you serve onboard a ship off the coast of Vietnam during Vietnam War? Yes No

YES NO

Did you serve at Camp Lejeune between August 1, 1953 and December 31, 1987?

Did you serve in Southwest Asia/Middle East after August 2, 1990? YES No

Branch of Service: _____ Dates of Service: _____

Type of Discharge? _____

VA Compensation Status

Have you ever filed a VA compensation claim before? YES NO

If yes, what is your current overall rating? _____

Do you have your Service Medical Records? Yes No

Do you have relevant Private Medical Records Yes No

Examples:

- X-rays from your non-VA physician related to the back condition you would like to claim
- Mental health treatment record from your non-VA physician with a diagnosis of PTSD
- Prescription record from your non-VA physician

Dependent Children Information (if applicable) continued

Name: _____ DOB: _____

SSN: _____ Birthplace: _____

Address: _____

Street Address (if different from the Veteran)

Apartment/Unit #

City

State

Zip Code

STATUS: Biological Adopted Stepchild 18-23 years old in school
(Check all that apply) Severely Disabled Previously Married

• If stepchild, is the child the spouse's biological child? Yes No

• Date stepchild became member of Veteran's household? _____

Name: _____ DOB: _____

SSN: _____ Birthplace: _____

Address: _____

Street Address (if different from the Veteran)

Apartment/Unit #

City

State

Zip Code

STATUS: Biological Adopted Stepchild 18-23 years old in school
(Check all that apply) Severely Disabled Previously Married

• If stepchild, is the child the spouse's biological child? YES NO

• Date stepchild became member of Veteran's household? _____

Additional Comments

SIGNATURE PAGE

PLEASE SIGN LEGIBLY INSIDE THE BOX BELOW

With your consent, this signature will be scanned and used as a digital signature for future claim forms or documents that need to be submitted to the VA.

Print Name: _____

For VA Purposes Only

PLEASE KEEP SIGNATURE WITHIN THE BOX

How did you hear about us?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Clinton County Referral | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Veteran Service Organization _____ | |
| <input type="checkbox"/> Other _____ | |

Document List

Please provide any applicable documents or information listed.

- 1) DD 214 – (Member 4)**
 - DD 215 (If applicable)
 - Any discharge paperwork before DD 214's were issued upon discharge
 - Discharge documents from Reserve or National Guard
 - Line of Duty documents for claimed conditions (If applicable)

 - If you have multiple DD 214's from reenlistments or breaks in service, bring in copies

- 2) Marriage Certificate** (If applicable)

- 3) Birth Certificate**
 - Dependent's & Stepchildren Birth Certificate

- 4) Divorce Decree** (If Applicable)
 - Prior marriage and divorce information for Veteran and spouse if applicable
 - To include marriage date, city/state of marriage, divorce date, city/state of divorce for each prior marriage

- 5) Death Certificate** (If applicable)

- 6) Banking information – include copy of a voided check (*used for direct deposit, may provide later*)**

- 7) Banking Information** – all financial records to include pensions, medicare, mortgage statements, bank statements, investments, vehicle loans, vehicle information, any other financial record. This will be used to calculate your net worth for use in determining pensions.

- 8) Service Medical Records (if you have them)**

- 9) Civilian Medical Records**
 - Another option; Veteran obtains the problem list, medication list, surgical history, labs, x- ray reports, and MRI's from any private primary care provider, specialists, alternative treatments (chiropractor, massage therapist, acupuncturist, etc). Ensure that they are relevant to your claimed conditions
 - Ensure you have your private provider **name, address, treatment dates from start to finish** for any condition you want to submit a claim for

- 10) VA Medical Records**
 - Request your VA medical records.
 - Include Problem list, medication list, diagnosis history, labs, x-rays and surgeries

VA PRESUMPTIVE CONDITIONS

VA presumes that specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran of one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded.

Gulf War/Southwest Asia/Burn Pit Veterans

Presumptive Conditions:

- Asthma that was diagnosed after service
- Chronic Bronchitis
- Chronic Fatigue Syndrome
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Rhinitis
- Chronic Sinusitis
- Constrictive Bronchiolitis or Obliterative Bronchiolitis
- Emphysema
- Fibromyalgia
- Granulomatous Disease
- Interstitial Lung Disease (ILD)
- Irritable Bowel Syndrome
- Pleuritis
- Pulmonary Fibrosis
- Sarcoidosis

These Cancers are now Presumptive:

- Brain Cancer
- Head Cancer of any type
- Pancreatic Cancer
- Respiratory (Breathing-related) Cancer of any type
- Gastrointestinal Cancer of any type
- Kidney Cancer
- Reproductive Cancer of any type
- Cancer of the paraurethral glands
- Glioblastoma
- Lymphatic Cancer of any type
- Neck Cancer
- Male Breast Cancer
- Urethral Cancer
- Lymphoma of any type
- Melanoma

Medically Unexplained Chronic Multi-Symptom Illnesses that exist for six months or more, such as:

- Cardiovascular Symptoms
- Fatigue
- GI Symptoms
- Headaches
- Joint Pain
- Menstrual Disorders
- Muscle Pain
- Neurological Symptoms
- Skin Symptoms
- Sleep Disturbance
- Weight Loss

VA presumes that specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded.

Former Prisoners of War

Imprisoned for any length of time.

- Any of the Anxiety States
- Dysthymic Disorder
- Heart Disease or Hypertensive Vascular Disease and their Complications
- Organic Residuals of Frostbite
- Post Traumatic Osteoarthritis
- Psychosis
- Stroke and its Residuals

Imprisoned for at least 30 days.

- Avitaminosis
- Beriberi
- Chronic Dysentery
- Cirrhosis of the Liver
- Helminthiasis
- Irritable Bowel Syndrome
- Malnutrition
- Any other Nutritional Deficiency
- Pellagra
- Peptic Ulcer Disease
- Peripheral Neuropathy

Agent Orange (AO) Exposure

- Acute and Subacute Peripheral Neuropathy
- AL Amyloidosis
- B-Cell Leukemias
- Chloracne or other Acne Form Disease
- Bladder Cancer
- Chronic Lymphocytic Leukemia
- Diabetes Type II
- Hodgkin’s Disease
- Ischemic Heart Disease
- High Blood Pressure (also called Hypertension)
- Hypothyroidism
- Monoclonal Gammopathy of Undetermined Significance (MGUS)
- Multiple Myeloma
- Non-Hodgkin’s Lymphoma
- Parkinson’s Disease
- Porphyria Cutanea Tarda
- Prostate Cancer
- Respiratory Cancers
- Soft Tissue Sarcoma
- Parkinson’s-Like Symptoms

Veterans may have been exposed if they served in:

- * Vietnam to include Blue Water Navy (1/9/1962 – 5/7/1975)
- * Korean DMZ (9/1/1967 – 8/31/1971)
- * Thai Air Force bases (1/9/1962 – 6/30/1976)
- * Laos (12/1/1965 – 9/30/1969)
- * Cambodia at Mimot or Krek (4/16/1969 – 4/30/1969)
- * Guam or American Samoa & territorial waters (1/9/1962 – 7/30/1980)
- * Johnson Atoll (1/1/1972 – 9/30/1977)
- * C-123 aircraft (1969 – 1986)

Camp Lejeune Contaminated Water

- Served at Camp Lejeune or MCAS New River for at least 30 cumulative days from August 1953 through December 1987.
- Adult Leukemia
 - Aplastic Anemia and other Myelodysplastic Syndromes
 - Bladder Cancer
 - Kidney Cancer
 - Liver Cancer
 - Multiple Myeloma
 - Non-Hodgkin’s Lymphoma
 - Parkinson’s Disease

