



Disabled American Veterans
 VA Regional Office ♦ JFK Federal Building ♦ Boston MA 02203
 617-303-5675

Building Better Lives for America's Disabled Veterans

Name:	Date:
Street Address:	Claim/File #
City, State, Zip Code:	SS#:
Telephone No.: Home: _____ Work: _____ Cell: _____	Birth Date:

DAV Member: Yes:_____ No:_____ LM# _____	Dependent Status: _____ Veteran _____ Veteran & Spouse _____ Veteran, Spouse & Children (# _____) (Please check accordingly)
E-Mail Address: _____	

Service Branch:	Enlistment Date:	Discharge Date:	POW: Yes _____ No _____
Service Connected Disability(ies):			Combined Disability: _____ %

Enrolled in E-Benefits? Yes or No

Enrolled in My-Healthy Vet? Yes or No

Why Are You Here Today? - please be specific:

For Office Use Only
Does DAV have POA?

ACTION:

DSO / CSO NAME: