

# Congressman Pete Sessions (TX-17)

## Veteran Affairs Intake Form

1. Veteran's full name:

2. Date of birth: (##/##/####)

3. Social Security Number:

4. Primary phone number:

5. Primary e-mail:

6. Secondary phone number:

7. Secondary e-mail:

8. Branch of service:

Army  Marines   
Air Force  Coast Guard   
Navy  Space Force

9. VBA case number, if any:

10. Dates of service: (##/##/####)

to

Other

11. Discharge type:

12a. Foreign service:

Yes

No

12b. Where and when:

13a. VA disability:

Yes  No

13b. Rating %

Any \_\_\_\_\_ Total  Permanent  UE \_\_\_\_\_

14. Are you enrolled in the VA Healthcare system? Yes  No

15. Do you use the following:

VA.gov  ID.me  DS logon

16. List any family living with you:

17a. Are you working now?

Yes  No

18b. If so, where?

19a. Have you filled out our privacy release form?

Yes  No

19b. If no, would you like us to send it to you via email? Yes  No

20. Please write a brief summary of your request:

Intake by: \_\_\_\_\_

Date: \_\_\_\_\_

VCIF 1/11/24