



PETE SESSIONS

U.S. CONGRESSMAN FOR TEXAS 17TH



Veterans Affairs Intake Form

Name: _____ DOB: ___/___/___ Last 4-SSN _____

Address: _____

Preferred Phone H/B/C _____ other H/B/C _____

Email _____@_____ or _____@_____

Branch of Service: Army__ Air Force__ Navy__ Marines__ Coast Guard__

Dates of service: _____ Discharge type: _____

Foreign Service: Y__ N__ Where with dates: _____

VA Disability Y__ N__ Rating%_____ T P other _____

Are you enrolled in the VA Healthcare system? Y__ N__

Do you use My Healthy Vet? __ ID.me? __ DS logon? __

Family living with you: _____

Are you working now? N__ Y__ where _____

Have you filled out our privacy release? Y__ No__ send TO you via email/USPS? __

Brief summary of request _____

Intake by :

Date:

VCIF 7/22
