VA BENEFITS & DISABILITY CLAIMS CLIENT INTAKE QUESTIONNAIRE:

DEADLINES: You generally have ONE YEAR from the date of a VA decision to file a Supplemental Claim, Higher-Level Review, or Board appeal and keep your original effective date. Never miss a C&P (compensation and pension) examination — missed exams are a common reason claims are denied. Send us every VA letter as soon as it arrives.

CONFIDENTIAL. This questionnaire covers VA disability compensation, increased ratings, effective dates and back pay, appeals, non-service-connected pension and Aid and Attendance, dependent and survivor benefits, and discharge upgrades. Please answer as completely as you can. If a question does not apply, write "N/A." If unknown, write "Unknown."

NAME OF THE CLIENT:

This form is completed by:

[__] The veteran [__] Surviving spouse / family member

[__] Caregiver / fiduciary helping the veteran

[__] Veteran's Full Legal Name: _____ Date of Birth: _____

VA file / claim number: _____ SSN (last 4): _____ Branch: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Syndicate Plan Member ID: _____ Your name / relationship (if not the veteran): _

Preferred method of contact:

[__] Phone [__] Text [__] Email [__] Mail

PART 1 — SERVICE HISTORY

Branch	Service Dates (from – to)	Rank at Discharge	MOS / Job	Character of Discharge

1.1 Discharge status:

[__] Honorable [__] General (under honorable)

[__] Other than honorable [__] Bad conduct

[__] Dishonorable [__] Uncharacterized

A discharge that is not honorable may still allow benefits in some cases, and discharge upgrades are possible. Ask us.

1.2 Did you serve in a combat zone or receive hostile fire / imminent danger pay? [__] Yes [__] No

Locations and dates of deployments: _____

1.3 Exposures or events:

[__] Burn pits / airborne hazards
[__] Agent Orange / herbicides
[__] Camp Lejeune water
[__] Radiation
[__] Gulf War illness
[__] Asbestos
[__] Contaminated water or chemicals
[__] Traumatic event / MST
[__] None known

1.4 Were you treated in service for the conditions you are claiming? [__] Yes [__] No

If yes, explain: _____

_____

1.5 Do you have your DD-214 and service treatment records? [__] Yes [__] No

PART 2 — WHAT YOU NEED

2.1 Check all that apply:

[__] File a new disability claim
[__] Increase an existing rating
[__] Correct an effective date / back pay
[__] Appeal a denial
[__] Secondary condition
[__] Unemployability (TDIU)
[__] Special monthly compensation (SMC)
[__] Non-service-connected pension
[__] Aid & Attendance / housebound
[__] Add or remove dependents
[__] Survivor benefits (DIC)
[__] Discharge upgrade
[__] Help gathering records
[__] Not sure — review my case

2.2 Deadline on your most recent VA letter: _____

PART 3 — CURRENT RATINGS & CLAIM STATUS

3.1 Current combined VA rating: _____ Effective date: _____ Monthly amount: $ _

3.2 Conditions Already Service-Connected:

Condition	Rating %	Effective Date	Do You Believe It Should Be Higher?

3.3 Conditions You Are Claiming (not yet granted):

Condition	When It Began	How It Relates to Service	Currently Treated By

3.4 Status:

[__] No claim filed yet
[__] Claim pending
[__] Denied — within the last year
[__] Denied — more than a year ago
[__] Higher-Level Review pending
[__] Supplemental Claim pending
[__] Board of Veterans Appeals
[__] Court (CAVC)

3.5 Date of the VA decision you disagree with: _____

3.6 What do you believe the VA got wrong (service connection, rating, effective date, ignored evidence)? ___

_____

_____

PART 4 — MEDICAL EVIDENCE

4.1 Treatment Providers:

Provider / VA Facility	Conditions Treated	City	Dates	Records Available?

4.2 Do you receive care at a VA medical center or clinic? [__] Yes [__] No

4.3 Have you attended a C&P examination? [__] Yes [__] No

Date and examiner's findings (if known): _____

4.4 Do you have a nexus letter or DBQ from a doctor? [__] Yes [__] No

4.5 Are there "buddy statements" or witnesses who can describe your symptoms or an in-service event?

[__] Yes [__] No

If yes, explain: _____

_____

4.6 How do your conditions affect your daily life and ability to work? _____

_____

_____

PART 5 — WORK, INCOME & DEPENDENTS

5.1 Work status:

[__] Working full-time [__] Working part-time

[__] Unable to work due to disability [__] Retired

[__] Student

Last date worked: _____ Occupation: _____

5.2 Household income (for pension / Aid & Attendance): $ _____ Net worth: $ _____

5.3 Dependents:

Name	Relationship	Date of Birth	Lives With You?

5.4 Do you receive Social Security disability or SSI? [__] Yes [__] No

For Social Security claims, please also complete our Social Security & Disability Benefits Intake Form.

5.5 Do you need help with daily activities, or live in a care facility? [__] Yes [__] No

PART 6 — REPRESENTATION

6.1 Do you have a VA-accredited representative now (VSO, agent, or attorney)? [__] Yes [__] No

Name / organization and date appointed: _____

6.2 Have you signed a VA power of attorney form (21-22 or 21-22a)? [__] Yes [__] No

6.3 Have you signed a fee agreement with anyone for VA work? [__] Yes [__] No

Only VA-accredited representatives may assist with preparing and presenting VA claims. Help with an INITIAL claim must be provided free of charge, and fees may generally be charged only after an initial decision has been issued and only under a fee agreement filed with the VA. We will explain who will be representing you and how fees work before anything is filed.

PART 7 — DOCUMENTS & AUTHORIZATION

Please provide copies of the following, if available. Check each item you are including.

[__] DD-214 / discharge papers [__] All VA decision letters & rating sheets

[__] VA claim confirmations [__] Service treatment records

[__] Private medical records [__] C&P exam reports

[__] Nexus letter / DBQ [__] Buddy / lay statements

[__] Award letters (Social Security, pension) [__] Marriage / birth certificates (dependents)

[__] I authorize Syndicate Subscription Legal Plans to request my military and medical records and to communicate with the Department of Veterans Affairs and my health care providers about my claim.

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of assisting with my VA benefits claim.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.