

Chapter 36 Veteran's Questionnaire
(If not enough space provided, write on back)

Name _____ Date _____

Address _____ Phone Number _____

_____ Last 4 digits of SS# _____

Do you plan to apply for a service-connected disability rating?

_____ yes _____ no

If your answer was yes, for what conditions? _____

Other: _____

Do you have any non-service-connected disabilities? _____ yes _____ no

If your answer was yes, describe those conditions: _____

On what date did you enter the military? _____

What branch? _____ **Current rank** _____

When do you expect to retire / leave the military? _____

Background Information:

Date of Birth _____ **Place of Birth** _____

Grew up in _____ **# of Brothers** _____

of Sisters _____ **Birth Order** _____ **Parents living?** _____

Raised by _____

Marital Status of Parents during childhood? _____

Father's Education _____ **Occupation** _____

Mother's Education _____ **Occupation** _____

Your Education prior to military service? _____

Education / Training during military service? _____

Work Experience prior to military _____

Work experience while in the military _____

Marital Status: S M D W

Spouse's employment and income _____

Children (ages and genders)_____

Your Current income \$_____ **per**_____

Your expected income upon military retirement_____ **per**_____

Other income_____ **from**_____

Home: Buying / renting / paid for / other_____

Planning to remain in area?_____ **Planning to relocate to**_____

Able to manage monthly expenses?_____

If not, please explain_____

Do your conditions interfere with work activities? ____ **yes** ____ **no**

If your answer was yes, please explain:_____

Would your condition(s) interfere with your ability to attend classes?__

If so, please explain:_____

Are you currently undergoing treatment? _____

If so, please explain:_____

Next appointment _____ Surgery? ____ yes ____ no

If so, dates and types: _____

In your estimation, how long can you comfortably: sit ____ stand _____

drive _____ walk ____ What is the heaviest object you can

comfortably lift? _____ Are you comfortable climbing steps? _____

Are you comfortable with picking up objects from the floor? _____

Vocational Interests:

What was your reason for seeking vocational counseling today? _____

Vocational goal: _____

Training desire: _____

Signature

Date