

Referral to the Veterans Service Office, County of Santa Cruz

842 Front Street Santa Cruz, CA 95060
Phone 831-454-7276 Fax 831-458-7116

Please Complete this questionnaire and **we will contact you to schedule a convenient time and date** for you to meet with a Veterans Service Representative.

Referral For:

Veteran Name _____

D.O.B _____ Social Security # _____

Telephone # _____ Address: _____

Branch of service: _____ what is your monthly income? _____

Dates of Active Duty from: _____ To _____

Do you have a DD-214 (Discharge document)? _____

Referred From: _____

Has the Veteran been to our office? Yes No

If so what Veterans Service Rep. has he or she worked with?

Lorena Vazquez Sheila Challberg Stephanie Dieguez other: _____

Reason for Referral: _____

***Circle the most appropriate:** Homeless Veteran DIC, Service Connected Death

Benefits Briefing Rating Increase Aid & Attendance Pension Burial Reimbursement

Request for DD214/Records VA Healthcare Disability Comp. Requesting Home Visit

Requesting Visit to Assisted Living Facility

Additional information you would like to add or request:

Please attach any and all supporting documents such as DD214, Claim forms, medical records etc... to better assist the Veteran.