

Veterans Assistance Commission of Kankakee County
 581 William Latham Dr. Suite 302 Bourbonnais, IL 60914

Registration Form

Veteran's General Information

Date: _____

Veteran's First, Middle, Last Name:			Date of Birth:		City & State of Birth:			
Social Security Number:		Street Address:			City:		State:	Zip Code:
Home Phone:			Cell Phone:		E-Mail Address:			
Single	Married	Separated	Divorced	Widowed	Civil Union	Race:		

Spouse's General Information

Spouse's First, Middle, Last Name:			Date of Birth:		City & State of Birth:		
Social Security Number:		Marriage Date:			City & State of Marriage:		
Divorce Date:		City & State of Divorce:			Death Date:		City & State of Death:

Enlistment Information

Air Force	Army	Navy	Marine Corps	Coast Guard	Merchant Marines	Army Air Corps	Reserve Forces	State National Guard	Space Force	
Date of Enlistment / Induction:				Date of Separation / Discharge:				Home of Record at Time of Entry (City/State)		

Type of Discharge

Honorable	Under Honorable Conditions	General	Un Characterized	Medical and/or Disability	Hardship	Other Than Honorable	Court Martial	Bad Conduct	Dis Honorable
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Non-Commissioned Service Member... Commissioned Officer... Original Service Number _____

Era

Peacetime	WW II	Korea	Vietnam	Persian Gulf	O E F Operation Enduring Freedom (Afghanistan)	O I F Operation Iraq Freedom (Iraq)	Other:
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VAC Questions & Services Requested

How did you hear about VAC Services?..... _____

Were you stationed at Camp Lejeune NC? If "Yes" When? _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Did you serve in the Republic of Vietnam? If "Yes" When? _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you receiving VA <u>Service Connected</u> Compensation Benefits? _____ %	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you receiving VA <u>Non-Service Connected</u> Compensation Benefits? \$ _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you receiving VA Healthcare Benefits?.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Mark All That Apply:

- | | |
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| <input type="checkbox"/> VA Claim Services | <input type="checkbox"/> Housing Assistance Referral |
| <input type="checkbox"/> General Information | <input type="checkbox"/> Apply for VA Healthcare Benefits |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Request/Order Service Documents |
| <input type="checkbox"/> Burial/Death Benefits | <input type="checkbox"/> Veterans Photo I.D. Card (DD214 Required) |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Other: _____ |