

Veterans Assistance Commission of Kankakee County
189 East Court Street, 4th Floor

Registration Form

Veteran's General Information

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	If you are an individual who is assisting a Veteran, Please provide your Name and Contact information below	
Name of Person Assisting Veteran:				Phone:		Relationship to Veteran:	

Military Service Information

Air Force	Army	Navy	Marine Corps	Coast Guard	Merchant Marines	Army Air Corps	Reserve Forces	Reserve Branch	State National Guard	State Served	
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? _____ Yes No

Did you serve in the Republic of Vietnam? If "Yes" When? _____ Yes No

Are you receiving VA Service Connected Compensation Benefits? _____ % Yes No

Are you receiving VA Non-Service Connected Compensation Benefits? \$ _____ Yes No

Are you receiving VA Healthcare Benefits?..... Yes No

Mark All That Apply:

- | | |
|--|--|
| <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: _____ |



Veterans Assistance Commission of Kankakee County

189 East Court Street, 4th Floor
Kankakee, Illinois 60901
Phone: 815-937-8489
Fax: 815-937-3655
www.k3countyvac.com

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I HEREBY AUTHORIZE ANY PERSON, Bank, Company, Corporation, Organizations, Federal or State Agency or Institution to furnish to the Veterans Assistance Commission of Kankakee County any request for information, relative to my accounts, deposits, investment, securities, wages, Social Security income, employment verification or business of any kind what-so-ever..

Release To: Veterans Assistance Commission of Kankakee County
189 East Court Street, 4th Floor
Kankakee, Illinois 60901
Phone: 815-937-8489
Fax: 815-937-3655
www.k3countyvac.com

Signature

SSN

Address

City, State, Zip

Date

VAC DVA CLAIM CONSENT

(This disclaimer is to be included in the applicants DVA claim file.)

I hereby certify that I have requested the Veterans Assistance Commission of Kankakee County (VAC) to assist in the preparation of my Department of Veterans Affairs (DVA) claim and that all services provided to me are at no charge. I confirm that I am under no obligation to utilize their services and that I have the right to withdraw and be directed to alternate sources of claim assistance should I choose. I also agree that the VAC may withdraw as my representative should I fail to disclose all applicable information pertaining to the required data for my DVA claim especially, the information listed on page 4 of the instructions for the new VA 21-526 regarding my net worth, and all financial transactions that involves the transfer of any of my assets that occurred prior to the date of my claim application. I attest to the fact that I have assured the VAC service officer that all of the required information I provide on behalf of my DVA claim is accurate and complete to the best of my knowledge.

I further certify that I have requested the VAC to act as my advisor and my representative. I accept the fact that they will submit all of the required documentation to the DVA on my behalf. I also comprehend that the DVA is the agency that will adjudicate my claim. The VAC does not locally determine my eligibility or entitlement to DVA benefits.

And, finally, I declare that I will release the VAC, its employees, and the County of Kankakee from any and all liabilities that may result because my claim was fraudulent, incomplete, or was subject to my intentional omissions.

Applicants Signed Consent

Date

Signature of VAC Veteran Service Officer

Date

Disposition of Records

In my dealings with Veterans Assistance Commission of Kankakee County [VAC], my paper file may consist of many documents that have been accumulated over the years such as; military records, VA Claim documents, pertinent military and civilian medical records, and a VAC Veterans Assistance Claim.

Therefore, upon my death, I _____ authorize the VAC the right to dispose of these paper records in the manner of my choosing as indicated below:

Contact my living spouse or heirs and permit them the option to claim the records or order the complete destruction of the of my entire file(s).

Following my death, if my file has had no claim activity for five (5) years and no spouse or heirs can be found, then I authorize the destruction of my file by the VAC.

Signature of the veteran, legal spouse, legal civil partner, or designated POA

Date

Signature of VAC Veteran Service Officer

Date

Veterans Assistance Commission of Kankakee County Fraud & HIPPA Confirmation

Introduction:

Before signing any section of this form, please understand that the Veterans Assistance Commission of Kankakee County provides a valuable service to veterans, widows of veterans, and specified dependents of veterans. Abuse of any services provided by this office, fraudulent applications, or physically abuse toward staff members will not be tolerated and could result in prosecution.

Fraud:

I (we) fully understand that failure to provide documentation pertaining to proof of veteran status and failure to disclose all applicable information pertaining to sources of income, expenses, and other data requested by the Veterans Assistance Commission of Kankakee County, or as may be required by Illinois or Federal laws, or the requirements of the U.S. Department of Veterans Affairs could delay a VA claim and could result in the denial of a VAC Veteran's Assistance claim. I (we) fully understand that it is unlawful to impersonate a veteran for personal gain. Fraudulent claims or impersonating a veteran, widow, or dependent will result in civil and criminal prosecution charges being filed by this office with the States Attorney of Kankakee County.

Therefore, I (we) certify that all of the documentation and information provided is true and correct. By signing this form, I (we) authorize the Veterans Assistance Commission of Kankakee County to complete a verification process in order to confirm the accuracy of the information and/or documentation presented. If a claim is dismissed due to false information or fraudulent documentation, I (we) agree to hold the Veterans Assistance Commission of Kankakee County free of all liabilities for this claim. Additionally, it is understood that a copy of this claim application and/or any information resulting from the verification process shall be furnished upon request.

Signature of Applicant/Claimant

Signature of Spouse/Legal Civil Patner/POA/Witness (if applicable)

HIPPA Authorization Regarding Confidential Health Information

I consent to allow the office of the Veterans Assistance Commission of Kankakee County (VAC) to release confidential information regarding my medical condition and current medications. This limited power of attorney conforms to the current Hipaa Laws. I further authorize the VAC to maintain a file of military and civilian medical records that are pertinent to my VA Claim.

Signature of Applicant/Claimant

Signature of Spouse/Legal Civil Patner/POA/Witness (if applicable)