



County of Yolo
Veterans Service Office
120 W. Main St, Ste A
Woodland, CA 95695

CLIENT INFORMATION SHEET
AID & ATTENDANCE AND/OR HOUSEBOUND

Veterans Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Date of Birth: / /
Place of Birth: _____ State: _____ Veteran's Maiden Name: _____
Social Security #: _____ C#: _____
Date of Death: / / Telephone #: _____

MILITARY DATA SHEET

Date of Entry: / / City: _____ State: _____
Discharge Date: / / City: _____ State: _____
Branch of Service: (circle one) USA USN USAF USMC USCG
Service# _____ Type of Release: _____ Rank: _____

DEPENDENTS

Marital Status: (circle one): Single Married Divorce Widow
Name: _____ Maiden Name: _____
Date of Birth: / / Social Security Number: _____
Date of Marriage: / / City of Marriage: _____ State _____
Date of Death: / / Surviving Spouse: (circle one) Yes No

PREVIOUS CLAIMS

- 1) Have you ever filed a claim with VA? Yes No Compensation Pension
- 2) Did you serve under a different name? _____
- 3) Are you receiving disability benefits from the Office of Workers Compensation?
- 4) What is the name of the nearest relative or other person we could contact if necessary? _____
- 5) What is their address: _____ City _____ State _____ Zip _____
- 6) How is the person related to you? _____

Thank you for your time and attention in filing out this form. The accurate information contained within will help expedite your claim.

Please feel free to contact your Veterans Representative at (530) 406-4850 with any questions you may have regarding this form.