

Section II: Veteran's Contact Information

2. Veteran's Contact Information

Mailing Address Apt/Unit: A-3
Mailing Address City: ThisIsAReallyLongCityName
Mailing Address Number And Street: 123 8th st
International Phone Number: 001-555-123-4567-8910
Veteran's E-Mail Address: test@example.com

Section III: Veteran's Service Information

3. Veteran's Service Information*Other service name 1*

Other First Name: Joseph
Other Last Name: Doe

Other service name 2

Other First Name: Jarrod
Other Last Name: Doe

Section IV: Pension Information

4. VA Medical Centers*VA medical center 1*

Dallas Fort Worth VA Medical Center

4. Federal Medical Facilities*Federal medical facility 1*

Memphis Health Care

Federal medical facility 2

Nashville Health Care

Section V: Employment History

5. Employment History*Current job 1*

How Many Hours Per Week 20
Do You Average:
What Kind Of Work Are You Customer service
Currently Doing:

Current job 2

How Many Hours Per Week 20
Do You Average:
What Kind Of Work Are You Customer service
Currently Doing:

Section VIII: Dependent Children

8. Dependent Children*Child 1*

Child's Name: Emily Anne Doe
Child's Date Of Birth: 03-03-2000
Child's Place Of Birth: Tallahassee, FL
Child's Social Security 333224444
Number:
Child's Status: Biological, previously married, does not live with you but contributes
Annual Contribution To Child:\$3,444.00

Child 2

Child's Name: Bobby Nolan Doe
Child's Date Of Birth: 09-22-2005
Child's Place Of Birth: Troy, MT
Child's Social Security 333224444
Number:
Child's Status: Adopted, 18-23 years old (in school)

Child 3

Child's Name: Jack Sawyer Doe
Child's Date Of Birth: 04-01-2010
Child's Place Of Birth: Troy, MT
Child's Social Security Number: 333224444
Child's Status: Biological, seriously disabled
Annual Contribution To Child:\$2,300.00

Child 4

Child's Name: Sam Jason Doe
Child's Date Of Birth: 06-29-2020
Child's Place Of Birth: Portland, ME
Child's Social Security Number: 122222222
Child's Status: Adopted
Annual Contribution To Child:\$3,300.00

Section IX: Income and Assets

9. Income and Assets

Income source 1

Payment Recipient: Veteran
Income Type: Social security
Payer Name: John Doe
Current Gross Monthly Income: \$278.05

Income source 2

Payment Recipient: Veteran
Income Type: Interest dividend
Payer Name: John Doe
Current Gross Monthly Income: \$78.50

Income source 3

Payment Recipient: Spouse
Income Type: Other
Other Income Type part-time Uber
Explanation:
Payer Name: John Doe
Current Gross Monthly Income: \$278.99

Income source 4

Payment Recipient: Spouse
Income Type: Other
Other Income Type full time job
Explanation:
Payer Name: John Doe
Current Gross Monthly Income: \$3,278.75

Income source 5

Payment Recipient: Veteran
Income Type: Pension retirement
Payer Name: John Doe
Current Gross Monthly Income: \$55.27

Section X: Care/Medical Expenses**10. Care Expenses***Care expense 1*

Care Expense Payment Amount: \$2,500.00
Care Expense Payment Frequency: ONCE_MONTH
Care Expense Provider Name: NYC Care Provider Family Medical Facility
Care Expense Rate Per Hour: \$100.00
Care Expense Recipient: Veteran
Care Type: Care facility
Date Range Care Received: 08-01-2020 - 05-25-2023
Provider Hours Worked Per Week: 20

Care expense 2

Care Expense Payment Amount: \$1,500.00
Care Expense Payment Frequency: ONCE_MONTH
Care Expense Provider Name: MA Care Provider
Care Expense Rate Per Hour: \$150.00
Care Expense Recipient: Spouse
Care Type: In home care provider
Date Range Care Received: 08-01-2021 - 05-25-2022
Provider Hours Worked Per Week: 15

Care expense 3

Care Expense Child Name: Joe Doe
Care Expense Payment Amount: \$22,500.00
Care Expense Payment Frequency: ONCE_YEAR
Care Expense Provider Name: LA Care Provider
Care Expense Rate Per Hour: \$200.00
Care Expense Recipient: Dependent
Care Type: Care facility
Date Range Care Received: 08-01-2020 - No End Date
Provider Hours Worked Per Week: 10

10. Medical Expenses*Medical expense 1*

Medical Expense Payment Amount: \$10,000.00
Medical Expense Payment Date: 03-15-2020
Medical Expense Payment Frequency: ONE_TIME
Medical Expense Provider Name: Funeral Home
Medical Expense Purpose: Burial expenses
Medical Expense Recipient: Veteran

Medical expense 2

Medical Expense Child Name: Joe Doe

Medical Expense Payment \$10,000.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONE_TIME

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical expenses

Medical Expense Recipient: Dependent

Medical expense 3

Medical Expense Payment \$500.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONCE_MONTH

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical expenses

Medical Expense Recipient: Spouse

Medical expense 4

Medical Expense Child Name: Joe Doe

Medical Expense Payment \$5,000.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONCE_YEAR

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical expenses

Medical Expense Recipient: Dependent

Medical expense 5

Medical Expense Payment \$200.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONCE_MONTH

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical expenses

Medical Expense Recipient: Spouse

Medical expense 6

Medical Expense Child Name: Joe Doe

Medical Expense Payment \$100.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONE_TIME

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical fee

Medical Expense Recipient: Dependent

Medical expense 7

Medical Expense Child Name: Jack Doe

Medical Expense Payment \$150.00

Amount:

Medical Expense Payment 07-01-2023

Date:

Medical Expense Payment ONE_TIME

Frequency:

Medical Expense Provider Health Provider

Name:

Medical Expense Purpose: Medical fee

Medical Expense Recipient: Dependent