

C&P GARAGE, LLC, NON-PROFIT
PLEASE ALLOW 2 WEEKS TO GET THE PAPERWORK BACK TO YOU

NAME: _____ PRIOR NAME, IF ANY: _____

SOCIAL SECURITY NUMBER: _____ BIRTHDAY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ ENTRANCE DATE: _____

ETS () RETIRE () TDRL () PDRL () DATE: _____

BRANCH OF SERVICE: _____ LAST DUTY STATION: _____

ACTIVE () RESERVES () NATIONAL GUARD () MOS/JOB: _____

VA DISABILITY %, IF ANY: _____

IF YOU HAVE A COPY OF WHAT YOU ARE RATED FOR, PLEASE ATTACH

DID YOU DEPLOY TO A COMBAT AREA: _____

IF, YES TO WHERE: _____ AND WHEN: _____

IF YOU HAVE A RATING AND DON'T HAVE A COPY OF THE RATING, LIST THE

DISABILITIES AND THE RATING THAT YOU HAVE:

1. _____ 11. _____

2. _____ 12. _____

3. _____ 13. _____

4. _____ 14. _____

5. _____ 15. _____

6. _____ 16. _____

7. _____ 17. _____

8. _____ 18. _____

9. _____ 19. _____

10. _____ 20. _____

WHAT VA CLINICS OR HOSPITALS ARE YOU BEING SEEN AT:

- 1. _____ DATES: _____
- 2. _____ DATES: _____
- 3. _____ DATES: _____
- 4. _____ DATES: _____

LIST ALL THE DISABILITIES THAT YOU DENIED AND WHAT WAS THE DATES:

- 1. _____ 11. _____
- 2. _____ 12. _____
- 3. _____ 13. _____
- 4. _____ 14. _____
- 5. _____ 15. _____
- 6. _____ 16. _____
- 7. _____ 17. _____
- 8. _____ 18. _____
- 9. _____ 19. _____
- 10. _____ 20. _____

IF THIS IS YOUR FIRST CLAIM, THE PAYMENTS ARE GOING TO BE DIRECT DEPOSIT:

NAME OF BANK: _____ CHECKING () SAVINGS ()

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

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