



Veterans Services Office



Celestina Traver, M.A.
Veterans Service Officer

1855 Shasta Street
Redding, CA 96001
Phone: (530) 225-5616
Fax: (530) 245-6454

COMPENSATION CHECK LIST

Veteran Name: _____

Spouse Name: _____

CHECKLIST OF SUPPORTING DOCUMENTATION

_____ Discharge Papers or DD-214) Original or Certified copy)

_____ SSN for both Veterans and Spouse

_____ If Married: Copy of Current Marriage Certificate / **all** past Divorce Papers and/ or Death

_____ Dependents under 18 or attending college: Copy of Birth Certificate and SSN's

_____ All Civilian medical reports of all possible service connected disabilities filling for

_____ If you see any VA Clinic / Hospital a copy of your diagnoses is needed

_____ Direct Deposit Information: Routing Number: _____

Account Number: _____

Bank Name: _____

***When you return to the office expect to sit down with your Vet Rep to complete needed DVA forms**



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