



VETERANS SERVICES OFFICE



COMPENSATION CHECK LIST

Celestina Traver, M.A.
Veterans Service Officer

Veteran Name: _____

Spouse Name: _____

CHECKLIST OF SUPPORTING DOCUMENTATION

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

_____ SSN for both Veteran, Spouse and Children

_____ If Married: Copy of Current Marriage Certificate / **all** past Divorce Document(s) **and/or** Death Certificate(s)

_____ Dependents under 18 **or** over 18 & attending college: Copy of Birth Certificate

_____ All Civilian progress note of your diagnoses are needed

_____ 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 VBA forms**