**DIC COMPENSATION INTAKE QUESTIONNAIRE**

*Please answer* ***all*** *questions – if not applicable indicate with “N/A”*

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Veteran: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veteran’s Social security number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s social security number: \_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_**

**Relationship to veteran: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( ) Mailing address is same as above**

**Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell/work/home)**

**Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell/work/home)**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have dependents? Y/N If yes, how many? \_\_\_\_\_\_\_ Please list below:**

**Name Date of Birth Social Security # relationship to vet**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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You must furnish complete information about ***ALL*** marriages of thesurviving spouse **and** the veteran- this includes date and place of marriage, type of marriage, date and place marriage ended and how marriage ended.

* Was the Veteran’s death due to his/her service-connected disability-principal or contributory cause? **Y/N**
* Do you have a copy of the death certificate? **Y/N**
* Were you married to the Veteran for at least one year? **Y/N**
* Do you have a copy of your marriage certificate? **Y/N**
* Do you have a copy of the veterans DD 214? **Y/N**
* Did you have child(ren) with the Veteran? **Y/N**
* Are you remarried? **Y/N** *(remarries on or after December 16, 2003, and on or after attaining age 57, is entitled to receive DIC.)*
* Were you married to the veteran at the time of his/her death **and** lived with the veteran throughout the marriage? **Y/N**
* Were you and the veteran separated at the time of his/her death? **Y/N**
* If yes, did the veteran provide reasonable support? **Y/N**
* Was the separation caused by the misconduct of the veteran, such as spousal abuse? **Y/N**
* Was the separation without fault on the part of the spouse? **Y/N**
* At the time of Veteran’s death, was the veteran receiving or entitled to receive 100 percent service-connected benefits or Total Disability Individual Unemployability? **Y/N**
* Was the Veteran rated 100% disabled continuously for 10 years+ before his death? **Y/N**
* Did the Veteran have the disability since being released from active duty and for at least five years preceding death? **Y/N**
* Was the Veteran a POW, had the disability for at least one year and died after September 30, 1999? **Y/N**

*Claims received within one year of the date of the veteran’s death will be paid as of the month of the veteran’s death – any after will be paid as of the date of the claim.*

**FOR CHILD:**

* Is the child a legitimate child, an illegitimate child, a legally adopted child, or a stepchild who joined the family before reaching the age of 18? Y/N
* Was the child a member of the household at the time of the veteran’s death? Y/N
* Is the child unmarried? Y/N
* Is the child currently under 18 years of age? Y/N
* Is the child become permanently incapable of self-support before age 18? Y/N
* Is the child currently between the ages of 18 and 23 and pursuing a course of instruction at an educational institution? Y/N