

# Chester County Veterans Program Eligibility Questionnaire

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last 4 #'s of Social Security: \_\_\_\_\_

- In which Branch(es) of the Armed Forces did you serve?  
 Army (including Army National Guard or Reserve)  
 Navy (including Reserve)  
 Marine Corps (including Reserve)  
 Air Force (including Air National Guard and Reserve)  
 Coast Guard (including Reserve)  
 Other – Specify \_\_\_\_\_
- When did you first enter the Armed Forces?  
Month: \_\_\_\_\_ Year: \_\_\_\_\_
- When were you last discharged?  
Month: \_\_\_\_\_ Year: \_\_\_\_\_
- Altogether, how much time did you serve in the Armed Forces?  
# of Years \_\_\_\_\_ # of Months \_\_\_\_\_ # of Days \_\_\_\_\_
- Have you ever served in any capacity in a combat zone or theater?  
 Yes  No
- What type of Discharge did you receive?  
 Honorable  Dishonorable  
 General  Other- Specify \_\_\_\_\_  
 Other than Honorable
- Have you ever received services at the VA Hospital?  
 Yes  No
- Do you have a copy of your DD Form 214?  
 Yes  No

I hereby authorize the Chester County Bail & Pretrial Services Agency to release the following information to the Department of Veterans Affairs:

Veterans Eligibility Questionnaire  
Chester County Bail Information Sheet

This information is needed to determine my eligibility for consideration for the Chester County Veterans Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Verbal Consent given to Release Information during phone interview on \_\_\_\_\_.



Return this completed form and Release 10-5345 to The Chester County Bail and Pretrial Services Agency  
201 West Market Street PO Box 2746 West Chester, PA 19380 Phone: 610-344-6886 / Fax: 610-344-6524