JOHN ARBOGAST STEVE OBLENDER JOHN COOK JERRY HUFFMAN DONOVAN PLATTE

HURON COUNTY VETERANS SERVICE COMMISSION HURON COUNTY VETERANS SERVICE OFFICE

130 SHADY LANE DRIVE NORWALK, OHIO 44857 PHONE (419)668-4150 FAX (419) 663-6215

DIRECTOR
SERVICE OFFICER
MATTHEW R. RAYMOND
veteranservice2014@gmail.com

Date.

SERVICE OFFICER ROBERT F. WARD hcovso@gmail.com

VETERAN SERVICE COMMISSION

VETERAN CLAIMS CHECKLIST

Applying for Veteran Benefits is ALWAYS free.

Veteran Name:	Phone Number:
Claim Type:	
Thank yo	u for contacting Huron County Veteran Services. Please bring with you the items checked your claim can be processed completely and efficiently.
□ Milita	ary Discharge Document - DD214, WD AGO or NavPers (Original if available)
etc.) □ Death □ Vet, s	age License and information on all prior marriages (divorce decrees, annulments Certificate of Veteran pouse and dependent's social security numbers and dates of birth: Include birth tes for children under the age of 18 and 18-23 yrs old that are full time students.
depende	de verification of all monthly household income for veteran, spouse, and ent's including income from employment, retirement pension, Social Security, l annuities, rental income, etc.
	of net worth from all assets to include: financial statements such as checking/saving salong with interest earned on all assets.
- To inc whether	ted Living/ Nursing Home Letter (Aid and Attendance) lude date veteran/widow became a resident/patient and cost of care. Indicate or not cost is covered by Medicaid and if facility provides assistance with es of Daily Living (ADLs).
	on-reimbursable monthly medical payments such as assisted living, nursing nedical insurance premiums, prescriptions, and doctor co-pays for veteran and
☐ Final pension)	paid expenses of the Veteran including funeral and medical bills. (Widows
Nursing	orm 2680 Request for Aid and Attendance □ VA Form 21-0779 Request for Home Care □ Home Healthcare Affidavit t Deposit Information (ex. voided check)