

Veteran First Meeting Intake Form

Each One Teach 1 Inc.

Conversational intake, evidence inventory, and next-step plan

Purpose. Use this form during the first meet and greet to learn the veteran's story, identify urgent deadlines, organize potential conditions and evidence, and prepare a responsible referral or action plan. Ask naturally; do not read it like an interrogation.

Veteran preferred name

Name they want us to use

Meeting date

MM / DD / YYYY

Interviewer

Name and role

Please bring your DD-214. It helps confirm service dates, branch, character of discharge, MOS or specialty, awards, deployments, and other details you may not remember. If you served more than once, in the Guard or Reserve, or under different names, bring every DD-214, NGB-22, separation record, and available orders. Bring copies when possible; keep your original.

What to Bring to the First Meeting

☐ DD-214, NGB-22, separation documents, and relevant orders

☐ Upcoming C&P exam letters, proposed reduction letters, and any document with a deadline

☐ Service treatment records, personnel records, deployment records, profiles, or line-of-duty reports in your possession

☐ Names and contact information for people who witnessed the event or changes in your health

☐ Marriage, divorce, birth, adoption, and dependent-school records only if dependency benefits may be involved

☐ All VA decision letters, rating code sheets, Statements of the Case, and appeal notices

☐ Current medication list and names of VA, military, and private medical facilities

☐ Relevant civilian medical records, test results, surgery reports, imaging, sleep study, audiogram, or mental-health records

☐ Employer records showing absences, accommodations, reduced duties, discipline, or job loss, if relevant

☐ A written list of every health condition you believe began in service, worsened in service, or was caused or aggravated by another service-connected condition

Important Privacy and Role Notice

Do not write a full Social Security number on this intake form. Use only the last four digits if a verified VA or benefits form later requires them. Each One Teach 1 Inc. helps organize information and evidence. Unless the person assisting you is VA-accredited, this meeting is not legal representation and no benefit, rating, effective date, or outcome can be guaranteed.

1 Contact and Communication

Legal name <i>As shown on records</i> 		Preferred name <i>If different</i> 	
Date of birth <i>MM / DD / YYYY</i> 	Pronouns <i>Optional</i> 		Last 4 of SSN <i>Only if needed</i>
Phone <i>Best number</i> 		Email <i>Best email</i> 	

Mailing address

Safe contact instructions *Best time, voicemail/text permission, or information we should not leave in a message*

Emergency contact *Name, relationship, phone; optional*

Accessibility or meeting needs *Interpreter, hearing, vision, mobility, reading, memory, transportation, support person, trauma-informed pacing*

2 Immediate Needs and Deadline Screen

Start here. Before discussing the full story, ask whether anything is due soon. Record the exact date from the letter, not from memory.

- ☐ VA filing or appeal deadline Date / details:
- ☐ C&P examination scheduled Date / details:
- ☐ Proposed rating reduction or severance Date / details:
- ☐ Pending discharge upgrade or records correction Date / details:
- ☐ Homelessness or risk of homelessness Date / details:
- ☐ Terminal illness or serious financial hardship Date / details:
- ☐ Unemployed or unable to work because of disabilities Date / details:
- ☐ Recent hospitalization or urgent health concern Date / details:
- ☐ Current safety concern or thoughts of self-harm or harming others Date / details:

Most urgent need today

Safety protocol. If the veteran reports an immediate threat to life or safety, pause the intake and contact emergency services. For a U.S. veteran in crisis, call 988 and press 1, text 838255, or use the Veterans Crisis Line chat. Do not leave the person alone when an immediate risk is present.

3 Representation and Current VA Claim Status

- ☐ No current representative
- ☐ Accredited VSO
- ☐ VA-accredited claims agent
- ☐ VA-accredited attorney
- ☐ Not sure

Representative or organization

Representative phone	Representative email

Current claims, supplemental claims, Higher-Level Reviews, Board appeals, or Court matters

Date VA received the most recent claim or intent to file

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Latest decision date and issues decided

Known deadline and source document

Upcoming C&P exams *Date, location, condition, contractor or VA facility*

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Current Service Connected Ratings

Condition	Percent	Effective date	Static / future exam / unknown	Notes

Combined rating and effective date, if known

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Prior denied conditions and denial reasons, if known

4 Military Service Snapshot

Use the DD-214 and other separation records to verify this section. If the veteran does not remember exact dates, write an approximate month and year and mark it as approximate. Do not guess.

Branch <i>Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force</i> 		Component <i>Active, Guard, Reserve</i> 	
Entry date 	Separation date 		Character of discharge

MOS, rate, AFSC, NEC, or military specialty

Units and major commands

Duty stations *Base, installation, ship, country, and approximate dates*

Deployments or temporary duty *Location, dates, mission, unit, and type of orders*

Combat, hostile fire, imminent danger, or special duty indicators

Awards, badges, medals, qualifications, or decorations relevant to the claim

Guard and Reserve service *Unit, dates, ACDUTRA or INACDUTRA status, orders, and line-of-duty determinations*

Different names or service numbers used in records

5 Health Condition Inventory

Ask broadly. List diagnosed conditions and persistent or recurring symptoms, including conditions the veteran thinks were caused or aggravated by another service-connected condition. Do not diagnose; use the veteran’s words.

Condition or symptom	First noticed	Diagnosis / facility	How linked to service	Currently rated?	Priority

Whole Person Symptom Prompts

☐ Headaches, dizziness, fainting, memory, concentration, seizures, nerve symptoms	☐ PTSD, anxiety, depression, sleep, panic, anger, isolation, substance use, eating changes
☐ Hearing loss, tinnitus, vision, sinus, rhinitis, breathing, asthma, chronic cough	☐ Neck, back, shoulders, arms, hands, hips, knees, ankles, feet, scars, painful motion
☐ Heart, blood pressure, circulation, blood disorders, fatigue, endocrine or metabolic symptoms	☐ Digestive, liver, kidney, urinary, reproductive, skin, autoimmune, cancer, infectious disease
☐ Sleep apnea symptoms, CPAP use, snoring, witnessed breathing pauses, daytime sleepiness	☐ Secondary effects: medication side effects, falls, altered gait, weight change, or one condition worsening another

6 Condition Detail Worksheet

Complete one copy for each priority condition. Capture facts in the veteran’s own words. Exact dates are helpful, but an honest approximate date is better than a guess.

Condition or symptom

- ☐ Direct event or injury
- ☐ Presumptive condition
- ☐ Secondary to another condition
- ☐ Aggravated by service or another condition
- ☐ Theory not yet known

What happened in service *Event, injury, illness, exposure, duty, location, date, and who was present*

Was it reported or treated *Sick call, clinic, hospital, incident report, LOD, profile, police report, or reason it was not reported*

When symptoms began and what changed afterward

Diagnosis, date, and diagnosing clinician or facility

Treatment history *Medication, therapy, surgery, devices, urgent care, hospitalization, tests, and treatment gaps*

Condition Detail Continued

Frequency <i>How often</i> 	Severity <i>How intense</i> 	Duration <i>How long each episode lasts</i>
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Symptoms in the veteran’s own words

Triggers, flare-ups, good days and bad days

Functional impact *Walking, standing, lifting, sitting, driving, dressing, bathing, cooking, chores, sleep, concentration, relationships, recreation, or safety*

Work impact *Absences, reduced hours, accommodations, errors, conflict, discipline, job changes, or unemployment*

Witnesses *Name, relationship, what they personally observed, approximate dates, contact information*

Best supporting records

Evidence gaps and next action

7 Event and Toxic Exposure Interview

Do not assume exposure or causation. Record the veteran’s actual duties, places, dates, duration, frequency, distance, protective equipment, symptoms, and available records. Medical causation must come from competent evidence.

☐ Burn pits or smoke	☐ Dust or particulate matter	☐ Oil-well fires
☐ Fuels or jet fuel	☐ Solvents or degreasers	☐ Pesticides or herbicides
☐ Agent Orange or other herbicides	☐ Asbestos	☐ Lead or heavy metals
☐ PFAS or firefighting foam	☐ Contaminated water	☐ Camp Lejeune water
☐ Radiation	☐ Mustard gas or lewisite	☐ Depleted uranium
☐ Industrial chemicals	☐ Chemical or biological alarms	☐ Occupational noise
☐ Blast or pressure waves	☐ Extreme heat or cold	☐ Vaccination reaction
☐ Other		

Exposure details Substance or hazard, job task, location, dates, frequency, duration, distance, PPE, symptoms, witnesses

Records that may verify exposure Orders, MOS, evaluations, logs, photos, deployment assessments, registry, ILER, TERA screening, POEMS

Vaccines and reactions, if relevant Vaccine, approximate date, shot record or lot card, immediate reaction, treatment, and follow-up

Post-service occupational, environmental, or recreational exposures

8 Medical Care and Records Map

Facility or clinician	VA / military / private	City and state	Approx. dates	Condition treated	Records available?

Current medications and side effects

Surgeries, hospitalizations, ER visits, or major tests

Treatment gaps and truthful reason Access, cost, transportation, stigma, self-treatment, deployment, incarceration, records loss, or other reason

9 Work, Education, and Daily Function

Current employment status <i>Full time, part time, unemployed, retired, self-employed</i> 	Last date worked <i>If not working</i>
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Current or last employer and job duties

How conditions affect reliability, attendance, productivity, safety, or coworkers

Accommodations, FMLA, workers compensation, Social Security, vocational rehabilitation, or school support

Highest education and training

10 Family, Dependents, Housing, and Benefits Context

Collect only what is relevant. Dependency and hardship facts can affect benefits administration, but sensitive documents should be requested only when needed for a specific action.

- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed
- ☐ Never married
- ☐ Dependent children
- ☐ Dependent parents
- ☐ Child age 18-23 in school
- ☐ Special-needs dependent

Spouse and dependent names, relationship, and dates only if relevant

Housing status and immediate stability concerns

Income interruption, utilities, food, transportation, or other hardship

Other benefits or programs involved *Social Security, Medicaid/Medicare, pension, caregiver, education, VR&E, housing, burial, state benefits*

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11 Evidence Inventory

Military	Medical	Functional and lay
☐ DD-214 / NGB-22 ☐ Personnel file / OMPF ☐ Service treatment records ☐ Inpatient clinical records ☐ Orders / awards ☐ Profiles / LOD ☐ Immunization record ☐ Deployment assessments ☐ Unit / ship / flight / incident logs	☐ VA treatment records ☐ Community care ☐ Private primary care ☐ Specialists ☐ ER / hospital ☐ Imaging / labs / tests ☐ Medication history ☐ Mental-health records ☐ Physical therapy ☐ Occupational health ☐ Social Security records	☐ Personal statement ☐ Spouse / family statement ☐ Buddy / unit statement ☐ Coworker / supervisor statement ☐ Attendance / discipline ☐ Accommodation / FMLA ☐ Earnings history ☐ Symptom log ☐ Photos / letters / emails ☐ Police / accident report ☐ Prior decisions / C&P exams

12 Witness and Buddy Lead Sheet

Name	Relationship / unit	What they observed	Approx. dates	Phone / email	Permission to contact

13 Document Handling Permission

Read before signing. This permission defines what Each One Teach 1 Inc. may do for organizational support. It is not a VA appointment of representative, a medical release, or permission to file or sign a claim for the veteran.

- ☐ I authorize EOT1 staff to receive copies of documents that I voluntarily provide.
- ☐ I authorize EOT1 staff to organize, index, scan, and securely store copies for the purpose described below.
- ☐ I authorize EOT1 staff to draft summaries, timelines, checklists, and statement outlines for my review.
- ☐ I authorize EOT1 staff to share identified documents with the VA-accredited representative named below.
- ☐ I do not authorize EOT1 to share my information outside the permissions written here.

Authorized purpose and limits

Authorized accredited representative or recipient *Name, organization, secure contact method*

Permission starts	Permission ends	Veteran initials
<i>Date</i>	<i>Date or event</i>	

Revocation instructions *The veteran may revoke permission in writing, subject to records already lawfully shared.*

Veteran Acknowledgment

I certify that the information I provided is true and complete to the best of my knowledge. I understand that EOT1 is helping me organize information and evidence and does not guarantee an award. I understand that representation before VA requires a properly accredited representative.

Veteran signature	Date	Interviewer signature

14 Staff Case Snapshot and Next Step Plan

Staff use. Separate verified facts from the veteran’s recollection and from items that still need confirmation. Never label a theory or exposure as verified without supporting evidence.

Veteran’s main goals

Verified service facts

Potential claim lanes to screen *Direct, presumptive, secondary, aggravation, increase, TDIU, dependency, pension, ancillary benefits*

Urgent deadlines or appointments

Critical evidence gaps

Accreditation or legal referral needed

Action	Owner	Due date	Status	Completed / notes

Quality Check Before the Veteran Leaves

☐ We photographed or copied urgent letters and recorded exact deadlines.

- ☐ We confirmed safe contact instructions and accessibility needs.
- ☐ We identified every period and component of service and requested all separation records.
- ☐ We listed every condition and selected priority condition worksheets.
- ☐ We recorded care locations, witnesses, exposures, work impact, and evidence gaps.
- ☐ We explained privacy boundaries and did not retain unnecessary originals.
- ☐ We identified whether a VA-accredited representative must be involved.
- ☐ The veteran received a written next-step list with owners and due dates.

First Follow Up

Date and time 	Method <i>In person / phone / video</i> 	Assigned staff
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Documents veteran will bring or send

Documents EOT1 will help organize or request