

Dependency and Indemnity Compensation (DIC) Intake Form

You may be entitled to dependency and indemnity compensation (DIC), which is a monthly payment that is available to eligible surviving spouses, children or dependent parents when the VA determines that the veteran's death was service connected or when the veteran maintained a total disability rating for a required period of time prior to death. The following questions will help you and your advocate organize the information you need to apply for benefits. If additional room is needed to complete an answer, please attach a separate piece of paper. Do not send this form to the VA; give it to your accredited service officer.

Date _____

(1) Name of veteran: _____
First MiddleLast

(2) Name used in service if different: _____

(3) Name of Applicant:

First MiddleLast

(4) Relationship to veteran: _____

(5) Address: _____
Number Street Apt. No.

City State Zip Code

(6) Mailing address: _____
Number Street Apt. No.

City State Zip Code

(7) Telephone:
Home () _____
Work () _____

(8) Date of birth: ___ / ___ / ___
Month Day Year

(9) Social Security number: ___ - ___ - ___

(10) Single() Married() Separated() Divorced() Widowed()

(11) Are you currently employed? yes() no()
If yes, what is your occupation? _____

(12) If not employed, are you able to work? yes() no()

(13) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

(14) Do you have dependents?
yes() no()

If yes, how many? _____

Please list your dependents' names, how they are related to the veteran, their dates of birth, and their Social Security numbers:

Information Related to Service

(15) Are you a family member of a veteran of the U.S. armed forces?
yes() no()

Please attach a copy of the veteran's discharge form, the DD 214. If you do not have a copy of his or her DD 214, please obtain from your advocate and complete and attach Standard Form (SF) 180, Request Pertaining to Military Records, to obtain a copy.

(16) To what branch of the service (army, navy, air force, marines, coast guard, merchant marine) did the veteran belong?

(17) In what era (World War II, Korea, Vietnam, Persian Gulf, OEF/OIF, or other) was the veteran's service?

(18) Please list the veteran's dates of service:

Entry _____ Discharge _____

Entry _____ Discharge _____

Entry _____ Discharge _____

(19) Please state the veteran's type of discharge:

(20) Was the veteran in combat?
yes() no()

(21) Was the veteran wounded?
yes() no()

If so, where on the body?

(22) Was the veteran treated for any injury, disability, or disease in service?

yes() no()

If yes, briefly describe the disability or disease.

Information Related to VA Benefits

(23) Did the veteran ever apply for VA benefits?

yes() no()

If yes, check all that apply:

Compensation

Pension

Medical care

Education

Vocational rehabilitation

Nursing home care

Domiciliary care

Home loan guaranty

Other (please specify): _____

(24) Have you previously applied for DIC or another VA benefit?

yes() no()

If this is a new claim, ask your advocate about filing an informal claim.

(25) If you have filed a claim before, please give the claim number that the VA assigned: _____

(26) Are you now receiving VA benefits?

yes() no()

If yes, check all that apply:

Pension

Pension plus aid and attendance

Pension plus housebound

Medical care

Education

Home loan guaranty

Other (please specify): _____

(27) At which VA regional office is the veteran's claim file located?

(28) Veteran's date of death: _____

Please provide a copy of the veteran's death certificate.

(29) In your opinion, did a disease or injury that the veteran incurred in service, or that was made worse in service, cause or contribute to the veteran's death?

yes() no()

(30) Did the veteran die from a service-connected disability?

yes() no()

(31) At time of his or her death, was the veteran receiving or entitled to receive 100 percent service-connected benefits (including 100 percent benefits based on entitlement to individual unemployability)?

yes() no()

(32) If yes, was the veteran rated 100 percent disabled continuously for 10 years or more immediately preceding death (or would the veteran have been so rated except for clear and unmistakable error by the VA)?

yes() no()

(33) If no, was the veteran rated 100 percent disabled continuously for at least 5 years from the date of his or her discharge from the military (or would the veteran have been so rated except for clear and unmistakable error by the VA)?

yes() no()

(34) If no, was the veteran a former prisoner of war rated 100 percent disabled continuously for at least one year prior to death (or would the veteran have been so rated except for clear and unmistakable error by the VA)?

yes () no ()

Information About the Claimant

(35) If you are the spouse or surviving spouse of the veteran, please give the date of your marriage to the veteran: _____

Please provide a copy of the marriage certificate or other proof of marriage. (If you are married to someone other than the veteran, you are ineligible for DIC unless you are one of the veteran's parents.) If the claimant is the veteran's child, please provide a copy of a birth certificate or other proof showing that the veteran was the claimant's parent.

(36) Were you and the veteran separated at the time of his or her death?

yes() no()

(37) If yes, did the veteran provide reasonable support?

yes() no()

(38) Was the separation caused by the misconduct of the veteran, such as spousal abuse?

yes() no()

(39) Was the separation without fault on the part of the spouse?

yes() no()

(40) Since the death of the veteran, have you remarried or held yourself out to be the spouse of another?

yes() no()

(41) If you remarried after the death of the veteran, what was your age at the time of your remarriage? _____

(42) If you remarried after the death of the veteran, what was the date of your remarriage?

If the applicant is a child, please complete the following:

(43) 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?

yes() no()

(44) Was the child a member of the household at the time of the veteran's death?

yes() no()

(45) Is the child unmarried?

yes() no()

(46) Is the child currently under 18 years of age?

yes() no()

(47) If no, did the child become permanently incapable of self-support before his or her 18th birthday?

yes() no()

(48) Is the child currently between the ages of 18 and 23 and pursuing a course of instruction at an educational institution?

yes() no()