

Client Information Sheet

Last Name, First Name, Middle Initial; _____

Address; _____

City; _____ State; _____ Zip; _____

Phone numbers;

Cell _____ Home _____ Work _____

E-mail _____

Are you represented by a service organization (DAV, VFW, AMVETS, etc.)? YES ___ No ___

If you are represented by a service organization, which one? _____

Date Entered On Active Duty (EOD) _____ Date Returned from Active Duty (RAD) _____

Branch _____ Special Operations Units _____

Are you a member of a SOF fraternal organization (SFA, SOA, UDT Assn, Ranger Ass, etc.)? If so, let us know which one and your Member # if possible.

Retiree? Yes ___ No ___ Were you medically Retired or placed on Temporary Disability Retired List (TDRL)? Please specify; _____

With regards to VA compensation what percent are you receiving now? _____

I am over the age of 18 and I hereby authorize the OASIS Group to use the above information to assist me with my VA claim. I understand that OASIS will not provide this information to any other individual or organization that is not associated with OASIS Group for the purpose it is intended.

Printed Name _____

Signature _____ Date _____