



## APPLICATION FOR PULLER CLINIC SERVICES

*Please note that this application is necessary to be considered for services or scheduled for an appointment. The Puller Clinic cannot accept walk-ins. Please submit your application via email (veterans@wm.edu), fax (757-221-3131), or mail (Puller Clinic, William & Mary Law School, P.O. Box 8795, Williamsburg, VA 23187).*

<b><sup>1</sup> Name (Mr./Mrs./Ms.) (Last, First, MI)</b>		
<b><sup>2</sup> Mailing Address (Street Address, City, State, and ZIP code):</b>		
<b><sup>3</sup> Best Phone No.:</b>	<b><sup>4</sup> Emergency Contact &amp; Phone No.:</b>	<b><sup>5</sup> E-mail Address:</b>
<b><sup>6</sup> Which of these methods is the best way to contact you (choose one)?</b> Phone Email		<b><sup>7</sup> May the Puller Clinic leave a voice message stating that the Clinic has called?</b> YES NO
<b><sup>8</sup> May the Puller Clinic send you confidential communications via email?</b> YES NO		<b><sup>9</sup> How did you hear about the Puller Clinic?</b>
<b><sup>10</sup> Race (optional, for aggregate data collection only):</b> American Indian/Alaska Native Asian Black/African American Hispanic/Latino Native Hawaiian/Other Pacific Islander White I prefer not to answer Unknown		<b><sup>11</sup> Date of Birth:</b>
		<b><sup>12</sup> Employment Status:</b> Working (Full-time) Unemployed <input type="checkbox"/> Working (Part-time) Retired
<b><sup>13</sup> Annual Household Income:</b>		<b><sup>14</sup> Are you married?</b> YES NO
<b><sup>15</sup> Do you have children?</b> YES NO  <b>What is the age of each?</b> _____		<b><sup>16</sup> Do you currently have permanent, stable housing?</b> YES NO <b>If not, are you homeless?</b> YES NO
<b><sup>17</sup> Service History</b>  Branch of service: _____ from (date) _____ to (date) _____  Branch of service: _____ from (date) _____ to (date) _____  Character of Discharge(s): _____		
<b><sup>18</sup> Were you medically separated?</b> YES NO <b>Were you medically retired?</b> YES NO		
<b><sup>19</sup> Are you a combat veteran?</b> YES NO  <b>If YES, when and in which conflict?</b> _____		

**20 What do you want advice or assistance with? (The Clinic is not currently handling discharge upgrades.)**

Disability benefits (see Items 24 ):

Other (pension, etc.): \_\_\_\_\_

**21 As to the matter checked in Item 20, what do you want VA (or some other agency) to do? Describe in a few sentences.**

**22 IMPORTANT: If you have received in the last year any communication from VA or the Defense Department about a decision on any of your claims or issues, what was it and when is it dated?**

Rating Decision Date:

Statement of the Case Date:

Letter from VA requesting information Date:

Board of Veterans' Appeals decision Date:

Court of Appeals for Veterans Claims decision Date:

Letter or decision from Dept. of Defense (or military branch) Date:

Communication from VA, not sure what it is Date:

Other (describe as best you can): \_\_\_\_\_

**23 Please tell us what the communication checked above said about your claim(s):**

**24 DISABILITY COMPENSATION: Are you service connected and rated for any condition(s)? Continue on the next page in item 2 if necessary.**

Conditions: \_\_\_\_\_ rated at \_\_\_\_\_%

\_\_\_\_\_ rated at \_\_\_\_\_%

\_\_\_\_\_ rated at \_\_\_\_\_%

\_\_\_\_\_ rated at \_\_\_\_\_%

\_\_\_\_\_ rated at \_\_\_\_\_%

\_\_\_\_\_ rated at \_\_\_\_\_%

\_\_\_\_\_ rated at \_\_\_\_\_%

\_\_\_\_\_ rated at \_\_\_\_\_%

**What is your overall combined rating? \_\_\_\_\_%**

<sup>25</sup> **CURRENT SERVICE CONNECTED DISABILITIES AND RATINGS CONTINUED (if necessary):**

<sup>26</sup> **DISABILITY COMPENSATION (CONT.): What other conditions do you want to have service connected?**

<sup>27</sup> **As it concerns the claims for which you are seeking Puller Clinic services, have you received help from:**

Veteran Service Organization (such as American Legion, Disabled American Veterans, etc.)

Virginia Department of Veterans Services

Attorney

**Are you still receiving this assistance?**      YES      NO

<sup>28</sup> **Optional authorization to share information with VDVS:** The Clinic often collaborates with the Virginia Department of Veterans Services (VDVS). In many cases, VDVS can help the Clinic through access to a veteran's electronic records if that veteran allows the Clinic to share information with VDVS. Such sharing has no effect on the advice we will provide and does not obligate you to work with VDVS in the future. VDVS and the Clinic are separate entities, but the Clinic works with VDVS with client permission when it is beneficial to the veteran. While we hope that you will authorize us to share your information with VDVS, **you do not have to consent to sharing of information with VDVS in order to receive services from the Puller Clinic.**

I  do consent /  do not consent to disclosure of information about my claims or issues to a representative of Virginia Department of Veterans Services.

<sup>29</sup> **REQUIRED ACKNOWLEDGEMENTS FOR ALL APPLICANTS:** *Please read the following carefully and indicate your understanding and agreement by signing below. This signature is required before your application will be considered.*

This application is for services from The Lewis B. Puller, Jr. Veterans Benefits Clinic of the William & Mary Law School ("Clinic"). I understand that, for educational and other reasons, my case may not be accepted.

**I understand that the Clinic's consideration of this application does NOT constitute an agreement to represent me in any way and does not make me a client of the Clinic or of any Clinic attorney. I further understand that I am not a client of the Clinic until I sign an engagement letter indicating that official representation has begun. Unless and until then, if I have any pending deadlines, it is my responsibility to ensure I comply with those deadlines.**

If I am asked to provide additional documents to the Clinic, I will **NOT** send original documents. I further understand that acceptance of these additional documents does **NOT** make me a client of the Clinic.

Any information I provide during the consultation concerning my claims or issues will be maintained in strict confidence and will not be disclosed outside the Clinic, except with my permission.

**Understood and agreed:** \_\_\_\_\_ Date: \_\_\_\_\_  
Veteran Applicant

<sup>30</sup> **REQUIRED MILITARY MONDAYS ACKNOWLEDGEMENTS:** *Please read the following carefully and indicate your understanding and agreement by signing below. This signature is required before an appointment will be provided.*

In certain circumstances, I may be scheduled for an appointment for a one-hour meeting on a Military Monday at Starbucks with a supervising attorney and student from The Lewis B. Puller, Jr. Veterans Benefits Clinic of the William & Mary Law School ("Clinic").

The Clinic will consult with and advise me during that appointment, and it may in some cases, depending on circumstances and entirely at the Clinic's discretion, agree to do some follow-up research or provide additional information. I may also be asked to provide documents in advance of the appointment in order to help the attorney better understand my claims. I will **not** send the Clinic originals of any document. I further understand that I am not retained as a client of the Clinic merely because I have been asked to provide documents.

**I understand that the Clinic's consideration of this application and providing a one-hour consultation does not constitute an agreement to represent me in any way and does not make me a client of the Clinic or of any Clinic attorney. There is no obligation for the Clinic to provide anything beyond the one-hour consultation. If I have any pending deadlines, it is my responsibility to ensure I comply with those deadlines.**

The Clinic often has a representative from the Virginia Department of Veterans Services (VDVS) sitting with the attorney at Military Mondays. That representative can sometimes provide immediate assistance and, if a claim has already been filed with VA, check information online. It is helpful, therefore, to be able to share information about claims or issues with that representative, subject to the permission in Item 28. **I understand that I do not have to consent to sharing of information with VDVS in order to have a Military Monday appointment.**

Any information I provide during the consultation concerning my claims or issues will be maintained in strict confidence and will not be disclosed outside the Clinic, except with my permission.

**I further understand that if I miss my appointment, there is no guarantee that I will be re-scheduled.** If an appointment is missed for a good reason, i.e. something which was not reasonably avoidable, the Clinic will make an effort to re-schedule.

**Understood and agreed:** \_\_\_\_\_ Date: \_\_\_\_\_  
Veteran Applicant