

EAST CENTRAL VETERANS ASSISTANCE INTAKE SHEET

1100 E 14<sup>th</sup> St. PMB J-8  
Ada, OK 74820-6999  
Fax (580)559-5432

ECU ID # \_\_\_\_\_

Fall \_\_\_\_\_

Spring \_\_\_\_\_ Year \_\_\_\_\_

Summer \_\_\_\_\_

NAME \_\_\_\_\_

SSN \_\_\_\_\_

If Chapter 35, (Dependent) VA FILE # (Including suffix) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_ CHECK IF THIS IS AN ADDRESS OR PHONE CHANGE

What military branch did you serve (are serving) under? \_\_\_\_\_

ARE YOU ON ACTIVE DUTY? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is this your first semester to receive VA Benefits at ECU? \_\_\_\_ Yes \_\_\_\_ No

Have you received VA Benefits anywhere other than ECU? \_\_\_\_ Yes \_\_\_\_ No

MAJOR \_\_\_\_\_

CONCENTRATION if applicable \_\_\_\_\_

MINOR (If required by Major) \_\_\_\_\_

CHAPTER (*CIRCLE ONE*)

30 *prior active duty*

31 *voc rehab*

32 *reap*

33 *post 9/11 vet*

33T *post 9/11 (TOE)*

35 *dependents*

1606 *National Guard/Reserve*

1607 *National Guard/Reserve*

(Chap 1606 & Chap 1607 National Guard/Reserve only) DO YOU RECEIVE A KICKER AS PART OF YOUR EDUCATIONAL BENEFITS? \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that I must report all changes of class schedules (drops/adds/withdrawals) to the Veterans Assistance Office immediately upon processing.

I also understand that I must complete a Veterans Intake Sheet in the Veterans Assistance Office for **EACH** semester that I desire to receive benefits. I will not be certified if I have not done so.

I grant permission for representatives from the ECU Veterans Assistance Office to check my class attendance and participation, and report irregularities to the Regional VA office or VA Counselor should it become necessary.

Failure to complete any of the above could have an effect on my benefits.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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FOR OFFICE USE ONLY

NEW TRANSFER CONTINUE CONCURRENT

Full semester \_\_\_\_\_ hours

1st. 8 week \_\_\_\_\_ hours

2nd. 8 week \_\_\_\_\_ hours

Extended term (sum) \_\_\_\_\_ hours

Other alternate calendar \_\_\_\_\_ hours

PREVIOUS TRAINING:

APPROVAL REMARKS:

Student changed major/minor to \_\_\_\_\_

Last semester VA Certified at East Central? \_\_\_\_\_

Remarks: \_\_\_\_\_

Intake Clerk's Initials \_\_\_\_\_ Date \_\_\_\_\_

Kicker mailed for new Student \_\_\_\_\_

Add Code \_\_\_\_\_ Date \_\_\_\_\_