



FIRST NAME

LAST NAME

EMAIL ADDRESS

DATE OF BIRTH

PHONE NUMBER

MALE/FEMALE

HOME ADDRESS

<b>LANGUAGE ACCOMODATION</b>	<input type="checkbox"/> SPANISH <input type="checkbox"/> SIGN LANGUAGE <input type="checkbox"/> TTY <input type="checkbox"/> OTHER:
<b>SPECIAL ASSISTANCE NEEDS?</b>	<input type="checkbox"/> NO ASSISTANCE NEEDED <input type="checkbox"/> REQUIRES ASSISTANCE TO DOOR <input type="checkbox"/> ASSISTANCE TO ENTER/EXIT VEHICLE

<b>MOBILITY DEVICE</b>	<input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> WALKER <input type="checkbox"/> CANE <input type="checkbox"/> ELECTRIC SCOOTER <input type="checkbox"/> NONE
<b>MARITAL STATUS</b>	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SURVIVING SPOUSE

<b>PASSENGER</b>	<input type="checkbox"/> VETERAN <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> SURVIVING SPOUSE
<b>DISCHARGE TYPE</b>	<input type="checkbox"/> HONORABLE <input type="checkbox"/> GENERAL (UNDER HONORABLE) <input type="checkbox"/> GENERAL (NOT IN LIEU OF COURTS MARTIAL)

<b>VETERAN STATUS</b>	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> DISCHARGED <input type="checkbox"/> DECEASED
<b>DO YOU HAVE YOUR DD-214? (DISCHARGE CERTIFICATE)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF NO, LIST TYPE OF ELIGIBILITY DOCUMENT</b>	<input type="text"/>

SPOUSE, CAREGIVER, EMERGENCY CONTACT

FIRST NAME

LAST NAME

PHONE NUMBER

RELATIONSHIP

## Processes and Procedures for Accepting Veteran Transportation Trips

### Transportation Programs & Services

This service category is for assisting organizations that provide a transportation service to the veteran beneficiaries in their local area, county or region.

- Transportation service programs funded by this grant should provide transportation to/from medical, dental, mental health appointments; and transportation in support of basic needs (grocery stores, 24-hour care, community meetings, voting, court appearance, and tax offices).
- Gift cards, pre-paid service cards, such as gas, groceries, and department store-related cards, cash or cash equivalents are not allowable.
- Transportation to/from social visits, gatherings or events, political campaigns or public demonstrations are not allowed.

### Required Documentation

The following forms of identification are the only acceptable verification of veteran, dependent or surviving spouse status:

#### Veterans

- DD-214 (Army, Navy, Air Force, Marines, Coast Guard)\*  
*\*Note: Form DD-214 is an official record of separation from the armed forces. DD-214s may look slightly different from the example provided, depending on the veteran's era of service.*
- NGB-22 (National Guard)
- NA Form 13038 (Certification of Military Service)
- Uniform Services Identification Card
- Department of Veterans Affairs Summary Letter with Character of Service listed
- State of Texas Issued Drivers License with Veteran designation, or
- Department of Veterans Affairs eBenefits Summary Letter with Character of Service listed
- Certificate verifying Active Duty Status from Department of Defense Manpower Data Center (active duty only)

#### Dependents

- Uniform Services Identification Card,
- Marriage Certificate,
- Birth Certificate, or
- Adoption Certificate

AND

- (1) of the forms listed here for Veterans eligibility

#### Surviving Spouses

- Uniform Services Identification Card,
- Marriage Certificate,
- Death Certificate for the Veteran

AND

- (1) of the forms listed here for Veterans eligibility

# Examples of Eligible Documents

## Form DD-214

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY			
1. NAME (Last, First, Middle) DOE, JOHN F		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNG	
3. SOCIAL SECURITY NO. [REDACTED]		4. GRADE, RATE, OR RANK SGT	
5. PAY GRADE B5		6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00	
7.a PLACE OF ENTRY INTO ACTIVE DUTY		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND HHC 1ST BN		8.b STATION WHERE SEPARATED	
9. COMMAND TO WHICH TRANSFERRED HHC 1ST BN		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 11B20 INFANTRYMAN--5 YRS-10 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE	
		Year(s)	Month(s)
		Day(s)	
		a. Date entered AD This Period	
		b. Separation Date This Period	
		c. Net Active Service This Period	0000
		d. Total Prior Active Service	0001
		e. Total Prior Inactive Service	0005
		f. Foreign Service	0000
		g. Sea Service	0000 00 00
		h. Effective Date of Pay Grade	2000
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)			

## Form DD-214

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE MBK	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials	

DD Form 214-AUTOMATED, NOV 88 Previous editions are obsolete. MEMBER - 4

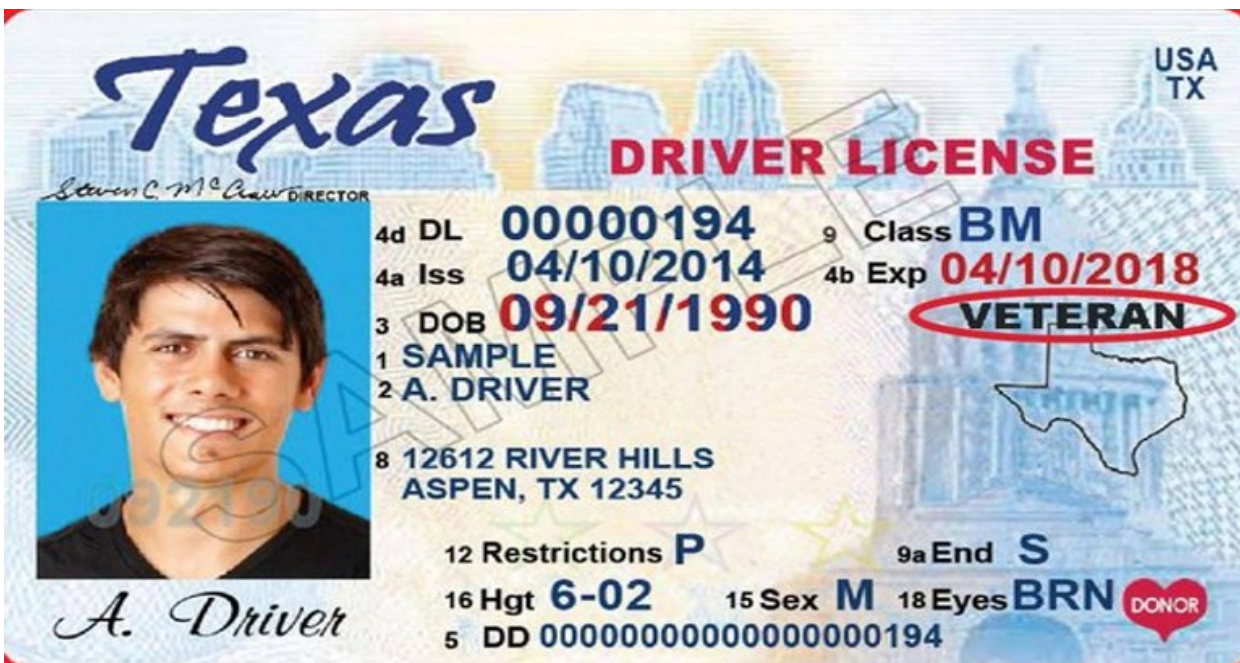
**NGB 22 (Must have Character of Service)**

NATIONAL GUARD REPORT OF SEPARATION AND RECORD OF SERVICE						
The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.						
Report of separation and record of service in the		National Guard of		and as a Reserve of the		
1. LAST NAME- FIRST NAME- MIDDLE NAME		2. DEPARTMENT, COMPONENT AND BRANCH		3. SOCIAL SECURITY NUMBER		
4. DATE OF ENLISTMENT/APPOINTMENT	5a. RANK	5b. PAY GRADE	6. DATE OF RANK	7. DATE OF BIRTH		
8a. STATION OR INSTALLATION AT WHICH EFFECTED				8b. EFFECTIVE DATE		
9. COMMAND TO WHICH TRANSFERRED		10. RECORD OF SERVICE		YEARS	MONTHS	DAYS
		(a) NET SERVICE THIS PERIOD				
		(b) PRIOR RESERVE COMPONENT SERVICE				
		(c) PRIOR ACTIVE FEDERAL SERVICE				
11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION		(d) TOTAL SERVICE FOR PAY				
		(e) TOTAL SERVICE FOR RETIRED PAY				
12. MILITARY EDUCATION (Course Title, number of weeks, month and year completed)		13. PRIMARY SPECIALTY NUMBER, TITLE AND DATE AWARDED (Additional specialty numbers and titles)				
14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED		15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD (State Awards may be included)				
SECONDARY/HIGH SCHOOL      YRS (9r 1-12)						
COLLEGE      YRS						
16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE						
<input type="checkbox"/> YES <input type="checkbox"/> NO    AMT						
17. PERSONNEL SECURITY INVESTIGATION						
a. TYPE		b. INVESTIGATION				
18. REMARKS						
19. MAILING ADDRESS AFTER SEPERATION (Street, City, County, State, and Zip Code)				20. SIGNATURE OF PERSON BEING SEPERATED		
21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER				22. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		
23. AUTHORITY AND REASON						
24. CHARACTER OF SERVICE		25. TYPE OF CERTIFICATE USED		26. REENLISTMENT ELIGIBLTY		
27. <input type="checkbox"/> REQUEST		<input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22		INITIALS _____		

Dependent Military ID



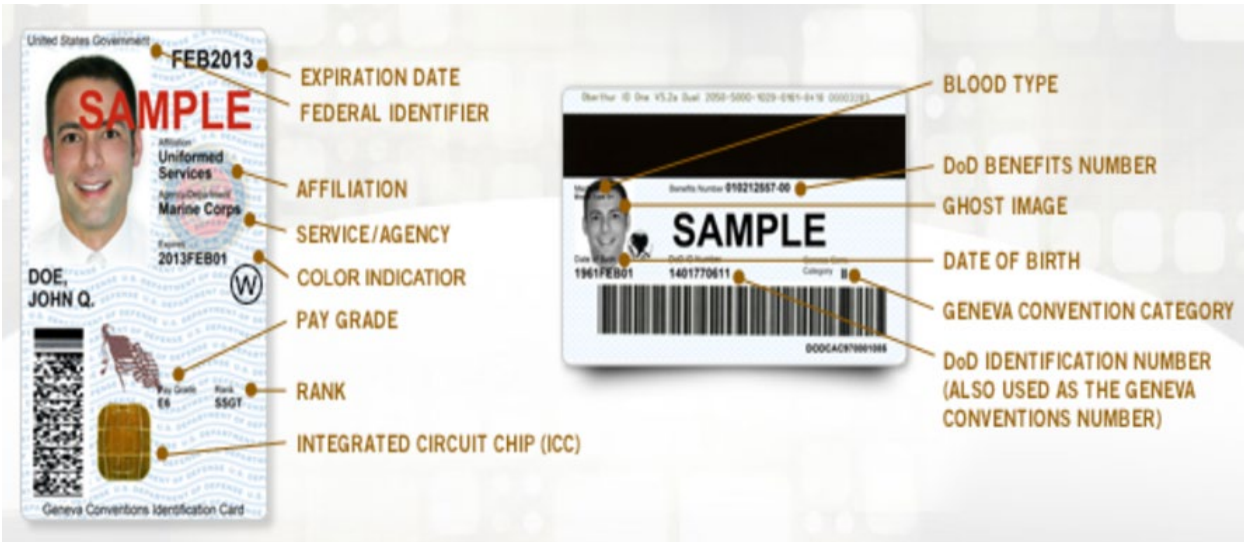
Texas Driver's License with Veteran Designation



Reserve Military ID



Military ID



Department of Veterans Affairs Summary Letter with Character of Service Listed



DEPARTMENT OF VETERANS AFFAIRS  
810 Vermont Ave NW  
Washington, D.C. 20420

October 07, 2016

John Doe  
100 1st Street  
Leander, TX 78641

In Reply Refer to:  
xxx-xx-1234  
27/eBenefits

Dear Mr. Doe:


This letter certifies that John Doe was discharged from the U.S Armed Forces having served during the following period(s):

Branch of Service	Entered Active Duty	Discharged	Character of Service
Army	January 12, 1987	August 31, 2012	Honorable

(You may have additional periods of service not listed above.)

NA Form 13038 (Issued for lost or destroyed records, i.e. DD-214)

**UNITED STATES OF AMERICA**



**Certification of  
Military Service**

\*\*\*\*\*

*This certifies that* [REDACTED]

*was a member of the* United States Navy

*from* AUGUST 22, 1980

*to* AUGUST 8, 1983

*Service was terminated by* Honorable Discharge

*Last Grade, Rank, or Rating* AME3

*Active Service Dates* Same As Above

*Date of Birth:* [REDACTED] *Place of Birth:* BROWNSVILLE, TEXAS

\*\*\*\*\*

*Given at St. Louis, Missouri on* 06/25/2009

National Personnel Records Center  
(Military Personnel Records)  
National Archives and Records Administration

THE ARCHIVIST OF THE UNITED STATES IS THE PHYSICAL CUSTODIAN OF THIS PERSON'S MILITARY RECORD  
This Certification of Military Service is issued in the absence of a copy of the actual Report of Separation or its equivalent. This document  
serves as verification of military service and may be used for any official purpose. Not valid without official seal.

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

NA FORM 13038 (REV. 04-01)

Department of Veterans Affairs eBenefits Summary Letter with Character of Service listed



**Department of  
Veterans Affairs**

2101 ELM ST  
FARGO ND 58102

December 26, 2013

Veteran's Name:  
Joe B. Veteran

Joe B. Veteran  
124 America Way  
WEST FARGO ND 58078

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

--America is Grateful to You for Your Service--

Our records contain the following information:

**Personal Claim Information:**

Your VA claim number is: xxx-xx-xxxx

You are the Veteran

**Military Information:**

Your character(s) of discharge and service date(s) include:

Army, Honorable, 12-Jan-2005 - 29-Apr-2005

Army, Honorable, 01-Dec-2005 - 29-Apr-2007

Army, Honorable, 18-Jan-2008 - 08-Mar-2009

(You may have additional periods of service not listed above)

**VA Benefits Information:**

Service-connected disability: Yes

Your combined service-connected evaluation is: 90 PERCENT

The effective date of the last change to your current award was: 01-DEC-2013

Your current monthly award amount is: \$ 0,000.00

Are you being paid at the 100 percent rate because you are unemployable due to your service-connected disabilities: Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at <http://www.va.gov/statedva.htm>.

**Need Additional Information or Verification?**

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at <https://iris.va.gov>.

Sincerely yours,

John Smith  
VETERANS SERVICE CENTER MANAGER