

**Trinity County Veteran Service Office**

**Health Care Checklist**

**Documentation Needed**

* Discharge or separation papers (DD214, DD215, etc.). Must be original or certified copy.
* Dependent information

Spouse name, SSN, DOB, phone, address (if different from Veteran)

Dependent(s) name, SSN, DOB, date became dependent

* Income and financial information

Employer name, phone, address

Retirement date (if applicable)

Gross annual income for Veteran, spouse and dependent(s) (if applicable)

Medical expenses for Veteran and spouse

Burial expenses for spouse or dependent(s) (if applicable)

Education expenses for Veteran or dependent(s) (if applicable)

Dependent(s) name, SSN, DOB, date became dependent

* Current health Insurance Information (if applicable)

Company name, address and phone

Policy holder name

Policy number and group code

Medicaid/Medicare eligibility and effective date (if applicable)

If you do not have all of these documents, the Veteran Services Office may be able to help you obtain them.