

WARRIORS TRUST FUND Eligibility Questionnaire

Last name: _____ First name: _____

Phone #: _____ DOB: _____ Last Four SSN: _____

Email: _____

1. In which branch(es) of the Armed Forces did you serve?

Army (including Army National Guard or Reserve)

Navy (including Reserve)

Marine Corp (including Reserve)

Air Force (including Air National Guard or Reserve)

Coast Guard (including Reserve)

Other – Specify _____

2. When did you first enter the Armed Forces? Month: _____ Year: _____

3. When were you last discharged? Month: _____ Date: _____

4. Were you ever deployed? Yes No

If yes, to which conflict? _____ How many deployments? _____

5. Altogether, how much time did you serve in the Armed Forces?

of Years: _____ # of Months: _____ # of Days: _____

6. What type of discharge did you receive?

Honorable

Bad Conduct

General (Honorable conditions)

Dishonorable

General (w/less than Honorable conditions)

Other – specify _____

Other than Honorable

Don't know

7. Have you ever received services at a VA Hospital? Yes No

8. Have you ever been diagnosed with a disorder related to your service?

Yes No

Rec'd by VA: _____ VA: Approved Denied _____
Date Signature

Probation Agent Signature: _____

Court/City/County: _____

