

## Individual Unemployability (IU or TDIU) Intake Form

*If you are a veteran or a veteran's family member, you may be entitled to veterans' benefits. In particular, if you are a veteran with a disability and you are unable to work, you may be eligible for total disability benefits based on individual unemployability (TDIU or IU) benefits. The following questions will help you and your advocate organize the information you need to apply. If additional room is needed to complete an answer, please attach a separate piece of paper. Do not send this form to the VA; give it to your accredited service officer.*

Date \_\_\_\_\_

(1) Name of veteran: \_\_\_\_\_  
First Middle Last

(2) Name used in service if different: \_\_\_\_\_

(3) Address: \_\_\_\_\_  
Number Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

(4) Mailing address: \_\_\_\_\_  
Number Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

(5) Telephone:  
Home ( ) \_\_\_\_\_  
Work ( ) \_\_\_\_\_

(6) Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

(7) Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(8) Single( ) Married( ) Separated( ) Divorced( ) Widowed( )

(9) Are you currently employed? yes( ) no( )  
If yes, what is your occupation? \_\_\_\_\_

(10) If not employed, are you able to work? yes( ) no( )

(11) If you are not employed, is it because of medical problems related to your military service? yes( ) no( )

(12) Are you receiving Social Security Disability, Supplemental Social Security, or other forms of government assistance? If you are, please specify:

\_\_\_\_\_

(13) Do you have dependents?

yes( ) no( )

If yes, how many? \_\_\_\_\_

Please list your dependents' names, how they are related to the veteran, dates of birth, and Social Security numbers:

\_\_\_\_\_

\_\_\_\_\_

#### Information Related to Service

(14) Are you a veteran of the U.S. armed forces?

yes( ) no( )

*If you are a veteran, please attach a copy of your discharge form, the DD 214. If you do not have a copy of your DD 214, please obtain from your advocate and complete and attach Standard Form (SF) 180, Request Pertaining to Military Records, to obtain a copy of your DD 214.*

(15) To what branch of the service (army, navy, air force, marines, coast guard, merchant marine) did you belong?

\_\_\_\_\_

(16) In what era (Korea, Vietnam, Persian Gulf, OEF/OIF, or other) was your service?

\_\_\_\_\_

(17) Please list your dates of service:

Entry \_\_\_\_\_ Discharge \_\_\_\_\_

Entry \_\_\_\_\_ Discharge \_\_\_\_\_

Entry \_\_\_\_\_ Discharge \_\_\_\_\_

(18) Please state your type of discharge:

\_\_\_\_\_

(19) Were you in combat?

yes( ) no( )

(20) Were you wounded?

yes( ) no( )

If so, where on the body?

\_\_\_\_\_

(21) Are you still having medical problems caused by the wound(s)?

yes( ) no( )

If so, what are the problems?

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(22) Were you treated for any injury, disability, or disease in service?

yes( ) no( )

If yes, briefly describe the disability or disease.

\_\_\_\_\_  
\_\_\_\_\_

Information Related to VA Benefits

(23) Have you ever applied for VA benefits?

yes( ) no( )

If yes, check all that apply:

Compensation       Pension

Medical care       Education

Vocational rehabilitation       Nursing home care

Domiciliary care       Home loan guaranty

Other (please specify): \_\_\_\_\_

*If this is a new claim, ask your advocate about filing an informal claim.*

(24) If you have filed a claim before, please give the claim number that the VA assigned: \_\_\_\_\_

\_\_\_\_\_

(25) Are you now receiving VA benefits?

yes( ) no( )

If yes, check all that apply:

Compensation       Pension

Pension plus aid and attendance       Pension plus housebound

Medical care       Education

Vocational rehabilitation       Nursing home care

Home loan guaranty

Other (please specify): \_\_\_\_\_

(26) At which VA regional office is your claim file located?

\_\_\_\_\_

(27) Were you ever treated at a VA hospital?

yes( ) no( )

If yes, please specify when, where, and what the treatment was for:

\_\_\_\_\_  
\_\_\_\_\_

(28) Have you ever sought counseling or help from a Vet Center?

yes( ) no( )

If yes, please specify when and where:

\_\_\_\_\_

(29) Check all that apply:

You have one service-connected disability rated 60 percent or more.

You have two or more service-connected disabilities, with one rated 40 percent or more, and sufficient additional disabilities for a 70 percent combined or higher rating.

You have a service-connected mental condition rated 70 percent disabling and no other service-connected disabilities.

You are, or believe you are, unemployable because of a service-connected disability.

(30) Are you engaged in substantial gainful employment at this time?

yes  no

If unsure whether you are engaged in substantial gainful employment at this time, do you have a full-time job?

yes  no

If you have a full-time job, what is your annual salary:

10,000 to 20,000

20,000 to 30,000

Over 30,000

(31) Are you currently working in a sheltered workshop or in marginal employment (is your income under the poverty threshold)?

yes  no

If yes, describe: \_\_\_\_\_

(32) Have you had a VA vocational rehabilitation evaluation?

yes  no

If yes, date of evaluation: \_\_\_\_\_

If yes, who did the evaluation and where can he or she be reached?:

\_\_\_\_\_

\_\_\_\_\_

(33) Do you have a medical opinion that indicates that you are unable to work because of service-connected disability?

yes  no