



LEECH LAKE BAND OF OJIBWE

TRIBAL ASSISTANCE DEPARTMENT

Veteran Services

Application

1. NAME OF VETERAN (*Last, First, Middle*) 2. VETERAN'S SOCIAL SECURITY NO. 3. VA FILE NUMBER

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4. ADDRESS (*Number and Street or Rural Route, City or P.O., State and Zip Code*)

5. Are you an Enrolled LL Band Member?

Y N

Band ID # _____

6. BRANCH OF SERVICE (*Check*)

ARMY AIR FORCE MARINE CORPS
 NAVY COAST GUARD OTHER (*specify*)

7. TELEPHONE NUMBER OF VETERAN (*Include Area Code*)

8. DISTRICT I II III

URBAN DULUTH OTHER

9. SERVICE SERIAL NUMBER

10. DATE OF BIRTH

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11. METHOD OF SEPERATION FROM SERVICE (*Check*)

DISCHARGED RETIRED

12. Do you receive MA? Y N Have you applied for MA? Y N MA # _____

13. ASSISTANCE REQUESTING (*Describe the assistance you are requesting*)

14. Where have you applied before coming to this office?

15. SIGNATURE OF VETERAN (*Sign Full Name*)

16. DATE SIGNED (*mm/dd/yyyy*)

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OFFICE USE ONLY (*Below This Line*)

DD214 ON FILE VETRASPEC VERIFICATIONS LL BAND MEMBER
 APPROVED DENIED