

DISABLED AMERICAN VETERANS

Contact Brief



NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP _____ E-MAIL: _____

SSN: _____ DOB: _____ C#: _____

MEMBER NO YES # _____ % OF DISABILITY(S) _____

BRANCH: _____ EAD: _____ RAD: _____

ACTION DESIRED: _____

ACTION TAKEN: _____

FORMS: 21-22 21-526 21-4138 28-1900 26-1880 10-10 EZ

OTHER: _____

PREPARED & SUBMITTED BY: _____

RECEIVED & REVIEWED BY: _____

Name and Title

Name and Title