



SUPPLEMENT TO VA FORM 10-10EZ

Instructions: Please complete this form in addition to the 10-10EZ application and return to your VA office. Thank you.

VETERAN'S NAME (Last, First, Middle) : _____
SSN: _____ FATHER'S NAME: _____
MOTHER'S NAME: _____ MOTHER'S MAIDEN NAME: _____
PLACE OF BIRTH (City & State): _____
DIVORCED? YES / NO DATE: _____ WIDOWED? YES / NO DATE: _____
EMPLOYER: _____ ADDRESS: _____
CITY: _____ STATE: _____ PHONE: () _____ OCCUPATION: _____

If you live part-time in another state, complete this section. If not, please go to the next section.

STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP CODE: _____ PHONE: () _____
COUNTY: _____
DATE OF ARRIVAL: _____
DATE OF DEPARTURE: _____

Please be sure to bring your insurance cards with you if applying in person. If mailing your application, include a copy of both sides of the current card(s) with your 10-10EZ form.

Have you ever received care at another VA? Yes _____ No _____

If yes, name the most recent VA hospital or clinic: _____

Location (City & State): _____

The most recent date of care: _____

SPOUSE'S EMPLOYER: _____ ADDRESS: _____
 CITY: _____ STATE: _____ PHONE: () _____ OCCUPATION: _____

The Office of the Surgeon General requested that VA collect race and ethnicity information from all of our patients. Please check the boxes that apply to you.

Ethnicities: (Check one)

_____ Spanish, Hispanic, or Latino
 _____ No, not Spanish, Hispanic, or Latino

Race: (Check one or more)

_____ American Indian or Alaska Native _____ Asian
 _____ Black or African American _____ White
 _____ Native Hawaiian or Other Pacific Islander

Privacy Act Information: The VA is asking you to provide the information on this form under Title 38, United States Code sections 1710, 1712, and 1722. The information is collected at the request of the Surgeon General and will help us track diseases that are more common in certain races and ethnicities. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you give VA your Social Security Number, VA will use it to administer your VA benefits, to identify veterans and persons claiming or receiving VA benefits and their records, and other purposes authorized or required by law.

SUPPLEMENTAL DEPENDENT CHILD DATA								
Child's Name (Last, First, MI)	Child's Date of Birth	Child's Social Security Number	Child's Relationship to You	Date Child Became Your Dependent	Financial Data (See Note 1)	Expenses (See Note 2)	Disabled (See Note 3)	School (See Note 4)

Note 1: If this child did not live with you last year, enter the amount you contributed to his/her support.
 Note 2: Expenses paid by your dependent child for college, vocational rehabilitation of training (tuition, books, materials, etc.)
 Note 3: Was child permanently and totally disabled before the age of 18?
 Note 4: If child is between 18 and 23, did child attend school last calendar year.

Signature of Veteran _____ Date _____