



**THE WEST VIRGINIA AGENT ORANGE PROJECT**  
 c/o VVA Chapter 306  
 President Gary W. Burch  
*P. O. Box 859. Morgantown, WV 26505*  
*e-mail - garysecbee53@yahoo.com*



**THE VETERAN'S APPLICATION**

Please type or print clearly. This application must be completed with no information missing. A copy of this Veteran's DD-214 must accompany this application at the time it is mailed to the address above. **NOTE: Any missing information and/or missing DD-214 will automatically reject your application.**

<b>NAME</b>	<b>DATE of BIRTH</b>	<b>MALE</b>	<b>FEMALE</b>
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<b>ADDRESS</b>	<b>SOCIAL SECURITY NUMBER</b>
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<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>HOME PHONE</b>	<b>CELL PHONE</b>
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**EMAIL ADDRESS**

<b>BRANCH of SERVICE</b>	<b>TIME of SERVICE</b>	<b>LOCATION</b>
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**MEDICAL DIAGNOSIS of AGENT ORANGE**

Is this Veteran able to work and provide for himself/family? YES NO

Is this Veteran disabled and receiving assistance (Social Security, VA Compensation & Pension, other organization, etc.)? YES NO

**WHAT ARE THE NEEDS OF THE VETERAN?**

**For Use by WV Agent Orange Project Review Committee ONLY**  
 APPROVED? YES NO

<b>Date Application Received</b>	<b>Representing VVA Chapter</b>	<b>Picture of Presenting Check</b>
<b>Date Letter Sent</b>	<b>Amount</b>	<b>Check #</b>