



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
1700 South Lincoln Avenue
Lebanon, PA 17042

In Reply Refer to: 595/DOT

Dear Veteran:

We look forward to enrolling you for VA Health Benefits. Please provide the following information so that we may register you with the Veterans Health Administration. You will be contacted by an enrollment specialist to complete the process. Please include your DD 214 or equivalent as verification of military service.

Full legal name: _____ Preferred name: _____

Date of Birth: _____ Full Social Security number: _____

Birth Sex: _____ Self-Identified Gender: _____ Marital Status: _____

Residential Address: _____ Mailing Address: _____

Phone: Home _____

Cell: _____

Email address: _____

City and State of Birth: _____

Mother's Maiden Name: _____

Mother's First Name: _____ Father's First Name: _____

Race: _____ Ethnicity: Hispanic _____ Non-Hispanic _____

Next of Kin: (name, address & phone #) _____

Emergency Contact: (name, address & phone #) _____

Employment: (circle one) Full time/ Part time/ Retired/ Not employed

Occupation: _____ Retirement date: _____

Employer (name, address, phone #) _____

Currently on Medicaid: Y _____ N: _____ If so, Medicaid # _____

PLEASE NOTE: Lebanon VAMC will be processing your enrollment, however, when the process is complete and your eligibility has been verified, the closest VA will contact you. Return completed form in the business reply envelope included in your mailing. You can also call us at 800-409-8771 ext. 6005 or 717-228-6005, and our team will help you complete it over the phone or feel free to fax to 717-228-6024 or 717-228-6196.