

The Pascua Yaqui Tribe Veterans Office has committed to provide services to Tribal Veterans. The Pascua Yaqui Tribe's Veteran Registry and Application form will allow us to identify your needs and be able to provide appropriate services. Those who served in the U.S. Armed Forces, Reserves, or National Guard can register and apply.

Name of Veteran:

Birth Date:

The Pascua Yaqui Tribe Veterans Affairs Office as a government agency, is required to inform you of your rights when we collect private information from you. This form will explain:

- A.** Why this information is being collected from you and what we do with it
- B.** Whether you are legally required to provide this information, or if you may refuse
- C.** Any consequences to you of supplying or refusing to supply the requested information
- D.** The identity of others authorized to receive the information

A. Why this information is being collected from you, what we will do with the information:

- Your name, identifying and contact information is for us to identify you from other individuals, contact you regarding available services that you may benefit from and follow-up on those services.
- Your social security number is used to gather information about you from other government and/or state agencies
- Your Veteran status, including type of discharge is to determine which benefits you may be eligible for.
- Names of other agencies you are or have received benefits from to determine the resources you have utilized.
- To assist you in developing effective plans for your medical, social, psychological, educational and other needs.
- To determine your eligibility for Tribal, local, state or federal benefits.
- To identify the need for a referral to other agencies.
- To prepare statistical and financial reports and evaluations.
- For research and studies in which your name will NOT be identified.
- To assess and evaluate the quality of programs offered.
- To conduct satisfaction surveys from you.

B & C: Whether you are legally required to provide this information, or if you may refuse.

- You have the right to refuse to supply all or any part of the information we request, however, if you do not supply the information we may not be able to determine your eligibility of services or benefits and the services provided to you may be limited and/or delayed.

D: The identify of others authorized to receive the information and organizations authorized to share the information with each other.

- Private information collected from you will be kept confidential at the PYT Veterans Affairs Office. If and when necessary, information may be shared for the management of programs and/or services. Some of all of the information contained on the Registration Form as well as any documents or written statements that you have provided to the PYT Veterans Affairs Office may be shared with various Tribal, counties, states and outside agencies to determine Tribal status and eligibility of services.

Information is not given to any person or entity without your written consent and specified on a PYT Veterans Affairs Office Release of Information Form. If there is an organization you do not wish the PYT Veterans Affairs Office to share information with please identify below:

Name of Organization: _____

Name of Person (if applicable): _____

*If Veteran not available to request information identify person(s) able to request information and/or apply for services/benefits on Veterans behalf (Next of Kin):

Name: _____ DOB: _____

Relationship to Veteran: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

My signature below verifies that I understand the following:

- I have the right to refuse to sign this form.
- I will receive a copy of this form once I have signed it.
- This authorization only covers the types of information described within this form and does not release medical records, test results, treatment plans or case notes.
- You can revoke this authorization at any time by writing a request to revoke authorization and contacting the PYT Veterans Affairs Office, Attn: Melissa Durazo, Veterans Benefits Counselor. If information has already been released based on this authorization, your request to stop will not work for that information.
- A copy of this authorization is as valid as the original.

My signature also certifies that the information I provided is accurate and complete to the best of my knowledge.

Signature of Veteran

Date

Signature of Authorized Representative (If Veteran not available)

Date

Name: (Last, First, Middle) Tribal Enrollment Number:

Current Physical Address:

Current Mailing Address

DOB: SSN:

Phone:

Email:

Family Type:
() Single Adult () Couple without Children () Single Adult with Child(ren) () Couple with Children

Did you serve on active duty?
Did your service include combat, dangerous or traumatic assignments?
Do you have a copy of your DD214 discharge papers?

MILITARY BACKGROUND

2. In which branch of the military did you serve?

Army Navy Air Force Marines Coast Guard Reservist or National Guard member Merchant Marines during WWII Other

3. In which war era or period of service did you serve? Under current law, VA recognizes the following wartime periods to determine eligibility for VA Pension benefits:

WWI WWII Korea Cold War Vietnam Gulf War Peace Time Afghanistan/Iraq (OEF/OIF) Other

VA BENEFITS INFORMATION

4. Are you enrolled in VA? Yes No

4a. Do you receive any VA benefits? Yes No

4b. Do you have a service-connected condition? Yes No

4c. Do you get your medications from VA? Yes No

4d. What is the name and contact information of your VA physician or Primary Care Provider?

4f. Type of Assistance Requesting:

Staff Use Only:
Referral Made: () Y () N Referral Made To:
Notes: