

Behavioral Health Services Administration

Request for Verification of Veterans Eligibility To Counseling and Guidance Services

Confidential Fax Form

Directions: **Section 1: To be completed by client.**
 Section 2: To be completed by clinician and faxed to San Diego County Veterans Service Office
 Section 3: To be completed by San Diego County Veterans Service Office and faxed to clinician

Section 1: Client Claiming Veterans Eligibility Complete This Section Only

I hereby authorize the release of the information below to the County Veterans Service Office and the Veterans Administration for the purposes of identifying or obtaining benefits as a veteran or eligible dependent of a veteran. I also authorize the County Veterans Service Office and the Veterans Administration to release their findings (to be noted on this fax/form).

Signature: _____ Date: _____

Section 2: Mental Health Provider Complete This Side

To: Veterans Service Office

Fax: (858) 505-6961

From: _____
 County or Contract staff (please print)

Program name _____

Address _____

city/state/zip _____

Phone: _____

Comments _____

The client listed below claims to have veteran's status. Please verify eligibility to counseling and guidance services.

Name of Veteran: _____

DOB: _____

SSN: _____

Date of Entry: _____

Date of Discharge: _____

Branch of Service: _____

Military Serial Number: _____

VA Claim Number: _____

Section 3: San Diego County Veterans Service Office Complete This Side

To: _____

Fax: _____

From: _____
 CVSO Representative (please print)

Address _____

City/State/Zip _____

Phone: _____

Client Current Status _____

(Check appropriate boxes below)

☐ Client does not have eligibility to veteran's counseling and guidance services. Please assess for mental health services.

☐ Client has been determined to be eligible to veteran's counseling and guidance services. Please refer client to the Veterans Service Center below:

☐ 5560 Overland Ave., Ste. 310
 San Diego CA 92123
 (858) 694-3222

☐ 1300 Rancho del Oro Road
 Oceanside CA 92056
 (760) 643-2000

County of San Diego
 Behavioral Health Services

County VSO & VA Release Form

COSD: BHS- (rev.08.01.26)

Client: _____

MRN #: _____

Program: _____

A.D.4