

**County of San Bernardino  
Department of Behavioral Health**

**Request for Verification of Veterans Status for  
Mental Health and/or Substance Abuse Services**

**Client Information**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Military Service Branch:**

- |                               |                     |                                |                           |
|-------------------------------|---------------------|--------------------------------|---------------------------|
| <input type="checkbox"/> USA  | U.S. Army           | <input type="checkbox"/> USAR  | U.S. Army Reserve         |
| <input type="checkbox"/> USN  | U.S. Navy           | <input type="checkbox"/> USNR  | U.S. Navy Reserve         |
| <input type="checkbox"/> USMC | U.S. Marine Corps   | <input type="checkbox"/> USMCR | U.S. Marine Corps Reserve |
| <input type="checkbox"/> USAF | U.S. Air Force      | <input type="checkbox"/> USAFR | U.S. Air Force Reserve    |
| <input type="checkbox"/> USCG | U.S. Coast Guards   | <input type="checkbox"/> USCGR | U.S. Coast Guard Reserve  |
| <input type="checkbox"/> USNG | U.S. National Guard | <input type="checkbox"/> USPS  | U.S. Philippine Scouts    |

Military Serial Number (if different from Social Security Number): \_\_\_\_\_

Entry Date (of duty): \_\_\_\_\_ Discharge Date (of duty): \_\_\_\_\_

**Response required (from the time signed for authorization):**

- Urgent (by following business day)       Non urgent (within 2-3 business days)

**Department of Veterans Affairs:**

Telephone: (909) 387-6090  
Fax: (909) 387-5516

**DBH/Contractor Contact Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DBH OFFICE USE:**

Client was seen on (date)/disposition: _____
Client was <i>not</i> seen because: _____