

Mental 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**

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

To: Veterans Service Office

Fax: (858) 505-6961

To: _____

Fax: _____

From: _____
County or Contract staff (please print)

Program name _____

Address _____

city/state/zip _____

Phone: _____

Comments _____

From: _____
CVSO Representative (please print)

Address _____

City/State/Zip _____

Phone: _____

Client Current Status _____

(Check appropriate boxes below)

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

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

Name of Veteran: _____

DOB: _____

SSN: _____

Date of Entry: _____

Date of Discharge: _____

Branch of Service: _____

Military Serial Number: _____

VA Claim Number: _____

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
Health and Human Services Agency
Mental Health Services

County VSO & VA Release Form

Client: _____

MR/Client ID #: _____

Program: _____