

## Veterans Survey 2011

### Colorado Department of Military and Veterans Affairs

**NOTE:** When completed please **FAX to 3033437238** or **MAIL to: Division of Veterans Affairs Office, Attn: Chris**  
*1355 S. Colorado Blvd., Bldg C, Suite 113,*  
*Denver, Colorado 80222*

**Available online at: <http://www.dmva.state.co.us/vets/>**

a. Email (optional): \_\_\_\_\_ b. Age \_\_\_\_\_

c. My VA disability rating is (circle only one response):  
 Don't Know      0%      10 – 25%      26 – 50%      51 – 75%      76 – 99%      100%

1. The county I live in: \_\_\_\_\_

2. I am registered with or enrolled in programs with the Veterans Administration (e.g. Health care, Disability, Education, Home Loan, etc.)?      Yes      No

**For the following questions please CIRCLE or MARK all answers that apply:**

3. Period of Service:

- |          |               |        |  |
|----------|---------------|--------|--|
| a. WWII  | c. Vietnam    | e. OIF | g. Peacetime   |
| b. Korea | d. Gulf War I | f. OEF | h. Other recognized VA period/conflict not listed above. |

4. VA Benefits received or receiving:

- |                  |                       |                        |
|------------------|-----------------------|------------------------|
| a. Pension       | e. Medical Treatment  | i. Home Loan Guarantee |
| b. Disability    | f. Homeless Services  | j. Other _____         |
| c. Education     | g. Prescription Drugs | k. None                |
| d. Mental Health | h. VGLI Insurance     |                        |

5. Which of the Veterans services listed in 4 above are most important to you (Put a number 1, 2 & 3 next to your picks e.g. 1 Pension, 2 Disability etc.):

- |                   |                                    |
|-------------------|------------------------------------|
| ___ Pension       | ___ Medical Treatment              |
| ___ Disability    | ___ Homeless Services              |
| ___ Education     | ___ Insurance Programs (e.g. VGLI) |
| ___ Mental Health | ___ VA Home Loan                   |

6. Which of the following Veterans services do you have knowledge of? (Click the check box for all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Claims for Service Connected (SC) Entitlement  | <input type="checkbox"/> Insurance Programs (e.g., VGLI)  |
| <input type="checkbox"/> Non-Service Connected Pension (NSCP)           | <input type="checkbox"/> Incarcerated Veterans  |
| <input type="checkbox"/> Death Pension (Widow's Pension)                | <input type="checkbox"/> Miscellaneous Claims (i.e., clothing allowance, auto, housing or HISA grant, etc.) |
| <input type="checkbox"/> Waivers and Compromise for excess income       | <input type="checkbox"/> Military Records & Corrections   |
| <input type="checkbox"/> VA Healthcare                                  | <input type="checkbox"/> Veterans Trust Fund Assistance (Grants)  |
| <input type="checkbox"/> Vocational Rehabilitation and Education (VR&E) | <input type="checkbox"/> General Information & Referral Services  |
| <input type="checkbox"/> Educational Assistance Programs                | <input type="checkbox"/> Copies of documents from USVA records  |
| <input type="checkbox"/> Burial Benefits                                |   |
| <input type="checkbox"/> VA Home Loan                                   |   |

7. Do you know veterans who have not used Veterans Administration services?      Yes      No

8. What **federal** veterans' services do you need that are not being provided by Federal VA?

9. What **state** veterans' services do you need that are not being provided by State Division of VA?

10. Have you used the services of your County Veterans Service Officer(s): Yes No

11. If "Yes" please rate their service to you:  
Excellent Good Poor Very Bad

12. If "Poor" or "Very Bad" please explain:

13. Have you used the services of a State Veterans Service Officer in Denver: Yes No

14. If "Yes" please rate their service to you:  
Excellent Good Poor Very Bad

15. If "Poor or " Very Bad" please explain: \_\_\_\_\_

16. Have you used the services of a Service Organization Veterans Service Officer? (e.g. Legion, VFW, DAV, PVA, etc.) Yes No

17. If "Yes" please" rate their service to you:  
Excellent Good Poor Very Bad

18. If "Poor" or "Very Bad" please explain: \_\_\_\_\_

19. Have you received veteran's related services from other agencies not identified above? Yes No

20. If "Yes" please identify the organization: \_\_\_\_\_

21. Do you have access to a computer? Yes No

22. If so are you aware of online VA services: Yes No

23. Have you used online VA services? Yes No

24. I am:

- a. male      b. female      c. single      d. married      e. divorced

25. If you are currently using VA educational benefits are you enrolled in:

- a. College or University      c. Technical School      e. other:  
b. Community College      d. Online

26. Please add any other comments you would like to make:

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

**OPTIONAL:** Name \_\_\_\_\_ Address \_\_\_\_\_

*If you have questions about veterans services provided by the Veterans Administration or by the Colorado Division of Veterans Affairs please call: 3033431268 or email [vetinfo@dmva.state.co.us](mailto:vetinfo@dmva.state.co.us)*

*Thank you for taking part in the survey.*