



Westchester County Department of Human Resources 148 Martine Avenue, Suite 100 White Plains, New York 10601	AUTHORIZATION FOR DISABILITY RECORD Form 102(1/14)
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1 TO BE COMPLETED BY DISABLED VETERAN:

To Manager, Department Of Veterans Affairs _____, N.Y.

I hereby authorize you to furnish the Westchester County Department of Human Resources with the data requested in Section 2, below, pertaining to my disability status. You are released from all liability in complying with this request. It is understood that all information furnished with be treated as confidential.

Date: _____ **Veteran's Signature:** _____

PRINT FULL NAME	VA CLAIM NO.	SERIAL NO.
ADDRESS	NO. AND TITLE OF EXAMINATION(S) FOR WHICH CREDIT IS CLAIMED	

2 TO BE COMPLETED BY VETERANS BENEFITS ADMINISTRATION:

Please return original to: Recruitment and Selection Unit
 Westchester County Department of Human Resources
 148 Martine Avenue, Suite 100, White Plains, NY 10601

DATE:	CLAIM NO.	REGIONAL V.A. OFFICE
a.	Does the above-named veteran now have war-disability? If "Yes" Please enter date disability was sustained. Date: If "Yes" please enter date of VA Disability Determination:	<input type="checkbox"/> YES <input type="checkbox"/> NO
b.	Is this veteran receiving disability payments from the V.A. for such disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c.	State percentage of such disability.	%
d.	Describe the disability.	
e.	Date of last medical examination by the V.A. Medical Officer in Connection with such disability: [IF LESS THAN ONE YEAR AGO DO NOT ANSWER (f) and (g).]	
f.	Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though claimant has not been examined by V.A. Medical Officer within one year?	<input type="checkbox"/> YES <input type="checkbox"/> NO
g.	Date of next examination by the V.A.	
h.	Remarks:	

Signature of Adjudication Officer: _____