Veterans' Service Organization Worksheet

In order to best serve Veterans, please provide the following information to include in a VSO directory so members of the network can contact your organization.

Organization Contact Information

Organization Name: _____

Address: _____
Street Address

_____
City *State* *ZIP Code*

Office Phone: ( ) _____ Alternate Phone: ( ) _____

Point of Contact: _____
First *Last* *Position/Title*

Website: _____

Email: _____

Operational Information

Services Provided:

- ☐ Financial Assistance (General)
- ☐ Housing Assistance
- ☐ Employment Assistance
- ☐ Utilities Assistance
- ☐ Food (Meals or groceries)
- ☐ Legal Assistance
- ☐ Benefits Assistance
- ☐ Transportation
- ☐ Health/Dental
- ☐ Mental Health
- ☐ Recreational Activities
- ☐ Other (Please describe below)

(Please include explanations for any questions marked "YES" on the back of this form)

Does the organization have a specific military service requirement? (i.e. era, time in service, discharge, etc.) YES ◯ NO ◯

Are there fees associated with the services provided? YES ◯ NO ◯

Does the organization require any specific documentation? (i.e. DD214, eviction notice, etc.) YES ◯ NO ◯

Please include any additional information about the services provided by the organization (including explanations to the questions on the front of the form) in the space below.

Submit