

In-Person Authentication Checklist Virtual Lifetime Electronic Record (VLER) Health

Veteran

Please complete the other side of this checklist and **VA Form 10-0485**

Bring both completed documents and a picture ID for **In-Person Authentication** to any VA Employee to be verified.

VA Employee

Verify the Veteran's identity with a valid form of picture ID and ensure that the other side of this checklist and **VA Form 10-0485** is completed and signed.

Select the form of government picture identification used for verification.

Valid Driver's license

VHA Veteran Identification Card (VIC) (must have picture ID on card)

Other: _____
(Please specify)

Verified by: _____
(Print name and title of VHA Employee) (DATE)

**When both sides of this checklist and VA Form 10-0485 are complete:
Please route to American Lake Release of Information (A-007-ROI/VLER) or
FAX to (206) 764-2755**

ROI staff will authenticate veteran. There may be a delay while this form is routed for processing.

**VIRTUAL LIFETIME ELECTRONIC RECORD (VLER) HEALTH
VERIFICATION FORM**

Please complete this form and return it along with the VA Authorization Form (10-0485). This will help us complete your request to join the VLER Health Program.

PLEASE PRINT:

Full Name:

(Last)

(First)

(Middle)

Date of Birth: _____

Address:

(Street, Apt #)

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

Home: _____ Mobile: _____ Work: _____

Email Address: _____