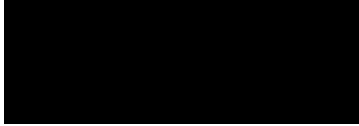




DEPARTMENT OF VETERANS AFFAIRS


EXHIBIT A

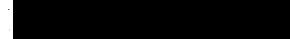
March 11, 2024



In reply, refer to:

346/AL

File Number: 



IMPORTANT -- reply needed within 30 days

Dear 

We are working on your claim.

This letter tells you what we will do with your claim and what you can do to help us. Please read the enclosure to this letter entitled, *38 U.S.C. §5103 Notice*. The enclosure explains how we obtain evidence related to your claim and the legal requirements for supporting your claim.

What Do We Still Need From You?

We need additional evidence from you. *Please put your VA file number on the first page of every document you send us.*

- Send us any treatment records related to your claimed condition(s). This includes reports or statements from doctors, hospitals, laboratories, medical facilities, mental health clinics, x-rays, physical therapy records, surgical reports, etc. These should include the dates of treatment, findings, and diagnoses. If you want us to try to obtain any doctor, hospital or medical reports on your behalf, please complete and return the enclosed VA Form 21-4142, *Authorization to Disclose Information*, and VA Form 21-4142a, *General Release for Medical Provider Information*, so that we can request treatment records from your private medical sources.
- If you have received treatment at a Department of Veterans Affairs (VA) facility or treatment authorized by VA, please tell us the dates and places of treatment. We will then obtain the necessary records if you give us enough information to locate them.
- You may also send us your own statement, or statements from people who have witnessed how your claimed disabilities affect you. All statements submitted on your behalf should conclude with the following certification: "I hereby certify that the information I have given is true to the best of my knowledge and belief."



- We have enclosed a *38 U.S.C. §5103 Notice Response*. We encourage you to return this document, as it may expedite a decision on your claim.

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. **If we do not hear from you, we may make a decision on your claim after 30 days.** However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What Have We Received?

- Your claim for benefits, which we received on March 7, 2024.
- No evidence to support this claim has been received to date.

Important Information

- A certificate of eligibility for assistance in acquiring specially adapted housing under 38 U.S.C. 2101(a), following the passage of the Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019, may be extended when the Veteran's permanent disability is due to blindness in both eyes, having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens. An eye with a limitation in the fields of vision such that the widest diameter of the visual fields subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less.

Where to Send Written Records

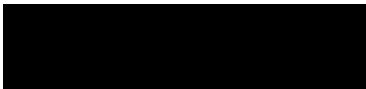
Please mail all written responses to the **Compensation Benefits** address listed on the attached Where to Send Your Correspondence chart.

If You Have Questions or Need Assistance

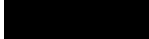
If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .





If you	Here is what to do.
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.

In all cases, be sure to refer to your VA file number 

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

We sent a copy of this letter to DISABLED AMERICAN VETERANS, who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

We look forward to resolving your claim in a fair and timely manner.

Respectfully,

Regional Office Director





Enclosure(s): 38 U.S.C. 5103 Notice
38 U.S.C. 5103 Notice Response
Where to Send Correspondence
VA Form 21-4138
VA Form 21-4142
VA Form 21-4142a

cc: DISABLED AMERICAN VETERANS
POA National Organization



38 U.S.C. §5103 Notice

VA is Responsible for Getting the Following Evidence:

- Relevant records that you adequately identify and authorize VA to obtain from any Federal agency. These may include records from the military, VA medical centers (including private facilities where VA authorized treatment), or the Social Security Administration.
- VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your compensation claim.

On Your Behalf, VA Will Make Reasonable Efforts to Get the Following Evidence:

Relevant records not held by a Federal agency that you adequately identify and authorize VA to obtain. These may include records from State or local governments, private doctors and hospitals, or current or former employers.

How Can You Help: If you have any information or evidence that you have not previously told us about or given to us, please tell us or give us that evidence now. If the evidence is not in your possession, you must give us enough information about the evidence so that we can request it from the person or agency that has it. If the holder of the evidence declines to give it to us, asks for a fee to provide it, or VA otherwise cannot get the evidence, we will notify you. It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.

How VA Determines the Disability Rating: When we find disabilities to be service connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

We consider evidence of the following in determining the disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; and
- Impact of the condition and symptoms on employment.

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Recent Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work; or
- Statements discussing your disability symptoms from people who have witnessed how they affect you.

How VA Determines the Effective Date: If we grant your claim, the beginning date of your entitlement or increased entitlement to benefits will generally be based on the following factors:

- When we received your claim; or
- When the evidence shows a level of disability that supports a certain rating under the rating schedule or other applicable standards.

If VA received your claim within one year of your separation from the military, entitlement will be from the day following the date of your separation.

Examples of evidence that are relevant to determining the effective date of any benefits we award include the following:

- Information about continuous treatment or when treatment began;
- Service treatment records in your possession that you may not have sent us; or
- Reports of treatment for your condition while attending training in the Guard or Reserve.

38 U.S.C. §5103 NOTICE RESPONSE

We provided a notice to you about the evidence and information VA needs to support your claim for benefits. At this time, you may choose to indicate whether you intend to submit additional information or evidence that would help support your claim.

Your signed response will let us know whether to decide your claim without waiting 30 days, or whether we should give you the full 30 days from the date of the letter sent with this notice response before deciding your claim.

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

RESPONSE

I elect *one* of the following: (Whichever box you check, you have one year from the date of the notice to give VA any other information or evidence you think will support your claim.)

I have enclosed all the remaining information or evidence that will support my claim, or I have no other information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

I will send more information or evidence to VA to support my claim. VA will wait the full 30 days from the date of the letter sent with this notice response before deciding my claim.

Claimant/Representative Signature

Date

Generation Date: March 8, 2024 21:00 EST



Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

SECTION II: REMARKS (Continued)

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)

(This area is intentionally left blank for the veteran/beneficiary to provide remarks.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE OF VETERAN/BENEFICIARY *(Required)*

10. DATE SIGNED *(MM/DD/YYYY)*

Month	Day	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

SECTION V- AUTHORIZATION AND CONSENT TO RELEASE INFORMATION TO VA AND SIGNATURE

12. IF MY CONSENT TO THIS INFORMATION IS LIMITED, THE LIMITATION IS WRITTEN HERE (If this space is left blank, there is no limitation to records):

TO WHOM: The Department of Veterans Affairs (VA).

PURPOSE: Determining my eligibility for benefits, and whether I can manage such benefits.

EXPIRES: This authorization is good for 12 months from the date shown in Item 14.

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above in Section I.
- I understand that there are some circumstances in which this information may be re-disclosed to other parties (See page 2 for details).
- I may write to VA and my source(s) to revoke this authorization at any time (See page 2 for details).
- VA will give me a copy of this form, if I ask; I may also ask the source(s) to allow me to inspect or get a copy of material to be disclosed.
- **I have read both pages of this form and agree to the disclosures above from the types of sources listed. See Patient Acknowledgment below.**

13. SIGNATURE OF PERSON AUTHORIZING DISCLOSURE (Required)

14. DATE SIGNED (MM/DD/YYYY) (Required)

- -

15. PRINTED NAME OF PERSON SIGNING (First, Middle Initial, Last)

16. RELATIONSHIP TO VETERAN/CLAIMANT (If other than self, please provide full name, title, organization, city, State, and ZIP code. All court appointments must include docket number, county, and State)

NOTE: This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical and other information under P.L. 104-191 ("HIPAA"); 45 C.F.R. parts 160 and 164; 42 U.S.C. §290dd-2; 42 C.F.R. part 2, and State Law.

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the source to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of material fact knowing it to be false.

If you do not revoke this authorization, it will automatically expire in 12 months from the date you sign and date the form. Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by VA without your consent if authorized by Federal laws such as the Privacy Act.

Under the Government Paperwork Elimination Act (GPEA) (Public Law 105-277), the Office of Management and Budget (OMB) ensures that agencies, when practicable, provide for the option of electronic maintenance, submission of disclosure of information and for the use and acceptance of electronic signatures. GPEA states that electronic records submitted or maintained in accordance with the procedures developed by OMB, or electronic signature or other forms of electronic authentication used in accordance with such procedures, "shall not be denied legal effect, validity, or enforceability merely because such records are in electronic form" (Public Law 105-277, section 1707).

RESPONDENT BURDEN: We need this information and your written authorization to obtain your treatment records to help us get the information required to process your claim. Title 38, United States Code, allows us to ask for this information. You can provide this authorization by signing VA Form 21-4142. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form. If you use the Telecommunications Device for the Deaf (TDD), the Federal relay number is 711.

PATIENT ACKNOWLEDGMENT: I HEREBY AUTHORIZE the sources listed in Section IV, to release any information that may have been obtained in connection with a physical, psychological or psychiatric examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. I understand that the source being asked to provide the Veterans Benefits Administration with records under this authorization may not require me to execute this authorization before it provides me with treatment, payment for health care, enrollment in a health plan, or eligibility for benefits provided by it. I understand that once my source sends this information to VA under this authorization, the information will no longer be protected by the HIPAA Privacy Rule, but will be protected by the Federal Privacy Act, 5 USC 552a, and VA may disclose this information as authorized by law. I also understand that I may revoke this authorization in writing, at any time except to the extent a source of information has already relied on it to take an action. To revoke, I must send a written statement to the VA Regional Office handling my claim or the Board of Veterans' Appeals (if my claim is related to an appeal) and also send a copy directly to any of my sources that I no longer wish to disclose information about me. I understand that VA may use information disclosed prior to revocation to decide my claim.

NOTE: For additional information regarding VA Form 21-4142, refer to the following website: <https://www.benefits.va.gov/privateproviders/>.

WHERE TO SEND YOUR WRITTEN CORRESPONDENCE

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using Direct Upload.

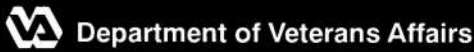
By visiting www.va.gov you can also check your claims status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>.

If you prefer to mail your correspondence, please use the related mailing address below.

COMPENSATION CLAIMS	PENSION & SURVIVORS BENEFIT CLAIMS
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365
FIDUCIARY	BOARD OF VETERANS' APPEALS
Department of Veterans Affairs Fiduciary Intake PO Box 95211 Lakeland, FL 33804-5211	Department of Veterans Affairs Board of Veterans' Appeals PO Box 27063 Washington, DC 20038

These addresses serve all United States and foreign locations.



VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

**GENERAL RELEASE FOR MEDICAL PROVIDER INFORMATION
 TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)**

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. Use this form to provide the name of the provider or facility you have received treatment from to the VA. For more information, contact us at <https://iris.custhelp.va.gov>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms. After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, and insert one letter per box, to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER - -

3. VA FILE NUMBER

4. DATE OF BIRTH (MM/DD/YYYY) - -

5. VETERAN'S SERVICE NUMBER (If applicable)

SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)

6. PATIENT'S NAME (First, Middle Initial, Last)

7. SOCIAL SECURITY NUMBER - -

8. VA FILE NUMBER

SECTION III - MEDICAL PROVIDER INFORMATION

9A. PROVIDER OR FACILITY NAME	9B. CONDITIONS YOU ARE BEING TREATED FOR	9C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 9A) From: <input type="text"/> - <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> - <input type="text"/>
9D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <input type="text"/> Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> - <input type="text"/>		
10A. PROVIDER OR FACILITY NAME	10B. CONDITIONS YOU ARE BEING TREATED FOR	10C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 10A) From: <input type="text"/> - <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> - <input type="text"/>
10D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street <input type="text"/> Apt./Unit Number <input type="text"/> City <input type="text"/> State/Province <input type="text"/> Country <input type="text"/> ZIP Code/Postal Code <input type="text"/> - <input type="text"/>		

VETERAN'S SOCIAL SECURITY NO. - -

11A. PROVIDER OR FACILITY NAME	11B. CONDITIONS YOU ARE BEING TREATED FOR	11C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 11A)
		From: <input type="text"/> - <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> - <input type="text"/>

11D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

12A. PROVIDER OR FACILITY NAME	12B. CONDITIONS YOU ARE BEING TREATED FOR	12C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 12A)
		From: <input type="text"/> - <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> - <input type="text"/>

12D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

13A. PROVIDER OR FACILITY NAME	13B. CONDITIONS YOU ARE BEING TREATED FOR	13C. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 13A)
		From: <input type="text"/> - <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> - <input type="text"/>

13D. PROVIDER/FACILITY STREET ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, if the information including your Social Security Number (SSN) is not furnished completely or accurately, the health care provider to which this authorization is addressed may not be able to identify and locate your records, and provide a copy to VA. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975 and still in effect.

RESPONDENT BURDEN: We need this information to obtain your treatment records. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

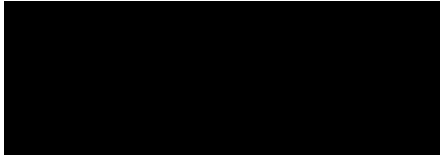
PENALTY - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact knowing it to be false.



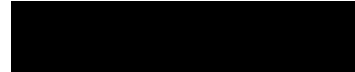
DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT B

March 6, 2024

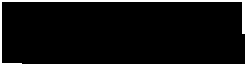


In reply, refer to:
283/DV



IMPORTANT

Dear

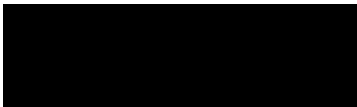


We received mail indicating that you would like us to review a claim for mental health condition that we previously denied. VA regulations require you to file this request on the proper form.

What Should You Do?

To begin processing your request, you must review the table below regarding the proper form to use. Then, complete, sign, and return that form to us. If you do not feel ready to submit your claim, you may also submit an intent to file identifying the general benefit(s) you are seeking. If a completed application is received within one year from the date that a complete intent to file is received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your complete intent to file.

Your Situation	Form to use
VA last made a decision on the claimed issue less than one year ago, and you have no new evidence to submit for VA to consider.	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
You have new and relevant evidence to submit for VA to consider.	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
VA last made a decision on the claimed issue	VA Form 10182, <i>Decision Review Request:</i>



less than one year ago, and you want to have the decision reviewed by the Board of Veterans' Appeals.	<i>Board Appeal (Notice of Disagreement)</i>
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We will take no further action until we receive your completed form. To locate these forms, go to the website www.va.gov/vaforms, or call us at 1-800-827-1000.

If VA last made a decision on the claimed issue less than one year ago, and you want to have the decision reviewed by the Board of Veterans' Appeals, please complete a VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement).

Veterans Signals (VSignals), a VA Customer Experience Survey

VA is conducting short surveys to gather feedback regarding the new decision review process. VA will randomly select survey participants from individuals who filed a request for a decision review. The survey will be sent via email and should take less than three minutes to complete. If selected, you will receive a survey within 10 days of the date on your notification letter. To be considered for VA surveys, please review your va.gov profile and ensure we have your current email address. The survey may not route to your inbox, so please check your junk folder.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.



Where to Send Written Records

Please mail all written responses to the **Compensation Benefits** address listed on the attached Where to Send Your Correspondence chart.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached Where to Send Your Written Correspondence chart, below.

In all cases, be sure to refer to your VA file number 315804990.

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov>, or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

We sent a copy of this letter to DISABLED AMERICAN VETERANS, who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

Respectfully,



Regional Office Director

Enclosure(s): Where To Send Your Correspondence

cc: DISABLED AMERICAN VETERANS
 POA National Organization

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

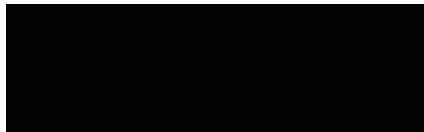
These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

EXHIBIT C

March 14, 2024



We made a decision on your VA benefits.



This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Your Benefit Information:

- Service connection for surgical scar, left lower extremity is granted with an evaluation of 0 percent effective October 13, 2023.
- Evaluation of Other Specified Trauma- and Stressor-Related Disorder, Persistent response to trauma with PTSD-like symptoms (previously as posttraumatic stress disorder), which is currently 50 percent disabling, is continued.
- Evaluation of left knee meniscal tear with degenerative arthritis, which is currently 20 percent disabling, is continued.
- Evaluation of left knee limitation of flexion with degenerative arthritis, other than post-traumatic., which is currently 10 percent disabling, is continued.
- Evaluation of right knee meniscal tear with degenerative arthritis, other than post-traumatic, which is currently 10 percent disabling, is continued.
- Entitlement to individual unemployability is denied.
- Service connection for migraines is denied.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
50%	May 5, 2023
70%	May 8, 2023
70%	Oct 13, 2023



We have included with this letter:

1. Explanation of Payment
2. Additional Benefits
3. Where to Send Your Correspondence
4. VA Form 20-0998
5. Rating Decision
6. Fraud Prevention Attachment

Contact information:

Web: www.vets.gov
Phone: 1-800-827-1000
TDD: 711
To send questions online: visit <https://iris.custhelp.com/>

Social Media:

Twitter: @VAVetBenefits
Facebook: www.facebook.com/VeteransBenefits

Your representative:

You appointed DISABLED AMERICAN VETERANS as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

If you or someone you know is in crisis, call the *Veterans Crisis Line* at 1-800-273-8255 and press 1.



How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages: <http://www.benefits.va.gov/compensation/rates-index.asp#howcalc>.

See **Rating Decision** to find out why we made this decision.

As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VALife) is guaranteed acceptance whole life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. Visit the VALife Insurance website, <https://www.va.gov/life-insurance/options-eligibility/valife/>, for further information.

You may be eligible for cost free hospital care and medical services under a new law passed by Congress. To be eligible, you must have served at Camp Lejeune for at least 30 days between August 1, 1953-December 31, 1987 and be diagnosed with any of the illnesses or conditions listed below. For additional information, contact your local VA health care facility.

Esophageal Cancer, Breast Cancer, Kidney Cancer, Multiple Myeloma, Renal Toxicity, Female Infertility, Scleroderma, Non-Hodgkin's Lymphoma, Lung Cancer, Bladder Cancer, Leukemia, Myelodysplastic Syndromes, Hepatic Steatosis, Miscarriage, And Neurobehavioral Effects. (38 CFR 17.400 Hospital Care and Medical Services for Camp Lejeune Veterans.)

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason
\$1,804.06	Jun 1, 2023	Original Award
\$1,861.28	Dec 1, 2023	Cost of Living Adjustment

We are currently paying you as a Veteran with one dependent. *Let us know right away if there is any change in the status of your dependents.*

If payments are due, you should receive your first payment, if not already in receipt of payments, within 7-10 days of this notice.

See **Explanation of Payment** for more details about your payment.



Your payment will be directed to the financial institution and account number that you specified. To confirm when your payment was deposited, please contact your financial institution.

If this account is no longer open,

please notify us immediately.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you have one year from the date of this letter to select a review option in order to protect your initial filing date for effective date purposes. You must file your request on the required application form for the review option desired. The table below represents the review options and their respective required application form.

Review Option	Required Application Form
Supplemental Claim	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Higher-Level Review	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
Appeal to the Board of Veterans' Appeals	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>

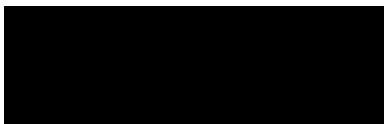
Please note: You **may not** request a higher-level review of a higher-level review decision issued by VA.

The enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*, explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

Important: If you have a service-connected condition which you feel has worsened and is no longer accurately reflected by the level of disability assigned, please use VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits* to request an increased evaluation. However, if you disagree with a decision made within the last year, please refer to the enclosed VA Form 20-0998, *Your Right To Seek Review Of Our Decision*. If you





would like us to review a claim that was denied more than one year ago, and you have new and relevant evidence for us to consider, please use VA Form 20-0995, *Decision Review Request: Supplemental Claim*.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter as noted below letting us know what you would like to obtain. Some evidence may be obtained online by visiting www.va.gov.

Thank you for your service,

Regional Office Director

cc: DISABLED AMERICAN VETERANS



Explanation of Payment

Your monthly entitlement amount includes payment for the following dependent(s):

Payment Start Date	Award Dependent(s)
Jun 1, 2023	RAMONA
Dec 1, 2023	RAMONA

Let us know right away if there is any change in the status of your dependent(s).

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. We may be able to pay you retroactive benefits for your dependents if you submit your dependency claim within a year from the date of this letter. If you wish to notify us of your dependents, please do so through eBenefits, an electronic resource in a self-service environment. Use of these resources often helps us serve you faster! Just visit www.eBenefits.va.gov to enroll and submit your dependency information. If you would prefer to submit your request to add your dependents to your award in paper, please complete, sign, and return VA Form 21-686c, *Application Request to Add and/or Remove Dependents*. You can locate the appropriate form(s), please the visit the following website: www.va.gov/vaforms.

Please Take Action: What Things Affect Your Right to Payment?

Please notify VA *immediately* if there is a change in any condition affecting your right to continued payments. If you don't notify us of these changes immediately, you may have to return any overpayments. Those changes include:

Evidence received shows a change is warranted.
<p>Military Pay or Worker's Compensation: Your payments may be affected by the following, which you must bring to our attention:</p> <ul style="list-style-type: none">• Reentrance into active military or naval service.• Receipt of armed forces service retirement pay, unless your retirement pay has already been reduced because of award of disability compensation.• Receipt of benefits from the Office of Federal Employees Compensation.• Receipt of active duty or drill pay as a reservist or member of the National Guard.
<p>Dependents: If you have a disability rating of 30 percent or more, you must advise VA of any change with your spouse or children.</p>
<p>Hospitalization: If your award includes Aid and Attendance benefits, we may reduce this additional allowance if you are admitted to a hospital, nursing home, or domiciliary care at VA expense.</p>





Evidence received shows a change is warranted.
Incarceration: Benefits will be reduced if you are incarcerated in a federal, state, or local penal institution for more than 60 days for conviction of a felony.
Lack of Cooperation: We may stop monthly payments if you: <ul style="list-style-type: none">• fail to submit evidence we requested,• fail to attend a VA examination when requested, or• Submit false or fraudulent evidence to VA, or cause false or fraudulent evidence to be submitted to VA.
Fraud/Lying to Government: The law provides severe penalties, which include fines, imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled. We may verify information you submit through computer-matching programs with other agencies.

Additional Benefits

Education, Training, and Employment: <ul style="list-style-type: none">• <u>Education loans:</u> For more information, please call 1-888-GIBILL-1 (1-888-442-4551) or visit www.vets.gov/education.• <u>Veterans with student loans:</u> For more information, please call 1-888-303-7818 or visit www.disabilitydischarge.com/.
Medical Care and Treatment: <ul style="list-style-type: none">• <u>Mental Health Counseling:</u> For more information, please visit www.myhealth.va.gov/mhv-portal-web/.• <u>Blind Rehabilitation:</u> For more information, please visit www.va.gov/blindrehab/.• <u>Change in Compensation Benefits:</u> For more information, please call 1-877-222-VETS or visit www.va.gov/healtheligibility.• <u>Clothing Allowance:</u> For more information, please call 1-800-827-1000 or visit www.vets.gov/disability-benefits/conditions/special-claims/clothing/.• <u>VA Medical Care:</u> Present a copy of this notification letter to the Patient Registration/Eligibility Section at your nearest VA Medical Center www.vets.gov/facility-locator/.• <u>Dental Benefits:</u> For more information, please contact your nearest VA Medical Center or outpatient clinic www.vets.gov/facility-locator/.





Home Adaptations/Loans, Automobile Benefits, and Life Insurance:

- Loans: For more information, please visit www.benefits.va.gov/homeloans/.
- Funding Fee Refund: If you paid a funding fee at the closing of a VA guaranteed home loan and your VA compensation award provides an effective rating date that was prior to your loan closing date, then you may be eligible for a funding fee refund. Please contact either your current mortgage servicer or a VA Regional Loan Center at (877) 827-3702 to begin the refund process.
- Government life insurance: As a Veteran with a service-connected disability, you may be eligible for up to \$40,000 in VA life insurance benefits. Veterans Affairs Life Insurance (VALife) is guaranteed acceptance whole life insurance available to all service-connected, disabled veterans with no time limit to apply as long as you are age 80 or under. Veterans age 81 and over are still eligible in certain circumstances. For more information on VALife, please visit <https://www.va.gov/life-insurance/options-eligibility/valife/>.

Armed Forces Commissary and Exchange:

- You may be entitled to Armed Forces Commissary and Exchange privileges. Honorably discharged Veterans with a service-connected disability; Former Prisoners of War; Purple Heart or Medal of Honor recipients; military retirees; members of the reserves; and their dependents may qualify for entitlement to this additional benefit. For more information, please visit va.gov/resources/commissary-and-exchange-privileges-for-veterans.

Payment for Travel:

- Payment for Travel: You may be eligible for reimbursement for beneficial travel mileage for previous VA medical appointments because of your newly granted service-connected conditions. You must make a request for such reimbursement **within 30 days of this letter** by contacting the Enrollment office at your Medical Center and providing a copy of this letter.

State Benefits:

- State Benefits: For more information, please visit www.va.gov/statedva.htm.



Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>




These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

	Supplemental Claim	Higher-Level Review	Board Appeal
What Is This?	A reviewer will determine whether new and relevant evidence changes the prior decision.	An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.	A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.
By Selecting This Option	<p>You are adding or identifying new and relevant evidence to support your claim that we did not previously consider.</p> <p>VA will assist you in gathering new and relevant evidence that you identify to support your claim.</p>	<p>You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision.</p> <p>You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.</p>	<p>You must choose a docket:</p> <p>Direct Review - You do not want to submit evidence or have a hearing.</p> <p>Evidence Submission - You choose to submit additional evidence without a hearing.</p> <p>Hearing - You choose to have a hearing with a Veterans Law Judge.</p>
Goal To Complete	125 days on average	125 days on average	365 days on average for Direct Review (longer for the other options)
Form To File*	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
Scan QR Code to Access Form			
Further Options After This Decision Review	You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.	You may request a Supplemental Claim or a Board Appeal.	You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.



For most VA benefits, **you have 1 year from the date on your decision notice to request a decision review to ensure the earliest possible effective date.** Consult your decision notice for specific limitations.

* All forms listed are available at www.va.gov/find-forms/ or use your mobile device camera to scan the QR code to take you directly to the form you select.

If you do not submit a decision review request within the required time, you may only seek review through the following:

- A request to revise the decision based on a clear and unmistakable error, or
- A Supplemental Claim. If you file a Supplemental Claim after the **1-year** time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

- If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
- If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit www.va.gov/decision-reviews/. If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at www.va.gov/decision-reviews/get-help-with-review-request/. You can find a searchable database of VA-recognized representatives at www.va.gov/ogc/apps/accreditation.

Scan the QR Code to Open the Appropriate Decision Review Website Page



**Supplemental
Claim**



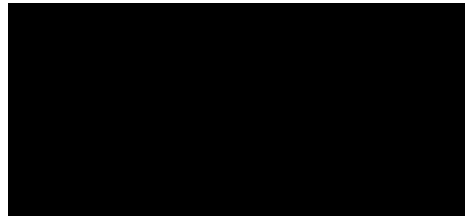
**Higher-Level
Review**



**Board
Appeal**



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office**



**Represented By:
DISABLED AMERICAN VETERANS
Rating Decision
03/13/2024**

INTRODUCTION

[REDACTED]. You filed a new claim for benefits that was received on October 13, 2023. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

1. Service connection for surgical scar, left lower extremity is granted with an evaluation of 0 percent effective October 13, 2023.
2. Evaluation of Other Specified Trauma- and Stressor-Related Disorder, Persistent response to trauma with PTSD-like symptoms (previously as posttraumatic stress disorder), which is currently 50 percent disabling, is continued.
3. Evaluation of left knee meniscal tear with degenerative arthritis, which is currently 20 percent disabling, is continued.



4. Evaluation of left knee limitation of flexion with degenerative arthritis, other than post-traumatic., which is currently 10 percent disabling, is continued.
5. Evaluation of right knee meniscal tear with degenerative arthritis, other than post-traumatic, which is currently 10 percent disabling, is continued.
6. Entitlement to individual unemployability is denied.
7. Service connection for migraines is denied.

EVIDENCE

- Rating Decision, dated January 21, 2024
- Service Treatment Records, received April 4, 2017, for the period February 13, 1991 to June 28, 1991
- Service Personnel Records, received January 10, 2023, for the period February 13, 1991 to June 28, 1991
- VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC, received October 13, 2023
- VA Forms 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, received October 13, 2023, and November 6 and 8, 2023
- VA Form 21-8940, Veteran's Application For Increased Compensation Based On Unemployability, received October 13, 2023
- VA Form 21-4138, Statement in Support of Claim, received October 13, 2023
- Subsequent Development Letters, dated October 23, 2023 and November 8, 2023
- VA Form 21-4192, Request For Employment Information in Connection With Claim For Disability Benefits, received November 8, 2023
- Private Treatment Records from Emory Healthcare, received November 16, 2023, for the period July 15, 2022 to November 13, 2023
- VA Form 21-4142, Authorization and Consent to Release Information to Department of Veterans Affairs, received November 16, 2023
- [REDACTED] treatment records, for the period July 22, 2013 to December 14, 2023
- VA contract examinations and medical opinions, Logistics Health Inc. (LHI), conducted December 23 and 28, 2023, and January 12, 2024
- Private Treatment Records from Northside Hospital, received December 30, 2023, for the period November 10, 2018 to November 16, 2023
- Compensation exam dated January 26, 2024
- Compensation exam dated February 1, 2024
- Compensation exam dated February 7, 2024
- [REDACTED] records received February 23, 2024 and March 6, 2024 for July 16, 2013 to March 4, 2024

REASONS FOR DECISION



1. Service connection for surgical scar, left lower extremity.

Service connection for surgical scar, left lower extremity has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is October 13, 2023. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

A noncompensable evaluation is assigned from October 13, 2023.

We have assigned a 0 percent evaluation for your surgical scar, left lower extremity based on:

- Left lower extremity: area or areas less than 144 square inches (929 sq. cm.) (Not associated with underlying soft tissue damage)

Additional symptom(s) include:

- Scar 1 Location: Left lower extremity
- Scar 1 type: scar

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

Your first scar/area has a length of 21 cm and a width of 1 cm for a total area of 21 sq. cm.

An additional, separate compensable evaluation under Diagnostic Code 7804 is not warranted unless there is at least one scar that is painful or unstable. (38 CFR 4.118)

A higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage (left lower extremity) unless the evidence shows:

- Area or areas of 144 square inches (929 sq. cm.) or greater. (38 CFR 4.118)

Additionally, a higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are associated with underlying soft tissue damage (entire body) unless the evidence shows:

- Area or areas of at least 6 square inches (39 sq. cm.) but less than 12 square inches (77 sq. cm.). (38 CFR 4.118)

Additionally, a higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage (entire body) unless the evidence shows:

- Area or areas of 144 square inches (929 sq. cm.) or greater. (38 CFR 4.118)



2. Evaluation of Other Specified Trauma- and Stressor-Related Disorder, Persistent response to trauma with PTSD-like symptoms (previously as posttraumatic stress disorder) currently evaluated as 50 percent disabling.

Although recent evidence shows some improvement in the condition, sustained improvement has not been definitively established. {38 CFR 3.344} We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation.

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 50 percent evaluation for your Other Specified Trauma- and Stressor-Related Disorder, Persistent response to trauma with PTSD-like symptoms based on:

- Anxiety
- Chronic sleep impairment
- Difficulty in adapting to a worklike setting
- Difficulty in adapting to stressful circumstances
- Difficulty in adapting to work
- Difficulty in establishing and maintaining effective work and social relationships
- Disturbances of motivation and mood
- Flattened affect
- Forgetting directions
- Forgetting names
- Forgetting recent events
- Mild memory loss
- Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal)
- Suspiciousness

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 50 percent disability evaluation. (38 CFR 4.7, 38 CFR 4.126)

A higher evaluation of 70 percent is not warranted for a mental disorder unless the evidence shows occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as:

- Suicidal ideation
- Obsessional rituals which interfere with routine activities
- Speech intermittently illogical, obscure, or irrelevant
- Near-continuous panic or depression affecting the ability to function independently, appropriately and effectively
- Impaired impulse control (such as unprovoked irritability with periods of violence)



- Spatial disorientation
- Neglect of personal appearance and hygiene
- Difficulty in adapting to stressful circumstances (including work or a worklike setting)
- Inability to establish and maintain effective relationships. (38 CFR 4.125, 38 CFR 4.126, 38 CFR 4.130)

3. Evaluation of left knee meniscal tear with degenerative arthritis currently evaluated as 20 percent disabling.

We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation. Although recent evidence shows some improvement in the condition, sustained improvement has not been definitively established. {38 CFR 3.344}

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 20 percent evaluation for your left knee condition based on:

- Sprain, incomplete ligament tear, or repaired complete ligament tear causing persistent instability and a medical provider prescribes a brace and/or assistive device (e.g., cane(s), crutch(es), walker) for ambulation

Additional symptom(s) include:

- X-ray evidence of degenerative arthritis

This is the highest schedular evaluation allowed under the law for degenerative arthritis, other than post-traumatic. (38 CFR 4.71a)

Additionally, a higher evaluation of 30 percent is not warranted for impairment of the knee unless the evidence shows:

- A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription for a brace and either a cane or a walker; or,
- Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes both an assistive device (e.g., cane(s), crutch(es), or a walker) and bracing for ambulation. (38 CFR 4.71a)

4. Evaluation of left knee limitation of flexion with degenerative arthritis, other than post-traumatic. currently evaluated as 10 percent disabling.

We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation. Although recent



evidence shows some improvement in the condition, sustained improvement has not been definitively established. {38 CFR 3.344}

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 10 percent evaluation for your left knee condition based on:

- Painful motion of the knee (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the knee, the minimum compensable evaluation of 10 percent is assigned)

Additional symptom(s) include:

- Sprain, incomplete ligament tear, or repaired complete ligament tear causing persistent instability and a medical provider prescribes a brace and/or assistive device (e.g., cane(s), crutch(es), walker) for ambulation
- X-ray evidence of degenerative arthritis

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and applied under 38 CFR §4.59.

A higher evaluation of 20 percent is not warranted for degenerative arthritis, other than post-traumatic unless the evidence shows:

- X-ray evidence of involvement of two or more major joints or two or more minor joint groups, with occasional incapacitating exacerbations. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of flexion of the knee unless the evidence shows:

- Limitation of flexion of 16 to 30 degrees. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of extension of the knee unless the evidence shows:

- Limitation of extension of 15 to 19 degrees. (38 CFR 4.71a)

5. Evaluation of right knee meniscal tear with degenerative arthritis, other than post-traumatic currently evaluated as 10 percent disabling.

We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation. Although recent evidence shows some improvement in the condition, sustained improvement has not been



definitively established. {38 CFR 3.344}

When, after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in favor of the claimant. Reasonable doubt exists because of an approximate balance of positive and negative evidence which does not satisfactorily prove or disprove the claim. (38 CFR 3.102, 38 CFR 4.3, 38 CFR 4.6)

We have assigned a 10 percent evaluation for your right knee condition based on:

- Painful motion of the knee (38 CFR §4.59 allows consideration of functional loss due to painful motion to be rated to at least the minimum compensable rating for a particular joint. Since you demonstrate painful motion of the knee, the minimum compensable evaluation of 10 percent is assigned)

Additional symptom(s) include:

- X-ray evidence of degenerative arthritis

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and applied under 38 CFR §4.59.

A higher evaluation of 20 percent is not warranted for degenerative arthritis, other than post-traumatic unless the evidence shows:

- X-ray evidence of involvement of two or more major joints or two or more minor joint groups, with occasional incapacitating exacerbations. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of flexion of the knee unless the evidence shows:

- Limitation of flexion of 16 to 30 degrees. (38 CFR 4.71a)

Additionally, a higher evaluation of 20 percent is not warranted for limitation of extension of the knee unless the evidence shows:

- Limitation of extension of 15 to 19 degrees. (38 CFR 4.71a)

6. Entitlement to individual unemployability.

Entitlement to individual unemployability is denied because you have not been found unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities. You are considered unemployable due to nonservice-connected factors. The service-connected disabilities, when considered apart from the nonservice-connected conditions, are not the cause of unemployability. (38 CFR 4.16, 38 CFR 4.18)

Favorable Findings identified in this decision:

You are not working. Mental health exam shows your are not working due to non service



connected congestive heart failure.

Your service-connected disabilities meet the schedular criteria for entitlement to individual unemployability. You are service connected for PTSD at 50 percent with a combined evaluation of 70 percent.

7. Service connection for migraines.

The evidence does not show an event, disease or injury in service. (38 CFR 3.303, 38 CFR 3.304) We did not find a link between your medical condition and military service. (38 CFR 3.303) Service connection may be granted for a disease or injury which resulted from a service-connected disability or was aggravated thereby. The evidence does not show that your claimed disability is related to a service-connected disability, nor is there any evidence that your claimed disability was incurred during military service. (38 CFR 3.303, 38 CFR 3.306, 38 CFR 3.310)

Service connection may be granted for a condition diagnosed after military discharge provided evidence establishes that the condition was caused by service. Service connection may be granted on this basis for a disability related to toxic exposure risk activity (TERA) during military service if evidence demonstrates that the Veteran was actually exposed in service and that a disease associated with such exposure resulted. (38 CFR 3.303, 38 CFR 3.304)

We considered whether your condition resulted from a toxic exposure risk activity (TERA) in service. (38 U.S.C. 1168, 38 U.S.C. 1710(e)(4)) The evidence of record shows participation in a TERA.

We requested an examination with medical opinion based on toxic exposure risk activity (TERA). Although the evidence of record shows participation in a TERA, the medical opinion provided by the examiner does not show an association between your claimed disability and in-service TERA. (38 U.S.C. 1168, 38 CFR 3.303)

Favorable Findings identified in this decision:

You have been diagnosed with a disability. Compensation exam from January 2024 shows migraines.

Participation in a toxic exposure risk activity is conceded. TERA memo shows exposure to burn pits and environmental hazards with SWA service.

The claimed primary disability is service-connected. You are service connected for PTSD now diagnosed as other specified stressor related disorder.

REFERENCES:





Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all Veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.



Fraud Prevention: Protect Your Benefits

Please contact the VA ***immediately*** at 1-800-827-1000 if you suspect your information is compromised.

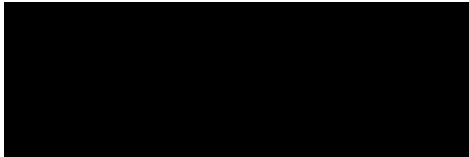
- You receive correspondence from VA concerning a claim, and you don't remember filing a claim contact the VA at 1-800-827-1000.
- You receive correspondence requesting a processing fee prior to releasing benefit payments contact the VA at 1-800-827-1000.
- VA may check in with you by phone, email, or text message. The VA will **never ask for personal information via email**. This includes verification of your SSN, address, and/or bank information. If you are unsure about any call, email, or text, confirm details directly with the VA.
- VA **does not threaten** claimants with jail or lawsuits.
- Be cautious of telephone numbers on caller ID. Scammers may change the telephone number (spoofing) to make a call appear to come from a different person or place.
- When in doubt, hang up and call VA directly at 1-800-827-1000, or call your Power of Attorney representative (DAV, VFW, etc.).
- **Do not ignore emails or letters** from the VA notifying you of an update to direct deposit or eBenefits account information. If you don't remember making changes, it could be the first sign your information was compromised.
- Use secure, unique passwords, and two factor identification where available. To establish a more secure logon for Vets.gov and ebenefits.va.gov with two factor identification create an account via ID.me at <https://api.id.me/en/registration/new>
- Monitor your accounts regularly, respond to fraud alerts and report unauthorized transactions promptly.
- To learn more about protecting yourself from fraud, and how to report it visit <https://www.va.gov/oig/hotline/default.asp>, or go to VA.gov and search "Office of Inspector General".
- For more details on how to avoid scams go to <https://www.fcc.gov/veterans-targeted-benefits-scams>
- Download free financial scam awareness resources at <https://www.consumerfinance.gov/about-us/blog/helping-prevent-scams-targeted-veterans/>
- Get up-to-date information on fraud and scams from the Federal Trade Commission <https://public.tableau.com/profile/federal.trade.commission>



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT D

March 7, 2024



In reply, refer to:
283/DV
File Number:



IMPORTANT

Dear Mr. [Redacted]

We received mail indicating that you would like us to review a claim for left lower extrem;right lower extremely;restless les syndom;res. of pratectomy -;inresse : lumbar that we previously denied. VA regulations require you to file this request on the proper form.

What Should You Do?

To begin processing your request, you must review the table below regarding the proper form to use. Then, complete, sign, and return that form to us. If you do not feel ready to submit your claim, you may also submit an intent to file identifying the general benefit(s) you are seeking. If a completed application is received within one year from the date that a complete intent to file is received and we decide that you are entitled to VA benefits, we may be able to compensate you from the date we received your complete intent to file.

Your Situation	Form to use
VA last made a decision on the claimed issue less than one year ago, and you have no new evidence to submit for VA to consider.	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
You have new and relevant evidence to submit for VA to consider.	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>

ERRORS found

- misspelling
- Veteran submitted 21-526ez - has never filed for 1) restless legs syndrome 2) prostectomy 3) service connected for lumbar condition - these 3 issues should not be listed on this form and VA is now requesting proper form



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT E


January 23, 2024



In reply, refer to:
322/SD



IMPORTANT -- reply needed within 30 days

Dear Mr. 

We are working on your claim.

Important Information

- You claimed Back Condition and Left Achilles Tendon, please specify what disability you are claiming.

What Do We Still Need From You?

We need additional evidence from you. *Please put your VA file number on the first page of every document you send us.*

- You did not claim a specific disability. Please tell us the name of your claimed disability. You may provide this information on the enclosed VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*. Please note that we cannot take further action on your claim until we receive this information.
- You recently claimed VA benefits and did not elect an electronic payment method. The U.S. Department of Treasury (Treasury) mandated that new recurring benefit payments must be made via EFT or prepaid debit card. You must contact the Treasury at 1-888-224-2950 to discuss options available for receiving your future payments that are in compliance with Treasury regulations.

Before you call the Treasury, we can help! If compensation or pension is awarded, you can receive your payments through electronic funds transfer (EFT).

To have your federal benefits electronically transferred to your designated financial institution (e.g. bank) you can update your direct deposit information through VA.gov, or you can call us at 1-800-827-1000. To find out more about changing your VA direct deposit



information please visit <https://www.va.gov/change-direct-deposit/>.

If you do not have a financial institution, you can go online to the Veterans Benefits Banking Program website at www.veteransbenefitsbanking.org to locate a low-cost or no-cost option.

If you do not have access to the internet or a phone, you can update your direct deposit information by completing the attached *Standard Form 1199a*.

How Should You Submit What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the VA.gov website. Just visit www.VA.gov to register. Please also refer to the ‘What is VA.gov?’ section of this letter for more information.

You can also mail what we need to the appropriate address listed on the attached *Where to Send Your Correspondence* chart.

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. **If we do not hear from you, we may make a decision on your claim after 30 days.**

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

- Submit claims for benefits and/or upload documents directly to the VA
- Request to add or change your dependents
- Update your contact and direct deposit information and view payment history
- Track the status of your claim or appeal
- Obtain verification of military service, civil service preference, or VA benefits
- And much more!

Enrolling in VA.gov is easy. Just visit www.va.gov for more information. If you submit a claim in the future, consider filing through VA.gov. Filing electronically, especially if you participate in our fully developed claim program, may result in a faster decision than if you submit your claim through the mail.

Where to Send Written Records

Please mail all written responses to the **Compensation Benefits** address listed on the attached *Where to Send Your Correspondence* chart.

If You Have Questions or Need Assistance



[REDACTED]

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://www.va.gov/contact-us/ .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail all written correspondence to the appropriate address listed on the attached <i>Where to Send Your Correspondence</i> .

In all cases, be sure to refer to VA file number [REDACTED]

If you are looking for general information about benefits and eligibility, you should visit our web site at <https://www.va.gov> or contact us, or explore our FAQs and other resources at <https://www.va.gov/contact-us/>.

We sent a copy of this letter to DISABLED AMERICAN VETERANS, who you have appointed as your representative(s). If you have questions or need assistance, you can also contact your representative.

We look forward to resolving your claim in a fair and timely manner.

Respectfully,

Regional Office Director

Enclosure(s): VA Form 21-526EZ
Where to Send Correspondence
VA Form 21-4138
Standard Form 1199a - Direct Deposit Sign Up Form

cc: DISABLED AMERICAN VETERANS
POA National Organization



**NOTICE TO VETERAN/SERVICE MEMBER OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR
VETERANS DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS**

This notice provides information regarding the evidence necessary to substantiate a claim for:

Disability Service Connection	Special Monthly Compensation
Compensation Claims Submitted Prior to Discharge	Benefits Based on a Veteran's Seriously Disabled Child
Compensation under 38 U.S.C. 1151	Increased Disability Compensation
Automobile Allowance/Adaptive Equipment	Individual Unemployability
Secondary Service Compensation	Specially Adapted Housing/Special Home Adaptation
Temporary Total Disability Rating	Presumptive Service Connection

When to Use this Form

Use this notice and the attached application to submit a claim for veterans' disability compensation and related compensation benefits. This notice informs you of the evidence necessary to decide your claim. After you submit your claim on the attached application you **will not** receive an initial letter regarding your claim. You **do not** need to submit another application.

If you are filing a new claim or a claim for increased disability compensation for an evaluation decided <u>more than one year ago</u> ...	please complete and submit VA Form 21-526EZ, <i>Application for Disability Compensation and Related Compensation Benefits</i> .
If you disagree with an evaluation decided within the past year and have new and relevant evidence OR If you are filing a supplemental claim (a claim after an initial claim for the same or similar benefit was previously decided) and have new and relevant evidence ...	please complete and submit VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i> **

** You may also file a request for higher-level review (VA Form 20-0996, *Decision Review Request: Higher-Level Review*) or appeal to the Board of Veterans' Appeals (VA Form 10182, *Decision Review Request: Board Appeals (Notice of Disagreement)*). For additional information on all of these different options, please visit <https://www.va.gov/decision-reviews/>.

Want to apply electronically? You can apply online at www.va.gov. If you sign in or create an account, we can prefill parts of your application and save your work in progress. You can also upload all your supporting documents with your claim, and submit it through the Fully Developed Claims (FDC) program, then track claim status online. Get Started at <https://www.va.gov/disability/how-to-file-claim/>.

NOTE: You may wish to contact an accredited veterans service officer (VSO) to assist you with your application. For a list of accredited veterans service organizations go to <https://www.va.gov/ogc/recognizedvsos.asp>. You may also contact your state office of veterans affairs at <https://www.va.gov/statedva.htm>, should you need further assistance with the application process.

Want your claim processed faster? The FDC Program is the **fastest** way to get your claim processed without any risk to participate! To participate in making a claim for veterans disability compensation or related compensation benefits, submit your claim in accordance with the "FDC Program" shown on the following information pages 2 through 8. If you are making a claim for veterans non service-connected pension benefits, use VA Form 21P-527EZ, *Application for Pension*. If you are making a claim for survivor benefits, use VA Form 21P-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefits*. VA forms are available at www.va.gov/vaforms. A separate expedited claims processing program available for current active duty Servicemembers is explained on page 5 under *Compensation Claims Submitted Prior to Discharge*.

NOTE: Participation in the FDC Program is optional and will not affect the benefits to which you are entitled. If you file a claim in the FDC Program and it is determined that other records exist and VA needs the records to decide your claim, then VA will simply remove the claim from the FDC Program and process it in the Standard Claim Process. If you wish to file your claim in the FDC Program, see FDC Program (Optional Expedited Process) on page 2 . If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process on page 2.

SUBMITTING A CLAIM

When submitting a claim(s) for **Veterans Disability Compensation and Related Compensation Benefits** the following information tells you what you need to do and what VA will do during the FDC Program (Optional Expedited Process) or the Standard Claim Process:

1. HOW TO SUBMIT A CLAIM

Submit your claim on a VA Form 21-526EZ (Attached). Make sure you complete and sign your application. The information on pages 2 through 8 describes the evidence you need to submit, how VA will help you obtain evidence and what the evidence must show to support your claim.

2. WHAT YOU NEED TO DO

The table on page 2 describes the information and evidence you need to submit based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process. You will need to indicate how you want your claim to be processed by checking the appropriate box in Item 1, on page 9 of this form.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit all relevant private treatment records, if they exist • Identify any relevant treatment records available at a Federal Facility, such as a VA medical center • Identify the location and sufficient information to obtain your National Guard and Reserve personnel and service treatment records <i>(if applicable)</i> <p>If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.</p> <p>NOTE: If you decide to submit your claim through the FDC Program, please indicate FDC in Item 1 of the application on page 8.</p>	<p>If you know of evidence not in your possession and want VA to try to get it for you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Complete and sign VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs (VA)</i> and VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans Affairs (VA)</i>, identifying any private medical records you wish VA to request for you • Give VA enough information about other relevant evidence so that we can request it from the person or agency that has it <p>If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. <i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></p> <p>If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.</p>
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence <i>along</i> with your claim <p>If you submit additional information or evidence <i>after</i> you submit your "fully developed" claim, then VA will remove the claim from the FDC Program (Optional Expedited Process) and process it in the Standard Claim Process. If we decide your claim before one year from the date we receive the claim, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support the claim.</p>	<p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send any information or evidence as soon as you can <p>You have up to one year from the date we receive the claim to submit the information and evidence necessary to support your claim. If within 30 days, you do not provide any evidence or do not provide us with the information needed to assist you with obtaining evidence, we may decide your claim prior to the expiration of the one year period. If we decide the claim before one year from the date we receive the claim, you will still have the remainder of the one year period to submit additional information or evidence necessary to support the claim.</p>
<p>If any of the special circumstances in the table below titled "<i>Special Circumstances</i>" applies to you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence identified in the "<i>Special Circumstances</i>" table below at the same time as your claim 	<p>If any of the special circumstances in the table below titled "<i>Special Circumstances</i>" applies to you;</p> <p>You are strongly encouraged to:</p> <ul style="list-style-type: none"> • Send the information and evidence identified in the "<i>Special Circumstances</i>" table below at the same time as your claim. If you do not submit the needed information or evidence with your claim but it is needed to make a decision, VA will request it from you.

SPECIAL CIRCUMSTANCES
<p>Under the special circumstances shown below, you <i>must</i> also submit along with your claim the following:</p> <ul style="list-style-type: none"> • If you were treated at a Veterans Center, submit a completed VA Form 21-4142 • If claiming dependents, submit a completed VA Form 21-686c, <i>Application Request to Add and/or Remove Dependents</i>. If claiming a child in school between the ages of 18 and 23; also submit a completed VA Form 21-674, <i>Request for Approval of School Attendance</i>. If claiming benefits for a seriously disabled (helpless) child, also submit all, relevant, private medical treatment records pertaining to the child's pertinent disabilities • If claiming Individual Unemployability, submit a completed VA Form 21-8940, <i>Veteran's Application for Increased Compensation Based on Unemployability</i> • If claiming Post-Traumatic Stress Disorder (PTSD), submit a completed VA Form 21-0781, <i>Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder</i>, or if claiming PTSD based on personal assault, submit a completed VA Form 21-0781a, <i>Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder Secondary to Personal Assault</i>

SPECIAL CIRCUMSTANCES (Continued)

Under the special circumstances shown below, you must also submit along with your claim the following:

- **If claiming Specially Adapted Housing or Special Home Adaptation**, submit a completed VA Form 26-4555, *Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant*
- **If claiming Auto Allowance**, submit a completed VA Form 21-4502, *Application for Automobile or Other Conveyance and Adaptive Equipment*
- **If claiming additional benefits because you or your spouse require Aid and Attendance**, submit a completed VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*; or if claiming Aid and Attendance based on nursing home attendance, a VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

NOTE: VA forms are available online at www.va.gov/vaforms.

3. HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

The table below describes the information and evidence VA will assist you in obtaining based on whether you wish to have your claim considered in the FDC Program (Optional Expedited Process) or in the Standard Claim Process.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim 	<p>VA will:</p> <ul style="list-style-type: none"> • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim • Make every reasonable effort to obtain relevant records not held by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as a private doctor or hospital records from current or former employers

4. WHERE TO SEND INFORMATION AND EVIDENCE

You may send your application and any evidence in support of your claim by using the following methods shown in the table below.

MAIL TO	SUBMIT ONLINE
<p>Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444</p>	<p>VA gov: www.va.gov Direct Upload: AccessVA</p>

5. WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

The table below provides a guide to the evidence tables showing what evidence you must provide to support your claim.

If you are claiming...	See the evidence table titled...
You have a disability that was caused or aggravated by your service	Disability Service Connection
You have a qualifying disability that arose as a result of a presumption of exposure	Presumptive Service Connection
Your service-connected disability caused or aggravated an additional disability	Secondary Service Connection
Your service-connected disability has worsened	Increased Disability Compensation
Compensation and you are a service person who is about to be discharged	Compensation Claims Submitted Prior to Discharge
Your service-connected disability caused you to be hospitalized or to undergo surgery or other treatment	Temporary Total Disability Rating
Your service-connected disability(ies) prevents you from getting or keeping substantial employment	Individual Unemployability
You have a disability caused or aggravated by VA medical treatment, vocational rehabilitation, or compensated work therapy	Compensation Under 38 U.S.C. 1151
Your service-connected disability(ies) causes you to be in need of aid and attendance or the be confined to your residence	Special Monthly Compensation
Adapting and/or purchasing a residence	Special Adapted Housing or Special Home Adaptation
Adapting and/or purchasing a vehicle	Auto Allowance
A Severely Disabled Spouse	Special Monthly Compensation
A Severely Disabled Child	Helpless Child

EVIDENCE TABLES

Disability Service Connection

To support a claim for **service connection**, the evidence must show:

- You had an injury in service, or a disease that began in or was made permanently worse during service, or there was an event in service that caused an injury or disease; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- A relationship exists between your current disability and an injury, disease, symptoms, or event in service. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support a claim for **service connection based upon a period of active duty for training**, the evidence must show:

- You were disabled during active duty for training due to disease or injury incurred or aggravated in the line of duty; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- There is a relationship between your current disability and the disease or injury incurred or aggravated during active duty for training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support a claim for **service connection based upon a period of inactive duty training**, the evidence must show:

- You were disabled during inactive duty training due to an injury incurred or aggravated in the line of duty or an acute myocardial infarction, cardiac arrest, or cerebrovascular accident during inactive duty training; **AND**
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
- There is a relationship between your current disability and your inactive duty training. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

In order to file a **supplemental claim**, you must submit or identify new and relevant evidence.

- To qualify as new, the evidence must not have been part of the evidentiary record at the time of the prior decision.
- In order to be considered relevant, the additional evidence must tend to prove or disprove a matter at issue in the claim.

Presumptive Service Connection

To support a claim for presumptive service connection the evidence must show:

- You served in a recognized location that qualifies you for the presumption of exposure; **AND/OR**
- You have a current disability that qualifies you for the presumption of service connection. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable.

Under certain circumstances, VA may presume that certain current diseases were caused by service, even if there is no specific evidence proving this in your particular claim. Service connection is presumed for certain diseases for the following veterans:

- Former prisoners of war;
- Veterans who have certain chronic or tropical diseases that become evident within a specific period of time after discharge from service;
- Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service;
- Veterans who were exposed to certain herbicides, such as by service in/on:
 - Vietnam or qualifying offshore waters, from January 9, 1962, through May 7, 1975;
 - a unit determined by VA or the Department of Defense to have operated in the Korean DMZ, from September 1, 1967, through August 31, 1971;
 - individuals who performed service in the Air Force or Air Force Reserve and regularly and repeatedly operated, maintained, or served onboard C-123 aircraft known to have used to spray an herbicide agent during the Vietnam era;
 - Thailand at any United States or Royal Thai base, from January 9, 1962, through June 30, 1976;
 - Laos, from December 1, 1965, through September 30, 1969;
 - Cambodia at Mimot or Krek, Kampong Cham Province, from April 16, 1969, through April 30, 1969;
 - Guam or American Samoa, or in the territorial waters thereof, from January 9, 1962, through July 31, 1980;
 - Johnston Atoll or on a ship that called at Johnston Atoll, from January 1, 1972, through September 30, 1977.
- Veterans who served at Camp Lejeune for no less than 30 days (consecutive or nonconsecutive) between August 1, 1953 and December 31, 1987; or
- Veterans who served in the Gulf War:
 - On or after August 2, 1990, and served in:
 - Bahrain; Iraq; the neutral zone between Iraq and Saudi Arabia; Kuwait; Oman; Qatar; Saudi Arabia; Somalia; United Arab Emirates; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; the Red Sea; Afghanistan; Israel; Egypt; Turkey; Syria; or Jordan; **OR**
 - On or after September 11, 2001, and served in:
 - Afghanistan; Djibouti; Egypt; Jordan; Lebanon; Syria; Yemen; or Uzbekistan.

EVIDENCE TABLES (Continued)

Secondary Service Connection

To support a claim for **compensation based upon an additional disability** that was caused or aggravated by a service-connected disability, the evidence must show:

- You currently have a physical or mental disability shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable, in addition to your service-connected disability; **AND**
- Your service-connected disability either caused or aggravated your additional disability. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence. However, VA may presume service-connection for cardiovascular disease developing in a claimant with certain service-connected amputation(s) of one or both lower extremities.

Increased Disability Compensation

If VA previously granted service connection for your disability and you are seeking an **increased evaluation** of your service-connected disability, we need medical or lay evidence to show a worsening or increase in severity and the effect that worsening or increase has on your ability to work.

Compensation Claims Submitted Prior to Discharge

Under the Benefits Delivery at Discharge (BDD) program you can submit a disability claim 90 to 180 days prior to your anticipated separation date from active duty. Claims are accepted from active duty Servicemembers, including reservists serving on active duty in an Active Guard Reserve (AGR) role under 10 U.S.C. and full-time National Guard members serving in an AGR role under 32 U.S.C.

BDD program participants can have their VA medical examinations conducted while they are still on active duty. You are encouraged to file your claim as close to the 180 day mark as possible to ensure your examinations can be scheduled and completed prior to your discharge from active duty. The BDD program requires that Servicemembers be available to report for examinations for 45 days following submission of a disability claim. Claims and additional contentions received with less than 90 days remaining on active duty, claim types that are excluded from the BDD program, or where the Servicemember is unable to report for an examination within the BDD required time frame will be processed under the standard VA claims process, the Fully Developed Claim (FDC) program or any other qualifying program.

BDD Program Criteria for Claim(s) for Disability Compensation and Related Compensation Benefits Submitted Prior to Separation from Active Duty:

- be within 90 to 180 days of discharge;
- be available to report for examinations for 45 days following the submission of a disability claim;
- provide a completed *Separation Health Assessment - Part A Self Assessment* (obtain from: www.benefits.va.gov/compensation/dbq_publicdbqs.asp);
- submit copies of service treatment records for the current period of service with the BDD claim;
- provide an anticipated release from active duty date; *and*
- complete a VA Form 21-526EZ.

Temporary Total Disability Rating

In order to support a claim for a **temporary total disability rating due to hospitalization**, the evidence must show:

- You were treated for more than 21 days for a service-connected disability at a VA or other approved hospital; **OR**
- You underwent hospital observation at VA expense for a service-connected disability for more than 21 days.

In order to support a claim for a temporary total disability rating due to surgical or other treatment performed by a VA or other approved hospital or outpatient facility, the evidence must show:

- The surgery or treatment was for a service-connected disability; **AND**
- The surgery required convalescence of at least one month; **OR**
- The surgery resulted in severe postoperative residuals, such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilizations, house confinement, or the required use of a wheelchair or crutches; **OR**
- One major joint or more was immobilized by a cast without surgery.

Individual Unemployability

In order to support a claim for a **total disability rating based on individual unemployability**, the evidence must show:

- That your service-connected disability or disabilities are sufficient, without regard to other factors, to prevent you from performing the mental and/or physical tasks required to get or keep substantially gainful employment; **AND**
- Generally, you meet certain disability percentage requirements as specified in 38 Code of Federal Regulations 4.16 (i.e. one disability ratable at 60 percent or more, **OR** more than one disability with one disability ratable at 40 percent or more and a combined rating of 70 percent or more).

In order to support a claim for an **extra-schedular evaluation based on exceptional circumstances**, the evidence must show:

- That your service-connected disability or disabilities present such an exceptional or unusual disability picture, due to such factors as marked interference with employment or frequent periods of hospitalization, that application of the regular schedular standards is impractical.

EVIDENCE TABLES (Continued)

Compensation Under 38 U.S.C. 1151

In order to support a claim for **compensation under 38 U.S.C. 1151**, the evidence must show that, as a result of VA hospitalization, medical or surgical treatment, examination, or training, you have:

- An additional disability or disabilities; **OR**
- An aggravation of an existing injury or disease; **AND**
- The disability was the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment, or not a reasonably expected result or complication of the VA care or treatment; **OR**
- The direct result of participation in a VA Veterans Readiness and Employment or compensated work therapy program.

Special Monthly Compensation

In order to support a claim for **increased benefits based on the need for aid and attendance**, the evidence must show that, due to your service-connected disability or disabilities:

- You require the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing yourself, attending to the wants of nature, adjusting prosthetic devices, or protecting yourself from the hazards of your daily environment (38 Code of Federal Regulation 3.352(a)); **OR**
- You are bedridden, in that your disability or disabilities requires that you remain in bed apart from any prescribed course of convalescence or treatment (38 Code of Federal Regulation 3.352(a)).

In order to support a claim for **increased benefits based on an additional disability or being housebound**, the evidence must show:

- You have a single service-connected disability evaluated as 100 percent disabling **AND** an additional service-connected disability, or disabilities, evaluated as 60 percent or more disabling; **OR**
- You have a single service-connected disability evaluated as 100 percent disabling **AND**, due solely to your service-connected disability or disabilities, you are permanently and substantially confined to your immediate premises.

In order to support a claim for **increased benefits based on your spouse's need for aid and attendance**, per the provisions of 38 C.F.R. § 3.351(e), the evidence must show:

- Your spouse is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; **OR**
- Your spouse is a patient in a nursing home because of mental or physical incapacity; **OR**
- Your spouse requires the aid of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him or her from the hazards of his or her daily environment (See 38 C.F.R. § 3.352(a) for complete explanation).

IMPORTANT: For additional benefits to be payable for a spouse, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.

Specially Adapted Housing or Special Home Adaptation

To support your claim for **specially adapted housing (SAH)**, the evidence must show you are a:

- Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a permanent and totally disabling qualifying condition; **OR**
- Servicemember on active duty who has a permanent and totally disabling qualifying condition incurred or aggravated in the line of duty.

To support that you have a **qualifying condition for SAH** the evidence must show:

- Amyotrophic lateral sclerosis (ALS); **OR**
- Loss (amputation) or loss of use of:
 - *both* lower extremities; **OR**
 - *one* lower extremity **and** *one* upper extremity affecting balance **or** propulsion; **OR**
 - *one* lower extremity **plus** residuals of organic disease or injury affecting balance or propulsion creating a need for regular, constant use of a wheelchair, braces, crutches or canes as a normal mode of getting around (although getting around by other methods may occasionally be possible); **OR**
- Loss or loss of use of *both* upper extremities precluding use of the arms at or above the elbow; **OR**
- Permanent but not total disability due to blindness in *both eyes*, (having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens); **OR**
- A severe burn injury, meaning full thickness or sub-dermal burns that have resulted in contractures with limitation of motion of:
 - *two or* more extremities; **OR**
 - *at least one* extremity **and** the trunk.

EVIDENCE TABLES (Continued)

Specially Adapted Housing or Special Home Adaptation (Continued)

To support your claim for **SAH** the evidence may alternatively show you are a:

- Veteran who served and became permanently disabled from a qualifying condition on or after September 11, 2001; **OR**
- Servicemember on active duty who was permanently disabled in the line of duty from a qualifying condition on or after the same date.

To support that you have a **qualifying condition under the alternative service criteria** the evidence must show:

- Loss (amputation) or loss of use of:
 - *one or more* lower extremities, severely affecting the functions of balance or propulsion and creating a need for regular, constant use of a wheelchair, braces, crutches or canes as a normal mode of getting around (although getting around by other methods may occasionally be possible).

To support your claim for a **special home adaptation (SHA) grant** the evidence must show you are a:

- Veteran entitled to compensation under 38 U.S.C. Chapter 11 for a qualifying condition; **OR**
- Servicemember on active duty who has a qualifying condition incurred or aggravated in the line of duty.

To support that you have a **qualifying condition for SHA** the evidence must show:

- the loss, or permanent loss of use, of at least a foot or a hand; **OR**
- Permanent **and** total disability from loss, **or** loss of use, of *both* hands; **OR**
- Permanent **and** total disability from a severe burn injury meaning
 - deep partial thickness burns that have resulted in contractures with limitation of motion of *two or more* extremities **or** of *at least one* extremity **and** the trunk; **OR**
 - full thickness **or** sub-dermal burns that have resulted in contracture(s) with limitation of motion of *one or more* extremities **or** the trunk; **OR**
 - residuals of inhalation injury (including, but not limited to, pulmonary fibrosis, asthma, and chronic obstructive pulmonary disease).

Auto Allowance

To support a claim for **automobile allowance or adaptive equipment**, the evidence must show that you have a service-connected disability resulting in:

- the loss, or permanent loss of use, of at least a foot or a hand; **OR**
- permanent impairment of vision of both eyes, resulting in:
 - vision of 20/200 or less in the better eye with corrective glasses; **OR**
 - vision of 20/200 or better, if there is a severe defect in your peripheral vision; **OR**
- deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities of the trunk and preclude effective operation of an automobile; **OR**
- amyotrophic lateral sclerosis (ALS).

NOTE - You may be entitled to **only** adaptive equipment if you have ankylosis ("freezing") of at least one knee or one hip due to service-connected disability. Medical evidence, including a VA examination, will show these things. VA will provide an examination if it determines that one is necessary.

Helpless Child

To support a claim for **benefits based on a veteran's child being helpless**, the evidence must show that the child, before his or her 18th birthday, became permanently incapable of self-support due to a mental or physical disability.

IMPORTANT: For additional benefits to be payable for a child, the veteran must be entitled to compensation and evaluated as 30 percent or more disabling.

6. ADDITIONAL INFORMATION

How VA Determines the Effective Date

If we grant your claim, the beginning date of your entitlement or increased entitlement to benefits will generally be based on the following factors:

- When we received your claim; **OR**
- When the evidence shows a level of disability that supports a certain rating under the rating schedule.

If VA received your claim prior to or within one year of your separation from the military, entitlement will be from the day following the date of your separation as long as the disability was present at that time.

How VA Determines the Disability Rating

When we find disabilities to be service-connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

We consider evidence of the following in determining disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; **AND**
- Impact of the condition and symptoms on employment.

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work;

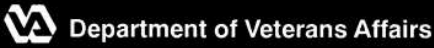
OR

- Statements discussing your disability symptoms from people who have witnessed how the symptoms affect you.

For more information on VA benefits, visit our web site at www.va.gov.

You are entitled to a hearing at any time in the claims process. If you wish to have a hearing or have other questions, contact VA online through Ask VA: <https://ask.va.gov> or call us toll-free at 1-800-827-1000 (TTY:711).

VA forms are available at www.va.gov/vaforms.



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS

IMPORTANT: Please read the Privacy Act and Respondent Burden on Page 14 before completing the form. Use this form to determine your eligibility for compensation. For more information, you can contact us online through Ask VA: <https://ask.va.gov>. Ask us a question online or call us toll-free at 1-800-827-1000 (TTY: 711). If you prefer you may complete and submit the form online at www.va.gov. VA forms are available at www.va.gov/vaforms.

1. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS THAT APPLIES TO YOU. **NOTE:** Your claim will be processed as described on pages 1 through 8 unless one of the following special programs is selected. See Instruction pages 1 through 3 for definitions of the Fully Developed Claim (FDC) Program (Optional Expedited Process) or the Standard Claim Process.

- FDC PROGRAM STANDARD CLAIM PROCESS
- IDES (Select this option **only** if you have been referred to the IDES Program by your Military Service Department)
- BDD Program Claim (Select this option **only** if you meet the criteria for the BDD Program specified on Instruction Page 5)

SECTION I: VETERAN'S IDENTIFICATION INFORMATION (If claim is not an original claim, only Section I, IV (if applicable), V and a signature are required)

NOTE: You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.

2. VETERAN/SERVICEMEMBER'S NAME (First, Middle Initial, Last)

[Grid for name entry]

3. SOCIAL SECURITY NUMBER (SSN)

[Grid for SSN entry]

4. HAVE YOU EVER FILED A CLAIM WITH VA?

- YES NO (If "Yes," provide your file number in Item 5)

5. VA FILE NUMBER

[Grid for VA file number entry]

6. DATE OF BIRTH (MM-DD-YYYY)

[Grid for date of birth entry]

7. SERVICE NUMBER (If applicable)

[Grid for service number entry]

8. BDD CLAIMS ONLY: PROVIDE THE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY (MM-DD-YYYY)

[Grid for release date entry]

9. TELEPHONE NUMBER (Optional) (Include Area Code)

[Grid for telephone number entry]

Enter International Phone Number (If applicable)

[Grid for international phone number entry]

10. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

[Grid for mailing address entry]

11. EMAIL ADDRESS (Optional) I agree to receive electronic correspondence from VA in regards to my claim.

[Grid for email address entry]

12. IF YOU ARE CURRENTLY A VA EMPLOYEE, CHECK THE BOX (Includes Work Study/Internship) (If you are not a VA employee skip to Section II, if applicable).

SECTION II: CHANGE OF ADDRESS

NOTE: If you are temporarily or permanently changing your address, complete Items 13A through 13C.

13A. TYPE OF ADDRESS CHANGE (Complete if applicable) (Check only one box)

- TEMPORARY PERMANENT

13B. NEW ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

[Grid for new address entry]

13C. EFFECTIVE DATE(S) OF NEW ADDRESS (If your change of address is **temporary**, complete both the beginning and ending date of your temporary address) (If your change of address is **permanent**, please enter your effective date in the beginning date only)

Month Day Year Month Day Year

BEGINNING DATE: [Grid] - [Grid] - [Grid] ENDING DATE: [Grid] - [Grid] - [Grid]

SECTION V: CLAIM INFORMATION (Continued)
(For additional space, use Section XIII: Claim Information (Addendum))

CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENERD
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

17. LIST VA MEDICAL CENTER(S) (VAMC) AND DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITIES (MTF) WHERE YOU RECEIVED TREATMENT AFTER DISCHARGE FOR YOUR CLAIMED DISABILITY(IES) LISTED IN ITEM 16 AND PROVIDE APPROXIMATE BEGINNING DATE (Month and Year) OF TREATMENT. IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE SHEET AND INCLUDE YOUR NAME, SOCIAL SECURITY NUMBER AND ITEM NUMBER.

NOTE: If treatment began from 2005 to present, you **do not** need to provide dates in Item 17B.

A. ENTER THE DISABILITY TREATED AND NAME/LOCATION OF THE TREATMENT FACILITY	B. DATE OF TREATMENT (MM-YYYY)	C. CHECK THE BOX IF YOU DO NOT HAVE DATE(S) OF TREATMENT
	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Don't have date
	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Don't have date
	<input type="text"/> - <input type="text"/>	<input type="checkbox"/> Don't have date

NOTE: IF YOU WISH TO CLAIM ANY OF THE FOLLOWING, COMPLETE AND ATTACH THE REQUIRED FORM(S) AS STATED BELOW. (VA forms are available at www.va.gov/vaforms)

For:	Required Form(s):
Supplemental Claims	VA Form 20-0995
Dependents	VA Form 21-686c and, if claiming a child aged 18-23 years and in school, VA Form 21-674
Individual Unemployability	VA Form 21-8940 and 21-4192
Post-Traumatic Stress Disorder	VA Form 21-0781 or 21-0781a
Specially Adapted Housing or Special Home Adaptation	VA Form 26-4555
Auto Allowance	VA Form 21-4502
Veteran/Spouse Aid and Attendance benefits	VA Form 21-2680 or, if based on nursing home attendance, VA Form 21-0779

SECTION VI: SERVICE INFORMATION

18A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete Item 18B) <input type="checkbox"/> NO (If "No," skip to Item 19A)		18B. LIST THE OTHER NAME(S) YOU SERVED UNDER: 	
19A. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS		19B. COMPONENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVES <input type="checkbox"/> NATIONAL GUARD	
20A. MOST RECENT ACTIVE SERVICE DATES ENTRY DATE: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> EXIT DATE: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>		20B. PLACE OF LAST OR ANTICIPATED SEPARATION 	
20C. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? <input type="checkbox"/> YES <input type="checkbox"/> NO	20D. ADDITIONAL PERIODS OF SERVICE (Indicate enlistment and discharge date(s), if applicable)	FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>	
21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES (If "Yes," complete Items 21B through 21F) <input type="checkbox"/> NO (If "No," skip to Item 22A)		21B. COMPONENT <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> RESERVES	21C. OBLIGATION TERM OF SERVICE FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>
21D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS OF UNIT:		21E. CURRENT OR ASSIGNED PHONE NUMBER OF UNIT (Include Area Code)	21F. ARE YOU CURRENTLY RECEIVING INACTIVE DUTY TRAINING PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO
22A. ARE YOU CURRENTLY ACTIVATED ON FEDERAL ORDERS WITHIN THE NATIONAL GUARD OR RESERVES? <input type="checkbox"/> YES (If "Yes," complete Items 22B & 22C) <input type="checkbox"/> NO	22B. DATE OF ACTIVATION: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>		22C. ANTICIPATED SEPARATION DATE: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>
23A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES (If "Yes," complete Item 23B) <input type="checkbox"/> NO	23B. DATES OF CONFINEMENT FROM: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> TO: <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/> - <input type="text"/> / <input type="text"/> / <input type="text"/>		

SECTION VII: SERVICE PAY (Retired Pay, Separation Pay, and Disability Severance Pay)

24A. ARE YOU RECEIVING MILITARY RETIRED PAY? <input type="checkbox"/> YES (If "Yes," complete Items 24C and 24D) <input type="checkbox"/> NO	24B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE? <input type="checkbox"/> YES (If "Yes," explain below (e.g. future Reserve/National Guard retirement, pending MEB/PEB and also complete Items 24C and 24D)) <input type="checkbox"/> NO	
24C. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> NOAA <input type="checkbox"/> USPHS	24D. MONTHLY AMOUNT \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	25. RETIRED STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> PERMANENT DISABILITY RETIRED LIST <input type="checkbox"/> TEMPORARY DISABILITY RETIRED LIST

IMPORTANT INFORMATION ON MILITARY RETIRED PAY (Includes all Uniformed Services Retired Pay):
 Submission of this application constitutes a waiver of military retired pay in an amount equal to VA compensation awarded, if you are entitled to both benefits. Your retired pay may be reduced by the amount of VA compensation awarded. Receipt of the full amount of military retired pay and VA compensation at the same time **may** result in an overpayment, which **may** be subject to collection. If you qualify for concurrent receipt of VA compensation and military retired pay, the waiver of retired pay will not apply. If you do not want to waive any retired pay to receive VA compensation, you should check the box in **Item 26**.

Note that if you check the box in Item 26, you will not receive VA compensation, if granted. If you are currently in receipt of VA compensation and you check the box in Item 26, your VA compensation will be terminated, if you are also eligible for military retired pay.

IMPORTANT: VA COMPENSATION PAY IS NON-TAXABLE. THEREFORE, VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.

26. Do NOT pay me VA compensation. I do NOT want to receive VA compensation in lieu of retired pay.

SECTION XI: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE
(NOTE: REQUIRED ONLY IF ITEM 33A IS BLANK)

NOTE: An alternate signer signature **will not** be accepted unless a valid VA Form 21-0972, *Alternate Signer Certification*, is of record or attached to this request.

I certify that by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security Number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

36A. ALTERNATE SIGNER SIGNATURE (**REQUIRED**)

36B. DATE SIGNED (MM-DD-YYYY)

- -

SECTION XII: POWER OF ATTORNEY (POA) SIGNATURE
(NOTE: POA'S CANNOT SIGN FOR AN ORIGINAL CLAIM ONLY)

I certify that the claimant has authorized the undersigned representative to file this claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature **will not** be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual As Claimant's Representative*, indicating the appropriate POA is of record with VA.

37A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE

37B. DATE SIGNED (MM-DD-YYYY)

- -

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT NOTICE: The form will be used to determine allowance to compensation benefits (38 U.S.C. 5101). The responses you submit are considered confidential (38 U.S.C. 5701). VA may disclose the information that you provide, including Social Security numbers, outside VA if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits under the law. Information submitted is subject to verification through computer matching programs with other agencies. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Your response is required in order to obtain or retain benefits. Information that you furnish may be utilized in computer matching programs with other Federal or State agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. Social Security information: You are required to provide the Social Security number requested under 38 U.S.C. 5101(c)(1). VA may disclose Social Security numbers as authorized under the Privacy Act, and, specifically may disclose them for purposes stated above.

RESPONDENT BURDEN: We need this information to determine your eligibility for compensation. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 25 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

SECTION XIII: CLAIM INFORMATION (ADDENDUM)

(Please submit this page with the completed application if you have additional disabilities to add to your claim. If more space is needed, please make additional copies of this page to submit with your application.)

LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)

NOTE: List your claimed conditions below. See the following three examples on guidance on how to complete Section XIII.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008

CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENERD
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Where to Send Your Correspondence

Documents may be submitted by mail, in person at a VA regional office or electronically. However, VA recommends submitting correspondence electronically as this is the fastest method of receipt.

VA provides several tools to assist in electronic submission. To learn more about how to submit documents and claims electronically, visit www.va.gov/disability/upload-supporting-evidence. You can also go directly to access.va.gov to digitally upload any correspondence using QuickSubmit.

By visiting www.va.gov you can also check your claim status and learn about other VA benefits.

If you need assistance, you can find a local, accredited representative at <https://www.benefits.va.gov/vso/>

If you prefer to mail your correspondence, please use the related mailing address below:

<p>Compensation Benefits Department of Veterans Affairs Compensation Intake Center P.O. Box 4444 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 531-7818</p>	<p>Pension & Survivors Benefits Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (844) 655-1604</p>
<p>Board of Veterans' Appeals Department of Veterans Affairs Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Toll Free Fax: (844) 678-8979</p>	<p>Fiduciary Department of Veterans Affairs Fiduciary Intake Center P.O. Box 5211 Janesville, WI 53547 Toll Free Phone: 1-800-827-1000 Toll Free Fax: (888) 581-6826</p>

These addresses serve **all United States and foreign locations.**



You can also send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. For more information, visit www.veteranscrisisline.net

SECTION II: REMARKS (Continued)

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary)

(This area is intentionally left blank for the veteran/beneficiary to provide remarks.)

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE OF VETERAN/BENEFICIARY *(Required)*

10. DATE SIGNED *(MM/DD/YYYY)*

Month Day Year
 - -

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>)	D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)	E DEPOSITOR ACCOUNT NUMBER
CITY STATE ZIP CODE	F TYPE OF PAYMENT (<i>Check only one</i>) Social Security Fed. Salary/Mil. Civilian Pay Supplemental Security Income Mil. Active Railroad Retirement Mil. Retire. Civil Service Retirement (OPM) Mil. Survivor VA Compensation or Pension Other <i>(specify)</i>
TELEPHONE NUMBER AREA CODE	
B NAME OF PERSON(S) ENTITLED TO PAYMENT	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>)
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	TYPE AMOUNT
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	JOINT ACCOUNT HOLDERS' CERTIFICATION I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.
SIGNATURE DATE	SIGNATURE DATE
SIGNATURE DATE	SIGNATURE DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	DEPOSITOR ACCOUNT TITLE	
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 208, and 210.		
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER DATE

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

FINANCIAL INSTITUTION COPY

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
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SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (<i>last, first, middle initial</i>) ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) CITY STATE ZIP CODE TELEPHONE NUMBER AREA CODE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">D TYPE OF DEPOSITOR ACCOUNT</td> <td style="width: 20%;">CHECKING</td> <td style="width: 20%;">SAVINGS</td> </tr> <tr> <td colspan="3">E DEPOSITOR ACCOUNT NUMBER</td> </tr> </table>	D TYPE OF DEPOSITOR ACCOUNT	CHECKING	SAVINGS	E DEPOSITOR ACCOUNT NUMBER												
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E DEPOSITOR ACCOUNT NUMBER																	
B NAME OF PERSON(S) ENTITLED TO PAYMENT	F TYPE OF PAYMENT (<i>Check only one</i>) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Social Security</td> <td style="width: 50%;">Fed. Salary/Mil. Civilian Pay</td> </tr> <tr> <td>Supplemental Security Income</td> <td>Mil. Active</td> </tr> <tr> <td>Railroad Retirement</td> <td>Mil. Retire.</td> </tr> <tr> <td>Civil Service Retirement (OPM)</td> <td>Mil. Survivor</td> </tr> <tr> <td>VA Compensation or Pension</td> <td>Other</td> </tr> </table> <p style="text-align: right;"><i>(specify)</i></p>	Social Security	Fed. Salary/Mil. Civilian Pay	Supplemental Security Income	Mil. Active	Railroad Retirement	Mil. Retire.	Civil Service Retirement (OPM)	Mil. Survivor	VA Compensation or Pension	Other						
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VA Compensation or Pension	Other																
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix	G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">TYPE</td> <td style="width: 30%;">AMOUNT</td> </tr> </table>	TYPE	AMOUNT														
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<p style="text-align: center;">PAYEE/JOINT PAYEE CERTIFICATION</p> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.	<p style="text-align: center;">JOINT ACCOUNT HOLDERS' CERTIFICATION</p> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																
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SIGNATURE	DATE	SIGNATURE	DATE														

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">ROUTING NUMBER</td> <td style="width: 20%;">CHECK DIGIT</td> </tr> <tr> <td colspan="2">DEPOSITOR ACCOUNT TITLE</td> </tr> </table>	ROUTING NUMBER	CHECK DIGIT	DEPOSITOR ACCOUNT TITLE	
ROUTING NUMBER	CHECK DIGIT				
DEPOSITOR ACCOUNT TITLE					
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PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE		

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

PAYEE COPY

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 208 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A)** Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C)** Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F)** Type of payment is printed to the left of the amount.

The diagram shows a government check with the following fields and callouts:

- (A)** Points to the "Pay to the order of" field.
- (C)** Points to the "00" field, which is part of the date "08/31/84".
- (F)** Points to the "28 28" field, which is part of the amount "28 28".

Other fields on the check include:

- 15-51 000 (Routing Number)
- PHILADELPHIA, PA (City)
- Check No. 0000 415785
- DOLLARS CTS (Amount fields)
- NOT NEGOTIABLE (Text at the bottom)
- :00000518: 0415771926* (MICR line)

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will contact the paying agency with updated financial account information. It is recommended that the payee maintain accounts at both financial institutions until the transaction is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

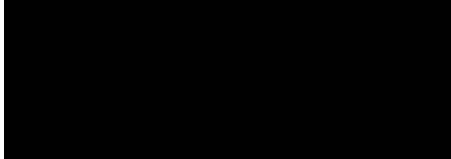
Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.



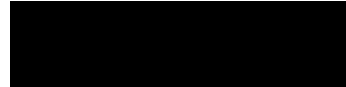
DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT F

March 6, 2024



In reply, refer to:
318/LG



IMPORTANT

Dear 

We received your private exam for your service connected back condition. The examiner provided a new diagnosis. We need to clarify if the new disability is a progression of your service connected disability received, on January 9, 2024. We are returning this application to you because it was incomplete. We cannot process your request until the below steps are taken.

Please take the following actions:

- Please contact your physician and ask her to provide a reply.

If we receive your completed application within one year from the date we received your incomplete application, we will consider your claim filed as of the date of receipt of your incomplete application. If we receive your completed application more than one year from the date we received your incomplete application, we will consider your claim filed as of the date of receipt of the completed application.

What is VA.gov?

VA.gov provides electronic resources in a self-service environment to Servicemembers, Veterans, and their families. Use of these resources often helps us serve you faster! Through the VA.gov website you can:

FACTS:

Vet submitted VA form 21-526ez - increase to Fracture, Transverse process, L2, L3, L4 and private DBQ for back condition

ERRORS:

- Veteran is asking to follow up with his doctor for clarification -
- no DTA
- returning claim due to incomplete application



DEPARTMENT OF VETERANS AFFAIRS

EXHIBIT G

March 7, 2024

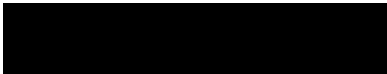


In reply, refer to:
283/DV



IMPORTANT

Dear



We received mail indicating that you would like us to review a claim for hy
pokalemia;chondromalacia athritk;bilateral fearing loss;scarssternum bilaterm
lees;conjunctivitis;sinusitis;hypertension that we previously denied. VA regulations require you
to file this request on the proper form.

What Should You Do?

To begin processing your request, you must review the table below regarding the proper form to
use. Then, complete, sign, and return that form to us. If you do not feel ready to submit your
claim, you may also submit an intent to file identifying the general benefit(s) you are seeking. If
a completed application is received within one year from the date that a complete intent to file is
received and we decide that you are entitled to VA benefits, we may be able to compensate you
from the date we received your complete intent to file.

Your Situation	Form to use
VA last made a decision on the claimed issue less than one year ago, and you have no new evidence to submit for VA to consider.	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>
You have new and relevant evidence to submit	VA Form 20-0995, <i>Decision Review Request:</i>

ERRORS -

- misspelling (bilateral fearing loss, athritk)
- Vet is SC for sinusitis, hypertension and correctly submitted VA form 21-526ez and was asked to complete in on a correct form