



Department of

Veterans Services

eBenefits: How to Request TDVS POA



➤ Before you submit...

- Gather all of your documents
- Read and fill out all forms completely
- Submit your claim with the help of a VSO
- Provide detailed and specific information and special circumstances
- Submit all relevant and required documents at the same time as your application
- Provide all private medical records
- Consider submitting a Disability Benefits Questionnaire (DBQ)
- State where and when you were treated at a VA medical facility
- Do not miss your VA medical examination, if required



How to find a VSO

Veterans may appoint a Veterans Service Officer (VSO) for assistance with their claims. To find an accredited VSO near you, follow these 5 easy steps:

- 1 Log into eBenefits at www.ebenefits.va.gov.
- 2 Select **Apply for Benefits**.
- 3 Under **Apply for Disability Compensation**, select **Request for Representation**. Accept the terms and conditions.
- 4 Click on **Recognized Veterans Service Organization (VSO)** and then select the appropriate location.
- 5 **Select a representative** from the list. Copy their contact information and they will be notified of your request.

Working with a VSO ensures you can get the fastest VA decision.



Veterans Benefits Administration
810 Vermont Ave NW
Washington, DC 20420

Web: www.ebenefits.va.gov/
www.benefits.va.gov/FDC
Tel: 1-800-827-1000, Option 7



U.S. Department
of Veterans Affairs

Filing an eClaim for Disability Compensation on eBenefits

It's the fastest way to get your VA compensation claim processed.



eBenefits
www.ebenefits.va.gov

> What Is an eClaim?

An electronic claim, or eClaim, offers Veterans a faster and easier way to file and receive decisions on their VA claims.

Veterans can file an electronic Fully Developed Claim (FDC) on eBenefits for disability compensation. VA strongly encourages you to work with a Veterans Service Officer (VSO) to get a faster decision. A VSO can help you:

- File a claim online,
- Gather and provide all required documents at the same time, AND
- Certify there is no more evidence to submit.

If you do not include sufficient evidence, fail to attend your VA medical appointment, or additional evidence is received after submission, your claim will be removed from the FDC Program and be processed through the standard claims route.

> Filing an eClaim

If you are a Veteran, you may now file an eClaim or electronic FDC on eBenefits for:

- An injury, disability, or condition believed to have occurred or been aggravated by military service.
- A condition caused or aggravated by an existing service-related condition.

Appoint or contact your existing Veterans Service Officer for help filing an eClaim or visit www.eBenefits.va.gov to start filing today. You may also call 1-800-827-1000 for assistance.

How to File an eClaim Online

01

Log into eBenefits



Log into eBenefits at www.eBenefits.va.gov.

Before you apply, you are encouraged to go to the **Request for Representative** area to appoint a **Veterans Service Officer (VSO)** as your Power of Attorney (POA). Your POA can help you collect all of the required documents and evidence you need to submit your claim.

Click **Apply for Benefits**.

Click **Apply for Disability Compensation** to start a new application.

Answer questions about your claim.

02

Identify Federal Records

Tell VA:

Where and when you were treated at a **VA medical facility**



If you receive Social Security benefits for a service-related condition

Where your **Department of Defense (DoD) personnel records** and/or service treatment records are located (if you have copies, submit them)

About any **other records with a federal agency**, like federal worker's compensation (OWCP) or the Public Health Service

03

Gather & Upload Documents

Work with your private or VA doctor to complete appropriate **Disability Benefits Questionnaires (DBQs)**.

Gather all **private medical records** including completed DBQs to speed up the processing of your claim.

Gather statements from your friends and family supporting your claim.

Scan and upload your documents.



04

Conduct Final Review

Once all records are uploaded (and if applicable, your VSO has reviewed the claim), verify that you have **No More Evidence** and click **Submit**.

You'll receive a confirmation number and notice at your **eBenefits Message Center** and via your email address of record indicating that your claim was submitted successfully.

Check the status of your claim 24/7 by logging on to your **eBenefits.va.gov** account.





Log in

Register

- Apply
- Manage
- Learn
- National Resource Directory
- Employment Center
- Contact
- Search



To the Veteran community: VBA Encourages Participating in the 2020 Census. Please view the Open Letter to the Veteran Community from US Census Bureau at <https://www.va.gov/1638/open-letter-veteran-community-u-s-census-bureau/>

Log in if you already have an Benefits account

Register if you are a first time user

For feature and outage events, refer to the Outage Calendar link at the bottom of the page.

To ensure your security and privacy, when using a shared or public computer, make sure you always log out of VA/DoD eBenefits and then close all browser windows when finished accessing the site.

What do you want to do?

Need help? Appoint a claims agent, attorney, or Veteran Service Organization (VSO) to assist you.



Apply

- Disability Compensation **P**
- Add or Remove Dependent **P**
- VA Health Care **↗**
- Education Benefits
- Pension Benefits
- Vocational Rehabilitation and Employment



Manage Benefits

- Compensation Claim Status **P** **↗**
- Personal Contact and Direct Deposit **P**
- Military Personnel File **P** **↗**
- VA Letters **P**
- Certificate of Eligibility for Home Loan **P**
- Supporting Document Upload for Claims **P** **↗**



Manage Health

- Share Your VA Medical Records
- VA Prescription Refills **P** **↗**
- VA Appointments **P** **↗**
- Hearing Aid Batteries and Prosthetic Socks **P**
- SECURE MESSAGING on MyHeatheVet **P** **↗**



ATTENTION ALL USERS: PLEASE READ CAREFULLY TO PROTECT YOUR INFORMATION

ACTION NEEDED: Phone Numbers can be updated by yourself by logging into DS Logon account and going to "UPDATE CONTACT INFORMATION." This will take you to a screen to update your own phone number and email. Please ensure your phone (e.g., cell, landline) and email address is accurate as future security features will be enabled soon and you won't have access to your DSL account if the phone number is not one you can access.

After visiting DS LOGON or one of our partner sites, CLOSE your browser window AND all open tabs. This will help protect your information and privacy. If you chose not to close your browser and all open tabs, this can enable third parties access to your PRIVATE HEALTH and BENEFIT INFORMATION.

eBenefits Consent to Monitor

You are accessing a U.S. Government (USG) Information System (IS) that is provided for USG-authorized use only. This USG system is intended to be used by authorized VA network users for viewing and retrieving information only, except as otherwise explicitly authorized.

By using this IS (which includes any device attached to this IS), you consent to the following conditions:

- The USG routinely intercepts and monitors communications on this IS for purposes including, but not limited to, penetration testing, COMSEC monitoring, network operations and defense, personnel misconduct (PM), law enforcement (LE), and counterintelligence (CI) investigations.
- At any time, the USG may inspect and seize data stored on this IS.
- Communications using, or data stored on, this IS are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any USG authorized purpose.
- This IS includes security measures (e.g., authentication and access controls) to protect USG interests--not for your personal benefit or privacy.
- Notwithstanding the above, using this IS does not constitute consent to PM, LE or CI investigative searching or monitoring of the content of privileged communications, or work product, related to personal representation or services by attorneys, psychotherapists, or clergy, and their assistants. Such communications and work product are private and confidential. See User Agreement for details.

Unauthorized attempts or acts to either (1) access, upload, change or delete information on this system, (2) modify this system, (3) deny access to this system, or (4) accrue resources for unauthorized use on this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.



To the Veteran community: VBA Encourages Participating in the 2020 Census. Please view the Open Letter to the Veteran Community from US Census Bureau at <https://www.blogs.va.gov/VAntage/71638/open-letter-veteran-community-u-s-census-bureau/>

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To ensure your security and privacy, when using a shared or public computer, make sure you always log out of VA/DoD eBenefits and then close all browser windows when finished accessing the site.

[Dashboard](#)

Welcome, Ronald

My Profile

[Personal Information](#)

Last Log in: 03/18/2020 08:22 PM

[Representative](#)[Message Center](#)

[Click here for a representative](#)

[Disabilities](#)[Dependents](#)[My Documents](#)

My Claims & Appeals

[Work in Process](#)[Historical Claims](#)[Historical Appeals](#)

My Benefits & Payments

[Benefits](#)

Personal Information: ?

[Edit Profile](#)

Things you can view here:

[Representative](#)[Disabilities](#)

Popular Items:



Your VA Letters

Download VA letters, including Civil Service Preferences, Commissary and Exchange Privileges, Service Benefit Verification and Proof of Service Card.

[Letter Generator](#)

Your VA / DoD Personal Information

VA uses your personal information to contact you or send payment for your benefits.



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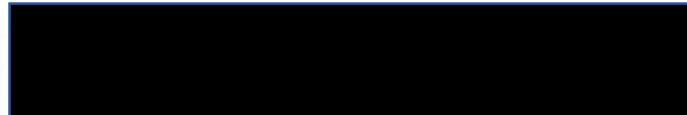
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[Dashboard](#)**My Profile**[Personal Information](#)[Representative](#)[Disabilities](#)[Dependents](#)[My Documents](#)**My Claims & Appeals**[Work in Process](#)[Historical Claims](#)[Historical Appeals](#)**My Benefits & Payments**

Representative for VA Claims

According to our records, you have the following representative for VA claims.

[Change Your Representative](#)

► Why isn't my requested representative showing up?

Change a representative or add a representative

Manage your Representative

Search for a new representative, or download forms to appoint a new representative.

[Search or Download Forms](#)



Veteran Community from US Census Bureau at <https://www.blogs.va.gov/VAntage/71638/open-letter-veteran-community-u-s-census-bureau/>

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Online Applications > Request for Representative

Privacy Act

Please review and accept the following terms and conditions before proceeding. This voluntary and confidential online application allows claimants to search for, request and appoint a Power of Attorney (POA) representative who will act on their behalf in the preparation, presentation and prosecution of claims for benefits from the Department of Veterans Affairs (pursuant to 38 U.S.C. 5902, 5903, and 5904).

PRIVACY ACT NOTICE

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 Vocational Rehabilitation and Employment Records-VA, published in the Federal Register. Your obligation to respond is voluntary.

However, if you appoint a service organization as your representative, the requested information is considered relevant and necessary to recognize a service organization as your representative and/or identify disclosable records. 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. 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 responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

If you appoint an individual as your representative, failure to respond or provide the requested information could impede the recognition of your representative and/or identification of disclosable records. Except for information protected by 38 U.S.C. 7332, your representative is not prohibited from redisclosing records. 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 recognize the representative you appointed to act on your behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5701(b) and 7332) Title 38, United States Code, allows us to ask for this information to verify consent for disclosure. We estimate that claimants will each need an average of 5 minutes to review the instructions, find the information, and complete this form. We 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. A Valid OMB control number 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.

Read and check the block

Save and Continue

I have read and understand the Privacy Act information.



Save & Continue



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Online Applications > Request for Representative

Personal Information

Representative Selection

Error Check

Final Review

Personal Information 0% Complete

File Number

** Required to Continue

** What is your VA file number?

Your VA file number appears at the top of any correspondence that VA sends to you (e.g., letters, statements, explanations of benefits, etc.).

(000-00-0000 or 00-000-000)

Already registered type in your social security number or file number

I do not have a VA File Number



First time registration click here

Save & Continue

Save and continue

Online Applications > Request for Representative

Personal Information

Representative Selection

Error Check

Final Review

Personal Information 50% Complete

Your Personal Information

Please review and make any necessary updates to your personal information. Note: If your name, Social Security Number, or VA file number is incorrect, please contact the VA at 1-800-827-1000.

Change Personal Information

Add or Update personal information if necessary

Name:
Gender:
Date of Birth:
Social Security Number:
VA File Number:
Address:
Primary Email:
Alternate Email:
Primary Phone:
Secondary Phone:
Mobile Phone:

Save and Continue if personal information is correct

<

Save & Continue

Representative Selection 0% Complete

Search for a Power of Attorney Representative

** Required to Continue

** Find a Local POA Representative.

State:

Tennessee

Drop down to "Tennessee"

** Select the type of POA Representative below that best fits your needs.

- A Veterans Service Organization (VSO) - I understand that if I choose a VSO, any one of their VA-accredited Representatives can help me with my claim. I also understand that, by law, VSOs and VSO representatives cannot charge a fee for representing me in my claims for benefits. VSOs and VSO representatives can operate at the national, regional, state, or local level.
An Attorney - I understand that if I choose a VA-accredited attorney, he or she may charge a reasonable fee for representing me before the Department; however, the law provides that such fees may be charged only for services provided after VA has decided a claim and I have initiated an appeal regarding that decision. Accordingly, I understand that attorneys and agents cannot charge me for simply preparing my claim.
A Claims Agent - I understand that if I choose a VA-accredited claims agent, he or she may charge a reasonable fee for representing me before the Department; however, the law provides that such fees may be charged only for services provided after VA has decided a claim and I have initiated an appeal regarding that decision. Accordingly, I understand that attorneys and agents cannot charge me for simply preparing my claim.

Optional Fields

City:

Zip Code:

5 digits

Within:

Organization Name:

Search tip: Enter the first word (or words) of the organization name. For example, for "American Legion", enter "American" or "American Legion".

Tennessee Department of Veterans Services

Type in "Tennessee Department of Veterans Services". Then click search.



Search

Online Applications > Request for Representative

Personal Information Representative Selection Error Check Final Review

Representative Selection 15% Complete

Select a Power of Attorney Representative

A VSO in the state of TN - city name that includes 'nashville' - organizational name that includes 'Tennessee Department of Veterans Services' - [change search criteria](#).

Print Results

Name (POA code)	Address	Phone	Accepts Electronic Requests	Actions
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	931-375-1510	✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	423-562-3531	✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203		✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	901-578-4022	✓	Select
Tennessee Department of Veterans Services (020)	Tennessee Department of Veterans Affairs Nashville, TN 37243-5000		✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	202-621-5781	✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	423-623-7911	✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	731-660-6221x 3825	✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	423-634-7126	✓	Select
Tennessee Department of Veterans Services (020)	Federal Building, U.S. Courthouse Nashville, TN 37203	731-852-4223	✓	Select

It does not matter the address of the POA as long as it is "Tennessee Department of Veterans Service" and press "Select"



Results per page: 10

Page displayed: 1 2 3 4 5 6 7 8 9 10 11 Next

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Online Applications > Request for Representative

[Print Incomplete Forms](#)[Personal Information](#)[Representative Selection](#)[Error Check](#)[Final Review](#)

Representative Selection 30% Complete

Your Selected Power of Attorney Representative

Please confirm you want the POA Representative displayed below to represent you. If this is incorrect, please [perform a new search](#).


VSO Name: Tennessee Department of Veterans Services (020)

Address: Federal Building, U.S. Courthouse
Nashville, TN 37203

Phone: 931-375-1510

[Save and Continue](#)[Save & Continue](#)

Online Applications > Request for Representative

 Print Incomplete Forms

Personal Information **Representative Selection** Error Check Final Review

Representative Selection 50% Complete

Insurance Information

What is your Insurance Number?

Insurance #:

Leave blank and Save and Continue

Save & Continue



Representative Selection 65% Complete

Limitation of Consent

** Required to Continue

AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY [SECTION 7332, TITLE 38, U.S.C.](#)

Please review the selections below explaining how you can elect to disclose or restrict certain health treatment records from your Power of Attorney (POA) representative. If you want to authorize the Department of Veterans Affairs (VA) health facility in custody of your treatment records to DISCLOSE ALL treatment records (see details provided below), select "Yes." Or, if you want to authorize VA to disclose only CERTAIN treatment records, select "Yes" and select any or all treatment records in the "Optional Restrictions" box. Select "No" if you do not authorize VA to disclose any treatment records (see details provided below).

**** Please select your authorization.**

Yes, I authorize the VA facility having custody of my VA claimant records to disclose all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia to Tennessee Department of Veterans Services. Redisdisclosure of these records by Tennessee Department of Veterans Services other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the representative, either by explicit revocation or the appointment of another representative.

Note: Selection of any of the restrictions below will restrict your Veteran's Service Officer's (VSOs) ability to access and perform certain functions regarding your VA file online. It does not prevent face-to-face or phone assistance, but it does limit access to information your VSO may obtain online through our VA systems.

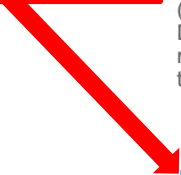
Optional Restrictions

Though I give my consent to VA, I do NOT want the POA Representative to access records relating to the following treatment(s):

- Drug Abuse
- Alcoholism or Alcohol Abuse
- Infection with the Human Immunodeficiency Virus (HIV)
- Sickle Cell Anemia

No, I do not authorize VA to disclose any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia to Tennessee Department of Veterans Services. Redisdisclosure of these records by Tennessee Department of Veterans Services other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the representative, either by explicit revocation or the appointment of another representative.


"Yes" must be checked with no limitations in order to process POA.



Save and Continue



Online Applications > Request for Representative

 Print Incomplete Forms

Personal Information **Representative Selection** Error Check Final Review

Representative Selection 80% Complete

Authorization for Address Change

Required to Submit

The Fiduciary Program protects the benefits paid to Veterans and beneficiaries who are unable to manage their financial affairs. If our records indicate you have a fiduciary managing your funds or you are a part of the Fiduciary Program, your Veterans Service Organization (VSO) will be prohibited from updating your address information.

**** Do you give your POA Representative authorization to change your address information in your VA records?**

Yes, I authorize any representative to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization is not my appointed fiduciary.

No, I do not authorize the selected representative to act on my behalf to change my address in my VA records.




Save & Continue

"Yes" must be checked with no limitations in order to process POA.

Save and Continue

Online Applications > Request for Representative

 Print Incomplete Forms

Personal Information	Representative Selection	Error Check	Final Review
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Error Check

 There were no errors detected in your information.

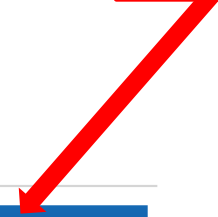
Warnings

 There were no warnings detected in your information.



Save & Continue

Save and Continue



Power of Attorney Representative

Selected POA Representative

Representative Name: (020)

Organization Name: Tennessee Department of Veterans Services

Address: Federal Building, U.S. Courthouse
Nashville, TN 37203

Phone: 931-375-1510

Insurance Information

Insurance #:

Limitation of Consent

Authorization: Yes, I authorize the VA facility having custody of my VA claimant records to disclose all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia to Tennessee Department of Veterans Services. Redislosure of these records by Tennessee Department of Veterans Services other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the representative, either by explicit revocation or the appointment of another representative.

Note: Selection of any of the restrictions below will restrict your Veteran's Service Officer's (VSOs) ability to access and perform certain functions regarding your VA file online. It does not prevent face-to-face or phone assistance, but it does limit access to information your VSO may obtain online through our VA systems.

Authorization for Address Change


Authorization: Yes, I authorize any representative to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization is not my appointed fiduciary.

Save and Continue

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Save & Continue

Online Applications > Request for Representative

 Print Incomplete Forms

Personal Information	Representative Selection	Error Check	Final Review
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Final Review 50% Complete

Conditions of Appointment

I, the claimant [REDACTED] hereby appoint Tennessee Department of Veterans Services as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than the items identified in the Limitation of Consent section and authorization statements), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. Additionally, in those cases where a Veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.

Check here to accept terms

Note: Once this application is submitted, any 21-22 forms that are pending POA approval will become obsolete.

I accept these Terms and Conditions

Click submit and a Veterans Resource's Coordinator for the Tennessee Department of Veterans Services with contact you with in 48 to 72 hours.

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Submit