

TN

Department of
Veterans Services

VETERANS SERVICES ACCREDITATION COURSE

**STUDENT
SMARTBOOK**

April 2024
EDITION

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Updated: 04/17/2024

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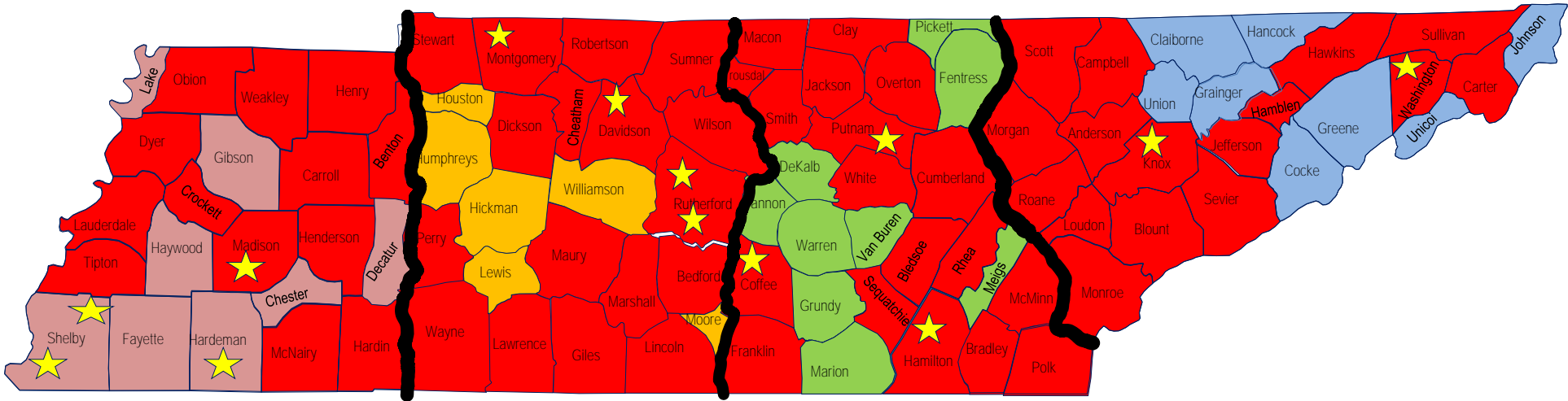
Ronald Dvorsky Jr | Training Director
Appeals and Accreditation
110 9th Avenue South
Room C-166
Nashville, TN 37243
Phone: (615) 630-0246
Email: ronald.dvorsky@tn.gov



Suzanna Ellis | Training Officer
Appeals and Accreditation
5726 Marlin Rd.
Suite 513
Chattanooga, TN 37411
Phone: (423) 560-0116
FAX: (423) 892-4733
Email: Suzanna.ellis@tn.gov

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Tennessee Department of Veterans Services



★ 13 TDVS Field Offices ■ Virtual Hearing Locations

Region 1 – RD Adam Fields
 (4) Field Offices
 (21) Counties (13) Virtual Hearing Locations
 (1) VA Hospital
 Veteran Population 96,178
 Congressional District 8 & 9

Region 2 – RD Daniel Schultheis
 (4) Field Offices
 (23) Counties (17) Virtual Hearing Locations
 (2) VA Hospital
 Veteran Population 153,959
 Congressional District 5 & 7

Region 3 – RD Michael Rinck
 (3) Field Offices
 (27) Counties (18) Virtual Hearing Locations
 (0) VA Hospital
 Veteran Population 77,234
 Congressional District 4 & 6

Region 4 – RD Tim Forte
 (2) Field Offices
 (24) Counties (16) Virtual Hearing Locations
 (1) VA Hospital
 Veteran Population 128,825
 Congressional District 1,2,3

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VA ACCREDITATION PROGRAM
STANDARDS OF CONDUCT FOR VA-ACCREDITED
ATTORNEYS, CLAIMS AGENTS, AND VSO REPRESENTATIVES

The standards of conduct in 38 C.F.R. § 14.632 establish the appropriate behavior for VA-accredited attorneys, agents, and representatives.

VA-accredited individuals providing VA claims assistance *shall*:

- Faithfully execute their duties on behalf of a VA claimant;
- Be truthful in their dealings with claimants and VA;
- Provide claimants with competent representation before VA; and
- Act with reasonable diligence and promptness in representing claimants.

See 38 C.F.R. §§ 14.632 (a) & (b).

VA-accredited individuals *shall not*:

- (1) Violate the standards of conduct as described in 38 C.F.R. § 14.632.
- (2) Circumvent the rules of conduct through the actions of another.
- (3) Engage in conduct involving fraud, deceit, misrepresentation, or dishonesty.
- (4) Violate one or more of the provisions of title 38, United States Code, or title 38, Code of Federal Regulations.
- (5) Enter into an agreement for, charge, solicit, or receive a fee that is clearly unreasonable or otherwise prohibited by law or regulation.
- (6) Solicit, receive, or enter into agreements for gifts related to representation provided before an agency of original jurisdiction has issued a decision on a claim or claims and a Notice of Disagreement has been filed with respect to that decision.
- (7) Delay, without good cause, the processing of a claim at any stage of the administrative process.
- (8) Mislead, threaten, coerce, or deceive a claimant regarding benefits or other rights under programs administered by VA.
- (9) Engage in, or counsel or advise a claimant to engage in, acts or behavior prejudicial to the fair and orderly conduct of administrative proceedings before VA.
- (10) Disclose, without the claimant's authorization, any information provided by VA for purposes of representation.
- (11) Engage in any other unlawful or unethical conduct.

*In addition, in providing representation to a claimant before VA, VA-accredited attorneys shall not engage in behavior or activities prohibited by the rules of professional conduct of any jurisdiction in which they are licensed to practice law.

See 38 C.F.R. § 14.632(c) & (d).

If I violate a standard of conduct or engage in any other unlawful or unethical conduct, what will happen? If VA determines that you have violated the standards of conduct, VA may suspend or cancel your accreditation. VA is authorized to report the suspension or cancellation to any bar association, court, or agency to which you are admitted. In addition, VA may collaborate with State and Federal enforcement authorities if it is suspected that your actions may have implications under State or other Federal laws.

For More Information: Visit the VA Office of the General Counsel website at: <http://www.va.gov/ogc/accreditation.asp>

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TDVS Appeals & Accreditation Staff
615-741-2345 · TDVA.VBANAS@va.gov

Local Appeals Team

Quality and Appeals Specialists:

- Lisa Ware, Team Leader
 - o Lisa.A.Ware@va.gov
 - o 615-351-5067
- Charles Sevier
 - o Charles.Sevier@va.gov
 - o 615-440-2009
- Sophia Rodriguez
 - o Sophia.Rodriguez2@va.gov
 - o 615-663-1124
- Lloyd Sharp
 - o lloyd.sharp@va.gov
 - o 615-934-8460
- Rebecca Gallion
 - o Rebecca.gallion@va.gov
 - o 615-925-1574

Questions/Issues Regarding:

- Quality Review / Golden 24
- All local VARO issues
- Claims
- Legacy VAF0958
- AMA VAF0995, VAF0996
- DRO and Predetermination Hearings
- Informal Conferences
- VetraSpec

Board of Veterans' Appeals Team

Appeals Advocates:

- Liza Quinn, Team Leader
 - o Liza.Quinn@va.gov
 - o 615-426-8712
- Tommy Tomlinson
 - o William.Tomlinson@va.gov
 - o 615-987-1145
- Wayne Howard
 - o Michael.Howard4@va.gov
 - o 615-663-5226
- Cheyenne Hancock
 - o Cheyenne.Hancock@va.gov
 - o 615-308-4490
- Jimmie Sanders
 - o Jimmie.Sanders@va.gov
 - o 615-663-5601
- Tammy Raymond (BVA Hearing Coordination)
 - o tammy.raymond@tn.gov
 - o 615-981-2787

Questions/Issues Regarding;

- Legacy: VAF9, SOC, SSOC
- AMA: VAF10182
- BVA Hearings
- Post BVA Decisions
- NVLSP Representation Agreement
 - o Post BVA Denial
 - o Post CAVC Remand

Support Staff

- Jonathan Soto, Administrative Assistant – Jonathan.Soto@tn.gov, 615-290-2408
 - o Accreditation, VetraSpec, DPRIS, VA Systems Access and PIV
- Travis Murphy, Assistant Commissioner – Travis.Murphy@tn.gov, 615-906-4483

Training Staff

- Ron Dvorsky, Training Director – Ronald.dvorsky@tn.gov, 615-630-0246
- Suzanna Ellis, Training Officer – Suzanna.ellis@tn.gov; 423-560-0116

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VSO Hotline: (855)-225-0709

VA Contact Numbers	
Beneficiaries in receipt of Pension Benefits	1-877-294-6380
Benefits (VA):	1-800-827-1000
Burial	
Death Pension	
Dependency Indemnity Compensation	
Directions to VA Benefits Regional Offices	
Disability Compensation	
Disability Pension	
Education	
Home Loan Guaranty	
Medical Care	
Vocational Rehabilitation and Employment	
Direct Deposit	1-877-838-2778
CHAMPVA Meds by Mail	1-888-385-0235 (or) 1-866-229-7389
Combat Call Center	1-877-WAR-VETS (1-877-927-8387)
Debt Management Center (Collection of Medical Debts)	1-866-400-1238
Debt Management Center (Collection of Non-Medical Debts)	1-800-827-0648
Children of Women Vietnam Veterans (CWVV) Foreign Medical Program (FMP)	1-877-345-8179 (or) 1-888-820-1756
Spina Bifida Health Care Program	888-820-1756
Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)	1-800-733-8387
CHAMPVA In-House Treatment Initiative (CITI)	1-800-733-8387
eBenefits Technical Support	1-800-983-0937
Education (GI Bill)	1-888-442-4551
Health Care Benefits	1-877-222-8387
Life Insurance:	
Service members and/or Veterans Group Life Insurance Program	1-800-419-1473
All other VA Life Insurance Programs	1-800-669-8477
Mammography Helpline	1-888-492-7844
Smoking Cessation Counselors	1-855-QUIT-VET (1-855-784-8838)

VA Fiduciary HUB

(888) 407-0144

Special Issues - Gulf War/Agent Orange/Project Shad/Mustard Agents and Lewsite/Ionizing Radiation	1-800-749-8387
Status of Headstones and Markers	1-800-697-6947
Telecommunications Device for the Deaf (TDD)	Dial 711
VA411 (VA's Primary Number)- Mission Act	1-800-MyVA411 (1-800-698-2411)- Option #1
Veterans Crisis Line	1-800-273-TALK (1-800-273-8255)
White House VA Hotline	1-855-948-2311
Women Veterans Hotline	1-855-VA-WOMEN (1-855-829-6636)
Tennessee VA Network Homeless Coordinator	615-695-2200
Patient Advocate Nashville (TDVS)	615-873-7225
Business Office Nashville (enrollment)	800-228-4973 Ext 67030 or 615-327-4751
Business Office Murfreesboro (enrollment)	615-873-7030 ext.67030
Business Office Mountain Home (enrollment)	907-257-4700 or 888-353-7574
Business Office Memphis (enrollment)	901-523-8990, ext. 7852
Respite Care TDVS	800-876-7093
Report Death of a Veteran DFAS	888-332-7411
VA Life Insurance	800-669-8477
DAV Regional Office	615-695-6384
Debt Management Center (Collection of Medical Care Co-Payments Debts)	888-827-4817
Debt Management Center (Collection of Non-Medical Debts)	800-827-0648
National Cemetery Administration (memorial Products, Headstones and Markers)	800-697-6947
Travel Reimbursement Office	615-225-6578
Defense enrollment Eligibility Reporting System (DEERS) Smyrna Office, POC: John Marshal (DIC spouse DoD ID Card Support)	615-267-6300
Updated 06.29.2022	

Eligible Wartime Periods

Updated: 4/18/2023

Under current law, VA recognizes the following wartime periods to determine eligibility for VA Pension benefits:

- Mexican Border Period (**May 9, 1916 – April 5, 1917** for Veterans who served in Mexico, on its borders, or adjacent waters)
- World War I (**April 6, 1917 – November 11, 1918**)
- World War II (**December 7, 1941 – December 31, 1946**)
- Korean conflict (**June 27, 1950 – January 31, 1955**)
- Vietnam era (**November 1, 1955 – May 7, 1975** for Veterans who served in the Republic of Vietnam during that period; **otherwise August 5, 1964 – May 7, 1975**)
- Gulf War (**August 2, 1990** – through a future date to be set by law or Presidential Proclamation)

DPRIS Periods

- Navy: 1 January 1995
- USMC: 1 January 1999
- Army: 1 October 2002
- Airforce: 1 October 2004
- Coast Guard NPRC site and filling out online ([here](#))

NPRC Fire Dates

July 12, 1973, a fire at the National Personnel Records Center (NPRC) in St. Louis destroyed approximately 80 Percent of the records NPRC held for Veterans who were discharged from the Army between

- November 1, 1912 to January 1, 1960.

75 percent of the records NPRC held for Air Force Veterans:

- With surnames beginning (alphabetically) with *Hubbard* and running through the end of the alphabet, and who were discharged between
- September 25, 1947, to January 1, 1964

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2024 SERVICE CONNECTED DISABILITY AND IMPROVED PENSION RATES

%	BASE RATE	SPOUSE ONLY	SPOUSE W/ 1 CHILD <18	SPOUSE W/ 2 CHILD <18	SPOUSE W/ 3 CHILD <18	EACH ADDITIONAL CHILD <18	EACH ADDITIONAL SCHOOL CHILD =>18	*VETERAN W/ 1 CHILD <18	*VETERAN W/ 2 CHILD <18	ADDITIONAL A&A SPOUSE
10%	\$171.23									
20%	\$338.49							*AMOUNT FOR CHILDREN UNDER 18 YEARS OLD		
30%	\$524.31	\$586.31	\$632.31	\$663.31	\$694.31	\$31.00	\$100.00	\$565.31	\$596.31	\$57.00
40%	\$755.28	\$838.28	\$899.28	\$940.28	\$981.28	\$41.00	\$133.00	\$810.28	\$851.28	\$76.00
50%	\$1,075.16	\$1,179.16	\$1,255.16	\$1,306.16	\$1,357.16	\$51.00	\$167.00	\$1,144.16	\$1,195.16	\$95.00
60%	\$1,361.88	\$1,486.88	\$1,577.88	\$1,639.88	\$1,701.88	\$62.00	\$200.00	\$1,444.88	\$1,506.88	\$114.00
70%	\$1,716.28	\$1,861.28	\$1,968.28	\$2,040.28	\$2,112.28	\$72.00	\$234.00	\$1,813.28	\$1,885.28	\$134.00
80%	\$1,995.01	\$2,161.01	\$2,283.01	\$2,365.01	\$2,447.01	\$82.00	\$267.00	\$2,106.01	\$2,188.01	\$153.00
90%	\$2,241.91	\$2,428.91	\$2,565.91	\$2,658.91	\$2,751.91	\$93.00	\$301.00	\$2,366.91	\$2,459.91	\$172.00
100%	\$3,737.85	\$3,946.25	\$4,098.87	\$4,202.42	\$4,305.97	\$103.55	\$334.49	\$3,877.22	\$3,980.77	\$191.14

VA helps Veterans and their families cope with financial challenges by providing supplemental income through the Veterans Pension benefit. Veterans Pension is a tax-free monetary benefit payable to low-income wartime Veterans.

MAPR EFFECTIVE DECEMBER 1, 2023	ANNUAL	MONTHLY	MED EXPENSES 5% OF MAPR	MAPR EFFECTIVE DECEMBER 1, 2023	ANNUAL	MONTHLY	OTHER AMOUNTS
VETERAN W/O DEPENDENT	16,551.00	1,379.00	827.00	TWO VETERANS MARRIED TO EACH OTHER	21,674.00	1,806.00	SMC "K" 132.74
VETERAN W/ DEPENDENT	21,674.00	1,806.00	1,083.00	EITHER VETERAN HOUSEBOUND	25,348.00	2,112.00	100% w/ SMC "L" S-4651.06/M-4859.46
VETERAN PERMANENTLY HOUSEBOUND W/O SPOUSE	20,226.00	1,685.00	827.00	BOTH VETERANS HOUSEBOUND	29,021.00	2,418.00	100% w/ SMC "S" S-4183.85/M-4392.25
VETERAN PERMANENTLY HOUSEBOUND W/ DEPENDENT	25,348.00	2,112.00	1,083.00	EITHER VETERAN A & A	32,729.00	2,727.00	Clothing Allowance 991.51
VETERAN IN NEED OF A & A W/O DEPENDENT	27,609.00	2,300.00	827.00	1 VETERAN HOUSEBOUND & 1 VETERAN A & A	36,395.00	3,032.00	One time Auto Allowance 25603.02
VETERAN IN NEED OF A & A W/ DEPENDENT	32,729.00	2,727.00	1,083.00	BOTH VETERANS A & A	43,791.00	3,649.00	
SPOUSE W/O DEPENDENT CHILD	11,102.00	925.00	555.00	NET WORTH LIMIT EFFECTIVE DECEMBER 1, 2023		155,356.00	PENALTY RATE 2727.00
SPOUSE W/ DEPENDENT CHILD	14,529.00	1,210.00	726.00	STANDARD DIC			1,612.75
SPOUSE PERMANENTLY HOUSEBOUND W/O DEPENDENT	13,568.00	1,130.00	555.00	IP ADD FOR EACH DEPENDENT CHILD UNDER 18			399.54
SPOUSE PERMANENTLY HOUSEBOUND W/ DEPENDENT	16,989.00	1,415.00	726.00	ADD DIC (8 YRS MARRIED & 8 YEARS 100%)			342.46
SPOUSE IN NEED OF A & A W/O DEPENDENT CHILD	17,743.00	1,478.00	555.00	ADD DIC (HOUSEBOUND)			187.17
SPOUSE IN NEED OF A & A W/ DEPENDENT CHILD	21,166.00	1,763.00	726.00	ADD DIC (AID & ATTENDANCE)			399.54
				2 YEAR TRANSITIONAL BENEFIT CHILDREN <18			342.00

BURIAL AND PLOT RATES EFFECTIVE OCTOBER 1, 2023

SERVICE CONNECTED DEATH ON OR AFTER SEPT 11, 2001	2,000.00	NON-SERVICE CONNECTED DEATH ON OR AFTER OCT 1, 2023	Burial 948.00 Plot 948.00	HEADSTONE/MARKER ALLOWANCE ON OR AFTER OCT 1, 2021	231.00
NON-SERVICE CONNECTED BURIAL ON OR AFTER OCT 1, 2023 (HOSPITALIZED BY VA)		NON-SERVICE CONNECTED DEATH ON OR AFTER JAN 5 TO OCT 1, 2023	Burial 893.00 Plot 893.00	HEADSTONE/MARKER ALLOWANCE OCT 1 2020 TO OCT 1, 2021	231.00
NON-SERVICE CONNECTED BURIAL OCT 1, 2022 TO OCT 1, 2023 (HOSPITALIZED BY VA)		NON-SERVICE CONNECTED DEATH ON OR AFTER OCT 1, 2022 TO JAN 5, 2023	Burial 300.00 Plot 893.00		

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Reference Guide: Income and Expenses for Financial Assessment

Income: Payments from any source unless specifically excluded. The following sources of income are counted for the purposes of completing the financial assessment (means test):

Count:

- Alimony
- Allowances
- Benefits Subject to Garnishment
- Complaint Settlement
- Cooperative (Co-op) Dividends
- Department of Labor Employment Programs
- Dependency and Indemnity Compensation – This benefit program pays a monthly payment to a surviving spouse, child, or parents of a deceased military service member or Veteran.
- Farm Income/Conservation Resource Program Payments
- Foreign Currency Conversion
- Gambling/Lottery Winnings
- GI Bill
- Gifts and Inheritance of Property or Cash (The fair market value of gifts or inherited property is countable in the year they are received)
- Individual Retirement Account (IRA) Distributions
- Interest and Dividends
- Life Insurance Proceeds (Death Benefit paid to Veteran or spouse)
- Net Profits and Depreciation from Business, Farm and Ranch, Real Estate, Partnership, and S Corporations (Depreciation is added back in as income)
- Other Income (Prizes/Awards, Inheritances)
- Payments from Stocks and Bonds, Capital Gains
- Pensions, Annuities, Railroad Retirement
- Revocable Trust
- Royalties (Books, Music, Art, etc.)
- Settlements:
 - Alaska Native Claims Settlement Act (amounts **exceeding** \$2,000 per individual per annum - including cash dividends on stock received from a Native Corporation)
 - American Indian Beneficiaries from trust or restricted lands (amounts **exceeding** \$2,000 per individual per calendar year)
- Social Security Benefits and Death Benefit Payment (including retroactive Lump Sum Payment from previous years)
- Unemployment Compensation

- VA Disability Compensation – For the purposes of completing a financial assessment, the gross household income for a Service-connected Veteran who is receiving VA disability compensation and is married to a Nonservice-connected Veteran who is completing the financial assessment, VA disability compensation benefits would be countable income for the household
- Value of Room and Board/Housing Allowances
- Wages (Employment), Salaries, Bonuses, Severance Pay, Tips, and Other Accrued Benefits, etc.
- Workers Compensation

NOTE: The above list is not all inclusive.

The following sources of income are not counted for the purposes of completing the financial assessment (commonly known as a means test):

Do Not Count:

- Caregiver Payments
- Chore Service Payments
- Crime Victims Compensation Act Payments
- Disaster Relief Payments or Proceeds of Casualty Insurance
- Discharge of Indebtedness
- Federal Emergency Management Agency (FEMA) Disaster Insurance Payments
- Federal Government Sponsored Economic Stimulus Refunds
- Foster Care Payments
- Income from Domestic Volunteer Service Act Program
- Income Tax Refunds
- Loans (Reverse Mortgages)
- Maintenance
- Needs-Based Payments from Government Agency
- Payments for participation in a program of Rehabilitative Services
- Provisional Income
- Relocation Expenses
- Scholarships and Grants from school attendance
- Settlements:
 - Agent Orange
 - Alaska Native Claims Settlement Act (income of up to \$2,000 per individual per annum - including cash dividends on stock received from a Native Corporation)
 - American Indian Beneficiaries from trust or restricted lands (income of up to \$2,000 per individual per calendar year)
- VA Pension Payments
- Welfare, Supplemental Security Income (SSI), Compensated Work Therapy (CWT), Incentive Therapy (IT) earnings
- Withheld Social Security Overpayments

NOTE: The above list is not all inclusive.

Deductible Medical Expenses: *May be used to reduce other countable income for purposes of increasing pension benefits. In order to be deducted from income, paid out-of-pocket non-reimbursed medical expenses must exceed 5% of the VA Maximum Annual Pension Rate for the previous year.*

VA National Income Thresholds link:

<https://www.va.gov/HEALTHBENEFITS/apps/explorer/AnnualIncomeLimits/HealthBenefits>

The list below shows many of the common deductible medical expenses.

Note: This list is not all inclusive. Allowed paid out of pocket non-reimbursed medical expenses that are directly related to medical care.

- Abdominal supports
- Acupuncture service
- Ambulance hire
- Anesthetist
- Arch supports
- Artificial limbs and teeth
- Back supports
- Braces
- Cardiographs
- Chiropodist
- Chiropractor
- Convalescent home (for medical treatment only)
- Crutches
- Dental service, for example, cleaning, x-ray, filling teeth
- Dentures
- Dermatologist
- Drugs, prescription and nonprescription
- Gynecologist
- Hearing aids and batteries
- Home health services
- Hospital expenses
- Insulin treatment
- Invalid chair
- Lab Tests
- Lip reading lessons designed to overcome a disability
- Lodging incurred in conjunction with out-of-town travel for treatment (to be determined on a facts-found basis)
- Medicare Premiums, Parts B & D
- Medical Insurance Premiums
- Neurologist
- Nursing services for medical care, including nurse's board paid by claimant
- Occupational therapist
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Osteopath, licensed
- Pediatrician
- Physical examinations
- Physician
- Physical therapy
- Podiatrist
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium therapy
- Sacroiliac belt
- Seeing-Eye dog and maintenance
- Speech therapist
- Splints
- Surgeon
- Telephone/teletype special communications equipment for the deaf
- Transportation expenses for medical purposes (41.5 cents per mile effective January 1, 2009, plus parking and tolls or actual fares for taxi, buses)
- Vaccines
- Wheelchairs
- Whirlpool baths for medical purposes
- X-rays

Helpful Tips for Allowable Deductible Expenses

A handwritten list of medical expenses, personal ledger, or Schedule A from a tax return **are not** acceptable as proof of medical expenses.

Billing statements indicating any of the following verbiage **are not** acceptable as proof of payment:

- Amount Due
- Balance Due
- Patient's Responsibility
- Explanation of Benefits
- Please Pay
- Please Submit
- Patient's Share

Some helpful tips to obtain **proof of paid expenses or deductions** for the income year in question include:

- Calling the VA billing department at (866) 812-0318 to request a payment history of paid prescriptions and medical copayments for the income year in question.
- Calling the Social Security Administration at (800) 772-1213 to obtain form SSA-1099 for total annual Medicare premiums deductions for Veteran/Spouse for the income year in question.
- Calling the Veteran's health insurance company to request a payment history statement, for the Veteran/Spouse (Example: Blue Cross/Blue Shield, Long Term Health Care, AARP, etc.) for the income year in question.
- Contacting the Veteran's Pharmacy for end of year statement of paid prescriptions for the Veteran/Spouse for the income year in question .
- Contacting doctors, clinics, hospitals, Eye & Ear (Specialist), and Dentists for statements of paid copayments or medical bills paid for medical care received for the Veteran/Spouse for the income year in question .
- Obtaining valid higher education transcripts for dependent children ages 18-23.
- Providing proof of total burial and/or pre-paid burial expenses paid for valid Spouse and/or dependent children for the income year in question .
- Providing a **signed/dated mileage statement** indicating estimated round-trip mileage travels for medical purposes for the Veteran/Spouse and/or eligible children under age 23. The estimate mileage will be multiplied by 0.415 per mile to allow credit for mileage as an out-of-pocket medical expense.
- If a Veteran or Spouse was in a facility for medical care, a licensed physician's statement is required stating the Veteran/spouse level of care was medically necessary. Contact the nursing/assisted living care facility to request an **itemized yearly payment history statement from the facility** for the income year in question.
- If the Veteran has been diagnosed with Dementia and or Alzheimer's, please have the Veteran evaluated by a VA Physician for Catastrophic disability and provide an approved eligibility letter.
- If the Veteran is on **Medicaid**, please provide a copy of the Medicaid card showing the effective date.
- If the Veteran was legally separated, please provide a legal separation agreement or written statement to include the month and year of separation signed and dated by Veteran.
- If the Veteran is divorced, please provide a copy of final divorce decree with seal and court appointed official's signature.
- If the Veteran or spouse is deceased, please provide a copy of the death certificate.
- If the Veteran or spouse possessed stocks or bonds, please provide a copy of 1099-B's.

Examples of Medical, Funeral/Burial, and Educational Deductions

1. Processing Deduction for Medical Expenses:

Situation: For income year 2010, the Veteran paid \$8,000 in out-of-pocket non-reimbursed medical expenses from January 1, 2010 to December 31, 2010. The medical expense deductible is \$775 (5% of the maximum allowable pension rate for the previous year).

Results: The Veteran will be able to deduct \$7,225 of the \$8,000 paid in medical expenses. (\$775 is deducted from \$8,000 to satisfy the required medical deductible, e.g., $\$8,000 - \$775 = \$7,225$).

2. Processing Deduction for Funeral/Burial Expenses:

Situation: The spouse died on March 1, 2010. The final funeral/burial expenses paid by the Veteran were \$5,500.

Results: The Veteran will be able to deduct the entire amount of \$5,500 paid for funeral/burial expenses.

3. Processing Deduction for Educational Expenses (deductible for Veteran only):

Situation: The Veteran paid \$3,000 in educational expenses (including tuition, fees, books, and necessary materials).

Results: The Veteran will be able to deduct the entire amount of \$3,000 paid in educational expenses.

Note: Effective January 1, 2009, the deductible transportation expense for medical purposes is 41.5 cents per mile.

Reference: The general rule set forth in Title 38 Code of Federal Regulations (38 CFR) § 3.271 is that all income is countable unless specifically excluded by 38 CFR § 3.272. Non-reimbursed medical, funeral/burial, and educational expenses are explained in Title 38 United States Code Service, (USCS) § 1503, 38 CFR §§ 3.272(g), 3.272(h)(1), 3.272(h)(2)(i), 3.272(i), and M21-1MR, Part V, Subpart iii, Chapter 1, Section G.

For More Information: If you have additional questions, please contact the Health Eligibility Center (HEC), Income Verification Division (IVD) at 1-800-929-VETS (8387) Monday through Friday, 7:00 am to 5:00 pm ET.

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Pension Income and Net Worth Formula

Total Family **Income** From All Sources
- **Medical Expenses** (Less 5% MAPR)
= **Income for VA Purposes (IVAP)**

The **IVAP** cannot exceed the Maximum Annual Pension Rate (MAPR).

Assets
+ **IVAP**
= **Net Worth** (cannot exceed Net Worth Limit)

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HOW DISABILITY RATINGS WORK

BENEFITS CHART - Each increased level includes all benefits of the previous levels.

SERVICE CONNECTED PERCENTAGE	DESCRIPTION
0%	<ul style="list-style-type: none"> • 10-point Veteran preference in federal hiring • No cost health care and prescription drugs for service-connected disabilities •• Small copays for all other healthcare and mental healthcare and prescription drugs • Use of commissaries, exchanges, and morale, welfare and recreation (MWR) retail facilities, in-person and online. • Non-VA Urgent Care visits at \$30/visit including 14-day prescription (in network) • Non-VA Emergency Room for service-connected conditions or non-service-connected condition if you have no OHI (Other Health Insurance) – Must contact your VAMC within 72 hours • VA Dental Insurance Program (VADIP)
10%-20%	<ul style="list-style-type: none"> • Waiver of VA funding fee for home loan • Vocational Rehabilitation & Employment (10% with a serious employment handicap) • Burial and plot allowance
30%-40%	<ul style="list-style-type: none"> • Travel allowance for scheduled appointments for care at a VA medical facility or VA authorized health care facility • 10-point Veteran preference in federal hiring (Direct hire authority) • Additional compensation for eligible dependents (may include aid and attendance for eligible spouse)
50%-90%	<ul style="list-style-type: none"> • No cost health care and prescription medications – no copays • Concurrent receipt of military retired pay • 3 no cost Non-VA Urgent Care visits including 14-day prescription (in network) (\$30/visit after use of 3 visits)
100% No restriction to income	<ul style="list-style-type: none"> • No cost dental care • Uniformed Services ID card • S-DVI waiver of \$10,000 life insurance at 100% if unemployed for at least 6 months • Federal student loan forgiveness • Space-A Flights (Cat VI) - Veteran only • Non-VA ER – Must contact your VAMC within 72 hours --With Permanent & Total Status-- • Dependents Educational Assistance <ul style="list-style-type: none"> •• Special restorative training • Dependent's CHAMPVA–Civilian Health and Medical Program (not Tricare eligible) <ul style="list-style-type: none"> •• VA Dental Insurance Program (VADIP) for dependents

Individual Unemployability – 60%-90%

Same as 100% except must be unemployable due to service-connected disabilities with part time income restriction \$15,852/year (2023)

VA Derivative Benefits Eligibility Service-Connected Matrix

https://benefits.va.gov/benefits/derivative_sc.asp

<http://vcag.info> Veterans Claims Assistance Group

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Benefits for Service-Connected Disabled Veterans

0% to 20%

- Certificate of Eligibility for VA home loan
- Waiver of VA funding fee for VA home loan (10% or higher)
- VA medical care; priority group 3. No cost care for service connected issues. (10% or higher)
- VA Health Identification Card (VHIC). *Request card at VA medical center.*
- 10 point Veteran preference in federal hiring
- Burial and Plot allowance (10% or higher)
- Access to military posts, including MWR, PX, Exchange, Commissaries.
- Clothing allowance for veterans who use or wear a prescribed, from their VA physician, prosthetic (knee brace) or orthopedic appliance (artificial limb) or use of prescribed medication for skin conditions, which tend to wear, tear, or soil clothing. **Must be a service-connected issue.** *Contact VA prosthetics department for details.*
- Vocational Rehabilitation & Employment. **MUST BE AT LEAST 10%**

30% to 40% **In addition to the above:**

- Additional stipend for dependents. (Spouse, children, step-children, helpless children, full time students between the ages of 18-23 and dependent parents) *Remember to inform VA of any changes in dependent status.*
- Additional stipend for spouse who is in need of Aid and Attendance. *Submit 21-2680 for the spouse.*
- VA medical health care priority group 2.
- Travel allowance for scheduled appointments at VA medical center.

50% **In additional to the above:**

- No cost health care and prescription medication; except dental and vision. Priority group 1.
- CRDP for retired veterans. Retired veterans will receive full VA disability and full DOD retirement.

60% to 90% **In additional to the above:**

- Eligible to apply for individual unemployability (IU). *Must be unemployable due to service-connected disabilities. (60% in one issue, OR 40% in one issue with overall at least 70%)*
- VA health care is obligated to pay the full cost of nursing home services for SC veterans with **70% or greater.**

100% **In additional to the above:**

- Dental treatment with VA medical (800-228-4973)
- Waiver of National Service Life Insurance, total disability income provisions. *Please review VA form 29-4364 or call 800-669-8477*
- Veteran employment preference for spouse.
- DOD ID card, or uniformed services ID card. *Contact Nashville National Guard base at 615-313-0594 to make an appointment.*

100% Permanent & Total

In addition to the above:

- Civilian Health and Medical Program for qualifying dependents and survivors (ChampVA). *To apply please fill out VA form 10-10D and VA Form 10-7959c. You can contact ChampVA at 800-733-8387*
- Dependents Education Assistance, Chapter 35. VA form 22-5490.
- If you have one issue rated at 100% with an additional separate 60% service connected rating you could qualify for the housebound stipend.
- **US Department of Education** offers Federal Student Aid loan forgiveness for specific loans for P&T Veterans. **For additional information, call 888-303-7818**
Apply at <https://secure.disabilitydischarge.com/registration>

Service connected veterans with loss, or permanent loss of use of foot, hands, vision, severe burn, amyotrophic lateral sclerosis or ankyloses in knee or hip. Please visit va.gov for additional information on the following benefits.

- VA automobile allowance and adaptive equipment
- Housing grants and specially adapted housing grant

State Tennessee Benefits

<https://www.tn.gov/veteran/veteran-benefits/tn-state-benefits.html>

- Property tax relief for 100% P&T Veterans and surviving spouses. *Visit your county office.*
- One-time \$10 fee for hunting and fishing license with TWRA for SC Veterans
- Free admission into National Parks. <https://www.nps.gov/planyourvisit/veterans-and-gold-star-families-free-access.htm>
- Admission into Tennessee Veteran Home for nursing care
- Burial in TN state Veteran cemeteries
- State Veteran preference for employment. *Must have honorable discharged.*
- Veteran endorsement on driver's license. *Must have honorable discharge.*
- Highway for Heros Program, possible CDL for service members and veterans.
<https://www.tn.gov/content/tn/safety/driver-services/h4h.html>

Surviving Dependent Benefit

In order for the Veterans' surviving dependent to receive Dependency & Indemnity Compensation (DIC), after the Veteran passes, the Veterans' service-connected disability **must be listed on the death certificate** or the Veteran was rated P&T for at least 10 years!

Updated June 2022

What factors will VA use to assign me to a priority group?

We'll base your priority group on:

- Your military service history, **and**
- Your disability rating, **and**
- Your income level, **and**
- Whether or not you qualify for Medicaid, **and**
- Other benefits you may be receiving (like VA pension benefits)

We assign Veterans with service-connected disabilities the highest priority. We assign the lowest priority to Veterans who earn a higher income and who don't have any service-connected disabilities qualifying them for disability compensation (monthly payments).

If you qualify for more than one priority group, we'll assign you to the highest one.

Priority group 1

We may assign you to priority group 1 if any of these descriptions are true:

- You have a service-connected disability that we've rated as 50% or more disabling, **or**
- You have a service-connected disability that we've concluded makes you unable to work (also called unemployable), **or**
- You received the Medal of Honor (MOH)

Priority group 2

We may assign you to priority group 2 if you have a service-connected disability that we've rated as 30% or 40% disabling.

Priority group 3

We may assign you to priority group 3 if any of these descriptions are true:

- You're a former prisoner of war (POW), **or**
- You received the Purple Heart medal, **or**

- You were discharged for a disability that was caused by—or got worse because of—your active-duty service, **or**
- You have a service-connected disability that we’ve rated as 10% or 20% disabling, **or**
- You were awarded special eligibility classification under Title 38, U.S.C § 1151, “benefits for individuals disabled by treatment or vocational rehabilitation”

Priority group 4

We may assign you to priority group 4 if either of these descriptions is true:

- You’re receiving VA aid and attendance or housebound benefits, **or**
- You have received a VA determination of being catastrophically disabled

Priority group 5

We may assign you to priority group 5 if any of these descriptions are true:

- You don’t have a service-connected disability, or you have a non-compensable service-connected disability that we’ve rated as 0% disabling, **and** you have an annual income level that’s below our adjusted income limits (based on your resident zip code), **or**
- You’re receiving VA pension benefits, **or**
- You’re eligible for Medicaid programs

Priority group 6

Assignment based on disability rating or general service history

We may assign you to priority group 6 if any of these descriptions are true:

- You have a compensable service-connected disability that we’ve rated as 0% disabling, **or**
- You participated in Project 112/SHAD, **or**
- You served in World War II between December 7, 1941, and December 31, 1946, **or**
- You served in the Persian Gulf War between August 2, 1990, and November 11, 1998, **or**
- You served on active duty at Camp Lejeune for at least 30 days between August 1, 1953, and December 31, 1987

We may also assign you to priority group 6 if all of these descriptions are true for you:

- You served in a theater of combat operations after November 11, 1998, **and**
- You were discharged from active duty on or after October 1, 2013, **and**
- You meet the minimum active-duty service requirement

Note: You'll have 10 years of enhanced eligibility from the date of your discharge or release. At the end of this 10-year period, we'll assign you to the highest priority group you qualify for.

Assignment based on exposure to toxins or other hazards

We may also assign you to priority group 6 if you were exposed to toxins or other hazards during military service at home or abroad in any of the ways listed here.

We may assign you to priority group 6 if you participated in a toxic exposure risk activity (TERA) while serving on active duty, active duty for training, or inactive duty training.

We may assign you to priority group 6 if you were assigned to a duty station (including airspace above) in certain locations during specific periods:

- On or after August 2, 1990, in Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, or the United Arab Emirates, **or**
- On or after September 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, Uzbekistan, or any other country that we determine is relevant

We may assign you to priority group 6 if you were deployed in support of any of these operations:

- Operation Enduring Freedom, **or**
- Operation Freedom's Sentinel, **or**
- Operation Iraqi Freedom, **or**
- Operation New Dawn, **or**
- Operation Inherent Resolve, **or**
- Resolute Support Mission

We may assign you to priority group 6 if you were exposed to ionizing radiation in any of these ways:

- During atmospheric testing, **or**

- During the occupation of Hiroshima and Nagasaki, **or**
- While conducting cleanup of Enewetak Atoll between January 1, 1977, and December 31, 1980, **or**
- While participating in onsite response efforts in Palomares, Spain, between January 17, 1966, and March 31, 1967, **or**
- While participating in onsite response efforts on Thule Air Force Base, Greenland between January 21, 1968, and September 25, 1968

We may assign you to priority group 6 if you were exposed to Agent Orange and served in any of these locations and time periods:

- The Republic of Vietnam between January 9, 1962, and May 7, 1975, **or**
- Thailand at any United States or Royal Thai base between January 9, 1962, and June 30, 1976, **or**
- Laos between December 1, 1965, and September 30, 1969, **or**
- Cambodia at Mimot or Krek, Kampong Cham Province between April 16, 1969, and April 30, 1969, **or**
- Guam or American Samoa or in the territorial waters off of Guam or American Samoa between January 9, 1962, and July 31, 1980, **or**
- Johnston Atoll or on a ship that called at Johnston Atoll between January 1, 1972, and September 30, 1977

Priority group 7

We may assign you to priority group 7 if both of these descriptions are true for you:

- Your gross household income is below the geographically adjusted income limits (GMT) for where you live, **and**
- You agree to pay copays
[Review current copay rates](#)

Priority group 8

We may assign you to priority group 8 if both of these descriptions are true for you:

- Your gross household income is above VA income limits and geographically adjusted income limits for where you live, **and**
- You agree to pay copays
[Review current copay rates](#)

If you're assigned to priority group 8, your eligibility for VA health care benefits will depend on which subpriority group we place you in.

Once I'm enrolled in VA health care, will my priority group ever change?

Your priority group may change in some cases, such as if:

- Your income changes, **or**
- Your service-connected disability gets worse and we give you a higher disability rating

[Update your income or other health benefits information](#)
[File for increased disability compensation](#)

If you're currently enrolled or newly enrolled in VA health care, and you served in a theater of combat operations after November 11, 1998, and were discharged from active duty on or after September 11, 2001, you're eligible for enhanced benefits for 10 years after discharge. During this time, we'll assign you to priority group 6. At the end of this enhanced enrollment period, we'll assign you to the highest priority group you qualify for at that time.

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Copayment Requirements by Priority Group

Enrolled Veterans will be assessed copayments for VA health care based on their eligibility and/or income on file in the VA Enrollment System. For care furnished through the Veterans Community Care Program, the same copayment requirements will apply. VA will determine the Veteran's copayment obligation after the service is provided. For information on Copayment Rates, see fact sheet [IB 10-430](#) and Enrollment Priority Groups, see fact sheet [IB 10-441](#).

	Priority Group 1	Priority Group 2	Priority Group 3	Priority Group 4	Priority Group 5	Priority Group 6	Priority Group 7	Priority Group 8	Exceptions (*)
Inpatient Hospital Care	No	No	No	No	No	*Yes	Yes	Yes	No copayment when related to special authority
Outpatient Medical Care	No	No	No	No	No	*Yes	Yes	Yes	No copayment when related to special authority
Medication	No	*Yes	*Yes	No	*Yes	*Yes	Yes	Yes	No copayment when prescribed for service-connected condition; former Prisoner of War (POW); income is below applicable threshold; or when related to special authority
Extended Care Services	No	No	No	*Yes	*Yes	*Yes	Yes	Yes	No copayment when catastrophically disabled and for non-institutional extended care services; income is below applicable threshold; or when related to special authority
Urgent Care (Community Care)	*Yes	*Yes	*Yes	*Yes	*Yes	*Yes	Yes	Yes	No copayment for first 3 visits in a calendar year; or when related to special authority

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Where do I apply?

Contact your county trustee to apply. If your property is within city limits, you may also contact your city collecting official to apply.

When do I apply?

You may apply when you receive your 2023 property tax bill(s). The deadline to apply is 35 days after the delinquency date. Taxes must also be paid by this date.

How can I check my application status?

Visit our website:

tncot.cc/taxrelief

At the bottom of the page, click on the application status search link to check your application's status.

 [Tax Relief Application Status Search](#)

More questions?

Call your county trustee, city collecting official, or the property tax relief office. You can also visit our website.

PROPERTY TAX RELIEF CONTACT INFORMATION



615.747.8871



Property Tax Relief

Cordell Hull Building
425 Rep. John Lewis Way N.
Nashville, TN 37243



tncot.cc/taxrelief

For more information about your eligibility for property tax relief and a comprehensive list of eligibility requirements, please visit our website.

2023 PROPERTY TAX RELIEF PROGRAM



ELDERLY
HOMEOWNERS

DISABLED
HOMEOWNERS

Who can apply?

DISABLED
VETERAN
HOMEOWNERS

WIDOW(ER) OF
DISABLED
VETERAN
HOMEOWNERS



WHAT IS PROPERTY TAX RELIEF?

Tennessee state law provides for property tax relief for low-income elderly and disabled homeowners, as well as disabled veteran homeowners or their surviving spouses. This is a reimbursement program funded by appropriations authorized by the General Assembly. Tax collecting officials, including county trustees, receive applications from taxpayers who may qualify.

INCOME DOCUMENTATION

If you are an elderly or disabled homeowner, you may be required to provide income documentation such as a copy of your tax return, 1099, W-2, etc.

If you are a sole owner within \$100 of the income limit, or if there is a co-owner, and your combined income is within \$200 of the income limit, income documentation must be provided for all sources.

VETERAN DISABILITY RATING

Determination of eligibility for a homeowner who is a disabled veteran or widow(er) of a disabled veteran will be made based on information provided by the VA through use of consent forms. **If you are applying as a disabled veteran, you will need to complete an F-16 or, for a widow(er) of a disabled veteran you must complete an F-16S.** These forms are available at the county trustee's office or the city collecting official's office.

Contact Veterans Affairs at:

1.800.827.1000

ELIGIBILITY REQUIREMENTS

ELDERLY

- You must be 65 on or before 12/31/2023.
- You must own your home and use it as your primary residence.
- You must provide annual income from all sources.

\$33,460 Maximum 2022 income of the applicant, spouse, co-owner, and resident remainder

\$30,900 Maximum market value on which tax relief is calculated

DISABLED

- You must be disabled on or before 12/31/2023.
- You must own your home and use it as your primary residence.
- You must provide annual income from all sources.

\$33,460 Maximum 2022 income of the applicant, spouse, co-owner, and resident remainder

\$30,900 Maximum market value on which tax relief is calculated

DISABLED VETERAN

- You must own your home and use it as your primary residence.
- You must complete a 2023 F-16. This form is a consent form for the release of disability and income information from the Department of Veterans Affairs.
- You must meet one of the following disability requirements:
 - * You must be rated totally and permanently disabled from a service-connected disability on or before 12/31/2023.
 - * You must have a service-connected disability which resulted in paraplegia or permanent paralysis of both legs and lower body resulting from traumatic injury or disease to the spinal cord or brain; or loss, or loss of use, of two or more limbs, or legal blindness.
 - * You must have a 100 percent total and permanent disability rating from being a prisoner of war.

\$175,000 Maximum market value on which tax relief is calculated

WIDOW(ER) OF DISABLED VETERAN

- You must own your home and use it as your primary residence.
- You must complete a 2023 F-16S. This form is a consent form for the release of disability and income information from the Department of Veterans Affairs.
- You must provide a copy of your spouse's death certificate and provide a form of personal ID.
- You must have been married to the veteran at the time of their death and not have remarried.
- The veteran must have meet one of the disability requirements listed in the DISABLED VETERAN box.

\$175,000 Maximum market value on which tax relief is calculated

Interview Checklist

Last 4: _____

Name: _____

Phone #: _____

Branch: _____

POA: _____

Service Dates: _____

In-Country Service?: YES NO

If YES, Which Country: _____

CURRENT RATING(S)

SC%	DISABILITY
_____	_____

COMMON DOCUMENTS LIST

- _____ 21-526EZ
- _____ DD214 or equivalent
- _____ 21-22 POA
- _____ 21-4138 Statement in Support of Claim
- _____ 21-10210 Lay/Witness Statement
- _____ 21-0845 3rd Party Disclosure
- _____ 5103 Notice
- _____ 21-4142 Consent to Release Medical to DVA

or Preferred

_____ copies of Medical Records (Pvt/ VetCenter)

SC CLAIM

- _____ Direct Service Claim (21-526EZ)
- _____ Secondary Claim (21-526EZ)
- _____ Increase Claim (21-526EZ)
- _____ Supplemental (20-0995)
- _____ Convalescence (21-526EZ)

FILE FOR:

NOTES: _____

MISC.

- _____ 20-572 Change of Address/Cancel EFT
- _____ DD149 App for Changing Military Record
- _____ DD293 App for the Review of Discharge
- _____ 20-10207 Priority Processing Request
- _____ 10-10EZ Application for Health Benefits
- _____ 26-1880 Request for COE/ Home Loan Guaranty
- _____ DD 2860 Claim for Combat-Related Special Compensation (CRSC)
- _____ 21-0847 Request for Substitution of Claimant Upon Death of Claimant
- _____ 20-0995 Supplemental Claim
- _____ 20-0996 Higher Level Review
- _____ VA Form 10-182 BVA Appeal
- _____ Other _____
- _____ Other _____

MEDICAL EVIDENCE

- _____ Private Medical Records or 21-4142
- _____ Tx records from a VetCenter or 21-4142
- _____ Tx at a VA facility
- _____ DBQ: _____
- _____ DBQ: _____
- _____ DBQ: _____
- _____ SMRs
- _____ Letter(s) from Physician
- _____ Lay Statements
- _____ Diagnosis

PTSD

- _____ 21-0781 PTSD
- _____ 21-0781a PTSD w/ MST
- _____ Lay statement(s)
- _____ 21-4142a for VetCenter or Pvt Tx

TDIU

- *individual SC disability rated @ ≥60% or Combined SC @ ≥70% with individual SC @ ≥40%
- _____ 21-8940 Individual Unemployability
 - _____ 21-4192 IU Employment Information
 - _____ Proof of difficulty retaining gainful employment
 - _____ Exceptional cases: 3.321 B (2)

Interview Checklist

DIC

*death must be SC or eligible for SC.

_____ 21P-534EZ
_____ Death Certificate (SC cause of death)
_____ 21-0847 Request for Substitution of Claimant
Upon Death of Claimant
_____ Evidence of SC award or eligibility
_____ ≥55 y/o or unmarried child ≤ 18 y/o
_____ Income and Net Worth documents (Parents)
_____ 21-8416 Medical Expense Report (Parents)

SURVIVOR'S PENSION

* to be eligible, Veteran must have served ≥90 days with ≥1 day served during time of war,

** surviving spouse, unmarried child of Veteran or parent of Veteran

***income based award

_____ 21P-534EZ
_____ Income and Net Worth documents
_____ ALL Medical Expenses
_____ DBQ: _____
_____ DBQ: _____
_____ Exceptional cases: 38 CFR 3.321 B (2)
_____ 21-8416 Medical Expense Report (**yearly req**)
_____ 21-0571 Exclusion of Child's Income

NSC PENSION

* to be eligible, Veteran must have served ≥90 days with ≥1 day served during time of war, death must be SC or eligible for SC.

** Claimant must be ≥65 y/o

***income based award

_____ 21P-527EZ
_____ Income and Net Worth documents
_____ ALL Medical Expenses
_____ DBQ: _____
_____ DBQ: _____
_____ 21-4142 Pvt Tx and VetCenter
_____ Exceptional cases: 3.321 B (2)
_____ 21-8416 Medical Expense Report
_____ 21-0571 Exclusion of Child's Income

INCREASED CARE (A&A/Housebound)

_____ 21-2680 A&A
_____ 21-0779 A&A in Nursing Home
_____ ≥65 y/o for pension
_____ Unmarried or married after 55 y/o for DIC
_____ 21-8416 Medical Expense Report
_____ 21-0571 Exclusion of Child's Income

GUARD AND RESERVE MEMBERS

* **MUST** submit any and all Service Tx Records and Personnel Records from their unit (s)

_____ Tx Records
_____ Personnel File

CLAIMING DEPENDENTS or anticipating ≥30% Rating

_____ 21-686c Dependents
_____ Marriage Certificate or date and place
_____ Divorce Decree
_____ Birth Certificates of all children
_____ SSNs for all individuals
_____ Proof of Helplessness if applicable
_____ 18-23 y/o attending school? PROOF

Adaptive Housing or Vehicle

_____ 10-8678 App for Annual Clothing Allowance
_____ 10-1394 App for Adaptive Equip Motor Vehicle
_____ 26-4555 Special Adaptive Housing
_____ 21-4502 Auto or Other Conveyance and Adaptive Equipment

Education Benefits

_____ 22-1990 App for VA Educational Benefits
_____ 22-5490 App for Survivor's & Dependents Educational Assist (TDIU or P&T)
_____ 28-1900 App for Voc Rehab

Common Law (Not recognized in TN)

_____ 21-4170 Statement of Marital Relationship
_____ 21-4171 Supporting Statement Regarding Marriage

Death Benefits

* surviving spouse burial payment is automatic now

_____ Application for Burial Benefits
_____ 21-2008 App for US Flag for Burial
_____ App for Gov Headstone/Marker OR Medallion
_____ Presidential Memorial Certificate request

Poverty Thresholds for 2023 by Size of Family and Number of Related Children Under 18 Years

(In dollars)

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual):									
Under 65 years.....	15,852								
65 years and over.....	14,614								
Two people:									
Householder under 65 years.....	20,404	21,002							
Householder 65 years and over.....	18,418	20,923							
Three people.....	23,834	24,526	24,549						
Four people.....	31,428	31,942	30,900	31,008					
Five people.....	37,901	38,452	37,275	36,363	35,807				
Six people.....	43,593	43,766	42,864	41,999	40,714	39,952			
Seven people.....	50,159	50,472	49,393	48,640	47,238	45,602	43,808		
Eight people.....	56,099	56,594	55,575	54,683	53,416	51,809	50,136	49,710	
Nine people or more.....	67,483	67,810	66,908	66,151	64,908	63,198	61,651	61,268	58,907

Source: U.S. Census Bureau, 2024.

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A.1.b. RO Station Numbers in Numerical Order The table below shows a list of the ROs and their corresponding station numbers in numerical order.

Station Number	RO
101	Central Office
301	Boston
304	Providence
306	New York
307	Buffalo
308	Hartford
309	Newark
310	Philadelphia
311	Pittsburgh
313	Baltimore
314	Roanoke
315	Huntington
316	Atlanta
317	Saint Petersburg
318	Winston-Salem
319	Columbia
320	Nashville
321	New Orleans
322	Montgomery
323	Jackson
325	Cleveland
326	Indianapolis
327	Louisville
328	Chicago
329	Detroit
330	Milwaukee
331	Saint Louis
333	Des Moines
334	Lincoln
335	Saint Paul
339	Denver
340	Albuquerque
341	Salt Lake City
343	Oakland
344	Los Angeles
345	Phoenix
346	Seattle
347	Boise
348	Portland
349	Waco
350	Little Rock
351	Muskogee
354	Reno
355	San Juan

358	Manila
362	Houston
373	Manchester
376	Records Management Center (RMC)
377	San Diego
384	Continental District Office
385	Eastern (Baltimore) Training Center
386	Western (Denver) Training Center
387	Warrior Training Advancement Course (WARTAC)
388	Compensation Service
392	Military Records Research Center
393	Southeast District Office
394	Northeast District Office
395	Pacific District Office
397	Appeals Management Center (AMC)
398	Board of Veteran Appeals (BVA)
402	Togus
405	White River Junction
436	Fort Harrison
437	Fargo
438	Sioux Falls
442	Cheyenne
452	Wichita
459	Honolulu
460	Wilmington
463	Anchorage
499	National Work Queue (NWQ)

I.i.2.A.4.b. Representative's Authority to Submit Claims and Other Claim-Related Documents

A properly appointed representative has the authority to prepare and submit certain types of claims and other claim-related documents on behalf of the represented individual without that individual's signature. Those include, but are not limited to, a(n)

- request for an application for benefits
- intent to file (ITF) a claim
- supplemental claim
- request for revision of a decision based on clear and unmistakable error
- request for higher-level review
- legacy notice of disagreement (NOD), or
- legacy substantive appeal.

A POA may prepare and submit, but **may not** sign, documents that require the claimant's signature. Those include:

- **original** applications for Veterans benefits
- forms **requiring claimant certification**, such as eligibility verification reports.
- [VA Form 21-4140, Employment Questionnaire](#)
- [VA Form 21-8940, Veteran's Application for Increased Compensation Based on Unemployability](#)
- [VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs \(VA\)](#)
- [VA Form 21-4192, Request for Employment Information in Connection With Claim for Disability Benefits](#)
- [VA Form 21-0538, Mandatory Status of Dependents](#)
- [VA Form 21-8951-2, Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowances](#), and
- [VA Form 21-651, Election of Compensation in Lieu of Retired Pay or Waiver of Retired Pay to Secure Compensation from Department of Veterans Affairs.](#)

Exception: Prior to March 24, 2015, a POA representative could sign and submit an informal claim because under the prior regulation, [38 CFR 3.155](#), an informal claim could be accepted without the claimant's signature. Informal claims, which were often filed on [VA Form 21-4138, Statement in Support of Claim](#), included, but were not limited to, claims for increase or to reopen.

References: For more information on

- signatures on ITF, see
 - [M21-1, Part II, Subpart iii, 2.A.1.b](#), and
 - [38 CFR 3.155](#)
- handling of additional correspondence signed by a POA in conjunction with a prescribed form signed by the claimant, see [M21-1, Part II, Subpart iii, 1.A.2.c](#)
- a representative's authority to file a legacy NOD see
 - [M21-5, Chapter 7, Section B](#)
 - [38 CFR 19.21](#), and
 - [38 CFR 19.50](#), and
- a representative's authority to file a legacy substantive appeal, see
 - [M21-5, Chapter 7, Section E](#)
 - [38 CFR 19.22](#), and
 - [38 CFR 19.50](#).

**NOTICE TO VETERAN/CLAIMANT OF VA FORMS THAT MAY ACCOMPANY
AN ALTERNATE SIGNER CERTIFICATION FORM**

IMPORTANT: The form(s) shown below will be accepted along with the attached VA Form 21-0972, *Alternate Signer Certification*. VA forms are available at www.va.gov/vaforms.

For **APPEALS**, the required forms are:

- VA Form 20-0995, *Decision Review Request: Supplemental Claim*
- VA Form 20-0996, *Decision Review Request: Higher-Level Review*
- VA Form 10182, *Decision Review Request: Board Appeal (Notice of Disagreement)*

For **COMPENSATION**, the required form is:

- VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*

For **PENSION**, the required forms are:

- VA Form 21P-527EZ, *Application for Pension*
- VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' Dependency and Indemnity Compensation (DIC)*
- VA Form 21P-527, *Income, Net Worth, and Employment Statement*
- VA Form 21P-4165, *Pension Claim Questionnaire for Farm Income*
- VA Form 21P-8049, *Request for Details of Expenses*
- VA Form 21P-8416, *Medical Expense Report*
- VA Form 21P-4185, *Report of Income from Property or Business*
- ALL forms known as *Eligibility Verification Reports (EVR's)*

For **COMPENSATION AND/OR PENSION**, the required form is:

- VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC*

For **DEPENDENTS**, the required form is:

- VA Form 21-686c, *Application Request to Add and/or Remove Dependents*

For **SCHOOL AGE CHILD(REN) (Aged 18-23 Years and In School)**, the required form is:

- VA Form 21-674, *Request for Approval of School Attendance*

For **DEPENDENT PARENT(S)**, the required form is:

- VA Form 21P-509, *Statement of Dependency of Parent(s)*

For **INDIVIDUAL UNEMPLOYABILITY**, the required form is:

- VA Form 21-8940, *Veteran's Application for Increased Compensation Based on Unemployability*

For **POST-TRAUMATIC STRESS DISORDER**, the required forms are:

- VA Form 21-0781, *Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD)* or VA Form 21-0781a, *Statement in Support of Claim for Service Connection for PTSD Secondary to Personal Assault*

For **SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION**, the required form is:

- VA Form 26-4555, *Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant*

For **AUTO ALLOWANCE**, the required form is:

- VA Form 21-4502, *Application for Automobile or Other Conveyance and Adaptive Equipment*

For **SURVIVORS BENEFITS** the required forms are:

- VA Form 21P-534EZ, *Application for DIC, Death Pension, and/or Accrued Benefit*
- VA Form 21P-534, *Application for Dependency and Indemnity Compensation, Death Pension, and Accrued Benefits by Surviving Spouse or Child*
- VA Form 21P-534a, *Application for Dependency and Indemnity Compensation by a Surviving Spouse or Child - In-Service Death Only*
- VA Form 21P-535, *Application for Dependency and Indemnity Compensation by Parent(s)*
- VA Form 21P-8924, *Application of Surviving Spouse or Child for REPS Benefits (Restored Entitlement Program for Survivors)*

For **ACCRUED BENEFITS** the required form is:

- VA Form 21P-601, *Application for Accrued Amounts Due a Deceased Beneficiary*

For **PHILIPPINE CLAIMS** the required form is:

- VA Form 21-4169, *Supplement to VA Forms 21-526EZ, 21P-534EZ, and 21P-535 (For Philippine Claims)*

For **BENEFITS FOR CERTAIN CHILDREN WITH DISABILITIES** the required form is:

- VA Form 21-0304, *Application for Benefits for a Qualifying Veteran's Child Born with Disabilities*

NOTE: For more information on VA benefits, visit our web site at www.va.gov, or VA online through ASK VA: <https://ask.va.gov> or call us toll-free at 1-800-827-1000 (TTY:711).

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HOW VA DISABILITY RATINGS WORK

The VA determines a disability rating after reviewing your service treatment records ("STR"), C&P (Compensation & Pension) exam report and any other evidence submitted to them in support of your claim including lay statements and buddy letters and based on the criteria below. You may have one or more symptoms in a higher disability rating, but still receive a lower rating that reflects where MOST of your symptoms are present. In order to establish service connection, veterans must show 3 main elements of service connection: A current, diagnosed disability, an in-service event, injury, or illness, and a medical nexus between the current disability and the in-service event

GULF WAR ERA PRESUMPTIVES

(Title 38, Code of Federal Regulation, 3.317):

Gulf War Era Veterans: If you served in the following locations VA considers this service eligible.

<p>From August 2, 1990 to present:</p> <ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • the neutral zone between Iraq and Saudi Arabia • Bahrain • Qatar • the United Arab Emirates (U.A.E.) • Oman • Gulfs of Aden and Oman • Somalia 	<ul style="list-style-type: none"> • Waters on or below the Persian Gulf, Arabian Sea, or the Red Sea <p>Or if you served in the following on or after September 11, 2001, in any of these locations:</p> <ul style="list-style-type: none"> • Afghanistan • Djibouti • Egypt • Jordan • Lebanon • Syria • Uzbekistan • Yemen • The airspace above any of these locations
<p>Medically unexplained chronic multi-symptom illnesses (MUCMI) that exist for six months or more, such as:</p> <ul style="list-style-type: none"> • Chronic fatigue syndrome • Fibromyalgia • Irritable bowel syndrome <p>Any of the below <u>diagnosed with unknown etiology</u> or <u>undiagnosed</u> that warrants a presumption of service connection including:</p> <ul style="list-style-type: none"> • Fatigue • Skin symptoms 	<ul style="list-style-type: none"> • Headaches • Muscle pain • Joint pain • Neurological or neuropsychological symptoms • Symptoms involving the upper or lower respiratory system • Sleep disturbance • Gastrointestinal symptoms • Cardiovascular symptoms • Weight loss • Menstrual disorders
<p>PACT ACT ADDED AUG 10, 2022</p>	
<ul style="list-style-type: none"> • Asthma that was diagnosed after service • Brain cancer • Constrictive bronchiolitis or obliterative bronchiolitis • Chronic bronchitis • Chronic sinusitis • Chronic obstructive pulmonary disease (COPD) • Chronic rhinitis • Emphysema • Gastrointestinal cancer of any type • Glioblastoma • Granulomatous disease • Head cancer of any type • Interstitial lung disease (ILD) 	<ul style="list-style-type: none"> • Kidney cancer • Lymphomatic cancer of any type. • Lymphoma of any type • Melanoma • Neck cancer of any type • Pancreatic cancer • Pleuritis • Pulmonary fibrosis • Reproductive cancer of any type including (Female) cervical, ovarian, uterine, vaginal, vulvar, breast cancers and (Male) testicular, penile and prostate cancers. • Respiratory (breathing-related) cancer of any type • Sarcoidosis
<p>Manifest one of the following infectious diseases within 1 year of separation:</p> <ul style="list-style-type: none"> • Brucellosis • Campylobacter jejuni • Coxiella burnetii (Q fever) • Nontyphoid Salmonella • Shigella 	<ul style="list-style-type: none"> • West Nile virus • Malaria (or when accepted treatises indicate the incubation period began during a qualifying period of service) <p>Manifests at any time after separation:</p> <ul style="list-style-type: none"> • Mycobacterium tuberculosis • Visceral leishmaniasis

WHAT DO I DO IF I DISAGREE WITH MY RATING?

Speak to your VSO (Veteran Service Officer), attorney or claims agent first. They will have the most information to determine if a rating may be incorrect. You have a limited amount of time to appeal your decision and preserve the effective date of your claim.

FOR EDUCATIONAL PURPOSES AND DOES NOT REPLACE [38 CFR SCHEDULE OF RATINGS](#)

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HOW VA DISABILITY RATINGS WORK

The VA determines a disability rating after reviewing your service treatment records ("STR"), C&P (Compensation & Pension) exam report and any other evidence submitted to them in support of your claim including lay statements and buddy letters and based on the criteria below. You may have one or more symptoms in a higher disability rating, but still receive a lower rating that reflects where MOST of your symptoms are present. In order to establish service connection, veterans must show 3 main elements of service connection: A current, diagnosed disability, an in-service event, injury, or illness, and a medical nexus between the current disability and the in-service event

VIETNAM WAR ERA PRESUMPTIVES

(Title 38, Code of Federal Regulation, 3.09(e)):

Vietnam Era Veterans:		
<ul style="list-style-type: none"> Served in the Republic of Vietnam or on a vessel operating not more than 12 nautical miles seaward from the demarcation line of the waters of Vietnam and Cambodia between Jan. 9, 1962 and May 7, 1975 Service aboard a U.S. military vessel that entered the inland waterways of Vietnam Korea – served in a unit along the DMZ from September 1, 1967 to Aug. 31, 1971 Any U.S. or Royal Thai military base in Thailand from January 9, 1962, through June 30, 1976 Cambodia at Mimot or Krek, Kampong Cham Province from April 16, 1969, through April 30, 1969 Laos from December 1, 1965, through September 30, 1969 	<ul style="list-style-type: none"> Guam or American Samoa or in the territorial waters off of Guam or American Samoa from January 9, 1962, through July 30, 1980 Johnston Atoll or on a ship that called at Johnston Atoll from January 1, 1972, through September 30, 1977 Directly Exposed to Agent Orange/Tactical herbicides specifically: 2,4-D; 2,4,5-T and its contaminant TCDD; cacodylic acid; and picloram. Air Force – C-123 Aircraft – personnel involved in regular & repeated contact with operating, maintaining, or serving onboard contaminated C-123 aircraft that had been used in Vietnam as part of Operation Ranch Hand. 	
<p>Manifest to any degree</p> <ul style="list-style-type: none"> Bladder cancer High blood pressure (also called hypertension) Hypothyroidism Monoclonal gammopathy of undetermined significance (MGUS) Parkinsonism Type 2 diabetes <p>Specific presumed conditions, if they become 10% or greater:</p> <ul style="list-style-type: none"> Adult fibrosarcoma Alveolar soft part sarcoma AL amyloidosis Angiosarcoma (hemangiosarcoma and lymphangiosarcoma) B-cell leukemia Chronic lymphocytic leukemia Clear cell sarcoma of tendons and aponeuroses Congenital and infantile fibrosarcoma Dermatofibrosarcoma protuberans Ectomesenchymoma 	<ul style="list-style-type: none"> Epithelioid leiomyosarcoma (malignant leiomyoblastoma) Epithelioid sarcoma Extraskeletal Ewing's sarcoma Hodgkin's disease Ischemic heart disease (including but not limited to, coronary artery disease and atherosclerotic cardiovascular disease) Multiple myeloma Non-Hodgkin's lymphoma Parkinson's disease Prostate cancer Liposarcoma Leiomyosarcoma Malignant fibrous histiocytoma Malignant giant cell tumor of tendon sheath Malignant glomus tumor Malignant hemangiopericytoma Malignant mesenchymoma Malignant granular cell tumor Malignant ganglioneuroma 	<ul style="list-style-type: none"> Malignant schwannoma, including malignant schwannoma with rhabdomyoblastic differentiation (malignant Triton tumor), glandular and epithelioid malignant schwannomas Proliferating (systemic) angioendotheliomatosis Respiratory cancers (cancer of the lung, bronchus, larynx, or trachea) Rhabdomyosarcoma Synovial sarcoma (malignant synovioma) Soft-tissue sarcoma (not including osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma) <p><u>The following conditions, if they become 10% percent or greater within a year of exposure to an herbicide agent:</u></p> <ul style="list-style-type: none"> Acute and subacute peripheral neuropathy Chloracne or other similar Acneform disease Porphyria cutanea tarda

WHAT DO I DO IF I DISAGREE WITH MY RATING?

Speak to your VSO (Veteran Service Officer), attorney or claims agent first. They will have the most information to determine if a rating may be incorrect. You have a limited amount of time to appeal your decision and preserve the effective date of your claim.

FOR EDUCATIONAL PURPOSES AND DOES NOT REPLACE [38 CFR SCHEDULE OF RATINGS](#)

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PRESUMPTIVE CONDITIONS

Additions made to locations and/or conditions for Radiation exposure, Agent Orange/Herbicide exposures, and Gulf War/SW Asia cancers/illnesses.

Widow(or)s whose veteran's death was caused by, contributed to, or hastened due to the following cancers and conditions should contact their local, ACCREDITED (free) VSO Rep. They may be eligible for benefits such as **Dependent Indemnity Compensation (monthly compensation), CHAMPVA Insurance, and a Burial Stipend.**

I recommend you Never file a claim or application for VA benefits without the assistance of an ACCREDITED VSO Representative. They are trained, tested, attend annual training, and have access to your electronic file (including VA work notes) with your signed authorization. They are paid employees of your County, State, or a VA recognized Veterans Organization and therefore cannot charge you for services. Contact your County or State government or search VSO Rep at the link below:

<https://www.va.gov/ogc/apps/accreditation/index.asp>

In the event of financial hardship, potential terminal illness, age 85+ or homeless they can expedite your claim by filing the proper evidence you provide them.

Presumptive illnesses – Time sensitive:

- A. **ALS** – all veterans, diagnosed at any time **Tuberculosis or Hansen's** (leprosy) – 3 years
MS – diagnosed within 7 years of Active Duty **HIV** - with proof of in-service contact

- B. **Proof of in-service symptoms, diagnosed within 1 year of Active Duty or chronic symptoms, with regard to rebuttable evidence as stated in section 3.307:**

Anemia (primary)	Arteriosclerosis	Arthritis
Atrophy (progressive muscular)	Brain hemorrhage	Brain thrombosis
Bronchiectasis	Calculi of the kidney/bladder/ gallbladder	

Cardiovascular-renal disease, including hypertension. (This term applies to combination involvement of the type of arteriosclerosis, nephritis, and organic heart disease, and since hypertension is an early symptom long preceding the development of those diseases in their more obvious forms, a disabling hypertension within the 1-year period will be given the same benefit of service connection as any of the chronic diseases listed.)

Cirrhosis of the liver	Coccidioidomycosis	Diabetes mellitus.
Encephalitis lethargica residuals	Endocarditis. (All forms of valvular heart disease.)	
Endocrinopathies	Epilepsies	Hansen's disease
Hodgkin's disease	Leukemia	Lupus erythematosus, systemic
Myasthenia gravis	Myelitis	Myocarditis
Nephritis	Other organic diseases of the nervous system	

Osteitis deformans (Paget's)	Osteomalacia	Palsy, bulbar
Paralysis agitans	Psychoses	Purpura idiopathic, hemorrhagic
Raynaud's disease	Sarcoidosis	Scleroderma
Sclerosis, amyotrophic lateral	Sclerosis, multiple	Syringomyelia
Buerger's disease	Tuberculosis, active.	

Tumors, malignant, or of the brain or spinal cord or peripheral nerves.

Ulcers, peptic (gastric or duodenal) (A proper diagnosis of gastric or duodenal ulcer (peptic ulcer) is to be considered established if it represents a medically sound interpretation of sufficient clinical findings warranting such diagnosis and provides an adequate basis for a differential diagnosis from other conditions with like symptomatology; in short, where the preponderance of evidence indicates gastric or duodenal ulcer (peptic ulcer). Whenever possible, of course, laboratory findings should be used in corroboration of the clinical data.

Tropical disease such as:

Amebiasis	Blackwater fever	Cholera	Dracontiasis
Dysentery	Filariasis	Leishmaniasis - including kala-azar	
Loiasis	Malaria	Onchocerciasis	Oroya fever
Pinta	Plague, Schistosomiasis	Yaws	Yellow fever

Resultant disorders or diseases originating because of treatment administered in connection with such diseases or as a preventative thereof.

Prisoners Of War (POWs)

A. Any number of days as a POW:

Psychosis - Any of the anxiety states,

Dysthymic disorder (or depressive neurosis),

Post-traumatic osteoarthritis

Stroke and its complications

Atherosclerotic heart disease or hypertensive vascular disease (including hypertensive heart disease) and their complications (including myocardial infarction, congestive heart failure, arrhythmia)

Organic residuals of frostbite - if it is determined that the veteran was interned in climatic conditions consistent with the occurrence of frostbite

On or after October 10, 2008, Osteoporosis, if the Secretary determines that the veteran has posttraumatic stress disorder (PTSD).

B. POW for 30 days or more:

Avitaminosis

Beriberi (including beriberi heart disease)

Chronic dysentery

Cirrhosis of the liver

Helminthiasis

Irritable bowel syndrome

Pellagra

Peptic ulcer disease

Peripheral neuropathy except where directly related to infectious causes

**On or after September 28, 2009, Osteoporosis
Malnutrition (including optic atrophy associated with malnutrition)
Any other nutritional deficiency**

RADIATION-exposed veterans: Involved in testing, near Hiroshima or Nagasaki, nuclear vessels/equipment

VA added these 3 new response efforts to the list of presumptive locations:

- Cleanup of **Enewetak Atoll**, from January 1, 1977, through December 31, 1980
- Cleanup of the Air Force B-52 bomber carrying nuclear weapons off the coast of **Palomares, Spain**, from January 17, 1966, through March 31, 1967
- Response to the fire onboard an Air Force B-52 bomber carrying nuclear weapons near **Thule Air Force Base in Greenland** from January 21, 1968, to September 25, 1968

If you took part in any of these efforts, we'll automatically assume (or "presume") that you had exposure to radiation.

**Bronchiolo-alveolar carcinoma,
Leukemia (other than CLL)
Lymphomas (except Hodgkin's disease)
Multiple myeloma**

**Cancer of the bile ducts, bone, brain, breast, colon, esophagus, gall bladder, lung, ovary,
pancreas, pharynx, salivary gland, small intestine, stomach, thyroid, urinary
tract,
Primary liver cancer (except if cirrhosis or hepatitis B is indicated),**

Agent Orange & ALL Herbicides:

3 new Presumptive Conditions 2021

2 PACT Act Presumptive Conditions 2022

New Agent Orange presumptive locations added? (Note see dates!)

VA added these 5 new locations to the list of presumptive locations:

- Any U.S. or Royal Thai military base in Thailand 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 off of Guam or American Samoa from January 9, 1962, through July 30, 1980
- Johnston Atoll or on a ship that called at Johnston Atoll from January 1, 1972, through September 30, 1977. This was a storage site.

If you served on active duty in any of these locations, we'll automatically assume (or "presume") that you had exposure to Agent Orange.

2019 - Veterans who served on open sea ships off the shore of Vietnam during the Vietnam War are referred to as "**Blue Water Navy Veterans.**" This includes those within 12 nautical (13 land) miles of Vietnam. There are/were an estimated 90,000 such veterans.

Widow(or)s whose veteran's death was caused by, contributed to, or hastened due to the following cancers and conditions should contact their local, ACCREDITED (free) VSO Rep. They may be eligible for benefits such as **Dependent Indemnity Compensation (monthly compensation), CHAMPVA Insurance, and a Burial Stipend.**

If you have a pending claim for one or more of these conditions, you don't need to do anything. VA will send you a decision notice when we complete our review. If you are a Veteran who has been **diagnosed with one of these conditions, but has not filed a claim**, please notify VA of your [intent to file a claim](#) and follow-up with your local trained and Accredited (free) VSO Rep to ensure your claim is complete, with all ancillary benefits.

But if you are experiencing financial distress, have a potentially terminal health condition, age 85+ or homeless you can seek assistance in filing for an Expedite of you claim thru your nearest Accredited VSO Rep:

<https://www.va.gov/ogc/apps/accreditation/index.asp>

They can of course assist you in filing any or all claims for benefits!! I highly recommend this.

AL amyloidosis

All chronic B-cell leukemias (including, but not limited to, hairy-cell leukemia and chronic lymphocytic leukemia)

BLADDER CANCER

Chloracne or other acneform disease consistent with chloracne

Early-onset peripheral neuropathy

High blood pressure (also called hypertension)

Hodgkin's disease

HYPOTHYROIDISM

Ischemic heart disease (including, but not limited to, acute, subacute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina)

Monoclonal gammopathy of undetermined significance (MGUS)

Multiple myeloma

Non-Hodgkin's lymphoma

Parkinson's disease - PARKINSONISM / SYMPTOMS

Porphyria cutanea tarda

Prostate cancer

Respiratory cancers (cancer of the lung, bronchus, larynx, or trachea)

Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or

mesothelioma)

Type 2 diabetes (also known as Type II diabetes mellitus or adult-onset diabetes)

NOTE 1: The term “soft-tissue sarcoma” includes the following:

Adult fibrosarcoma
Alveolar soft part sarcoma
Angiosarcoma (hemangiosarcoma and lymphangiosarcoma)
Clear cell sarcoma of tendons and aponeuroses
Congenital and infantile fibrosarcoma
Dermatofibrosarcoma protuberans
Ectomesenchymoma
Epithelioid leiomyosarcoma (malignant leiomyoblastoma)
Epithelioid sarcoma
Extraskeletal Ewing's sarcoma
Leiomyosarcoma
Liposarcoma
Malignant fibrous histiocytoma
Malignant ganglioneuroma
Malignant giant cell tumor of tendon sheath
Malignant glomus tumor
Malignant granular cell tumor
Malignant hemangiopericytoma
Malignant mesenchymoma
Malignant schwannoma, including malignant schwannoma with rhabdomyoblastic differentiation (malignant Triton tumor), glandular and epithelioid malignant schwannomas
Proliferating (systemic) angioendotheliomatosis
Rhabdomyosarcoma
Synovial sarcoma (malignant synovioma)

NOTE 2: For purposes of this section, the term ischemic heart disease does not include peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of Ischemic heart disease.

Exposure to contaminants in the water supply at Camp Lejeune & Air Station Red River:

What was in the drinking water? Two on-base water wells that were shut down in 1985 had these chemicals due to dry cleaning fluids: Trichloroethylene (TCE), Perchloroethylene (PCE), Benzene, Vinyl chloride, Other compounds

i) If a **veteran**, or former reservist or member of the National Guard, was exposed to contaminants in the water supply at United States Marine Corps Base Camp Lejeune and Marine Corps Air Station New River, North Carolina (NC), during the period beginning on August 1, 1953, and ending on December 31, 1987.

Kidney cancer
Adult leukemia
Bladder cancer

Liver cancer
Multiple myeloma
Aplastic anemia and other myelodysplastic syndromes.

Non-Hodgkin's lymphoma
Parkinson's disease.

ii) **Are Veterans and their family members covered for health care?** Yes. Veterans who served at Camp Lejeune or MCAS New River for at least 30 cumulative days from August 1953 through December 1987—and their family members—can get health care benefits. We may pay you back for your out-of-pocket health care costs that were related to any of these 15 conditions:

Bladder cancer

Female infertility

Leukemia

Multiple myeloma

Non-Hodgkin's lymphoma

Breast cancer

Hepatic steatosis

Lung cancer

Myelodysplastic syndromes

Renal toxicity

Esophageal cancer

Kidney cancer

Miscarriage

Neurobehavioral effects

Scleroderma

GULF WAR & SOUTHWEST ASIA Theater of military operations:

Non presumptive conditions that can be considered for service related if:

- Started while you were on active duty or before December 31, 2016, **and**
- Caused you to be ill for at least 6 months, **and**
- Qualified you for a disability rating of 10% or more, **and**
- Not been caused by anything except service in the Southwest Asia theater **and**
- You must have been discharged under conditions other than dishonorable and have a diagnosis of 1 or more of these conditions:

- **Functional gastrointestinal disorders**
- **Chronic Fatigue Syndrome**
- **Fibromyalgia**
- **Other undiagnosed illnesses, including but not limited to cardiovascular disease, muscle and joint pain, and headaches**

Presumed disabilities: appeared within 1 year of separation **and rating of 10% or more**

- **Brucellosis**
- **Campylobacter jejuni**
- **Coxiella Brunetti (Q fever)**
- **Nontyphoid Salmonella**
- **Shigella**
- **West Nile Virus**

Eligibility for benefits for service in Afghanistan due to chronic illnesses or other condition must have:

- Started while you were on active duty or after September 19, 2001, **and**
- Caused you to be ill for at least 6 months, **and**
- Qualified you for a disability rating of 10% or more, **and**
- Not been caused by anything except your service in Afghanistan, **and**
- You must have been discharged under conditions other than dishonorable and have a diagnosis of 1 or more of these conditions:

- **Brucellosis**
- **Campylobacter jejuni**
- **Coxiella Brunetti (Q fever)**
- **Malaria***
- **Mycobacterium tuberculosis***
- **Nontyphoid Salmonella**
- **Shigella**
- **Visceral leishmaniosis***
- **West Nile Virus**

*Indicates that there are exceptions to how we decide if these illnesses qualify you for benefits and these conditions may be covered even after a year has passed due to latent or delayed symptomology.

GULF WAR & SOUTHWEST ASIA Theater of military operations:

For eligibility dates and locations please read: <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>

Now that the proposal became final, dependents, survivors, and Veterans who had claims previously denied for any of the below conditions are encouraged to file a [supplemental claim](#) for benefits with an Accredited (free) VSO Rep:

These cancers are now presumptive: (Highlighted ones are the newest)

- **Brain cancer**
- **Gastrointestinal cancer of any type**
- **Glioblastoma**
- **Head cancer of any type**
- **Kidney cancer**
- **Lymphatic cancer of any type**
- **Lymphoma of any type**
- **Melanoma**
- **Neck cancer**
- **Pancreatic cancer**
- **Reproductive cancer of any type**
- **Respiratory (breathing-related) cancer of any type**
 - Squamous cell carcinoma (SCC) of the larynx;
 - SCC of the trachea;
 - Adenocarcinoma of the trachea;
 - Salivary gland-type tumors of the trachea;
 - Adenosquamous carcinoma of the lung;
 - Large cell carcinoma of the lung;
 - Salivary gland-type tumors of the lung;
 - Sarcomatoid carcinoma of the lung and;
 - Typical and atypical carcinoid of the lung.

These illnesses are now presumptive:

- Asthma that was diagnosed after service
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- Chronic rhinitis

- Chronic sinusitis
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease (ILD)
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis

If you have a pending claim for one or more of these conditions, you don't need to do anything. We'll send you a decision notice when we complete our review. If you are a Veteran who has been diagnosed with one of these conditions, but have not filed a claim, please notify VA of your [intent to file a claim](#) and follow-up with your local trained and Accredited (free) VSO Rep to ensure your claim is complete, with all ancillary benefits.

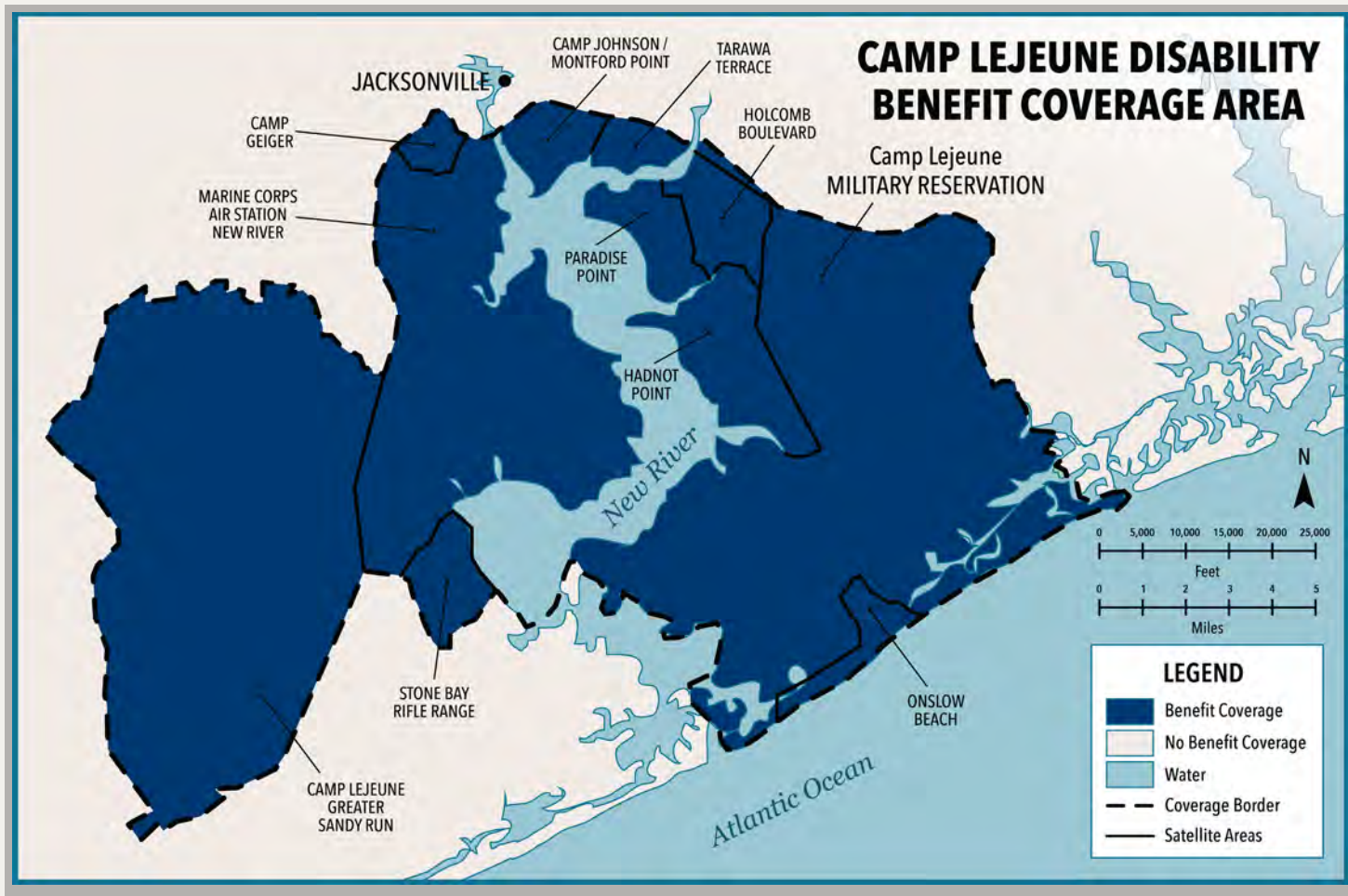
But if you are experiencing financial distress, have a potentially terminal health condition are age 85+ or homeless you can seek assistance in filing for an Expedite of you claim thru your nearest Accredited VSO Rep:

<https://www.va.gov/ogc/apps/accreditation/index.asp>

They can of course assist you in filing any or all claims for benefits!! I highly recommend this.

The Department of Veterans Affairs is studying other cancers and conditions for inclusion to the list of [presumed service-connected disabilities](#) in relation to military environmental exposure to particulate matter. Much of the initial data will come from veterans' participation in VA Healthcare.

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CAMP LEJEUNE

Veteran and family health & disability benefits

In the 1980s, contaminants were found in several wells that provided drinking water at Camp Lejeune, N.C. The contaminants included the volatile organic compounds trichloroethylene (TCE), perchloroethylene (PCE), vinyl chloride, benzene, and other compounds. The primary sources of this contamination were on-base leaking storage tanks and industrial activities, and an off-base dry cleaner. It is estimated that the contaminants were in the water supply from the mid-1950s until February 1985, when the wells were shut down.

Benefits for Camp Lejeune Veterans and family members include health care for 15 conditions listed in the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012. In addition, Veterans can receive disability and health care benefits for eight presumptive disease conditions associated with contaminants in the water at Camp Lejeune.

Health Care Benefits

Veterans who served at Camp Lejeune for 30 days or more between 1953-1987 are eligible for Priority Group 6 and access to VA health care. For more information on

eligibility criteria, visit <https://www.va.gov/health-care/eligibility/priority-groups/>.

Eligibility timeframe

Veterans, National Guard and reserve members, and family members who lived on the base for at least 30 days (cumulative), between August 1, 1953 and December 31, 1987 are eligible.

What areas are included?

The benefit area includes all areas within the Camp Lejeune and Marine Corps Air Station (MCAS) New River boundaries, as shown on the map on page 4.

Camp Lejeune Historic Drinking Water Database

The Marine Corps maintains an information database for those who may have been exposed to contaminants in the drinking water at Camp Lejeune between August 1, 1953 and December 31, 1987.

To be added to the Camp Lejeune Historic Drinking Water Notification Database, or for more information, please visit: <http://www.marines.mil/clwater/>. You can also contact the Camp Lejeune Historic Drinking Water Call Center at (877) 261-9782 or e-mail clwater@usmc.mil.

The Marine Corps continues to work diligently to both identify and communicate with registrants by sending them the latest information via mail and email. Please share information about the registry with anyone who may have been at Camp Lejeune between the dates noted above and encourage them to participate.



U.S. Department of Veterans Affairs

Health care for Veterans and family members

The Camp Lejeune Act of 2012 provides health care and health care funding assistance to Veterans and family members who lived on Camp Lejeune, meet the time-on-station and service date requirements, and have one of the covered conditions.

Qualifying health conditions:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

Veterans eligible for health care under the *Camp Lejeune Act of 2012* may enroll in VA health care and receive medical services for any of the 15 covered health conditions, and eight disability conditions at no cost.

To enroll in VA health care, [apply](http://www.va.gov/health/benefits/apply/) at www.va.gov/health/benefits/apply/ or call 1-877-222-8387 for help. Inform VA staff that you served on active duty at Camp Lejeune for at least 30 days during the covered time period.

Family member health care reimbursement

Dependent family members of Veterans who also resided at Camp Lejeune during the qualifying period are eligible for reimbursement of out-of-pocket medical expenses related to any of the 15 covered health conditions. Reimbursement for medical claims can be paid for care up to two years prior to the date of application for benefits. VA can only pay for treatment costs that remain after payment from your other health plans.

Apply online for reimbursement at www.clfamilymembers.fsc.va.gov/ or call 1-866-372-1144 for help.

What type of evidence can I submit with my application?

- Documentation showing a legal dependent relationship to a Veteran who served at Camp Lejeune, such as a marriage license or birth certificate.
- Documentation showing you lived on the base for 30 days or more between August 1, 1953 and December 31, 1987, such as copies of orders. VA has the base housing records, but additional evidence is welcome.
- Documentation showing you paid health care expenses for a covered condition or an illness caused by the covered condition.

For information call

VA Health Care 1-877-222-8387

VA Benefits 1-800-827-1000

**CL Family Health Care
1-866-372-1144**

Veterans disability compensation

The Department of Veterans Affairs has established a presumption of service connection for eight conditions associated with exposure to contaminants in the water supply at Camp Lejeune, N.C. These conditions were determined after a review of scientific and medical literature on health effects related to the contaminants of concern at Camp Lejeune.

The presumption applies to active duty, reserve, and National Guard members exposed to contaminants in the water supply at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987, and who later developed one or more of the following eight conditions:

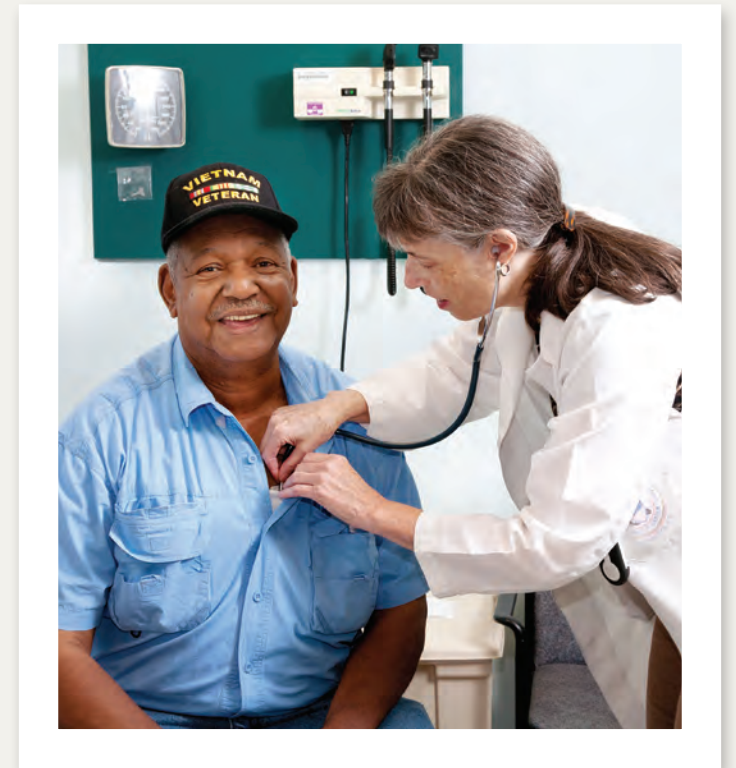
- Adult leukemia
- Aplastic anemia and other myelodysplastic syndromes
- Bladder cancer
- Kidney cancer
- Liver cancer
- Multiple myeloma
- Non-Hodgkin's lymphoma
- Parkinson's disease

Presently, these are the conditions for which VA has determined there is sufficient scientific and medical evidence to support presumptive service connection; however, VA will continue to review relevant information on other conditions as it becomes available.

If a Veteran is diagnosed with one of these conditions, VA presumes that his/her Camp Lejeune service caused the condition, and disability compensation can be awarded.

Evidence requirements

Veterans must submit records that show you served at Camp Lejeune or MCAS New River for at least 30 days (cumulative), between August 1, 1953 and December 31, 1987, in an active duty, reserve, or National Guard capacity.



The medical evidence must show you have a current disease on the list of presumptive conditions related to Camp Lejeune.

How to apply for disability benefits

Apply online using eBenefits. State on your application that you are filing for one of the presumed Camp Lejeune illnesses.

- Include evidence of service at Camp Lejeune during the required timeframe.
- Provide medical evidence showing your diagnosis.

For additional assistance you can work with an accredited representative or agent or, go to a VA regional office and talk to a VA employee. You can find your nearest regional office on our Facility Locator page at <http://benefits.va.gov/benefits/offices.asp>.

For more information on how to apply and for tips on making sure your claim is ready to be processed by VA, visit our [How to Apply](https://explore.va.gov/disability-compensation) page at <https://explore.va.gov/disability-compensation>.

	Rating
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name.	100
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 work like setting); inability to establish and maintain effective relationships.	70
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.	50
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), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events).	30
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.	10
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.	0

General Rating Formula for Mental Disorders

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The Nexus Letter

To win an award of a disability benefit, you must meet 3 criteria:

1. You have to show eligibility of your military service.
2. You must have a current medical diagnosis of a condition or a disability.
3. You must be able to provide evidence that the medical diagnosed condition had its origin during the time of your military service, or if the condition was preexisting, that it was aggravated by your military service.

In many cases, the connection of an event that happened while you were on active duty to a diagnosed condition today may be tenuous at best.

For the purposes of this example, let's consider a back injury.

You may have hurt your back in some fashion while serving your country. That was in 1970 and you went on sick call. Your sore back was diagnosed as a "pulled muscle" or something similar and you were given some IBU Profen and sent on your way to light duty for 3 days.

The back was progressively more painful so you were back on sick call a week later. This time an x-ray was ordered and you were given some stronger pain pills and your light duty was increased to a restricted duty for a month with orders of no lifting, no PT and so on.

The military culture demands that we don't complain of our "minor" aches and pains. The team depends on each member being ready to complete the mission and the mission is all that counts. From day one we're trained that complaints of pain will bring about scorn from superiors and fellow soldiers will know that they have to carry your load as well as their own.

"Pain", we learn, "is weakness leaving your body."

Your civilian career wasn't as physical as the military and during the years since your discharge you've had chronic, low back pain but it hasn't required much treatment...until now. In the last year you've had to seek more intensive medical care and finally you had an MRI. The MRI study shows numerous issues with discs and nerves and you realize that your old service injury is here to haunt you.

You file for service connected disability compensation, you have a C & P exam and about a year later you have a denial letter. The VA tells you that although you had complaints during your service that your condition today is new and unrelated to those old problems.

Now what?

The nexus letter is the key to overturning the denial. Nexus is defined as "the means of connection between things linked in series."

The task you face now is to seek an expert physician who will review your complete medical records and write a letter stating that it is his or her opinion that your injury (condition) today is related to the military service.

The nexus letter should follow a similar format to all letters that you use to communicate to VA. It may be addressed directly to you or in a "To Whom It May Concern" style. If the physician is willing to provide you with a current curriculum vitae (a resume) that will support the physician's expertise.

The nexus letter should follow the standard business format we always use when writing to the VA. This template below may be used as a beginning for your letter.

Doctor's Letter Head

Date:

Subject: Medical history of Mr. Veteran

Reference: C-File # and/or Social Security Number

To the Department of Veterans Affairs:

I am the primary care provider for Mr. Veteran. In my capacity as a primary care provider, I have cared for Mr. Veteran since 01/07/20xx.

While I've provided care for Mr. Veteran, I've become familiar with his active duty medical history from 07/24/19xx to 08/07/19xx and from VA medical records from 19xx to present, past and present ailments and I've reviewed pertinent parts of his military record that document his injury, disease and clinical conditions related to the events that occurred.

I am aware that Mr. Veteran was injured during his active duty military service on or about 1981 in Fort Army while (events description, time and place).

A primary condition the veteran suffers is Lumbar Paravertebral Myositis (an Inflammatory Myopathy) and an L4-L5, disc desiccation and disc narrowing. MRI reports note sacralization of the L 5 representing a developmental abnormality and also that paraspinal muscle spasm is suggested.

Further noted are mild thoracolumbar dextrosciosis as well as mild spondylosis and degenerative endplate changes. Schmorl's nodes in the superior endplate of L3. L3-L4 and L4-5 degenerative disc disease are seen. There is an L4-5 small posterior disc bulge and small posterocentral disc herniation and L2-3 vertebral hemangiomas.

Mr. Veteran has chronic pain due to his injuries. The veteran suffers radiculopathy with pain, muscle control difficulty, tingling, numbness and weakness in the legs, likely due the sacralization of L4-L5.

Mr. Veteran suffers increased fatigability because of his chronic back pain. Standing for more than 15 minutes will make him become weak and exhausted.

There are multiple other clinical conditions diagnosed that are more likely than not secondary to or aggravated by the primary back condition(s).

The veteran takes numerous medications for both the primary condition as well as secondary conditions that are aggravated by said primary back condition. (Medicines and secondary conditions are listed separately.)

The veteran is not a likely candidate to be rehabilitated.

After examining Mr. Veteran, his chart and medical records it is my opinion that Mr. Veteran is totally and permanently disabled due to the above discussed back condition. The veteran can not hold gainful employment as a result of the injury he sustained while in the military. It is also my opinion that it is more likely than not the that the physical traumas suffered during the veteran's military service as noted in his record (description of events and dates) caused, contributed to and aggravated the totally disabling back condition(s).

Respectfully,

Dr. VA Physician, MD

Diplomat of the American Board of Internal Medicine

The language in the example above is specific. Any language less specific may not meet the standard that VA will require.

Any physician who is qualified to write such a letter on your behalf may do so. While it is commonly believed that VA physicians aren't allowed to write such letters, that isn't true. VA physicians, as with many civilian physicians, simply don't like to write such letters as they are

not skilled at the task, may not have the tools to write the letter at hand and they are often so busy caring for a heavy load of patients this is seen as work that isn't a priority.

It is perfectly acceptable for the veteran to write the letter on behalf of the physician and then ask the physician to sign it. In any setting, whether VA or civilian, the veteran is advised that he or she should not ask a nurse or clerk to perform the task of obtaining a signature for them. These ancillary members of the care team often see themselves as "gatekeepers" to guard and protect the physician from tasks that will only take up more valuable time.

They may believe that "rules" or "law" won't allow the physician to sign such a document and the veteran may be refused access to the doctor. It's best to make a routine appointment, wait until the veteran is face to face with the M.D. and ask that provider directly.

Most physicians will sign such a letter if it is brief, to the point and factual. When writing a nexus letter great care must be given to recording only facts and the doctor's conclusions.

There are physicians available who will perform records reviews and/or Independent Medical Examinations and provide opinions. Often these doctors do a very good job of providing a nexus letter if the veteran isn't otherwise able to obtain one.

The charge for such a letter from an independent physician can vary depending on the extent of the services. The veteran must pay that fee in advance with no guarantee that any award will be won. The Independent Medical Examining doctor does not treat or prescribe medications but only provides services of review and report.

The importance of the nexus letter can't be overstated. In many situations the nexus letter from an expert is the only evidence that will tip the scales in favor of the veteran.

In the C & P Service Clinicians Guide instructions are given to the examiner as to the exact phrasing that should be used, as follows here;

Q: How do I give an opinion for nexus (relationship to a military incident)?

A: When asked to give an opinion as to whether a condition is related to a specific incident during military service, the opinion should be expressed as follows:

1. "is due to" (100% sure)
2. "more likely than not" (greater than 50%)
3. "at least as likely as not" (equal to or greater than 50%)
4. "not at least as likely as not" (less than 50%)
5. "is not due to" (0%)

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Sample Letter to Medical Expert Requesting A Medical Opinion

Dear Doctor,

I write to you on behalf of Joe Jones, a Vietnam veteran who may be entitled to VA benefits if we can show that his current back condition, spinal stenosis, is linked to an incident in his military service. The last time we talked, you indicated that you would be willing to review his records and provide me with a medical opinion that, if favorable, could be used to support his claim.

We believe that the tremendous amount of walking Mr. Jones experienced as a foot soldier, combined with the numerous instances of trauma to his back, either caused or aggravated his back condition. According to some general medical information I was able to obtain from the website of the NYU Department of Neurosurgery, trauma can be a factor in the creation or aggravation of spinal stenosis or spondylosis. I have enclosed a copy of that report for your information.

The standard of proof that Mr. Jones must meet is very liberal. The law requires the VA to give the benefit of the doubt to veterans seeking VA benefits. Therefore, if a medical expert determines that "it is at least as likely as not" that Mr. Jones's current back condition is linked to an incident (or incidents) in his service, the VA will have to service-connect his back condition and pay Mr. Jones compensation benefits. **"At least likely as not" means a 50 percent or greater chance that his current condition is due to his military service.**

Attached to this letter, you will find a Disability Benefits Questionnaire (DBQ). This form assists the VA in determining whether a veteran's condition is service-connected and the severity the condition. **Please fill out this DBQ when completing your examination report.**

For your convenience, I will summarize Mr. Jones's service treatment records (STRs). I am also attaching a copy of these records and copies of records in his VA claims file. I have marked relevant pages in these records with a yellow Post-it note for your review.

SERVICE TREATMENT RECORDS

- Mr. Jones was inducted into the Army in July 1969. His induction examination was normal, except the examiner noted "limited lumbar motion, tender over left sacroiliac joint."
- He served from July 1969 to January 1972. His military occupational specialty (MOS) was rifleman (a soldier whose job was to aim and fire his weapon at the enemy).
- The Army awarded him the Purple Heart Medal and three Bronze Stars. He took part in the following military campaigns: ... He was wounded in action (right arm shell fragment wound) on August 16, 1971.
- On several occasions during service, Mr. Jones was treated for painful feet. His bilateral foot complaints were variously diagnosed as: bilateral trench feet (pain in feet caused by cold, damp conditions), bilateral pes cavus (high longitudinal arch), and bilateral pes planus (flat feet).

- His separation examination revealed no musculoskeletal defects. (Mr. Jones informs me that this was a cursory examination—if a service member complained of in-service disability at this examination, he was kept in service for several more months so the military could examine him.)

INJURIES TO HIS BACK THAT OCCURRED DURING COMBAT WITH THE ENEMY

According to Mr. Jones, while he was engaged in combat with the enemy, he hurt his back (suffered trauma) on several occasions:

1. In March 1971, when he was wounded by a shell fragment during the battle of xxx—he fell heavily onto his back. Subsequently, he suffered from severe back pain.
2. In the summer of 1971, he suffered trauma to his back when he was catapulted from the top of a truck cab into a ditch. He states that he was riding on the cab of a truck when the truck on which he was riding swerved to avoid enemy fire. The truck's maneuver sent him flying into the ditch. He landed heavily on his back. An officer offered him some help but there was no first aid station established to treat injured soldiers. Mr. Jones tells me that this trauma hurt his back and caused considerable pain, but he felt it was his duty to continue traveling to the front with the other members of his unit.
3. In September 1971, Mr. Jones and another soldier captured fourteen North Vietnamese soldiers. The incident was written up in a local newspaper. Mr. Jones states that when he threw the grenade that forced the enemy to surrender, he slipped and fell heavily on his back. Again, this trauma to his back caused significant pain. He did not seek treatment for this injury because he was at the front, there was fighting almost every day, and he felt obligated to stay with the other members of his fighting unit.

AFTER SERVICE

- After his discharge from the military in January 1972, Mr. Jones informs me that he suffered almost continuous pain in his lower back. The back pain, while persistent, was not enough to force him to seek treatment. According to Mr. Jones's family, he is a stoic. He seems to think that it is a sign of weakness to complain about pain.
- In 1989, Mr. Jones was treated for and diagnosed with spinal stenosis. A February 13, 1989, MRI from xxxxxx provided an impression of severe spinal stenosis from L2 to the sacrum, which is worse at the L2-3, L3-4 and L4-5 levels. A copy of this medical report, signed by Stephen Smith, M.D., is enclosed with this letter.
- In April 1989, a medical report from Michael Black, M.D., to Stanley Rubin, M.D., indicated that Mr. Jones had back problems for years and, for no apparent reason, he developed significant pain in August 1988. Mr. Jones was advised to consider surgery. My client did not have the surgery. He continues to have back pain.

ADDITIONAL INFORMATION

There are some things you should know in order to make this an informed opinion, including information on the various theories that are potentially part of this claim:

1. **The Standard:** Title 38, United States Code, § 5107(b), provides: “When, after consideration of all evidence and material of record ... there is an approximate balance of positive and negative evidence regarding the merits of an issue material to the determination of the matter, the benefit of the doubt in resolving each such issue shall be given to the claimant.” See 38 C.F.R. § 3.102. **Essentially, this means that if the evidence is nearly equally balanced, Mr. Jones wins. Therefore, I will phrase my questions to you so that you can respond to “Is it at least as likely as not.”**
2. **The Law and Lay Statements:**
 - The law requires that, in the case of any veteran who engaged in combat with the enemy, the VA accept as true the statement of the veteran about what happened to the veteran during combat with the enemy, unless there is clear and convincing evidence to the contrary.
 - Mr. Jones’s statements about what happened to him during service are connected to incidents that occurred when he was engaged in combat with the enemy. **Therefore, for the purposes of your medical opinion, please accept his statements as proven facts.**
3. **Direct Service Connection:**
 - In order to prevail on the issue of service connection there must be:
 1. medical evidence of a current disability;
 2. medical evidence, or in some cases lay evidence, of in-service occurrence or aggravation of a disease or injury; and,
 3. medical evidence of a nexus between an in-service disease or injury and the current disability.
4. **Preexisting Injury or Disease:**
 - A veteran is presumed sound upon his or her entry to service “when examined, accepted, and enrolled for service, except as to defects, infirmities, or disorders noted at the time of the examination, acceptance, and enrollment.” 38 U.S.C. § 1111.
 - This presumption of soundness can only be rebutted if there is clear and unmistakable evidence that the condition preexisted the veteran’s service and that the condition was not aggravated by his or her service. Clear and unmistakable evidence means that it is undebatable.
 - The presumption of soundness will not apply if the veteran is seeking service-connected disability benefits for the same injury or disability that is noted on the entrance examination report. *Lichtenfels v. Derwinski*, 1 Vet. App. 484 (1991).
 - Under 38 U.S.C. § 1153, a preexisting injury or disease will be considered to have been aggravated by active military, naval, air, or space service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.

- The development of symptomatic manifestations of a preexisting disease or injury during or proximately following action with the enemy will establish aggravation of a disability. *Jensen v. Brown*, 19 F.3d 1413 (Fed. Cir. 1994); see 38 C.F.R. § 3.306(b)(2).
- In order to deny claims by a combat veteran who alleges an increase in a disability during combat with the enemy, the VA must either show that the increase in severity was caused by the natural progression of the condition or find that there is clear and convincing evidence showing that the incident alleged by the combat veteran did not occur.

5. **Secondary Service Connection:**

- Service connection may be granted for a disability found to be proximately due to, or the result of, a service-connected disease or injury. When service connection is thus established for a secondary condition, the secondary condition shall be considered a part of the original condition. 38 C.F.R. § 3.310(a); *Harder v. Brown*, 5 Vet. App. 183, 187-89 (1993).

QUESTIONS

After reviewing Mr. Jones's service treatment records, the records in his VA claims file, and the records of his treatment in 1989, **please answer the following questions with detailed rationale:**

1. For each diagnosis of the back and assuming that trauma to Mr. Jones's back occurred during combat:
 - a. **Is it at least as likely as not (50 percent or greater probability)** that his current back condition is related to in-service back trauma, including the three combat incidents in 1971? **If yes, please provide a detailed rationale that includes a discussion of his continuous post-service back pain.**
2. His July 1969 service entrance examination noted "limited lumbar motion-tender over left sacroiliac joint."
 - a. Please state whether any of Mr. Jones's current back diagnoses are the same as or related to "limited lumbar motion-tender over left sacroiliac joint." **Please provide detailed rationale.**
 - b. If they are NOT the same, **is there clear and unmistakable evidence (it is undebatable)** that his current back condition preexisted his military service? **Please provide detailed rationale.**
 - c. If there was a preexisting back condition, **is it at least as likely as not (50 percent or greater probability)** that the in-service trauma to his back that resulted in increased back symptoms, aggravated the preexisting back condition beyond its natural progression? **Please provide detailed rationale.**
 - d. If so, **is it at least as likely as not (50 percent or greater probability)** that the back condition that was aggravated in service is linked to the current back condition? **Please provide detailed rationale.**

3. Mr. Jones's STRs show several instances of treatment for pain in the feet. This was attributed in service to pes cavus, pes planus, and trench foot. Mr. Jones is currently service-connected for bilateral trench feet.
- a. **Is it at least as likely as not (50 percent or greater probability) that the bilateral foot pain is connected to the current back condition? Please provide detailed rationale.**
 - b. **Is it at least as likely as not (50 percent or greater probability) that his service-connected bilateral trench feet caused his back condition? Please provide detailed rationale.**
 - c. **Is it at least as likely as not (50 percent or greater probability) that his service-connected bilateral trench feet aggravated (worsened) his back condition? Please provide detailed rationale.**

Thank you for your assistance. It is important to me to try and help Mr. Jones as best as I can. In your response, please note that you reviewed the information in Mr. Jones's claims file. If there is additional information that you think might be helpful or if you need clarification of anything, please feel free to contact me at any time. I can be reached at xxx-xxx-xxxx or at xxxxx@xxx.com.

Sincerely,

Advocate

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Frequently Asked Questions

1. Is TSVH part of the VA Healthcare system?
TSVH is not part of the U.S. Department of Veterans Affairs (VA). We are considered a Tennessee State political subdivision.

2. Who pays for my care at TSVH?
One of the benefits of TSVH is some residents may qualify for free or reduced rate programs through the VA. Eligible veterans may receive a per diem from the VA that discounts their daily room and board rate. This benefit only applies to the veteran, not their spouses or Gold-Star parents. Qualified veterans with a VA service-connected disability rating of 70% or greater may be eligible to stay at TSVH at no cost. If you are not eligible for VA assistance, payment can be made through Medicare, a Medicare Managed Care Plan, Tennessee Medicaid, Long-Term Care Insurance, or private payment.

3. If I didn't serve during wartime, am I still eligible for admission?
Even if you never served in a war (or during wartime), you may still be eligible for admission to Tennessee State Veterans' Homes.

4. Can my spouse move with me?
Spouses and Gold-Star parents of veterans may also be eligible for admission to TSVH. Spouses and Gold-Star parents must qualify for a nursing home level of care to be considered for admission. No more than 25% of a home's residents may be non-veterans.

5. What if I can't find my DD-214?
As veteran advocates, we have experience working with state and federal agencies to help you get the paperwork you need. If you're applying and don't have your DD-214 yet, let us know and we'll be happy to assist with this process.

Home Locations

MURFREESBORO
345 Compton Road | Murfreesboro, TN 37130
615-895-8850 | Fax: 615-225-1853

HUMBOLDT
2865 E. Main Street | Humboldt, TN 38343
731-784-8405 | Fax: 731-784-2248

KNOXVILLE
One Veterans Way | Knoxville, TN 37931
865-862-8100 | Fax: 865-690-5981

CLARKSVILLE
250 Arrowood Drive | Clarksville, TN 37042
931-245-4700 | Fax: 865-690-5981

COMING SOON
Cleveland
Arlington


For more information or to schedule a tour,
please contact the Admissions Department at
one of our four homes.

www.tsvh.org

TSVH Executive Office

P.O. Box 11328 | Murfreesboro, TN 37129
615-898-1181 | Fax: 615-898-1619 | info@tsvh.org

Follow us on social media!

 @TennesseeVeteransHomes



**Proudly Serving
Those Who Served**



TENNESSEE STATE VETERANS' HOMES

"Proudly Serving Those Who Served"

About Us

At Tennessee State Veterans' Homes, we consider it a privilege and our responsibility to provide exceptional care and support to those who honorably served our country, as well as their families. Our four homes located throughout the state are recognized for their modern amenities, outstanding programs, and continuum of care. Most importantly, our highly skilled staff is specially trained in providing the physical, emotional, and mental support veterans may need.

The Services You've Earned

Skilled Nursing & Therapy Services

Recovering from significant illness, injury, or surgery becomes increasingly more difficult as we age. TSVH can provide the assistance needed until you are well enough to return home.

Our skilled team of physical, occupational, and speech therapists help our veterans and their spouses regain independence, build strength and balance, increase mobility, and decrease falls.

Long-Term Care

Our homes consist of 24-hour RN care and a multi-disciplinary team that will develop an individualized care plan for each resident. We work hard to ensure residents receive the highest level of care possible in a homelike and supportive environment.

Additional Benefits

- Veteran camaraderie
- Spacious and comfortable living areas
- Extensive activities program with weekly trips
- Social Services team to serve as resident advocates
- Wide variety of fresh food options available 24-7
- Pharmacy services & psychiatry
- Dental, podiatry, & eye care
- On-site barber & beautician services
- Facility-owned transportation

Admission Requirements

You may be qualified for admission to TSVH if you are a veteran who was honorably discharged from active service and who also meets at least **ONE** of the following requirements:

- Resident of Tennessee at the time of admission
- Veteran who was born in Tennessee
- Qualifies for a nursing home level of care
- Entered the U.S. Armed Forces in Tennessee
- Tennessee address is official Home of Record on veteran's Military Record
- Has an immediate family member who serves as primary caregiver and is a resident of Tennessee
- Spouse or Gold-Star parents are eligible for admission on a space-available basis.

**Must supply copy of Veteran Discharge Papers (DD-214) prior to admission. Spouses will need to supply a Marriage Certificate & Death Certificate if applicable.



Significant savings available to qualified veterans!

Call today or visit us online at www.tsvh.org

Tennessee State Veterans Cemeteries:

Offices open 8:00 a.m. to 4:30 p.m. weekdays

Middle Tennessee State Veterans Cemetery

7931 McCrory Lane
Nashville, TN 37221
(615) 532-2238
MTSV.Cemetery@tn.gov

East Tennessee State Veterans Cemetery

2200 E. Gov. John Sevier Hwy 168
Knoxville, TN 37920
(865) 577-3228
ETSV.Cemetery@tn.gov

East Tennessee State Veterans Cemetery

5901 Lyons View Pike
Knoxville, TN 37919
(865) 577-3228
ETSV.Cemetery@tn.gov

West Tennessee State Veterans Cemetery

4000 Forest Hill/Irene Road
Memphis, TN 38125
(901) 543-7005
WTSV.Cemetery@tn.gov

Tennessee State Veterans Cemetery at Parkers Crossroads

693 Wildersville Road
Parkers Crossroads, TN 38388
(731) 967-4127



The East Tennessee State Veterans Cemetery in Knoxville



Department of
Veterans Services

312 Rosa L. Parks Avenue
Nashville, TN 37243
(615) 741-2345
www.tn.gov/veteran



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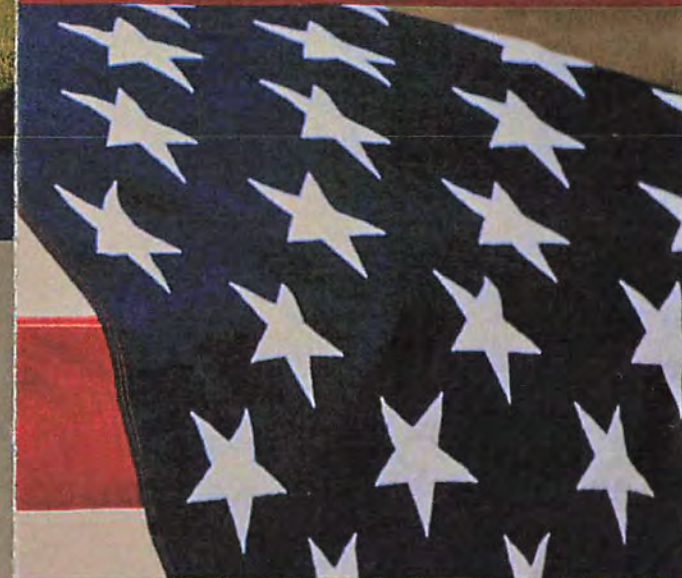


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Tennessee State Veterans Cemeteries



Honoring Tennessee's Veterans



Department of
Veterans Services



Department of
Veterans Services



Tennessee Department of Veterans Services, Authorization
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The Middle Tennessee State Veterans Cemetery in Nashville

About Us

The Tennessee Department of Veterans Services is proud to serve Tennessee veterans and their families in life and through to their final honors. The department maintains and manages five Veterans Cemeteries in the state to include one in Nashville, one in Memphis, two in Knoxville and one in Parkers Crossroads.

Cemeteries are open sunrise to sunset to friends and family for visitation all year. Cemetery office hours are 8:00 a.m. to 4:30 p.m. weekdays.

Besides providing a beautiful final resting place for you or your loved one, Tennessee State Veterans Cemeteries also host annual Memorial Day ceremonies, Wreaths Across America events and other local community events.

Contact your regional cemetery or the Tennessee Department of Veterans Services for more information on the State Veterans Cemeteries or cemetery events.

Benefits

There are many benefits to interring loved ones at a Tennessee State Veterans Cemetery.

Service members may be buried at no cost. Dependents, including spouses and children, may be buried with minimal cost.

Pre-registration for burial at one of our state cemeteries can offer you and your loved ones peace of mind for the future.

Every burial includes a columbarium cover or a headstone and a free committal service on site at no charge.

Tennessee State Veterans Cemeteries also receive perpetual care 365 days of the year.

For more information on the benefits of burial at a Tennessee State Veterans Cemetery please call the Tennessee Department of Veterans Services or your regional State Veterans Cemetery.

Contact information for cemeteries can be found in this brochure.

The West Tennessee State Veterans Cemetery in Memphis



Tennessee State Veterans Cemetery at Parkers Crossroads

Pre-Registration

The loss of a loved one is a difficult time for everyone. Burial pre-registration at a Tennessee State Veterans Cemetery can remove the added stress of finding legal documentation and preparing paperwork during a time of loss.

You can easily complete pre-registration online by visiting www.tn.gov/veteran or working with a Tennessee State Veterans Cemetery.

To register, please submit

- Discharge paperwork (DD-214, etc.)
- Marriage license (if spouse)

Once the application is complete, you will receive a formal response from the Tennessee Department of Veterans Services in 4 to 6 weeks.

Applications are subject to eligibility verification, review and approval.

Discharge paperwork must be submitted in order for applications to be reviewed.

For more information and guidance please contact our department or your regional cemetery.

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TDVS Fact Sheet

Requesting Records from the National Personnel Records Center

June 2023

The **National Personnel Records Center or NPRC** is a great resource for obtaining military service records including DD214s and has a variety of resources for [Veterans Service Officers](#) including [emergency requests](#).

Here's an efficient way to request records that doesn't involve completing an SF180 that then has to be packaged in VetraSpec, mailed, or faxed.

Simply, visit NPRC's Request Military Service Records site, select start request online and follow the instructions.

The screenshot shows the National Archives website. At the top, there is a search bar and navigation links for 'Blogs', 'Bookmark/Share', and 'Contact Us'. Below the search bar is a navigation menu with categories: 'RESEARCH OUR RECORDS', 'VETERANS' SERVICE RECORDS', 'EDUCATOR RESOURCES', 'VISIT US', and 'AMERICA'S FOUNDING DOCUMENTS'. The main heading is 'Veterans' Service Records', with a breadcrumb trail: 'Home > Veterans' Service Records > Military Service Records'. A prominent blue banner contains an 'Important Notice Regarding the Camp Lejeune Justice Act of 2022', stating that supporting documents are not needed for initial claims. Below this, the main section is titled 'Request Military Service Records' and includes a note that recent military service and medical records are not online, but free copies of DD Form 214 are available. A sidebar on the left lists various service record options. Two callout boxes are present: 'Looking for records?' with a 'Start Request Online' button, and 'How can I check on the status of my request?' with instructions to allow time for processing before checking status. A blue arrow points from the text above to the 'Start Request Online' button.

Once the NPRC request is complete, add a “Records Request” in the Veteran’s VetraSpec profile, so fellow Service Officers don’t duplicate your efforts.

Select the “Records” tab, select add request and add.

The screenshot shows a web form titled "ADD RECORDS REQUEST". The form has several sections: "TYPE OF RECORDS REQUESTED" with a dropdown menu set to "Discharge Document"; "REQUESTED ON:" with dropdowns for "May", "1", and "2023"; "FROM:" with a text box containing "NPRC"; "ADDITIONAL INFORMATION ABOUT REQUESTED RECORDS:" with a rich text editor containing "INSERT NPRC REQUEST # HERE"; "RECORDS RECEIVED:" with dropdowns for "Month", "Day", and "Year"; and an "Add" button. The footer of the form contains the text: "VetraSpec | www.tylerftech.com | 1-877-568-7732 | Help Use constitutes agreement of the TOS".

- Note Type of Records Requested
- Add NPRC “Service Request Number”, so the Veteran or subsequent Service Officers can follow-up on the request.
- Click “Add”

If you use the Veteran’s email address when requesting the records, they will also receive communication directly from NPRC. The service request number allows NPRC communication allow the client to monitor the status of their request via phone or web.

Other Tools and Resources that Support Military Records Requests

Here are several additional tools and resources available to accredited service officers across the state to support military record requests including DD214s.

- [Tennessee’s Department of the Military, War Records Division](#) – TDVS and County Veteran Service Officers frequently utilize Tennessee’s Department of the Military, War Records Division to assist clients in obtaining a DD214 or its equivalent. Here’s a [TDVS Fact Sheet](#) with information on War Records Modernization and how to submit requests for documents.

If you have questions about accessing or using War Records please contact your [Regional Director](#) or [TDVS’s Appeals Division](#).

- [Defense Personnel Records Information Retrieval System or DPRIS](#) – TDVS has a Memorandum of Agreement with the Defense Manpower Data Center that allows access to the Defense Personnel Records Information Retrieval System or [DPRIS](#). DPRIS is an electronic gateway that allows users to access the Services' Official Military Personnel File, which includes DD214 or its equivalent. This online repository contains records of servicemembers who separated from service beginning in the mid-1990s. This access is made available to all accredited service officers including county partners.

If you have questions about accessing or using DPRIS please contact your [Regional Director](#) or [TDVS's Appeals Division](#).

- Other Resources –
 - Other states frequently have an entity like Tennessee's War Records Division that can be utilized when assisting clients in obtaining DD214 or its equivalent. There's a list with contact information in [VSO Tools – Tools](#).
 - Tennessee's Register of Deeds in each county are required by [state law](#) to register separation documents and often hold copies of DD214s on behalf of veterans.

If you have questions or need assistance obtaining military records including discharge documents, TDVS can help. Please feel free to contact your [Regional Director](#), [TDVS's Training Officer](#) or [TDVS's Appeals Division](#) for assistance and support.

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**Tennessee War Records Modernization
Fact Sheet
December 16, 2020**

The Tennessee Department of Veterans Services (TDVS) and County Veteran Service Officers frequently utilize Tennessee's Department of the Military, War Records Division to assist clients in obtaining DD214 or its equivalent.

On-Line Secure Portal - EFFECTIVE IMMEDIATELY

Effective immediately you should begin submitting all request for documents via War Records new on-line secure portal and no longer submit request by fax. To request documents, click on this link or type in your browser WWW.TN.GOV/MILITARY and then click on the "Click here to Request" link. Note: Ensure to change "Individual" to "Agency" to populate agency name and personal code.

You will need your agency code that has been assigned by War Records. Information on obtaining your agency code is included below. You will NOT be able to complete a request form without this code. Please note that an incorrect code will result in a rejection of the request and you will have to resubmit a new request. IT IS IMPERATIVE THAT ALL VETERAN INFORMATION BE CORRECT AS AN EXACT MATCH TO DOCUMENTS TO INCLUDE FULL MIDDLE NAME AND BRANCH OF SERVICE ARE REQUIRED. This is because many War Records documents are computer matched. For example, if there is a middle name and you do not include it on the request the systems will not find a match.

For recurrent users War Records suggests that you turn on your browsers AUTO-FILL function and enter your name and agency information. This should prevent you from having to constantly type this information over and over.

If you have any questions or technical issues email David.Maver@tn.gov and put SNOW ROLL OUT in the subject line.

Request Your Agency Code

Email your agency information (AGENCY NAME, ADDRESS, PHONE #, CONTACT PERSON) **from your state or county email** with the subject "AGENCY CODE REQUEST" TO TN.WARRECORDS@TN.GOV. War Records will then email you your code.

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CHANGE NOTICE

In an effort to continue to provide outstanding customer service, the War Records Division is upgrading its **delivery system** for all requests. **Effective September 30, 2019**. Please note that currently due to Privacy Act Information, we will still require that you **fax in your request**. However, the responses to your request will not be returned by fax. Your response will be emailed back to you.

The response back to your email will be encrypted and password protected. You will need to enter a password to open and print any documents containing Privacy Act Information. The password for the documents will be **TNWR* plus the last four of the social**, for the individual that you requested.

During our roll out of the new **delivery system** you may receive your responses by email or fax as we work out any bugs that we may encounter in the system.

It is imperative that you DO NOT email your request to War Records. We are currently unable to guarantee the security of Privacy Act Information that is inbound. That being said the Inbox for TN.WarRecords@tn.gov is NOT monitored. We hope to have a solution to this in the future.

Until we update our request form please **legibly** write your email next to your return fax number. Please complete the request form in entirety to include full middle name. Incomplete forms will be returned to requestor to be completed.

We appreciate your patience and cooperation during this change. If you have any questions, comments, or concerns regarding the new delivery system, please contact the War Records Division Supervisor, Greg Speed at 615.313.2664.

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The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 - 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 - 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 - 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 - 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 - 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 - 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 - 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 - 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 - 10/15/1992 (enlisted) or 7/1/1917 - 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 - 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 - 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 - 1/30/1994 (enlisted) or 1/1/1903 - 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 - 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 - 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
	Active, Reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) - Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wooton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 MR_CustomerService@uscg.mil	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002 eVetRees: http://www.archives.gov/veterans/military-service-records/
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS 313) 5720 Integrity Drive Millington, TN 38055-3120		

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VA Appeals Modernization

What is Appeals Modernization?

On August 23, 2017, the President signed the *Veterans Appeals Improvement and Modernization Act* of 2017 (Appeals Modernization Act) into law, creating a new decision review process that allows VA to improve the delivery of benefits and services to Veterans and their families. The new process gives Veterans choice and control, and all communications are written in plain language.

The new Appeals Modernization process allows Veterans to seek faster resolution of their disagreement with a VA decision. If you receive an initial claim decision after February 2019 and you disagree, you can choose one of three new lanes to have your disagreement reviewed: as a supplemental claim, through a higher-level review, or by appealing directly to the Board of Veterans' Appeals. The Appeals Modernization Act establishes a new decision review process for disagreements with VA decisions that is timely, transparent and fair.

More information on Appeals Modernization

For more information about VA's implementation of the *Veterans Appeals Improvement and Modernization Act* or to access the applicable forms, go to: www.benefits.va.gov/benefits/appeals.asp and follow the instructions for submission.

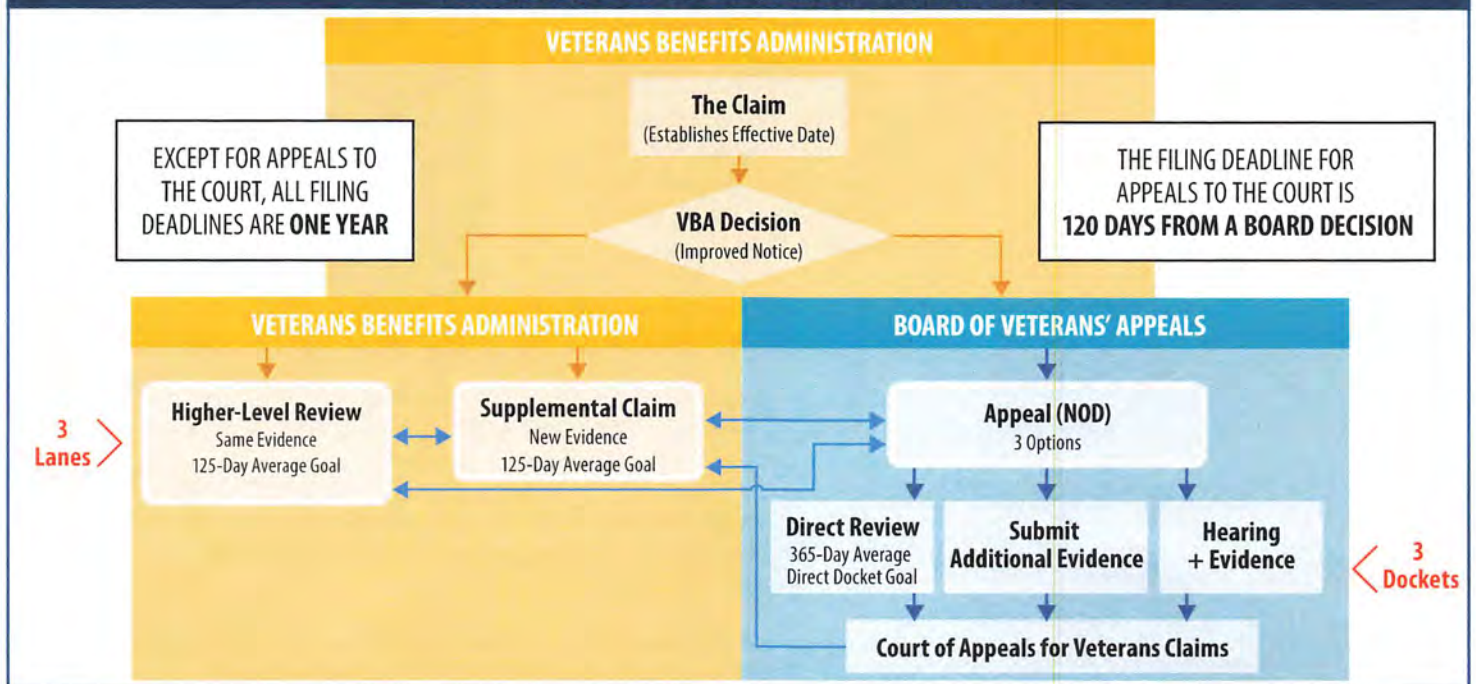
Questions?

- Call 1-800-827-1000
- Reach out to your local VA regional office
- If you have a VA accredited representative, contact them for more information on Appeals Modernization

Go to www.va.gov/claim-or-appeal-status/ to check the status of your appeal using the Appeals Status Tool.

Veterans in the legacy appeals process who receive a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) after February 2019 will be eligible to opt-in to the new Appeals Modernization process.

Decision Review Process





Which Review Lane is Right For You?

Supplemental Claim Lane

(decisions within 125 days on average)

- ✓ Select this option if you have additional evidence that is new and relevant to support your benefit claim.
- ✓ VA will assist you in gathering new and relevant evidence to support your claim.
- ✓ VA's review will include any new and relevant evidence submitted since we last decided your claim.

Higher-Level Review Lane

(decisions within 125 days on average)

- ✓ A higher-level review consists of an entirely new review of your claim by a more experienced claims adjudicator.
- ✓ Select this option if you have no additional evidence to submit in support of your claim, but you believe that there was an error in the initial decision.
- ✓ VA cannot assist you in gathering new evidence, but if the higher-level reviewer discovers an error in VA's duty to assist in the prior decision your claim will return to decision makers to correct the error.
- ✓ You or your representative can request an optional, one-time, informal telephone conference with the higher-level reviewer to identify specific errors in the case, although this may cause a delay in the processing of your higher-level review.

Appeal to the Board Lane

- ✓ If you choose the Board, select one of the three following options:
 - **Direct Review**
You do not want to submit additional evidence or have a hearing.
 - **Evidence Submission**
You choose to submit additional evidence without a hearing. You will have 90 days from your Notice of Disagreement (NOD) to submit any additional evidence.
 - **Hearing**
You choose to submit additional evidence and have a hearing with a Veterans Law Judge. You will be scheduled for a Board hearing and may submit evidence at the hearing or within the 90 day window following the scheduled hearing.

What If You Still Disagree with a Decision?

If you disagree with a decision from the Supplemental Claim Lane, you may choose to resubmit the claim as another supplemental claim with new evidence, as a higher-level review or as an appeal to the Board of Veterans' Appeals.

If you disagree with a decision from the Higher-Level Review Lane, you may choose to resubmit the claim as a supplemental claim or as an appeal to the Board of Veterans' Appeals.

If you disagree with a Board decision you may either resubmit as a supplemental claim or through an appeal to the U.S. Court of Appeals for Veterans Claims.



**Appeals Modernization
TDVS Guidance_v2, July 23, 2019**

The **Veterans Appeals Improvement and Modernization Act of 2017** or AMA changed VA's claims and appeals processes and decision notification requirements and took effect February 19, 2019.

Which Form Should You Use

Filing a Claim

Initial Claim for Service Connection	VA Form 21-526EZ
Increased Evaluation	VA Form 21-526EZ
A Claim for a Permanent and Total Rating	VA Form 21-526EZ
** <i>(Supplemental Claim)</i> VA notified the claimant of the decision (denying service connection) more than one year ago and you have new and relevant evidence for VA to consider.	VA Form 20-0995

Disagreeing with a VA Decision

VA notified you of the decision before February 19, 2019	VA Form 21-0958
<i>(Supplemental Claim)</i> A supplemental claim can be filed on a decision issued before or after February 19, 2019 when you have new and relevant evidence for VA to consider.	VA Form 20-0995
<i>(Higher Level Review)</i> VA notified the claimant of the decision on or after February 19, 2019 , and you have no new evidence for VA to consider and want to have the decision reviewed by a VA employee.	VA Form 20-0996
<i>(Board Appeal)</i> VA notified the claimant of the decision on or after February 19, 2019 , and you want to have the decision reviewed by the Board of Veterans' Appeals.	VA Form 10182

Disagreeing with a Rapid Appeals Modernization Program (RAMP) Decision

VA notified the claimant of the decision made through RAMP either before or after February 19, 2019 , and you want to have the decision reviewed or disagree with the decision.	AMA Forms - VA Form 20-0995; VA Form 20-0996; VA Form 10182
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Opting In to the AMA

VA provided the claimant with a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) and the appellate filing deadline has not expired.	AMA Forms - VA Form 20-0995; VA Form 20-0996; VA Form 10182
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The Supplemental Claim replaces reconsiderations and reopening claims with new and material evidence **even when the VA notified the claimant of the decision prior to February 19, 2019.

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Combined Ratings Table
 fm 38 CFR § 4.25

10 Combined with 10 is 19

	10	20	30	40	50	60	70	80	90
19	27	35	43	51	60	68	76	84	92
20	28	36	44	52	60	68	76	84	92
21	29	37	45	53	61	68	76	84	92
22	30	38	45	53	61	69	77	84	92
23	31	38	46	54	62	69	77	85	92
24	32	39	47	54	62	70	77	85	92
25	33	40	48	55	63	70	78	85	93
26	33	41	48	56	63	70	78	85	93
27	34	42	49	56	64	71	78	85	93
28	35	42	50	57	64	71	78	86	93
29	36	43	50	57	65	72	79	86	93
30	37	44	51	58	65	72	79	86	93
31	38	45	52	59	66	72	79	86	93
32	39	46	52	59	66	73	80	86	93
33	40	46	53	60	67	73	80	87	93
34	41	47	54	60	67	74	80	87	93
35	42	48	55	61	68	74	81	87	94
36	42	49	55	62	68	74	81	87	94
37	43	50	56	62	69	75	81	87	94
38	44	50	57	63	69	75	81	88	94
39	45	51	57	63	70	76	82	88	94
40	46	52	58	64	70	76	82	88	94
41	47	53	59	65	71	76	82	88	94
42	48	54	59	65	71	77	83	88	94
43	49	54	60	66	72	77	83	89	94
44	50	55	61	66	72	78	83	89	94
45	51	56	62	67	73	78	84	89	95
46	51	57	62	68	73	78	84	89	95
47	52	58	63	68	74	79	84	89	95
48	53	58	64	69	74	79	84	90	95
49	54	59	64	69	75	80	85	90	95
50	55	60	65	70	75	80	85	90	95
51	56	61	66	71	76	80	85	90	95
52	57	62	66	71	76	81	86	90	95
53	58	62	67	72	77	81	86	91	95
54	59	63	68	72	77	82	86	91	95
55	60	64	69	73	78	82	87	91	96
56	60	65	69	74	78	82	87	91	96

	10	20	30	40	50	60	70	80	90
57	61	66	70	74	79	83	87	91	96
58	62	66	71	75	79	83	87	92	96
59	63	67	71	75	80	84	88	92	96
60	64	68	72	76	80	84	88	92	96
61	65	69	73	77	81	84	88	92	96
62	66	70	73	77	81	85	89	92	96
63	67	70	74	78	82	85	89	93	96
64	68	71	75	78	82	86	89	93	96
65	69	72	76	79	83	86	90	93	97
66	69	73	76	80	83	86	90	93	97
67	70	74	77	80	84	87	90	93	97
68	71	74	78	81	84	87	90	94	97
69	72	75	78	81	85	88	91	94	97
70	73	76	79	82	85	88	91	94	97
71	74	77	80	83	86	88	91	94	97
72	75	78	80	83	86	89	92	94	97
73	76	78	81	84	87	89	92	95	97
74	77	79	82	84	87	90	92	95	97
75	78	80	83	85	88	90	93	95	98
76	78	81	83	86	88	90	93	95	98
77	79	82	84	86	89	91	93	95	98
78	80	82	85	87	89	91	93	96	98
79	81	83	85	87	90	92	94	96	98
80	82	84	86	88	90	92	94	96	98
81	83	85	87	89	91	92	94	96	98
82	84	86	87	89	91	93	95	96	98
83	85	86	88	90	92	93	95	97	98
84	86	87	89	90	92	94	95	97	98
85	87	88	90	91	93	94	96	97	99
86	87	89	90	92	93	94	96	97	99
87	88	90	91	92	94	95	96	97	99
88	89	90	92	93	94	95	96	98	99
89	90	91	92	93	95	96	97	98	99
90	91	92	93	94	95	96	97	98	99
91	92	93	94	95	96	96	97	98	99
92	93	94	94	95	96	97	98	98	99
93	94	94	95	96	97	97	98	99	99
94	95	95	96	96	97	98	98	99	99

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VA Math

How to explain it to veteran: If a veteran has more than one rated condition, each percentage is a percentage of what is left over after the other percentages have been subtracted.

For example: Mr. Smith has three rated conditions. His back is rated 10%, his knee is rated 30% and his shoulder is rated 20%. What is his overall rating?

To begin, arrange the ratings from largest to smallest

Multiply the largest disability rating by 100: the result gets added to the combined rating and gets subtracted from 100 as part of the formula. (100 x 30%, 30% combined rating, 100-30=70, 70 gets used for the next calculation)

Use the result of the previous calculation (70). Multiply it by the next disability rating. (70 x 20%=14) The result (14) gets added to the combined rating (30 + 14= 44%) and gets subtracted from the number that was left after the first calculation. (70-14=56)

Use the result of the previous calculation (56). Multiply it by the next disability rating. (56 x 10%=5.6) The result (5.6) gets added to the combined rating (44+5.6= 49.6%)

Continue this pattern for all ratings

Rated Condition	The math	Total Body (starts at 100%)	Combined Rating (starts at 0%)
Knee: 30%	$100 \times .3 = 30$	$\begin{array}{r} 100 \\ -30 \\ \hline 70 \end{array}$	$\begin{array}{r} 30\% \end{array}$
Shoulder: 20%	$70 \times .2 = 14$	$\begin{array}{r} 70 \\ -14 \\ \hline 56 \end{array}$	$\begin{array}{r} 30 \\ +14 \\ \hline 44\% \end{array}$
Back: 10%	$56 \times .1 = 5.6$	$\begin{array}{r} 56 \\ -5.6 \\ \hline 50.4 \end{array}$	$\begin{array}{r} 44 \\ +5.6 \\ \hline 49.6\% \end{array}$

Combined rating: 50%

Note: 5 or above rounds up, 4 or below rounds down (44 rounds to 40, 45 rounds to 50)

VA Math

Bilateral factor: An additional 10% is added to the equation if both arms or legs are affected by ratable conditions (even if one side is rated 0%). The 10% is not added as if it were another condition, there is another formula to calculate the bilateral factor. The 2 ratings are combined and then 10% is added to that. The result of that equation is used to calculate the overall rating.

Rated Condition	The math	Total Body (starts at 100%)	Combined Rating (starts at 0%)
Right Knee: 20%	$100 \times .2 = 20$	$\begin{array}{r} 100 \\ -20 \\ \hline 80 \end{array}$	20%
Left knee : 10%	$80 \times .1 = 8$	$\begin{array}{r} 80 \\ -8 \\ \hline 72 \end{array}$	$\begin{array}{r} 20 \\ +8 \\ \hline 28\% \end{array}$
<i>Bilateral factor (10%)</i>	$28 \times .1 = 2.8$	$\begin{array}{r} 72 \\ -2.8 \\ \hline 69.2 \end{array}$	$\begin{array}{r} 28 \\ +2.8 \\ \hline 30.8\% \end{array}$

Overall rating for bilateral knees: 31%

The bilateral rating is used as a single condition to calculate overall rating if there are additional conditions.

VetraSpec Check-list

Done in order with every Veteran encounter

Visually inspect the VS Profile Dashboard for:

- 1 Your name and county/field office
If you are working with the Veteran, change to your name, leave the County
This is how we track EOM claim numbers. If you want credit, change the name.
- 2 Your RDs name in the 'Claims Managed By'
- 3 Complete & correct address, including a zip code
- 4 A phone number
- 5 If applicable, the email format is correct
It has the @ symbol and a .com or other designation
- 6 A DOB in the profile
- 7 There is an acceptable POA listed at the top of the page
TDVS can represent TDVS, VFW and American Legion
Be aware of your own credentials

Bright Line Issues that will be returned to RD

When an issue is sent back through the RD via email

The package will be marked **Need More Information** in the package history/status

Do not send any of the forms/documents to VA

The CSO/VSO must submit a new complete package with the asked for correction

1 VS Profile

Veteran Name (or Claimant Name, if applicable)

Address, complete with zip code (to include claimant if applicable)

DOB

2 Forms with no signature

3 no 21-22/POA (no access to VBMS)

Flag: when there is no 2122 in the VS package history/status box

4 POA in VS profile is marked 'No POA' or an organization we do not represent

We represent TDVS, VFW & Americal Legion

5 21-22 marked TDVS for an out-of-state Veteran/Claimant

This is only good for BDD claims

6 Forms that will not open

7 Forms that are not in PDF format (i.e. JPEG, Word documents)

8 Forms that are password protected

VA Form 21-526EZ Instructions



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 Compensation Claims Submitted Prior to Discharge Compensation under 38 U.S.C. 1151 Automobile Allowance/Adaptive Equipment Secondary Service Compensation Temporary Total Disability Rating	Special Monthly Compensation Benefits Based on a Veteran's Seriously Disabled Child Increased Disability Compensation Individual Unemployability Specially Adapted Housing/Special Home Adaptation Presumptive Service Connection
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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 more than one year ago ...	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/oge/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 "Special Circumstances" applies to you;</p> <p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence identified in the "Special Circumstances" table below at the same time as your claim 	<p>If any of the special circumstances in the table below titled "Special Circumstances" 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 "Special Circumstances" 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 must 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
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	VA gov: www.va.gov Direct Upload: AccessVA

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)

<p>Secondary Service Connection</p> <p>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:</p> <ul style="list-style-type: none">• 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.
<p>Increased Disability Compensation</p> <p>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.</p>
<p>Compensation Claims Submitted Prior to Discharge</p> <p>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.</p> <p>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.</p> <p>BDD Program Criteria for Claim(s) for Disability Compensation and Related Compensation Benefits Submitted Prior to Separation from Active Duty:</p> <ul style="list-style-type: none">• 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 <i>Separation Health Assessment - Part A Self Assessment</i> (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; <i>and</i>• complete a VA Form 21-526EZ.
<p>Temporary Total Disability Rating</p> <p>In order to support a claim for a temporary total disability rating due to hospitalization, the evidence must show:</p> <ul style="list-style-type: none">• 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. <p>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:</p> <ul style="list-style-type: none">• 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.
<p>Individual Unemployability</p> <p>In order to support a claim for a total disability rating based on individual unemployability, the evidence must show:</p> <ul style="list-style-type: none">• 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). <p>In order to support a claim for an extra-schedular evaluation based on exceptional circumstances, the evidence must show:</p> <ul style="list-style-type: none">• 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(c), 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)

Specialty 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 Form 21-527EZ Instructions



NOTICE TO VETERAN OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR VETERANS PENSION BENEFITS

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

- Veterans Pension (a needs-based benefit)
- Special Monthly Pension
- Benefits Based on a Veteran's Seriously Disabled Child

If you are making a claim for:

- Veteran's disability compensation use - VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits
- Survivors benefits use - VA Form 21P-534EZ, Application for D.I.C., Survivors Pension, And/or Accrued Benefits

If you are not ready to submit a claim for Veterans Pension, please complete a VA Form 21-0966, Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or D.I.C., to protect your date of claim. If you complete the VA Form 21P-527EZ within one year of filing the VA Form 21-0966, your completed application will be considered filed as of the date of receipt of the VA Form 21-0966.

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

ASSISTANCE WITH COMPLETING YOUR CLAIM

Veteran Service Officers (VSO)

You may wish to contact an accredited Veterans Service Officer to assist you with your application. For a list of accredited Veteran's Service Organizations go to <https://www.benefits.va.gov/vso/>. You may also contact your state office of Veteran's Affairs at <https://www.va.gov/statedva.htm>, should you need further assistance with the application process. To assign a VSO as your power of attorney for the claims process, please submit VA Form 21-22, Appointment of Veteran Service Organization as Claimant Representative.

Private Attorney and Claims Agents

Attorneys and claims agents are available to assist you in completing your application. To verify if your attorney or claims agent is accredited by the Department of Veterans Affairs at <https://www.va.gov/ogc/apps/accreditation/index.asp>. To assign a private attorney for the claims process, please submit a VA Form 21-22a, Appointment of Individual as Claimant's Representative.

Note Regarding Fees for Claims: Generally, an accredited attorney or claims agent can ONLY charge claimants a fee after the VA has issued a decision on a claim. Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

WHEN TO USE THIS FORM

The attached application and the worksheets are needed to submit a claim for Veterans Pension. This notice details the evidence necessary to substantiate your claim.

The application is comprised of 13 sections. Be sure to answer the question(s) in each section as required.

THE APPLICATION IS COMPRISED OF 13 SECTIONS. BE SURE TO ANSWER THE QUESTION(S) IN EACH SECTION AS REQUIRED.			
SECTION I:	VETERAN'S IDENTIFICATION INFORMATION	SECTION VIII:	DEPENDENT CHILDREN
SECTION II:	VETERAN'S CONTACT INFORMATION	SECTION IX:	QUESTIONS REGARDING INCOME AND ASSETS
SECTION III:	VETERAN'S SERVICE INFORMATION	SECTION X:	INFORMATION ABOUT YOUR UNREIMBURSED MEDICAL EXPENSES
SECTION IV:	PENSION INFORMATION	SECTION XI:	DIRECT DEPOSIT INFORMATION
SECTION V:	EMPLOYMENT HISTORY	SECTION XII:	CLAIM CERTIFICATION AND SIGNATURE
SECTION VI:	MARITAL STATUS AND SPOUSE INFORMATION	SECTION XIII:	WITNESS TO SIGNATURE
SECTION VII:	PRIOR MARITAL HISTORY		

WANT TO GET YOUR CLAIM PROCESSED FASTER?

Participation in the FDC Programs is:

- An optional expedited process (Enrollment is automatic unless you opt out).
- Will not affect the quality of care you receive or the benefits to which you are entitled

You will be removed from the FDC program if:

- It is determined that other non-federal records exist, and the VA needs the records to decide your claim.

See below for more information.

- If you wish to file your claim in the FDC Program, see FDC Program.
- If you wish to file your claim under the process in which VA traditionally processes claim, see Standard Claim Process.

FDC PROGRAM CRITERIA

To qualify for the FDC Program you must

1. Submit your claim on a signed and complete VA Form 21P-527EZ, Application for Veterans Pension (Attached)
2. Submit simultaneously with your claim (See special circumstances below):
 - All necessary income and asset information; AND
 - All, if any, relevant, private medical treatment records and an identification of any relevant treatment records available at a federal facility, such as a VA medical center.***
 - Any additional forms and evidence as the situation requires. Special Circumstances below indicates the most common circumstances. The application and other VA Forms may require additional evidence.
3. Report for any VA medical examinations VA determines are necessary to decide your claim.

*****IMPORTANT:** If you are a Veteran who is claiming pension and you are age 65 or older or determined to be disabled by the Social Security Administration, you **DO NOT** have to submit medical evidence with your application unless you are claiming Special Monthly Pension. Special Monthly Pension is an increased amount paid to individuals who, due to mental or physical disability, require the aid of another person to perform activities of daily living, are a patient in a nursing home, have severe visual problems, or are substantially confined to their home.

For more information on the FDC Program, visit our website at choose.va.gov/pensions. For more information on VA benefits, visit our website at www.va.gov, contact us at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.

SPECIAL CIRCUMSTANCES (Additional Forms that may be needed to remain eligible for the FDC program)

VA Form 21P-0969, Income and Asset Statement in Support Claim for Pension or Parents' D.I.C, may be required if you:

- Have multiple income sources
- Have more than \$25,000 in Net Worth
- Additional forms as noted on the VA Form 21P-0969 may be required

If claiming Veterans Pension with Special Monthly Pension:

- Please have a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP), or Clinic Nurse Specialist (CNS) complete VA Form 21-2680, Examination for Household Status or Permanent Need for Regular Aid and Attendance, - **OR** -
- If you are a patient in a nursing home, VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance.

If claiming a child:

- And they are in school between the ages of 18 and 23, a completed VA Form 21-674, Request for Approval of School Attendance
- If the child was adopted, please submit the adoption papers or amended birth certificate
- If claiming benefits for a child who became seriously disabled prior to reaching the age of 18, submit all, if any, relevant, private medical treatment records for the child's pertinent disabilities.

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. A substantially complete claim must contain: (1) The claimant's name; (2) Sufficient service information for VA to verify the claimed service, if applicable; (3) The benefit sought and any medical condition(s) on which it is based; (4) The claimant's signature; (5) A statement of income, if applicable.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit your claim in accordance with the "FDC Criteria" (see above) 	<p>You must:</p> <ul style="list-style-type: none"> • If you are aware of evidence not in your possession and require VA's assistance to obtain it on your behalf; provide VA with enough information to request the evidence from the person or agency. <p>NOTE: If the holder of the evidence declines to provide 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. It is your responsibility to make sure we receive all requested records that are not in the possession of a federal department or agency.</p>

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

The VA will retrieve evidence on your behalf in some circumstances. If the VA is unable to retrieve the necessary evidence, we will notify you and provide you with an opportunity to submit the information or evidence. It is your responsibility to make sure we receive all requested records that are not in the possession of a federal department or agency.

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 authorize 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 authorize 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 private doctor or hospital records from current or former employers.

WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence simultaneously with your claim. <p>If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program Expedited Process and process it in the Standard Claim Process. If we decide your claim before one year from the date we received 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 received the claim to submit the information and evidence necessary to support your claim. 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>

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See the evidence table titled...
Veterans Pension (a needs-based benefit)	<ul style="list-style-type: none"> • Military Service Verification • Veterans Pension
Special Monthly Pension	<ul style="list-style-type: none"> • Veterans Pension with Special Monthly Pension
Benefits because your child is severely disabled	<ul style="list-style-type: none"> • Child Permanently Incapable of self-support

EVIDENCE TABLES

Military Service Verification

To support your claim for Veterans Pension, your military service must be verified. The following evidence can be submitted to verify military service:

- A photocopy of your DD Form 214 (or equivalent) for all periods of military service. You may request a copy of the DD Form 214 through the National Archives' National Personnel Records Center (NPRC) using SF 180 (Nov 2015 version), Request Pertaining to Military Records, (available at <https://www.archives.gov/>) or through your local public custodian of records

Fire Related Military Records

As you may know, there was a fire at the National Archives and Records Administration on July 12, 1973, which destroyed approximately;

- 80 percent of the records NPRC held for Veterans who were discharged from the Army between November 1, 1912, and January 1, 1960, and
- 75 percent of the records NPRC held for Veterans with surnames beginning (alphabetically) with Hubbard and running through the end of the alphabet, and who were discharged from the Air Force between September 25, 1947, and January 1, 1964.

If your military records were stored there on that date, they may have been destroyed in the fire. If you believe your military records may have been destroyed in the fire, NA Form 13075, Questionnaire About Military Service, should be completed to avoid delays in processing your claim.

Note: The Veterans Benefits Administration (VBA) is no longer able to retrieve or return original documents submitted. Please do not submit original documents to the VA. They will not be returned.

Veterans Pension

To support a claim for Veterans pension, the evidence must show:

1. You met certain minimum active service requirements during a period of war. Generally, those requirements are:
 - 90 days of service during a period of war; **OR**
 - 90 days of consecutive service at least one day of which was during a period of war; **OR**
 - 90 days of combined service during more than one period war:
(None: If your service began after September 7, 1980, additional length of service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligation); **OR**
 - any length of active service during a period of war with a discharge due to a service-connected disability
2. You are age 65 or older or are permanently and totally disabled. Your disability or disabilities do not have to be related to your military service. You are considered permanently and totally disabled if medical evidence shows you are:
 - A patient in a nursing home for long-term care or medical foster home; **OR**
 - Receiving Social Security disability benefits; **OR**
 - Unemployable due to a disability reasonably certain to continue throughout your lifetime; **OR**
 - Suffering from a disability that is reasonably certain to continue throughout your lifetime that would make it impossible for an average person to follow a substantially gainful occupation; **OR**
 - Suffering from a disease or disorder that VA determines causes persons who have that disease or disorder to be permanently and totally disabled
3. Your income and assets are within established limits. You must report income and assets for:
 - Yourself
 - Your spouse (unless you live apart and you are estranged, and you do not contribute to your spouse's support)
 - Your child (unless custody has been legally removed by a court and you do not contribute to your child's support or the child's income is not reasonably available to you).

Assets means the fair market value of all property that an individual owns, including all real and personal property (excluding the value of the primary residence including the residential lot area, not to exceed 2 acres unless the additional acreage is not marketable) less the amount or other encumbrances specific to the mortgaged or encumbered property. Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

Veterans Pension with Special Monthly Pension

To support a claim for increased pension eligibility based on the need for aid and attendance, the evidence must show:

- You have corrected visual acuity of 5/200 or less in both eyes; **OR**
- You have concentric contraction of the visual field to 5 degrees or less; **OR**
- You are a patient in a nursing home due to mental or physical incapacity; **OR**
- You need the aid of another person to perform activities of daily living (ADLs), such as bathing or showing, dressing, eating, toileting, and transferring (e.g. getting in and out of bed); **OR**
- You require regular supervision because you are unsafe if you are left alone due to a mental disorder, **OR**
- You are bedridden, in that your disability requires that you remain in bed apart from any prescribed course of convalescence or treatment.

To support your claim for **increased pension eligibility based on being housebound**, the evidence must show:

- You have a single permanent disability evaluated as 100 percent disabling; **AND** due to such disability, you are permanently and substantially confined to your immediate premises; **OR**
- You have a single permanent disability evaluated as 100 percent disabled, **AND** you have an additional disability or disabilities rated 60 percent or higher.

Child Permanently Incapable of Self-Support

The information necessary to establish the extent of the child's disability includes;

- The extent to which the child is and was, prior to reaching their 18th birthday, physically or mentally deficient, as evidenced by factors such as their ability to perform self-care functions, and ordinary tasks expected of a child of that age
- Whether or not the child attended school and, if so, the maximum grade attended
- If any material improvement in the child's condition has occurred
- If the child has ever been employed and, if so, the nature and dates of such employment, and amount of pay received
- Whether or not the child has ever married, and
- A description of the child's present condition.

IMPORTANT

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognized marriages is available at <http://www.va.gov/opa/marriage/>.

HOW VA DETERMINES THE EFFECTIVE DATE

If we grant your claim, the beginning date of your entitlement will generally be based on when we received your claim.

Special monthly pension may be assigned for disabilities that affect your ability to perform certain activities of daily living or the ability to leave your home. Special monthly pension may be effective from the date the medical evidence first shows entitlement.

WHERE TO SEND COMPLETED APPLICATION AND EVIDENCE

When you have completed this application, mail it to the Pension Intake Center listed below. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and all supporting material you submit to VA before mailing it.

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs Pension Intake Center P.O. Box 5365 Janesville, Wisconsin 53547-5365	VA gov: www.va.gov Direct Upload via: access.va.gov

TERMS AND CALCULATIONS FOR PENSION

Maximum Annual Pension Rate (MAPR)

This is the maximum payable amount of the benefit. Your MAPR is based on how many dependents you have, if you're married to another Veteran who qualifies for a pension, and if your disabilities qualify you for housebound or aid and attendance benefits. The MAPR is adjusted each year for cost-of-living increases.

Medical Deductible

The unreimbursed expenses must exceed 5 percent of the applicable **MAPR**. The deductible increases based on the number of dependents but is not adjusted for aid and attendance (A&A) or housebound benefits.

Countable Medical Expenses

Your countable medical expenses are only those medical expenses that exceed the **Medical Deductible**. Medical expenses are typically considered on a calendar year basis. Your initial year is considered separately, and we will count medical expenses which provide the greatest benefit.

- Recurring Medical Expenses
 - Examples include: Medicare Part B, insurance, in-home care provider, or care provided by a care facility
- One-Time Medical Expenses
 - Examples include: medical co-payments, prescription medications, and durable medical equipment

Reported Annual Medical Expenses - Medical Deductible = Countable Medical Expenses (Min. Zero)

Countable Income

We count the **gross** income you receive as reported or the income we discover from data matching programs with other federal sources. If our data match shows a significant discrepancy, you will be removed from the FDC program and asked to clarify the discrepancy. We count incomes in three ways:

- One-time income is income that you receive once. VA will count it for one year from the receipt date.
 - Examples include: lottery winnings, gifts, capital gains from property sales, irregular IRA or stock disbursements.
- Irregular income is income that you receive at different times or in irregular amounts throughout the year. VA will count it for one year from the receipt date.
 - Examples include: odd jobs or contract work and interest income from fluctuating rates.
- Recurring income is counted continuously until we are informed that you are no longer in receipt of it.
 - Examples include: wages from employment, retirement payments, required minimal distributions from an IRA.

Income for VA Purposes (IVAP)

The VA counts all of your income and considers any unreimbursed medical expenses reported when determining your IVAP. The following calculation is a way for you to estimate your IVAP.

Countable Yearly Income - Countable Medical Expenses (less medical deductible) = Income for VA Purposes

Pension Rate

Your maximum annual benefit is the difference of the current MAPR and what the VA calculates as your IVAP. To convert into a monthly benefit, take this amount and divide by 12 then rounded down to the nearest dollar.

Maximum Annual Pension Rate - Income for VA Purposes = Annual Pension Rate

Net Worth

The net worth limit is increased by the same percentage as the Social Security increase when there is a cost-of-living adjustment. For purposes of entitlement to VA Pension, net worth includes your and your spouse's assets and your and your dependent's annual income. VA considers children's net worth separately if their net worth would cause you to exceed the limit. VA won't consider them as a dependent when determining your pension entitlement.

Additional information about how we calculate net worth, income, and benefits rates can be found at:

<https://www.va.gov/pension/veterans-pension-rates/>

Veterans Pension Application Checklist

In addition to your application, VA may require some of the evidence described in this checklist. Information not provided will be requested, which will result in delaying your claim. Additional evidence may be needed beyond this checklist depending on your specific situation.

Service Verification (Requested in Section III and/or Page 4 of Instructions)

- Copy of your DD Form 214 (or equivalent) for all periods of military service. Must demonstrate military service dates, type of service and character of discharge.

Income and Net Worth (Requested in Section IX and/or Page 4 of Instructions)

- VA Form 21P-0969, Income and Asset Statement in Support of Claim for Pension, is required if instructed in Section IX of this application. If you have specific types of income or assets additional evidence may be required. If reporting:
 - Farm - VA Form 21P-4165, Pension Claim Questionnaire for Farm Income
 - Business - VA Form 21P-4185, Report of Income from Property or Business
 - Rental Property - VA Form 21P-4185, Report of Income from Property or Business
 - Royalties - VA Form 21-4138, Statement in Support of Claim
 - Trust - Submit complete Trust documents to include the Schedule of Assets
 - Interest, Dividends or Financial Investments - Current account statements from financial institution (Bank, Investment, Annuity, etc.)

Special Circumstances Regarding Your Medical Care (Requested in Section IV, Section X and/or Page 4 of Instructions)

Claim for Special Monthly Pension (SMP) - Aid and Attendance or Household Status

- VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance

Claim for Medicare Nursing Home and/or \$90.00 Rate Reduction Request

- VA Form 21-0779, Request for Nursing Home Information in Connection with Claim for Aid and Attendance

Claim for Fiduciary Assistance

- VA Form 21-2680, Examination for Housebound Status or Permanent Need for Regular Aid and Attendance

Statement of Medical Care

- Care Worksheets (found at the end of the application)
 - Proof of Payment from care provided (Canceled checks, bank statements, etc.)
 - Signed verification from care service provider

Dependent Children (Requested in Section VIII and/or Pages 4 and 5 of Instructions)

- If children are adopted, the adoption decree or a revised birth certificate is required.
- If your child is over 18 but under 23, please submit VA Form 21-674, Request for Approval of School Attendance.
- Medical records for each seriously disabled child.

Medical Expenses (Requested in Section X)

- If additional space is needed, submit VA Form 21P-8416, Medical Expense Report.

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VA Form 21-534EZ Instructions



NOTICE TO SURVIVOR OF EVIDENCE NECESSARY TO SUBSTANTIATE A CLAIM FOR DEPENDENCY AND INDEMNITY COMPENSATION, SURVIVORS PENSION, AND/OR ACCRUED BENEFITS

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

- Survivors Pension
- Dependency Indemnity Compensation (DIC)
- DIC under 38 U.S.C. 1151
- DIC re-evaluation based on PL 117-16 (PACT ACT)
- Increased Survivor Benefits Based on Need for Special Monthly Pension or Special Monthly DIC
- Accrued Benefits
- Benefits Based on a Veteran's Seriously Disabled Child.

If you are making a claim for:

- Parent's DIC and/or accrued benefits for parents use - VA Form 21P-535, *Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation when Applicable)*
- Veteran's disability compensation use - VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits*
- Veteran's pension benefits use - VA Form 21P-527EZ, *Application for Veterans Pension*
- Accrued benefits only use - VA Form 21P-601, *Application for Accrued Benefits Due a Deceased Beneficiary*

If you are **not** ready to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits, please complete a VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC*, to protect your date of claim. If you complete the VA Form 21P-534EZ within one year of filing the VA Form 21-0966, your completed application will be considered filed as of the date of receipt of the VA Form 21-0966.

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

ASSISTANCE WITH COMPLETING YOUR CLAIM

Veteran Service Officer (VSO)

You may wish to contact an accredited Veteran Service Officer to assist you with your application. For a list of accredited veteran's service organizations go to <https://www.va.gov/vso/>. 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. To assign a VSO as your power of attorney for the claims process please submit VA Form 21-22, *Appointment of Veteran Service Organization as Claimant's Representative*.

Private Attorney and Claims Agents

Attorneys and claims agents are available to assist you in completing your application. To verify if your attorney or claims agent is accredited by the Department of Veterans Affairs go to: <https://www.va.gov/ogc/apps/accreditation/index.asp>. To assign a private attorney or claims agent as your power of attorney for the claims process please submit a VA Form 21-22a, *Appointment of Individual as Claimant's Representative*.

Fees for Claims: Section 5904, Title 38, United States Code (codified in § 14.636, Title 38, Code of Federal Regulations) contains provisions regarding fees that may be charged, allowed, or paid for services provided by a VA-accredited attorney or agent in connection with a proceeding before the Department of Veterans Affairs with respect to a claim for benefits under laws administered by the Department. Generally, a VA-accredited attorney or agent may charge you a fee for assisting in seeking further review of a claim for VA benefits only after VA has issued an initial decision on the claim and the attorney or agent has complied with the applicable power-of-attorney and the fee agreement requirements.

WHEN TO USE THIS FORM

The attached application and the worksheets are needed to submit a claim for DIC, Survivors Pension, and/or Accrued Benefits. This notice details the evidence necessary to substantiate your claim.

The Application is comprised of 14 sections. Be sure to answer the question(s) in each section as required.	
Section I: Veteran's Identification Information	Section VIII: Nursing Home or Increased Survivors Entitlement Based on a Claim For Special Monthly Pension
Section II: Claimant's Contact Information	Section IX: Income and Assets
Section III: Veteran's Service Information	Section X: Information about Your Medical or Other Expenses
Section IV: Marital Information	Section XI: Direct Deposit Information
Section V: Marital History	Section XII: Claim Certification and Signature
Section VI: Child of the Veteran Information	Section XIII: Witness to Signature
Section VII: DIC	Section XIV: Alternate Signer Certification and Signature

WANT TO GET YOUR CLAIM PROCESSED FASTER?

Participation in the FDC Program is:

- An Optional Expedited process (enrollment is automatic unless you opt-out).
- Will not affect the quality of care you receive or the benefits to which you are entitled.

You will be removed from the FDC program if :

- It is determined that other non-federal records exist, and VA needs the records to decide your claim.

See below for more information.

- If you wish to file your own claim in the FDC Program, see FDC Program.
- If you wish to file your claim under the process in which VA traditionally processes claims, see Standard Claim Process.

FDC Program Criteria

To qualify for the FDC Program you must:

1. Submit your claim on a completed, signed and dated VA Form 21P-534EZ, *Application for DIC, Survivors Pension, and/or Accrued Benefits* (Attached).

2. Submit simultaneously with your claim:

- A copy of the veteran's death certificate (unless the veteran died on active duty); AND

If claiming Survivor's Pension:

- All necessary income and asset information; AND
- Any additional forms and evidence as the situation requires. Special Circumstances below indicate the most common circumstances. The application and other VA Forms may require additional evidence.

If claiming DIC:

- All, if any, of the veteran's relevant, private medical treatment records and an identification of any of the veteran's treatment records available at a Federal facility, such as a VA medical center, that supports your claim that a service-connected disability caused the veteran's death or the veteran's death was caused by the VA;
- Any and all Service Treatment and Personnel Records in the custody of the veteran's Guard or Reserve Unit(s) if applicable; AND
- Any additional forms and evidence as the situation requires. Special Circumstances below indicate the most common circumstances. The application and other VA Forms may require additional evidence.

3. Report for any VA examinations VA determines are necessary to decide your claim.

For more information on the FDC Program, visit our website at <https://www.choose.va.gov/pensions>. For more information on VA benefits, visit our website at www.va.gov, contact us at <https://www.va.gov/contact-us> or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.

SPECIAL CIRCUMSTANCES: Additional forms may be needed to remain eligible for the FDC Program.

This includes VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, which may be required if you:

- Have multiple income sources
- Have more than \$25,000 in assets
- Additional forms as noted on the VA Form 21P-0969 may be required

If claiming Special Monthly Pension or Special Monthly DIC:

- Please have a Physician, Physician Assistant (PA), Certified Nurse Practitioner (CNP), or Clinic Nurse Specialist (CNS) complete VA Form 21-2680, *Examination for Household Status or Permanent Need for Regular Aid and Attendance*, **OR**
- If you are a patient in a nursing home complete VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

If claiming benefits for a child of the veteran:

- And they are in school between the ages of 18 and 23, a completed VA Form 21-674, *Request for Approval of School Attendance*
- If the child was adopted, please submit the adoption papers or amended birth certificate
- If claiming benefits for a child of the veteran who became seriously disabled prior to reaching the age of 18, submit all, if any, relevant private medical treatment records for the child's pertinent disabilities

WHAT YOU NEED TO DO

You must submit all relevant evidence in your possession and provide VA information sufficient to enable it to obtain all relevant evidence not in your possession. If your claim involves a disability the veteran 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 the veteran's entry into service. A substantially complete claim must contain: (1) The claimant's name; (2) Their relationship to the veteran (3) Sufficient service information for VA to verify the claimed service, if applicable; (4) The benefit sought and any medical condition(s) on which it is based; (5) The claimant's signature; (6) A statement of income, if applicable.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Submit your claim in accordance with the "FDC Program Criteria" (see page 2) 	<p>You must:</p> <ul style="list-style-type: none"> • If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it <p>NOTE: 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. It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</p>

HOW VA WILL HELP YOU OBTAIN EVIDENCE FOR YOUR CLAIM

VA will retrieve evidence on your behalf in some circumstances. If VA is unable to retrieve the necessary evidence, we will notify you and provide you with an opportunity to submit the information or evidence. It is your responsibility to make sure we receive all requested records that are not in the possession of a federal department or agency.

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 authorize VA to obtain • 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 that you adequately identify and authorize VA to obtain • 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 private doctor or hospital records or records from current or former employers

WHEN YOU SHOULD SEND WHAT WE NEED

FDC Program (Optional Expedited Process)	Standard Claim Process
<p>You must:</p> <ul style="list-style-type: none"> • Send the information and evidence simultaneously with your claim <p>NOTE: If you submit additional information or evidence after you submit your "fully developed" claim, then VA will remove the claim from the FDC Program expedited process and process it in the Standard Claim process. If we decide your claim before one year from the date we received 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>NOTE: 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 we decide the claim before one year from the date we received 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>

WHAT THE EVIDENCE MUST SHOW TO SUPPORT YOUR CLAIM

If you are claiming...	See Evidence Tables titled...
Survivor's Pension (a needs based benefit based on the the veteran's wartime service)	<ul style="list-style-type: none"> • Military Service Verification • Survivor's Pension
<ul style="list-style-type: none"> • DIC because the veteran's death was related to the veteran's service, OR • DIC because the veteran was receiving or entitled to receive benefits for a service-connected disability rated totally disabling 	<ul style="list-style-type: none"> • Dependency and Indemnity Compensation (DIC)
<ul style="list-style-type: none"> • DIC because the veteran's death was a result of VA medical treatment, vocational rehabilitation, or compensated work therapy 	<ul style="list-style-type: none"> • DIC under 38 U.S.C. 1151
DIC re-evaluation of a previously denied claim based on eligibility under PL 117-168 (PACT Act)	<ul style="list-style-type: none"> • DIC re-evaluation based on PL 117-168 (PACT Act)
DIC that was previously denied by VA	<ul style="list-style-type: none"> • Supplemental DIC
Special Monthly Pension or Special Monthly DIC based on the need for aid and attendance or housebound benefits	<ul style="list-style-type: none"> • Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC
Benefits that were due to the veteran at the time of the veteran's death	<ul style="list-style-type: none"> • Accrued Benefits
Benefits because the child of the veteran is severely disabled	<ul style="list-style-type: none"> • Child incapable of self-support

EVIDENCE TABLES

Military Service Verification

To support your claim for **Survivors benefits**, the veteran's military service must be verified. The following evidence can be submitted to verify the veteran's military service:

- A photocopy of the veteran's DD 214 (or equivalent) for all periods of military service. You may request a copy of the DD 214 through the National Archives' National Personnel Records Center (NPRC) using Standard Form 180 (SF-180, 09/2021 version), *Request Pertaining to Military Records*, (available at <https://www.gsa.gov/forms>) or through your local public custodian of records.

Fire Related Military Records.

As you may know, there was a fire at the National Archives and Records Administration on July 12, 1973, which destroyed approximately

- 80 percent of the records NPRC held for veterans who were discharged from the Army between November 1, 1912 and January 1, 1960 and
- 75 percent of the records NPRC held for veterans with surnames beginning (alphabetically) with Hubbard and running through the end of the alphabet, and who were discharged from the Air Force between September 25, 1947 and January 1, 1964.

If the veteran's military records were stored there on that date, they may have been destroyed in the fire. If you believe the veteran's military records may have been destroyed in the fire, NA Form 13075, *Questionnaire About Military Service*, should be completed to avoid delays in processing your claim. NA Form 13075 is available at: <https://www.archives.gov/files/st-louis/military-personnel/na-13075-questionnaire-aboutmilitary-service.pdf>

NOTE: The Veterans Benefits Administration (VBA) is no longer able to retrieve or return original documents submitted. Please **do not** submit original documents to VA since they **will not** be returned to you.

Survivors Pension

To support your claim for **Survivors Pension**, the evidence must show:

1. The veteran met certain minimum active service requirements during a period of war.

Generally, those requirements are:

- 90 days of service during a period of war; **OR**
- 90 days of consecutive service at least one day of which was during a period of war; **OR**
- 90 days of combined service during more than one period of war
(**Note:** If the veteran's service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligations.); **OR**
- any length of active service during a period of war when:
 - at the time of death, the veteran was receiving (or entitled to receive) VA disability compensation or retirement pay for a service-connected disability; **OR**
 - the veteran was discharged from active service due to a service-connected disability.

2. Your income and assets do not exceed certain requirements.

Assets means the fair market value of all property that an individual owns, including all real and personal property (excluding the value of the primary residence including the residential lot area that does not exceed 2 acres, unless the additional acreage is not marketable) less the amount of mortgages or other encumbrances specific to the mortgaged or encumbered property. Personal property means the value of personal effects that are in excess of being suitable and consistent with a reasonable mode of life.

EVIDENCE TABLES (Continued)

Dependency and Indemnity Compensation (DIC)

To support a claim for **Dependency and Indemnity Compensation (DIC) based on a service-connected disability**:

- The veteran died while on active service; **OR**
- The veteran had a service-connected disability(ies) that was either the principal or contributory cause of the veteran's death; **OR**
- The veteran died from non-service-connected injury or disease **AND** was receiving, or entitled to receive VA compensation for a service-connected disability rated totally disabling:
 - For at least 10 years immediately before death; **OR**
 - For at least 5 years after the veteran's release from active duty preceding death; **OR**
 - For at least 1 year before death, if the veteran was a former prisoner of war who died after September 30, 1999.

To support a claim for **DIC based on a disability that was not service-connected** or for which the veteran did not file a claim during their lifetime, the evidence must show:

- An injury or disease that was incurred or aggravated during active service, or an event in service that caused an injury or disease; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the disability associated with the cause of death and an injury, disease, or event in service. This may be shown by medical records or medical opinion or, in certain cases, by lay evidence.

To support your claim for **DIC based upon the service person's active duty for training**, the evidence must show:

- The service person was disabled during active duty for training due to a disease or injury incurred in the line of duty, and the disease or injury caused or contributed to the service person's death.

NOTE: If VA granted service connection for a disease or injury during the service person's lifetime, evidence that the service-connected disease or injury caused or contributed to the service person's death may satisfy this requirement.

To support a claim for DIC based on a disability that was not service-connected or for which the service person did not file a claim during their lifetime, the evidence must show:

- The service person was disabled during active duty for training due to a disease or injury incurred in the line of duty; **AND**
- A physical or mental disability that was either the principle or contributory cause of death. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that were visible or observable; **AND**
- A relationship between the principal or contributory cause of death and the disability due to injury or disease, incurred in the line of duty. This may be shown by medical records or medical opinions or, in certain cases, by lay evidence.

To support your claim for **DIC based upon the service person's inactive duty training**, the evidence must show:

- The service person died during inactive duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident during such training; **OR**
- The service person was disabled during inactive duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; and that injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

NOTE: If VA granted service connection for an injury, acute myocardial infarction, or cerebrovascular accident during the service person's lifetime, evidence that the service-connected condition caused or contributed to the service person's death may satisfy this requirement.

To support a claim for **DIC based on a disability that was not service-connected** or for which the service person did not file a claim during their lifetime, the evidence must show:

- The service person was disabled during inactive duty training due to an injury incurred or aggravated in the line of duty, or acute myocardial infarction, cardiac arrest, or cerebrovascular accident that occurred during such training; **AND**
- The injury, acute myocardial infarction, cardiac arrest, or cerebrovascular accident caused or contributed to the service person's death

DIC under 38 U.S.C. 1151:

In order to support your claim for **DIC under 38 U.S.C. 1151**, the evidence must show:

- The deceased veteran died as a result of undergoing VA hospitalization, medical or surgical treatment, examination, or training; **AND**
- The death was:
 - the direct result of VA fault such as carelessness, negligence, lack of proper skill, or error in judgment; **OR**
 - the direct result of an event that was not a reasonably expected result or complication of the VA care or treatment; **OR**
 - the direct result of participation in a VA Vocational Rehabilitation and Employment or compensated work therapy program

EVIDENCE TABLES (Continued)

DIC Re-evaluation Based on PL 117-168 (PACT Act)

Public Law 117-168 (PACT ACT) was signed into law on August 10, 2022. This resulted in a substantial expansion of a veteran's military service that qualifies for presumptive toxic exposure and new presumptive conditions linked to that exposure. The law allows prior claimants for DIC to request a re-evaluation based on the expanded eligibility within the PACT Act. More information about the PACT Act can be found at <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>.

In order to support your claim for **DIC re-evaluation based on PL 117-168 (PACT Act)** the evidence must show:

- A claim was submitted and denied prior to August 10, 2022, the date the PACT Act went into effect; **AND**
- The claimant has elected re-evaluation of the previously denied claim.

Supplemental DIC:

In order to reopen a **claim previously denied by VA**, we need:

- The prescribed supplemental claim form, VA Form 20-0995, *Decision Review Request: Supplemental Claim*; **AND**
- New and relevant evidence. New and relevant evidence must raise a reasonable possibility of substantiating your claim. The evidence cannot simply be repetitive or cumulative of the evidence we had when we previously decided your claim. VA will make reasonable efforts to help you obtain currently existing evidence. However, we cannot provide a medical examination or obtain a medical opinion until your claim is successfully reopened.
 - To qualify as new, the evidence must currently exist and be submitted to VA for the first time
 - In order to be considered relevant, the additional existing evidence must pertain to the reason your claim was previously denied

Increased Survivor Benefits Based on Special Monthly Pension or Special Monthly DIC

In order to support your claim for **increased survivor benefits based on the need for aid and attendance**, the evidence must show:

- you have corrected vision of 5/200 or less in both eyes; **OR**
- you have concentric contraction of the visual field to 5 degrees; **OR**
- you are a patient in a nursing home due to mental or physical incapacity; **OR**
- you require the aid of another person 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 Regulations 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 Regulations 3.352(a)); **OR**

In order to support your claim for **increased benefits based on being housebound**, the evidence must show:

- you are substantially confined to your immediate premises because of permanent disability

Accrued Benefits

To support a claim for **accrued benefits**, the evidence must show:

- Benefits were due the veteran based on existing ratings, decisions, or evidence in VA's possession at the time of death, but the benefits were not paid before the veteran's death; **AND**
- You are the surviving spouse, child, or dependent parent of the deceased veteran

VA pays accrued benefits in the following order of priority:

1. Spouse
2. Children of the veteran (in equal shares)
3. Dependent parents (in equal shares)

NOTE: Child means an unmarried child of the veteran who is under 18 years of age, or at least 18 but under 23 years of age and pursuing an approved course of education or became incapable of self-support prior to reaching age 18.

If there are no living persons who are entitled on the basis of relationship, accrued benefits may be used to reimburse the person or persons who paid for or are responsible to pay the expenses of last illness and burial of a beneficiary. The claim should be filed by the person or persons whose funds were or will be used to pay such expenses using VA Form 21P-601, *Application for Accrued Amounts Due a Deceased Beneficiary*.

Child Incapable of Self-Support

To support a **claim for benefits based on a veteran's child being incapable of self-support**, the evidence must show that the child, before their 18th birthday became permanently incapable of self-support due to mental or physical disability. The information necessary to establish the extent of the child's disability includes:

- the extent to which the child is and was, prior to reaching their 18th birthday, physically or mentally deficient as evidenced by factors such as their ability to perform self-care functions, and ordinary tasks expected of a child of that age
- whether or not the child attended school and, if so, the maximum grade attended
- if any material improvement in the child's condition has occurred
- if the child has ever been employed and, if so, the nature and dates of such employment, and amount of pay received
- whether or not the child has ever been married, and
- a description of the child's present condition

IMPORTANT INFORMATION REGARDING MARRIAGE:

If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

HOW VA DETERMINES THE EFFECTIVE DATE

If we grant a claim for Survivors benefits, the beginning date of your entitlement will generally be the date we received your claim. However, if VA receives your claim within one year after the date of the veteran's death, entitlement will be from the first day of the month in which the veteran died. The veteran's death certificate is evidence relevant to determining the effective date of any benefits we award.

Special monthly pension may be available for a veteran's surviving spouse who is unable to perform certain activities of daily living, are a patient in a nursing home, or are substantially confined to their immediate premises. Special monthly pension may be effective from the date medical evidence first shows entitlement.

WHERE TO SEND COMPLETED APPLICATION AND EVIDENCE

When you have completed this application, you can either submit online or mail it to the Pension Intake Center listed below. Be sure to attach any materials that support and explain your claim. Also, make a photocopy of your application and any evidence you send to VA before submitting.

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs Pension Intake Center PO Box 5365 Janesville, WI 53547-5365	VA gov: www.va.gov Direct Upload via access.va.gov

TERMS AND CALCULATIONS FOR SURVIVOR'S PENSION

Maximum Annual Pension Rate (MAPR)

This is the maximum payable amount of the benefit. Your MAPR is based on how many dependents you have and if your disabilities qualify you for Housebound or Aid and Attendance benefits. The MAPR is reviewed each year for cost-of-living adjustments.

Medical Deductible

The unreimbursed expenses must exceed 5 percent of the applicable MAPR. The deductible increases based on the number of dependents but is not adjusted for aid and attendance (A&A) or housebound.

Countable Medical Expenses

Your countable unreimbursed medical expenses are only those expenses that exceed the medical deductible. Medical expenses are typically considered on a calendar year basis.

- **Recurring Medical Expenses**
Examples may include Medicare Part B, Medical Insurance, In-Home Care Provider, or care provided by a care facility
- **One-time Medical Expenses**
Examples include Medical Co-Payments, Prescription Medications, and Durable Medical Equipment.

Countable Income

We count the income you report or the income we discover from data matching programs with other federal sources. If our data match shows a significant discrepancy, you will be removed from the FDC program and asked to clarify the discrepancy. We count incomes in three ways:

- **One-time income** is income that you receive once, and the VA will count it for one year from the receipt date.
Examples include Lottery winnings, gifts, capital gains from property sales, irregular IRA or stock disbursements
- **Irregular-income** is income that you receive at different time or in irregular amounts throughout the year and VA will count it for one year from the receipt date.
Examples include odd job or contract work and interest income from fluctuating rates.
- **Recurring income** is counted continuously until we are informed that you are no longer in receipt of it.
Examples include wages from employment, retirement payments, required minimal distributions from an IRA.

Income for VA Purposes (IVAP)

The VA counts all your income and considers any unreimbursed medical expenses reported when determining your IVAP. The following calculation is a way for you to estimate your IVAP.

Countable Yearly Income – Countable Medical Expenses (less medical deductible) = Income for VA Purposes

Pension Rate

Your maximum annual benefit is the difference of the current MAPR and what the VA calculates as your IVAP. To convert into a monthly benefit, take this amount and divide by 12 then rounded down to the nearest dollar.

Maximum Annual Pension Rate - Income for VA purposes = Annual Pension Rate.

Net Worth

The net worth limit is increased by the same percentage as the Social Security increase when there is a cost-of-living adjustment. For purposes of entitlement to VA pension, net worth includes your assets and your and your dependent's annual income. If your child has net worth that exceeds the limit, VA won't consider them to be a dependent when determining your pension entitlement.

Additional information about how VA calculates net worth, income, and benefit rates can be found at:

<https://www.va.gov/pension/survivors-pension-rates/>

SURVIVORS BENEFITS APPLICATION CHECKLIST

In addition to your application, VA may require some of the evidence described in this checklist. Failure to provide needed evidence, may delay the decision on your claim. This checklist does not apply to claims for Accrued benefits. Please carefully read pages 5 and 6 of the Instructions if you are claiming service-connected death (Dependency and Indemnity Compensation (DIC) only. Please note, the items marked with an asterisk (*) are required.

VERIFICATION OF VETERANS DEATH* (Requested on page 2 of Instructions)

- A Death certificate for the veteran, clearly showing the primary cause(s) of death and any contributing factors or conditions (If the veteran's death certificate lists the cause of death as "Pending," please have the medical examiner submit evidence that shows the cause of death).

SERVICE VERIFICATION* (Requested on page 4 of Instructions and Section III of the form)

- Copy of the veteran's DD Form 214 (or equivalent) for all periods of military service. Must demonstrate military service dates, type of service and character of discharge.

INCOME AND NET WORTH (Requested on page 2 of Instructions and Section IX of the form)

- VA Form 21P-0969, *Income and Asset Statement in Support of Claim for Pension or Parents' DIC*, is required if instructed in Section IX of this application form.
NOTE: If you have specific types of income or assets the VA Form 21P-0969 requires additional evidence:
 - Farm - VA Form 21P-4165, *Pension Claim Questionnaire for Farm Income*
 - Business - VA Form 21P-4185, *Report of Income from Property or Business*
 - Rental Property - VA Form 21P-4185, *Report of Income from Property or Business*
 - Royalties - VA Form 21-4138, *Statement in Support of Claim*, (provide details, such as Royalty source, joint owners, etc.)
 - Trust - submit complete trust documents to include the Schedule of Assets
 - Interest, Dividends or Financial Investments - Current account statements from financial institutions (Bank, Investment, Annuity, etc.

SPECIAL CIRCUMSTANCES REGARDING YOUR MEDICAL CARE (Requested on page 2 of Instructions and in Sections VIII and X of the form)

Claim for Special Monthly Pension (SMP) - Aid and Attendance or Housebound Status

- VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*

Claim for Medicare Nursing Home and/or \$90.00 Rate Reduction Request

- VA Form 21-0779, *Request for Nursing Home Information in Connection with Claim for Aid and Attendance*

Claim for Fiduciary Assistance

- VA Form 21-2680, *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance*

Statement of Medical Care

- Care worksheets (found on pages 19 and 20 of the form).
- Proof of Payment from care provided (canceled checks, bank statements, etc.)
- Signed verification from care service provider.

Dependent Children* (Requested on page 2 of Instructions and Section VI of the form)

- A birth certificate must be included clearly showing the veteran as the parent if you do not reside within the U.S. or its territories. (A state includes the District of Columbia, Puerto Rico and other territories and possessions of the U.S.)
- If child(ren) is/are adopted the adoption decree or a revised birth certificate is required.
- If your child is between the ages of 18 and 23 please submit VA Form 21-674, *Request for Approval of School Attendance*.
- Medical records for each seriously disabled child.

Medical Expenses (Requested in Section X of the form)

- If additional space is needed, submit VA Form 21P-8416, *Medical Expense Report*.