

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

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

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

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

<sup>\*\*</sup> You may also file a request for higher-level review or appeal to the Board of Veterans' Appeals. For additional information on all of these different options, please visit <a href="https://benefits.va.gov/benefits/appeals.asp">https://benefits.va.gov/benefits/appeals.asp</a>.

Want to apply electronically? You can apply online at <a href="www.va.gov">www.va.gov</a>. If you sign in or create an account at <a href="www.va.gov">www.va.gov</a>, 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 <a href="https://www.va.gov/disability/how-to-file-claim/">https://www.va.gov/disability/how-to-file-claim/</a>.

**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 <a href="https://www.va.gov/vso/">https://www.va.gov/vso/</a>. You may also contact your state office of veterans affairs at <a href="https://www.va.gov/statedva.htm">https://www.va.gov/statedva.htm</a>, should you need further assistance with the application process.

Want your claim processed faster? The FDC Program is the <u>fastest</u> 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 7. 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 <a href="www.va.gov/vaforms">www.va.gov/vaforms</a>. 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, Application for Disability Compensation and Related Compensation Benefits (Attached). Make sure you complete and sign your application.

#### 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 8 of this form.

rDC 110gram (Optional Expedited 110cess)	Standard Claim 1 10ccss
You must:	If you know of evidence not in your possession and want VA to try to get it for you;
<ul> <li>Submit all relevant private treatment records, if they exist</li> <li>Identify any relevant treatment records available at a Federal</li> </ul>	You must:
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 (if applicable)  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.  NOTE: If you decide to submit your claim through the FDC Program, please indicate FDC in Item 1 of the application on page 8.	<ul> <li>Complete and sign VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs (VA) and VA Form 21-4142a, General Release for Medical Provider Information to the Department of Veterans Affairs (VA), identifying any private medical records you wish VA to request for you</li> <li>Give VA enough information about other relevant evidence so that we can request it from the person or agency that has it</li> <li>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.</li> </ul>
	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.
You must:	You are strongly encouraged to:
• Send the information and evidence along with your claim	Send any information or evidence as soon as you can
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.	You have up to <i>one</i> 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.
If any of the special circumstances in the table below titled "Special Circumstances" applies to you;	If any of the special circumstances in the table below titled "Special Circumstances" applies to you;
You must:	You are strongly encouraged to:
• Send the information and evidence identified in the "Special Circumstances" table below at the same time as your claim	• 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.

Standard Claim Process

# SPECIAL CIRCUMSTANCES

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

**FDC Program (Optional Expedited Process)** 

- If you were treated at a Veterans Center, submit a completed VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs (VA)
- If claiming dependents, submit a completed VA Form 21-686c, *Application Request to Add and/or Remove Dependents*. If claiming a child in school between the ages of 18 and 23; also submit a completed VA Form 21-674, *Request for Approval of School Attendance*. 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, Veteran's Application for Increased Compensation Based on Unemployability
- If claiming Post-Traumatic Stress Disorder (PTSD), submit a completed VA Form 21-0781, Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder, or if claiming PTSD based on personal assault, submit a completed VA Form 21-0781a, Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder Secondary to Personal Assault

# 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
VA will:	VA will:
Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to	<ul> <li>Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain</li> </ul>
obtain • Provide a medical examination for you, or get a medical opinion, if	<ul> <li>Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim</li> </ul>
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 any of the following methods shown in the table below.

MAIL TO	FAX TO	ONLINE
Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444	844-531-7818 (Toll Free) <i>OR</i> For Foreign Claims 248-524-4260	www.va.gov

# 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
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 serviceperson 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 to 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.

However, under certain circumstances, VA may presume that certain current disabilities were caused by service, even if there is no specific evidence proving this in your particular claim. The cause of a disability is presumed for the following veterans who have certain diseases:

- 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 serving in Vietnam; or
- 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 Southwest Asia theater of operations during the Gulf War.

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.

#### **Secondary Service Connection**

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

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

# **Increased Disability Compensation**

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

# **EVIDENCE TABLES (Continued)**

#### **Compensation Claims Submitted Prior to Discharge**

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

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

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

- be within 90 to 180 days of discharge;
- be available to report for examinations for 45 days following the submission of a disability claim;
- provide an anticipated release from active duty date, and
- · complete a VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits

#### **Temporary Total Disability Rating**

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

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

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

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

#### **Individual Unemployability**

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

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

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

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

#### 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 Vocational Rehabilitation and Employment or compensated work therapy program.

# **EVIDENCE TABLES (Continued)**

#### **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 disabiling **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 <u>plus</u> 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**
- Blindness in both eyes, with light perception only and the loss or loss of use of one lower extremity; 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.

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.

# **EVIDENCE TABLES (Continued)**

# Specially Adapted Housing or Special Home Adaptation (Continued)

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
- Blindness with central visual acuity of 20/200 or worse in each eye using a standard correcting lens; **OR**
- Blindness such that the visual field in each eye subtends an angle no greater than 20 degrees; **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:

- (1) the loss, or permanent loss of use, of at least a foot or a hand; **OR**
- (2) permanent impairment of vision of both eyes, resulting in:
  - (a) vision of 20/200 or less in the better eye with corrective glasses; OR
  - (b) vision of 20/200 or better, if there is a severe defect in your peripheral vision; **OR**
- (3) 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**
- (4) 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.

#### 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 the FDC Program, visit our web site at http://benefits.va.gov/transformation/fastclaims/.

For more information on VA benefits, visit our web site at <a href="www.va.gov">www.va.gov</a>, contact us at <a href="https://iris.custhelp.va.gov">https://iris.custhelp.va.gov</a>, or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>.

**IMPORTANT:** If you wish to make a claim for **veterans non service-connected pension benefits** because you have little or no income, use VA Form 21P-527EZ, *Application for Pension*. VA forms are available at <a href="https://www.va.gov/vaforms">www.va.gov/vaforms</a>. If you cannot access this form, write the word "**Pension**" in Item 16, or at the top of the attached application and VA will send you the form.

OMB Control No. 2900-0747 Respondent Burden: 25 minutes Expiration Date: 09/30/2022

			Expiration Date: 09/30/2022
Department of Veterans Affairs			
APPLICATION FOR DISABILITY CO			VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
IMPORTANT: Please read the Privacy Act and Respondent E	┨		
1. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS (Check 1-3 for definitions of the Fully Developed Claim (FDC) Prog Claim Process. (See instruction page 5 for the definition of a FULLY DEVELOPED CLAIM (FDC) PROGRAM			
<ul> <li>IDES (Select this option <i>only</i> if you have been referred to the</li> <li>BDD Program Claim (Select this option <i>only</i> if you meet the Page 5)</li> </ul>			
NOTE: You may either complete the form online or by hand. If co	mpleted by ha	nd, print the information requested in ink, n	eatly, and legibly to expedite processing of the form.
		ATION AND CLAIM INFORMAT And a signatur	
2. VETERAN/SERVICE MEMBER NAME (First, Middle Initial,		iny occion i, iv, and a signatur	e are required,
	2401)		
3. VETERAN'S SOCIAL SECURITY NUMBER (SSN)	4. HAVE YO	OU EVER FILED A CLAIM WITH VA?	5. VA FILE NUMBER
	○YES	O NO (If "Yes," provide your file number in Item 5)	
6. DATE OF BIRTH (MM-DD-YYYY)	7. VETERA	N'S SERVICE NUMBER (If applicable)	8. SEX
			O MALE O FEMALE
9. BDD CLAIMS ONLY: PROVIDE THE DATE OR ANTICIPATE	D DATE OF	10. TELEPHONE NUMBER(S) (Optional	l) (Include Area Code)
RELEASE FROM ACTIVE DUTY (MM-DD-YYYY)		Daytime: —	-
		Evening:	_
		Cell phone:	-
11. CURRENT MAILING ADDRESS (Number and street or rural No. & Street	ul route, P.O.	Box, City, State, ZIP Code and Country)	
Apt./Unit Number City			
State/Province Country	ZIP Code/	Postal Code	-
12. EMAIL ADDRESS (Optional)			
C 13. IF YOU ARE CURRENTLY A VA EMPLOYEE, CHEC	K THE BOX (	Includes Work Study/Internship)? (If you are no	t a VA employee skip to Section II, if applicable)
S	ECTION II:	CHANGE OF ADDRESS	
NOTE: If you are temporarily or permanently changing yo	ur address,	complete Items 14A through 14C.	
14A. TYPE OF ADDRESS CHANGE (Complete if applicable) (Ch	eck only one l	box)	
C TEMPORARY C PERMANENT			
14B. NEW ADDRESS (Number and street or rural route, P.O. Bo No. & Street	ox, City, State,	ZIP Code and Country)	
Apt./Unit Number City			
State/Province Country	ZIP Code/P	ostal Code	-
14C. EFFECTIVE DATE(S) OF NEW ADDRESS (If your change (If your change of address is <b>permanent</b> , please enter your			d ending date of your temporary address)

BEGINNING DATE:

Month

Year

Day

Month

**ENDING DATE:** 

Year

13.

14.

15.

ETERANS SOCIAL SECURITY NO.								
SECTION III: HOMELESS INFORMATION								
	ORTANT: The following questions (Items 15A thros item does not apply to you, skip to Section IV.	ugh 15F) should <i>only</i> be complete	ed i	f you are currently homeless or at risk of becor	ning homeless.			
15A. ARE YOU CURRENTLY HOMELESS?			15	B. CHECK THE BOX THAT APPLIES TO YOUR I	LIVING SITUATION:			
0	YES (If "Yes," complete Item 15B regarding you	r living situation)	C	LIVING IN A HOMELESS SHELTER				
0	NO		C	or tent)	NMENT (e.g., living in a car			
			C	STAYING WITH ANOTHER PERSON				
			C	FLEEING CURRENT RESIDENCE				
			C	OTHER (Specify):				
15C.	ARE YOU CURRENTLY AT RISK OF BECOMING H	OMELESS?		D. CHECK THE BOX THAT APPLIES TO YOUR I	LIVING SITUATION:			
0	YES (If "Yes," complete Item 15D regarding you	ur living situation)		HOUSING WILL BE LOST IN 30 DAYS LEAVING PUBLICLY FUNDED SYSTEM OF CA	ARE (e.g., homeless			
О	NO			shelter) OTHER (Specify):				
155 5	POINT OF CONTACT (Name of person VA can conta	ct in order to get in touch with year		F. POINT OF CONTACT TELEPHONE NUMBER	(Include Area Code)			
ı∪⊏. F	ONT OF CONTACT (Name of person VA can contac	ot in order to get in touch with you)	ال	OUT OF GONTAGE PLEEFIGHE NUMBER	(moidde Area Oode)			
		SECTION IV: CLAIM IN	VF(	ORMATION				
16   1	ST THE CURRENT DISABILITY(IES) OR SYMPTOM				CONNECTED DISABILITY			
(If app	licable, identify whether a disability is due to a service-cor	nnected disability; confinement as a prise						
	nvironmental hazards; or a disability for which compensate: List your claimed conditions below. See the followi		n h	ow to complete Section IV.				
	EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	П	EXAMPLES OF HOW THE DISABILITY(IES) RELATE TO SERVICE EXAMPLES OF DA				
Exam	ple 1. HEARING LOSS	NOISE	٦	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968			
Exam	ple 2. DIABETES	AGENT ORANGE		SERVICE IN VIETNAM WAR DECEMBER 19				
Exam	ple 3. LEFT KNEE, SECONDARY TO RIGHT KNEE			INJURED LEFT KNEE WHEN BRACE ON 6/11/2008				
CURRENT DISABILITY(IES)  IF DUE TO EXPOSURE, EVENT, O INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation)			EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENED				
1.								
2.								
3.								
4.								
5.								
6.	6.							
7.	7.							
8.	8.							
9.								
10.								
11.								
12.								

17. LIST VA MEDICAL CENTER(S) (VAMC) AND DEPARTME AFTER DISCHARGE FOR YOUR CLAIMED DISABILITY(II	ES) LISTED IN ITEM	I 16 AND PROVIDE		,	,		
NOTE: If treatment began from 2005 to present, you do not	need to provide da	ites in Item 17B.					
A. ENTER THE DISABILITY TREATED AND NAME/LOCATION OF THE TREATMEN			Е	B. DATE OF TR (MM-DD-Y		YOU	ECK THE BOX IF DO NOT HAVE S) OF TREATMENT
						0	Don't have date
					•	0	Don't have date
						0	Don't have date
					•	0	Don't have date
NOTE: IF YOU WISH TO CLAIM ANY OF THE FOLLO	WING, COMPLET	TE AND ATTACH	THE REC	QUIRED FORM	M(S) AS STATED	BELOW	
(VA forms are available at <u>www.va.gov/vaforms</u> )	T						
For:	Required Form						
Supplemental Claims		95, Decision Review					
Dependents			child aged	18-23 years an	d in school, VA Forr	n 21-674	
Individual Unemployability	VA Form 21-894						
Post-Traumatic Stress Disorder	VA Form 21-078						
Specially Adapted Housing or Special Home Adaptation	VA Form 26-455						
Auto Allowance	VA Form 21-450						
Veteran/Spouse Aid and Attendance benefits	VA Form 21-268	0 or, if based on nu	rsing home	e attendance, V	A Form 21-0779		
	SECTION V: SE	ERVICE INFOR	MATIO	N			
18A. DID YOU SERVE UNDER ANOTHER NAME?		18B. LIST THE O	THER NAM	ME(S) YOU SEI	RVED UNDER:		
C YES (If "Yes," complete O NO (If "No," skip to Item 18B) Item 19A)							
19A. BRANCH OF SERVICE		19B. COMPONE	NT				
C ABANY C MARINES	0000						
C ARMY C NAVY C MARINE C	URPS	○ ACTIVE	○ F	RESERVES	○ NATIONAL G	HARD	
○ AIR FORCE ○ COAST GUARD					0		
		20B. PLACE OF I	ACT OD /	NITICIDATED	SEDADATION		
20A. MOST RECENT ACTIVE SERVICE DATES (MM,DD,YYY:  Month Day Ye	*	20B. PLACE OF I	LASTOR	ANTICIPATED	SEPARATION		
ENTRY DATE:	ui.						
EXIT DATE: — —							
200: DID 100 02: WE IN   20D. ADDITIONAL PERIODS	Enlistment Date(s):	Month Day	у	Year	Month Da	ıy	Year
A COMBAT ZONE OF SERVICE (Indicate SINCE 9-11-2001?		Month Day		Year	Month Da	_	Year
SINCE 9-11-2001? enlistment and discharge date(s), if applicable)	Discharge Date(s):	Month Day	_	i cai	- Month	<b>—</b>	i cai
21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVE	R SERVED IN	21B. COMPONEN	NT 21	C. OBLIGATIO	N TERM OF SERVI	CE	
THE RESERVES OR NATIONAL GUARD?		NATIONAL		Month	Day		Year
C YES (If "Yes," complete Items 21B thru 21F)		GUARD		om:		_	
O NO (If "No," skip to Item 22A)		C RESERVES	S To	:		_	
21D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS	OF LINIT:	21E. CURRENT	OR ASSIG	NED PHONE	21F. ARE YOU	CURREN	ITLY
21D. CONNENT ON EAST ASSIGNED NAME AND ADDICESS	OI OIVII.	NUMBER O			RECEIVIN	G INACT	
		Code)			TRAINING		
					O YES	) NO	
	2B. DATE OF ACTIV	/ATION:			NTICIPATED SEPA	RATION	DATE:
ORDERS WITHIN THE NATIONAL GUARD OR RESERVES?	(MM,DD,YYYY)			(4	MM,DD,YYYY)		
O YES (If "Yes," complete Items 22B & 22C)	Month [	Day	Year	Mont	h Day		Year
	_	_			_	_	
○ NO			TEC 5=		20175		
23A. HAVE YOU EVER BEEN A PRISONER OF WAR?  23B. DATES OF CONFINEMENT (MM,DD,YYYY)							
○ YES (If "Yes," complete Item 23B)		From:			To	D:	
(1) Tes, complete tiem 25B)	Month	Day	Year	Mon	th Day		Year
○ NO	_	_			_	-	
-	Month [	Day	Year	Mont	th Day		Year
		-u,	i cai	1,1311	2,		roar

	CE PAY (Retired Pay, Se				y)
24A. ARE YOU RECEIVING MILITARY RETIRED PAY  YES (If "Yes," complete Items 24C and 24D)  NO			TIRED PAY IN THE F g. future Reserve/Nat tte Items 24C and 24L		ement, pending
	O NO				
24C. BRANCH OF SERVICE	24D. MONTHLY AMOUN	IT	25. RETIRED STATU	JS	
<ul><li>○ ARMY</li><li>○ NAVY</li><li>○ MARINE COI</li><li>○ AIR FORCE</li><li>○ COAST GUARD</li></ul>	RPS ,	.00		PERMANENT DISABILITY RETIF	DISABILITY RETIRED LIST RED LIST
IMPORTANT INFORMATION ON MILITARY RETIRED PAY (Includes all Uniformed Services Retired Pay):  Submission of this application constitutes a waiver of military retired pay in an amount equal to VA compensation awarded, if you are entitled to both benefits. Your retired pay may be reduced by the amount of VA compensation awarded. Receipt of the full amount of military retired pay and VA compensation at the same time may result in an overpayment, which may be subject to collection. If you qualify for concurrent receipt of VA compensation and military retired pay, the waiver of retired pay will not apply. If you do not want to waive any retired pay to receive VA compensation, you should check the box in Item 26.  Note that if you check the box in Item 26, you will not receive VA compensation, if granted. If you are currently in receipt of VA compensation and you check the box in Item 26, your VA compensation will be terminated, if you are also eligible for military retired pay.					
IMPORTANT: VA COMPENSATION PAY IS BENEFIT.	NON-TAXABLE. THEREF	ORE, VA CO	MPENSATION PA	AY MAY BE TI	HE GREATER
○ 26. Do NOT pay me VA compensation. I do N	NOT want to receive VA comp	ensation in lieu	of retired pay.		
IMPORTANT INFORMATION ON SEPARAT VA compensation, if granted, may be withheld to pay, or special separation benefit, you receive from payments may be reduced if you are awarded VA which <u>may</u> be subject to collection.	recoup any disability severance in your branch of service. In ad- compensation. Receipt of VA	dition, if you re compensation a	nd VSI at the same t	eparation Incenti time may result i	ive (VSI), your VSI n an overpayment of VSI,
27A. HAVE YOU EVER RECEIVED SEPARATION PAY		, or any othe	ER LUMP SUM PAYM	ENT FROM YOUR	R BRANCH OF SERVICE?
○ YES (If "Yes," complete Items 27B through 27 NO	7D)				
27B. DATE PAYMENT RECEIVED (MM-DD-YYYY)	27C. BRANCH OF SERVICE		27D. Al	MOUNT RECEIVE	ED (Provide pre-tax amount)
	ARMY C NAVY AIR FORCE C COAST	~	E CORPS \$	,	.00
You may elect to keep the active or inactive duty t training pay, you must waive VA benefits for the r	IMPORTANT INFORMATION ON INACTIVE DUTY TRAINING PAY:  You may elect to keep the active or inactive duty training pay you received from the military service department. However, to be legally entitled to keep your training pay, you must waive VA benefits for the number of days equal to the number of days for which you received training pay. In most instances, it will be to your advantage to waive your VA benefits and keep your training pay.				
the total number of training days waived and at the monthly rate in effect for the fiscal year period for which you received training pay. This action may result in an overpayment of compensation, which <i>may</i> be subject to collection.					
IMPORTANT: VA COMPENSATION PAY IS NON-TAXABLE. THEREFORE VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.					E GREATER
C 28. Do NOT pay me VA compensation. I do	NOT want to receive VA comp	ensation in lieu	of training pay.		
	SECTION VII: DIRECT D	EPOSIT INFO	DRMATION		
The Department of the Treasury requires all Federal by personal check or deposit slip or provide the informat must receive your payment through Direct Express Detelephone at 1-800-333-1795. If you elect not to enrol 1-888-224-2950. They will encourage your participat	tion requested below in <b>Items 36</b> ebit MasterCard. To request a D l, you must contact representative	0, 31 and 32 to extrect Express Degrees handling wai	enroll in direct depositions bit MasterCard you not wer requests for the D	t. If you do not ha nust apply at <u>wwv</u>	w.usdirectexpress.com or by
○ 29.1 CERTIFY THAT I DO NOT HAVE AN ACCOU	NT WITH A FINANCIAL INSTITU	TION OR CERT	IFIED PAYMENT AGE	ENT (If you check	this box skip to Section VIII)
30. ACCOUNT NUMBER (Check only one box below and provide the account number)					
Account No.:		CHEC	CKING C SAVIN	NGS	
31. NAME OF FINANCIAL INSTITUTION (Provide the want your direct deposit)	name of the bank where you		OR TRANSIT NUMBE tof your check)	ER (The first nine	numbers located at the

# SECTION VIII: CLAIM CERTIFICATION AND SIGNATURE

#### VETERAN/SERVICEMEMBER CERTIFICATION AND SIGNATURE

I certify and authorize the release of information. I certify that the statements in this document are true and complete to the best of my knowledge. I authorize any person or entity, including but not limited to any organization, service provider, employer, or government agency, to give the Department of Veterans Affairs any information about me. For the limited purpose of providing VA with this information as it may relate to my claim, I waive any privilege that may apply and would otherwise make the information confidential and not disclosable.

I certify I have received the notice attached to this application titled, Notice to Veteran/Service Member of Evidence Necessary to Substantiate a Claim for Veterans Disability Compensation and Related Compensation Benefits.

I certify I have enclosed all the information or evidence that will support my claim, to include an identification of relevant records available at a Federal facility such as a VA medical center; **OR**, I have no information or evidence to give VA to support my claim; **OR**, I have checked the box in Item 1, on page 8, indicating I want my claim processed under the standard claim process because I plan to submit additional evidence in support of my claim.

33A. VETERAN/SERVICE MEMBER SIGNATURE ( <b>REQUIRED</b> ) (Sign in ink)	33B. DATE SIGNED (MM-DD-YYYY)  — — —
SECTION IX: WITNESSES TO SIG	NATURE
34A. SIGNATURE OF WITNESS (Sign in ink) (Note: Only sign if veteran signed in Item 33A using an "X")	34B. PRINTED NAME AND ADDRESS OF WITNESS
35A. SIGNATURE OF WITNESS (Sign in ink) (Note: Only sign if veteran signed in Item 33A using an "X")	35B. PRINTED NAME AND ADDRESS OF WITNESS

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

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

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

36A. ALTERNATE SIGNER SIGNATURE (REQUIRED) (Sign in ink)	36B. DATE SIGNED (MM-DD-YYYY)
	_ <del>_</del>

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

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

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

officed with vit.	
37A. POA/AUTHORIZED REPRESENTATIVE SIGNATURE (Sign in ink)	37B. DATE SIGNED (MM-DD-YYYY)

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

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

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