			OMB Control No. 2900-0321 Respondent Burden: 5 minutes
Department of Veterans Affairs		OF VETERANS SERVELLAIMANT'S REPRES	VICE ORGANIZATION
Note - If you would prefer to have an individual As Claimant's Representative.''	idual assist you with you		
IMPORTANT - PLEASE READ THE PRIVACY ACT	AND RESPONDENT BURDE		
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3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHOR	RIZED TO ACT ON VETERAN'S	BEHALF	
INSTF	RUCTIONS - TYPE OR	PRINT ALL ENTRIES	
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		12. DATE OF THIS APPOINTIV	IEN I
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☐ I authorize the VA facility having custody records relating to drug abuse, alcoholism Redisclosure of these records by my serv not authorized without my further writter revoke this authorization by filing a writte either by explicit revocation or the appoint	or alcohol abuse, infection ice organization representate n consent. This authorization en revocation with VA; or (	with the human immunodeficier ive, other than to VA or the Coon will remain in effect until the 2) I revoke the appointment of t	ncy virus (HIV), or sickle cell anemia. ourt of Appeals for Veterans Claims, is e earlier of the following events: (1) I
LIMITATION OF CONSENT - My consent in Item 1 abuse, infection with the human immunodeficiency vi	*		alcoholism or alcohol
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I, the claimant named in Items 1 or 7, hereby present and prosecute my claim for any and named in Item 1. I authorize the Department Federal tax information (other than as provide understood that no fee or compensation of attorney. I understand that the service organitime, subject to 38 CFR 20.608. Additional verification necessitated by an Internal Reveteran's representative is only valid for five Signed and accepted subject to the foregoing of the property of the foregoing of the property of the service of the foregoing of the property of the p	all benefits from the Dep nt of Veterans Affairs to led in Items 13 and 14), to whatsoever nature will latization I have appointed thy, in those cases where evenue Service verification to years from the date this	artment of Veterans Affairs be release any and all of my reco that service organization appeared to the charged me for service reas my representative may reve a veteran's income is being on match, the assignment of	passed on the service of the veteran cords, to include disclosure of my opointed as my representative. It is endered pursuant to this power of voke this power of attorney at any of developed because of an income of the service organization as the

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF CLAIMANT (Do Not Print)

16. DATE SIGNED

VA VA FORM 21-22-1 SENT TO:
USE CER FILE EDU FILE INSURANCE FILE
ONLY CH. 30 DEA FILE LG FILE

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

## RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of National Organizations recognized by the Secretary in the preparation and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association

American Legion American Red Cross

**AMVETS** 

American Ex-Prisoners of War, Inc.

American Defenders of Bataan and Corregidor, Inc.

American GI Forum, National Veterans Outreach Program

Armed Forces Services Corporation

Army and Navy Union, USA

Blinded Veterans Association

Catholic War Veterans of the U.S.A.

Disabled American Veterans

Eastern Paralyzed Veterans Association

Fleet Reserve Association

Gold Star Wives of America, Inc.

Italian American War Veterans of the United States, Inc.

Jewish War Veterans of the United States

Legion of Valor of the United States of America, Inc.

Marine Corps League

Military Order of the Purple Heart

National Amputation Foundation, Inc.

National Association of County Veterans Service Officers, Inc.

National Association for Black Veterans, Inc. National Veterans Legal Services Program National Veterans Organization of America

Non Commissioned Officers Association of the USA

Navy Mutual Aid Association

Paralyzed Veterans of America, Inc.

Polish Legion of American Veterans, U.S.A.

Swords to Plowshares, Veterans Rights Organization, Inc.

The Retired Enlisted Association

The Veterans Assistance Foundation, Inc.

The Veterans of the Vietnam War, Inc. & The Veterans

Coalition

United Spanish War Veterans of the United States Veterans of Foreign Wars of the United States Veterans of World War I of the U.S.A., Inc.

Vietnam Era Veterans Association Vietnam Veterans of America

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims.

Alabama	Guam	Minnesota	North Carolina	South Dakota
American Samoa	Hawaii	Mississippi	North Dakota	Tennessee
Arizona	Idaho	Missouri	Northern Mariana Islands	Texas
Arkansas	Illinois	Montana	Ohio	Utah
California	Kansas	Nebraska	Oklahoma	Vermont
Colorado	Kentucky	Nevada	Oregon	Virginia
Connecticut	Louisiana	New Hampshire	Pennsylvania	Virgin Islands
Delaware	Maine	New Jersey	Puerto Rico	Washington
Florida	Maryland	New Mexico	Rhode Island	West Virginia
Georgia	Massachusetts	New York	South Carolina	Wisconsin

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

**RESPONDENT BURDEN**: We need this information to recognize the service organization you name to act on your behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902). We will also use the information to identify any VA records that we may disclose to the service organization (38 U.S.C. 5701(b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. 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.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA">www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Department of Veterans Affairs		OF VETERANS SE CLAIMANT'S REPRI	OMB Control No. 2900-0321 Respondent Burden: 5 minutes  RVICE ORGANIZATION ESENTATIVE
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☐ I authorize the VA facility having custody of			
records relating to drug abuse, alcoholism or			
Redisclosure of these records by my service not authorized without my further written or			
revoke this authorization by filing a written in			
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I, the claimant named in Items 1 or 7, hereby	annoint the service or	ganization named in Item	3Δ as my representative to prepare
present and prosecute my claim for any and all			
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veteran's representative is only valid for five ye			

Signed and accepted subject to the foregoing conditions. THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC 15. SIGNATURE OF CLAIMANT (Do Not Print) 16. DATE SIGNED VA FORM 21-22-1 SENT TO: DATE SENT ACKNOWLEDGED REVOKED (Reason and date) **VA** (Date) ☐ INSURANCE FILE ☐ LG FILE CER FILE EDU FILE **USE ONLY** ☐ DEA FILE

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof. VA FORM JUN 2009

	OMB Control No. 2900-0321 Respondent Burden: 5 minutes
	NT OF VETERANS SERVICE ORGANIZATION S CLAIMANT'S REPRESENTATIVE
Note - If you would prefer to have an individual assist you with Individual As Claimant's Representative.''	your claim, you may use VA Form 21-22a, " Appointment of
IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BU	IRDEN ON REVERSE BEFORE COMPLETING THE FORM.
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	OR PRINT ALL ENTRIES
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7. NAME OF CLAIMANT (If other than veteran)	8. RELATIONSHIP (If other than veteran)
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)	10. CLAIMANT'S TELEPHONE NUMBERS (Include Area Code)
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	12. DATE OF THIS APPOINTMENT
13. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO R Unless I check the box below, I do not authorize VA to discle any records that may be in my file relating to treatment for drug immunodeficiency virus (HIV), or sickle cell anemia.	ose to the service organization named on this appointment form
records relating to drug abuse, alcoholism or alcohol abuse, infect Redisclosure of these records by my service organization represent not authorized without my further written consent. This authori	cords to disclose to the service organization named in Item 3A all treatmentation with the human immunodeficiency virus (HIV), or sickle cell anemia entative, other than to VA or the Court of Appeals for Veterans Claims, is ization will remain in effect until the earlier of the following events: (1) is; or (2) I revoke the appointment of the service organization named above entative.
14. LIMITATION OF CONSENT - My consent in Item 13 for the disclosure of recombuse, infection with the human immunodeficiency virus (HIV), or sickle cell and a sickle cell	
present and prosecute my claim for any and all benefits from the named in Item 1. I authorize the Department of Veterans Affairs Federal tax information (other than as provided in Items 13 and 1 understood that no fee or compensation of whatsoever nature w attorney. I understand that the service organization I have appoin time, subject to 38 CFR 20.608. Additionally, in those cases with	be organization named in Item 3A as my representative to prepare. Department of Veterans Affairs based on the service of the veterars to release any and all of my records, to include disclosure of my 4), to that service organization appointed as my representative. It is will be charged me for service rendered pursuant to this power of atted as my representative may revoke this power of attorney at any there a veteran's income is being developed because of an income cation match, the assignment of the service organization as the
veteran's representative is only valid for five years from the date Signed and accepted subject to the foregoing conditions.	this form is signed for purposes restricted to the verification match.
THIS POWER OF ATTORNEY DOES NOT REQU	UIRE EXECUTION BEFORE A NOTARY PUBLIC
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VA FORM 21-22-1 SENT TO: DATE SENT ACKNOWLEDGED REVOKED (Reason and date) VA (Date) ☐ INSURANCE FILE LG FILE CER FILE EDU FILE **USE** ONLY ☐ DEA FILE

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