



DEPARTMENT OF VETERANS AFFAIRS

In Reply Refer To:

File number:

Veteran:

Beneficiaries:

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A representative from our office will contact you in the near future.

To assist us in arranging this meeting, please complete the form on the reverse side of this letter and return it in the enclosed envelope.

Your prompt reply will be appreciated.

Sincerely yours,

Enclosure

CONTACT INFORMATION

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. The responses you submit are considered confidential (38 U.S.C. 5701).

Respondent Burden: We need this information to assist VA in arranging a meeting to discuss with you matters of interest to you and the VA (38 U.S.C. Chapters 55 and 57). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

IF YOU WILL BE AT HOME DURING THE DAY, PLEASE GIVE	▶	HOME ADDRESS <i>(If different from that on reverse) (If you serve as payee for a VA beneficiary, please provide that person's address if different than your own)</i>
	▶	DIRECTIONS TO YOUR HOME <i>(If living in a RURAL AREA, give directions from nearest town, and include directions, i.e., north, south, etc., and highway names and numbers, mileage, and landmarks. If living in a town or city, give directions from a main intersection, a conspicuous landmark, etc. Please draw a map if it will be helpful.)</i>
		HOME TELEPHONE NO. <i>(Include Area Code)</i>
IF YOU WILL NOT BE AT HOME DURING THE DAY, PLEASE GIVE	▶	BUSINESS, FIRM OR OTHER NAME AND ADDRESS WHERE YOU CAN BE CONTACTED <i>(Include hours worked)</i>
		TELEPHONE NO. WHERE YOU CAN BE REACHED <i>(Include Area Code)</i>
DATE	SIGNATURE	