



APPLICATION FOR BENEFITS FOR CERTAIN CHILDREN WITH DISABILITIES BORN OF VIETNAM AND CERTAIN KOREA SERVICE VETERANS

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 5, Code of Federal Regulations 1.526 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 Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The 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. 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.

Respondent Burden: We need this information to determine eligibility for benefits for children with certain disabilities who are born of Vietnam veterans and certain Korea Service veterans (38 U.S.C. chapter 18). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 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.

NOTE - After completing the form mail to: VA Regional Office, Veterans Service Center (339/21), Box 25126, Denver, CO 80225

1. NAME OF CLAIMANT - CHILD (<i>First, middle, last</i>)		2. SOCIAL SECURITY NUMBER OF CLAIMANT - CHILD (<i>If available</i>)	
3. CLAIMANT - CHILD'S DATE OF BIRTH		4. CLAIMANT - CHILD'S PLACE OF BIRTH (<i>City and State</i>)	
5. ADDRESS OF CLAIMANT - CHILD (<i>Include number and street or rural route, city or P.O., State and ZIP Code</i>)			
6. TELEPHONE NUMBER OF CLAIMANT - CHILD (<i>Include Area Code</i>)			
7. NAME(S) OF NATURAL PARENT(S) (<i>Please provide information for both</i>)			
A. FATHER (<i>First, middle, last</i>)		B. MOTHER (<i>First, middle, last</i>)	
8. ADDRESS, TELEPHONE NUMBER AND VETERAN STATUS OF NATURAL PARENT(S)			
A. FATHER (<i>Include number and street or rural route, city or P.O., State and ZIP Code</i>)		B. MOTHER (<i>Include number and street or rural route, city or P.O., State and ZIP Code</i>)	
C. VIETNAM SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes", provide dates in 8E</i>)		D. VIETNAM SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes", provide dates in 8F</i>)	
E. PLEASE PROVIDE THE DATES THAT CHILD'S FATHER WAS IN VIETNAM		F. PLEASE PROVIDE THE DATES THAT CHILD'S MOTHER WAS IN VIETNAM	
FROM	TO	FROM	TO
9. SOCIAL SECURITY NUMBER(S) OF NATURAL PARENT(S)			
A. FATHER		B. MOTHER	
10. VA CLAIM NUMBER(S) OF NATURAL PARENT(S) (<i>If veteran previously applied to VA for any benefit</i>)			
A. FATHER		B. MOTHER	

11. IF CHILD IS UNDER AGE 18 WHO HAS CUSTODY, IF OTHER THAN NATURAL PARENT? (Complete Items 11A, 11B & 11C)

A. NAME OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD	B. RELATIONSHIP TO CHILD <input type="checkbox"/> ADOPTIVE PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER (Specify) _____	C. ADDRESS OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD
---	--	--

12A. IF CLAIMANT-CHILD IS AGE 18 OR OLDER HAS THE CLAIMANT-CHILD BEEN DECLARED INCOMPETENT?

YES NO (If "Yes", complete Items 12B and 12C)

12B. NAME AND ADDRESS OF THE COURT WHICH MADE THE FINDING OF INCOMPETENCY?	12C. NAME AND ADDRESS OF GUARDIAN
--	-----------------------------------

13. DISABILITIES CLAIMED

14. NAME AND ADDRESS OF PRIMARY HEALTH CARE PROVIDER FOR THE CLAIMANT

15A. NAME AND PLACE FIRST DIAGNOSED	15B. DATE FIRST DIAGNOSED
-------------------------------------	---------------------------

16A. NAME(S) AND PLACE(S) OF MOST RECENT TREATMENT	16B. DATE(S) OF TREATMENT

DIRECT DEPOSIT INFORMATION

The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 17A thru 17C to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

17A. ACCOUNT NUMBER (Please check the appropriate box and provide that account number, if applicable)

CHECKING SAVINGS (Please provide account number _____) I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

17B. NAME OF FINANCIAL INSTITUTION

17C. ROUTING OR TRANSIT NUMBER

I/We, the undersigned, hereby authorize the hospital or physician shown in Items 14, 15A and 16A to disclose and release to the Department of Veterans Affairs any information that may have been obtained in connection with the physical examination or treatment of the child.

18A. SIGNATURE(S) OF PARENT/GUARDIAN/ADULT CHILD	18B. DATE SIGNED
--	------------------

19A. SIGNATURE OF WITNESS (Required)	19B. DATE SIGNED
--------------------------------------	------------------

I/We, the undersigned, declare under penalty of perjury that the information provided is true and correct and that the child named in Item 1 is the natural child of the person(s) named in Item 7.

20A. SIGNATURE OF CHILD (IF AN ADULT) OR PARENT OR GUARDIAN	20B. DATE SIGNED
---	------------------

21A. SIGNATURE OF VIETNAM VETERAN PARENT (IF AVAILABLE OR DIFFERENT)	21B. DATE SIGNED
--	------------------



Department of Veterans Affairs

APPLICATION INFORMATION AND INSTRUCTIONS FOR VA FORM 21-0304

IMPORTANT - Please read information and instructions before completing attached application.

Children of Women Vietnam Veterans Born with Certain Birth Defects -- 38 U.S.C. 1815

This section of the law authorizes the payment of monetary benefits to, or on behalf of, certain children of female veterans who served in Vietnam. Benefits are payable to qualifying children, or on their behalf, beginning December 1, 2001. There are three eligibility requirements. To be eligible, the child must:

- be the biological child of a woman veteran who served in the Republic of Vietnam (RVN),
- have been conceived after the date the veteran first served in the RVN during the period 2/28/61 to 5/7/75, **and**
- have certain birth defects identified by the Secretary of Veterans Affairs as resulting in permanent physical or mental disability

The law does not include conditions that are:

- a familial disorder
- a birth-related injury, **or**
- a fetal or neonatal infirmity with well-established causes.

Completion of VA Form 21-0304, Application For Benefits For Certain Children Of Vietnam Veterans With Disabilities, is required.

The effective date is December 1, 2001.

Spina Bifida Benefits Eligibility -- 38 U.S.C. 1805

Monetary benefits may be paid to, or on behalf of, certain children of veterans who served in the Republic of Vietnam or the demilitarized zone in Korea during the Vietnam era. Benefits are payable to qualifying children regardless of age or marital status. To be eligible, the child must:

- be the biological child of a veteran who served in the Republic of Vietnam (RVN), or a veteran who served in or near the demilitarized zone (DMZ) in Korea and was exposed to herbicides, **and**
- have been conceived after the date the veteran first served in the RVN during the period 1/9/62 and 5/7/75, or after the date the veteran first served in or near the DMZ in Korea during the period 9/1/67 to 8/31/71, **and**
- have any type of spina bifida other than spina bifida occulta. The diagnosis may be established by private physicians, or government or private institution examination reports.

Possible Entitlement: The law does not allow payment of both benefits at the same time. If entitlement exists under both laws, benefits will be paid under 38 U.S.C. 1815.

Health Coverage: The law allows health care covering the defects or any disability associated with the birth defects. This care may be provided directly or by contract.

Vocational Rehabilitation: If achievement of a vocational goal is reasonably feasible, a program of vocational training provided by VA's Vocational Rehabilitation and Employment Service is available to an eligible child.

Monetary Allowance: The law includes levels of monetary allowance, each based on the level of disability of the eligible child.

Mail The Completed Form To: VA Regional Office
Veterans Service Center (339/21)
Box 25126
Denver, CO 80225