



## DEPARTMENT OF VETERANS AFFAIRS

Enter VARO address

• Enter recipient's name and address

In Reply Refer To:

File number:

Veteran:

Beneficiaries:

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.

VA now uses a centralized mail system. If you choose to respond in writing, please put your full name and VA file number on each page. Send your application and any evidence in support of your claim to the following address:

**Department of Veterans Affairs  
Evidence Intake Center  
P. O. Box 4444  
Janesville, WI 53547-4444**

If you are unable to mail this form, please use the following Fax Lines:

- **(844) 531-7818 (Toll Free)**
- **(248) 524-4260 (Utilized for Foreign Claimants)**

You can also provide the information by calling the VA, at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,

Enclosure



# Department of Veterans Affairs

**VA DATE STAMP**  
(DO NOT WRITE IN THIS SPACE)

## REQUEST FOR CONTACT INFORMATION

**INSTRUCTIONS:** Print all answers clearly. You must sign and date this form (Items 13 and 14). When you have completed this form, return it in the enclosed envelope to the address in the letter on Page 1, or fax it, or take it to your local VA regional office.

### SECTION I: VETERAN'S IDENTIFICATION INFORMATION

**NOTE:** You can *either* complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME *(First, Middle Initial, Last)*

2. SOCIAL SECURITY NUMBER

3. VA FILE NUMBER *(If applicable)*

4. DATE OF BIRTH *(MM/DD/YYYY)*

Month                  Day                  Year

5. GENDER

MALE     FEMALE

6. TELEPHONE NUMBER *(Include Area Code)*

7. VETERAN'S SERVICE NUMBER *(If applicable)*

8. E-MAIL ADDRESS *(Optional)*

9. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. &  
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

### SECTION II: MEETING LOCATION

**NOTE:** If you will be at **home** during the day, complete items 10A through 10B.

10A. HOME ADDRESS *(If different from the one on the first page.) (If you serve as payee for a VA beneficiary, please provide that person's address if different than your own.)*

10B. DIRECTIONS TO YOUR HOME *(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.)*

**NOTE:** If you will **NOT** be at home during the day, complete item 11A.

11A. BUSINESS, FIRM OR OTHER NAME AND ADDRESS WHERE YOU CAN BE CONTACTED *(Include hours worked.)*

**SECTION II: MEETING LOCATION (Continued)**

12. REMARKS

**SECTION III: VETERAN/BENEFICIARY SIGNATURE**

**I HEREBY CERTIFY THAT** the information I have given on this form is true and correct to the best of my knowledge and belief.

13. SIGNATURE (*REQUIRED*)

14. DATE SIGNED (*MM/DD/YYYY*)

**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.

**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, 58VA21/22/28 Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us your and your dependents SSN account information. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 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 continued eligibility for an additional allowance for your spouse and/or child(ren). 38 U.S.C. 1115, 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. Valid OMB control numbers can be located on the OMB Internet page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.