

**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 Compensation Claims Submitted Prior to Discharge Compensation under 38 U.S.C. 1151 Automobile Allowance/Adaptive Equipment Secondary Service Compensation Temporary Total Disability Rating	Special Monthly Compensation Benefits Based on a Veteran's Seriously Disabled Child Increased Disability Compensation Individual Unemployability Specially Adapted Housing/Special Home Adaptation
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**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 <u>more than one year ago</u> ....	please complete and submit VA Form 21-526EZ, <i>Application for Disability Compensation and Related Compensation Benefits</i> .
If you disagree with an evaluation decided within the past year and have new and relevant evidence <b>OR</b>  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) ....	please complete and submit VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i> **

\*\* 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 <https://benefits.va.gov/benefits/appeals.asp>.

**Want to apply electronically?** You can apply for VA disability compensation and pension online through eBenefits at [www.ebenefits.va.gov](http://www.ebenefits.va.gov). For disability compensation claims, you can also upload all supporting evidence you may have and make your claim a Fully Developed Claim (FDC). To file a claim for VA disability compensation electronically, go to eBenefits, select Apply for Benefits and then Apply for Disability Compensation. You will need to create an eBenefits account to apply for disability compensation online. Once you submit your claim, you can track the status using eBenefits.

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

**Want your claim processed faster?** The FDC Program is the **fastest** way to get your claim processed without any risk to participate! To participate and you are making a claim for veterans disability compensation or related compensation benefits, submit your claim in accordance with the "FDC Criteria" shown below. 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 [www.va.gov/vaforms](http://www.va.gov/vaforms). 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.

FDC Program (Optional Expedited Process)	Standard Claim Process
<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>• Submit all relevant private treatment records, if they exist</li> <li>• Identify any relevant treatment records available at a Federal Facility, such as a VA medical center</li> <li>• Identify the location and sufficient information to obtain your National Guard and Reserve personnel and service treatment records <i>(if applicable)</i></li> </ul> <p>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.</p> <p><b>NOTE:</b> If you decide to submit your claim through the FDC Program, please indicate FDC in Item 1 of the application on page 8.</p>	<p>If you know of evidence not in your possession and want VA to try to get it for you;</p> <p><b>You must:</b></p> <ul style="list-style-type: none"> <li>• Complete and sign VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs (VA)</i> and VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans Affairs (VA)</i>, 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> </ul> <p>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. <b><i>It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.</i></b></p> <p>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.</p>
<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>• Send the information and evidence <i>along</i> with your claim</li> </ul> <p>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.</p>	<p><b>You are strongly encouraged to:</b></p> <ul style="list-style-type: none"> <li>• Send any information or evidence as soon as you can</li> </ul> <p><b>You have up to one year</b> from the date we receive the claim to submit the information and evidence necessary to support your claim. If within <b>30</b> 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.</p>
<p>If any of the special circumstances in the table below titled "<b><i>Special Circumstances</i></b>" applies to you;</p> <p><b>You must:</b></p> <ul style="list-style-type: none"> <li>• Send the information and evidence identified in the "<b><i>Special Circumstances</i></b>" table below at the same time as your claim</li> </ul>	<p>If any of the special circumstances in the table below titled "<b><i>Special Circumstances</i></b>" applies to you;</p> <p><b>You are strongly encouraged to:</b></p> <ul style="list-style-type: none"> <li>• Send the information and evidence identified in the "<b><i>Special Circumstances</i></b>" 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.</li> </ul>

### SPECIAL CIRCUMSTANCES

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

- **If you were treated at a Veterans Center**, submit a completed VA Form 21-4142
- **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](http://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
<p><b>VA will:</b></p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain</li> <li>• Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim</li> </ul>	<p><b>VA will:</b></p> <ul style="list-style-type: none"> <li>• Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain</li> <li>• Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim</li> <li>• 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</li> </ul>

**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
<p><b>Department of Veterans Affairs Evidence Intake Center PO Box 4444 Janesville, WI 53547-4444</b></p>	<p><b>844-531-7818 (Toll Free) OR For Foreign Claims 248-524-4260</b></p>	<p><a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a></p>

**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, you 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-schedular 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 disabling **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 **plus** 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)

### Specialty 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.

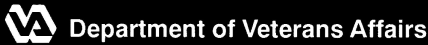
Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- 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 [www.va.gov](http://www.va.gov), contact us at <https://iris.custhelp.com>, 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 [www.va.gov/vaforms](http://www.va.gov/vaforms).

**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 [www.va.gov/vaforms](http://www.va.gov/vaforms). 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.



**APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS**

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

**IMPORTANT:** Please read the Privacy Act and Respondent Burden on page 12 before completing the form.

1. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS (Check the appropriate box) (See instruction pages 1-3 for definitions of the Fully Developed Claim (FDC) Program (Optional Expedited Process) or the Standard Claim Process. (See instruction page 5 for the definition of a Benefits Delivery at Discharge (BDD) Program Claim)
- FULLY DEVELOPED CLAIM (FDC) PROGRAM       STANDARD CLAIM PROCESS
- IDES (Select this option **only** if you have been referred to the IDES Program by your Military Service Department)
- BDD Program Claim (Select this option **only** if you meet the criteria for the BDD Program specified on Instruction Page 5)

**NOTE:** You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

**SECTION I: IDENTIFICATION AND CLAIM INFORMATION**  
*(If claim is not an original claim, only Section I, IV, and a signature are required)*

2. VETERAN/SERVICE MEMBER NAME (First, Middle Initial, Last)

3. VETERAN'S SOCIAL SECURITY NUMBER (SSN)  — —	4. HAVE YOU EVER FILED A CLAIM WITH VA?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide your file number in Item 5)</i>	5. VA FILE NUMBER
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6. DATE OF BIRTH (MM,DD,YYYY) Month      Day      Year —      —	7. VETERAN'S SERVICE NUMBER (If applicable)	8. SEX  <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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9. BDD CLAIMS <b>ONLY</b> : PROVIDE THE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY (MM,DD,YYYY) Month      Day      Year —      —	10. TELEPHONE NUMBER(S) (Optional) <i>(Include Area Code)</i> Daytime: Evening: Cell phone:
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11. 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      —

12. EMAIL ADDRESS (Optional)

13. IF YOU ARE CURRENTLY A VA EMPLOYEE, CHECK THE BOX (Includes Work Study/Internship)? (If you are not a VA employee skip to Section II, if applicable)

**SECTION II: CHANGE OF ADDRESS**

**NOTE:** If you are temporarily or permanently changing your address, complete Items 14A through 14C.

14A. TYPE OF ADDRESS CHANGE (Complete if applicable) (Check only one box)

TEMPORARY       PERMANENT

14B. NEW 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      —

14C. EFFECTIVE DATE(S) OF NEW ADDRESS (If your change of address is **temporary**, complete both the beginning and ending date of your temporary address) (If your change of address is **permanent**, please enter your effective date in the beginning date only)

Month      Day      Year      Month      Day      Year

**BEGINNING DATE:**      —      —           **ENDING DATE:**      —      —



**SECTION III: HOMELESS INFORMATION**

**IMPORTANT:** The following questions (Items 15A through 15F) should **only** be completed if you are currently homeless or at risk of becoming homeless. If this item does not apply to you, skip to Section IV.

<p>15A. ARE YOU CURRENTLY HOMELESS?</p> <p><input type="checkbox"/> YES (If "Yes," complete Item 15B regarding your living situation)</p> <p><input type="checkbox"/> NO</p>	<p>15B. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:</p> <p><input type="checkbox"/> LIVING IN A HOMELESS SHELTER</p> <p><input type="checkbox"/> NOT CURRENTLY IN A SHELTERED ENVIRONMENT (e.g., living in a car or tent)</p> <p><input type="checkbox"/> STAYING WITH ANOTHER PERSON</p> <p><input type="checkbox"/> FLEEING CURRENT RESIDENCE</p> <p><input type="checkbox"/> OTHER (Specify): _____</p>
<p>15C. ARE YOU CURRENTLY AT RISK OF BECOMING HOMELESS?</p> <p><input type="checkbox"/> YES (If "Yes," complete Item 15D regarding your living situation)</p> <p><input type="checkbox"/> NO</p>	<p>15D. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:</p> <p><input type="checkbox"/> HOUSING WILL BE LOST IN 30 DAYS</p> <p><input type="checkbox"/> LEAVING PUBLICLY FUNDED SYSTEM OF CARE (e.g., homeless shelter)</p> <p><input type="checkbox"/> OTHER (Specify): _____</p>
<p>15E. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you)</p>	<p>15F. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)</p>

**SECTION IV: CLAIM INFORMATION**

16. LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)

**NOTE:** List your claimed conditions below. See the following three examples for guidance on how to complete Section IV.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATE TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008
CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR 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 WORSENERD
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

17. LIST VA MEDICAL CENTER(S) (VAMC) AND DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITIES (MTF) WHERE YOU RECEIVED TREATMENT AFTER DISCHARGE FOR YOUR CLAIMED DISABILITY(IES) LISTED IN ITEM 16 AND PROVIDE APPROXIMATE BEGINNING DATE (Month and Year) OF TREATMENT:  
**NOTE:** If treatment began from 2005 to present, you do not need to provide dates in Item 17B.

A. ENTER THE DISABILITY TREATED AND NAME/LOCATION OF THE TREATMENT FACILITY	B. DATE OF TREATMENT (MM/YYYY)	C. CHECK THE BOX IF YOU DO NOT HAVE DATE(S) OF TREATMENT
		<input type="checkbox"/> Don't have date
		<input type="checkbox"/> Don't have date
		<input type="checkbox"/> Don't have date
		<input type="checkbox"/> Don't have date

**NOTE:** IF YOU WISH TO CLAIM ANY OF THE FOLLOWING, COMPLETE AND ATTACH THE REQUIRED FORM(S) AS STATED BELOW.  
 (VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms))

For:	Required Form(s):
Supplemental Claims	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>
Dependents	VA Form 21-686c and, if claiming a child aged 18-23 years and in school, VA Form 21-674
Individual Unemployability	VA Form 21-8940 and 21-4192
Post-Traumatic Stress Disorder	VA Form 21-0781 or 21-0781a
Specially Adapted Housing or Special Home Adaptation	VA Form 26-4555
Auto Allowance	VA Form 21-4502
Veteran/Spouse Aid and Attendance benefits	VA Form 21-2680 or, if based on nursing home attendance, VA Form 21-0779

**SECTION V: SERVICE INFORMATION**

18A. DID YOU SERVE UNDER ANOTHER NAME?  
 YES (If "Yes," complete Item 18B)     NO (If "No," skip to Item 19A)

18B. LIST THE OTHER NAME(S) YOU SERVED UNDER:

19A. BRANCH OF SERVICE (Check all that apply)  
 ARMY     NAVY     MARINE CORPS  
 AIR FORCE     COAST GUARD

19B. COMPONENT (Check all that apply)  
 ACTIVE     RESERVES     NATIONAL GUARD

20A. MOST RECENT ACTIVE SERVICE DATES (MM,DD,YYYY)  
 Month                      Day                      Year  
 ENTRY DATE:            -                      -  
 EXIT DATE:                -                      -

20B. PLACE OF LAST OR ANTICIPATED SEPARATION

20C. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001?  
 YES     NO

20D. ADDITIONAL PERIODS OF SERVICE (Indicate enlistment and discharge date(s), if applicable)

Enlistment Date(s)	Discharge Date(s)

21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD?  
 YES (If "Yes," complete Items 21B thru 21F)  
 NO (If "No," skip to Item 22A)

21B. COMPONENT  
 NATIONAL GUARD  
 RESERVES

21C. OBLIGATION TERM OF SERVICE  
 Month                      Day                      Year  
 From:                      -                      -  
 To:                            -                      -

21D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS OF UNIT:

21E. CURRENT OR ASSIGNED PHONE NUMBER OF UNIT (Include Area Code)  
 (       )

21F. ARE YOU CURRENTLY RECEIVING INACTIVE DUTY TRAINING PAY?  
 YES     NO

22A. ARE YOU CURRENTLY ACTIVATED ON FEDERAL ORDERS WITHIN THE NATIONAL GUARD OR RESERVES?  
 YES (If "Yes," complete Items 22B & 22C)  
 NO

22B. DATE OF ACTIVATION: (MM,DD,YYYY)  
 Month                      Day                      Year  
                                   -                      -

22C. ANTICIPATED SEPARATION DATE: (MM,DD,YYYY)  
 Month                      Day                      Year  
                                   -                      -

23A. HAVE YOU EVER BEEN A PRISONER OF WAR?  
 YES (If "Yes," complete Item 23B)  
 NO

23B. DATES OF CONFINEMENT (MM,DD,YYYY)

From:	To:
Month                      Day                      Year	Month                      Day                      Year
-                      -	-                      -
Month                      Day                      Year	Month                      Day                      Year
-                      -	-                      -

**SECTION VI: SERVICE PAY (Retired Pay, Separation Pay, and Disability Severance Pay)**

<p>24A. ARE YOU RECEIVING MILITARY RETIRED PAY?</p> <p><input type="checkbox"/> YES (If "Yes," complete Items 24C and 24D)</p> <p><input type="checkbox"/> NO</p>	<p>24B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE?</p> <p><input type="checkbox"/> YES (If "Yes," explain below (e.g. future Reserve/National Guard retirement, pending MEB/PEB and also complete Items 24C and 24D))</p> <p><input type="checkbox"/> NO</p>
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<p>24C. BRANCH OF SERVICE</p>	<p>24D. MONTHLY AMOUNT</p> <p>\$</p>	<p>25. RETIRED STATUS</p> <p><input type="checkbox"/> RETIRED                      <input type="checkbox"/> PERMANENT DISABILITY RETIRED LIST</p> <p><input type="checkbox"/> TEMPORARY DISABILITY RETIRED LIST</p>
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**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 NON-TAXABLE. THEREFORE, VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.**

26. Do NOT pay me VA compensation. I do NOT want to receive VA compensation in lieu of retired pay.

**IMPORTANT INFORMATION ON SEPARATION/SEVERANCE PAY:**  
 VA compensation, if granted, may be withheld to recoup any disability severance or separation pay such as involuntary separation pay, voluntary separation pay, or special separation benefit, you receive from your branch of service. In addition, if you receive a Voluntary Separation Incentive (VSI), your VSI payments may be reduced if you are awarded VA compensation. Receipt of VA compensation and VSI at the same time may result in an overpayment of VSI, which **may** be subject to collection.

27A. HAVE YOU EVER RECEIVED SEPARATION PAY, DISABILITY SEVERANCE PAY, OR ANY OTHER LUMP SUM PAYMENT FROM YOUR BRANCH OF SERVICE?

YES (If "Yes," complete Items 27B through 27D)

NO

<p>27B. DATE PAYMENT RECEIVED (MM,DD,YYYY)</p> <p>Month                      Day                      Year</p> <p>—                              —                              —</p>	<p>27C. BRANCH OF SERVICE</p>	<p>27D. AMOUNT RECEIVED (Provide pre-tax amount)</p> <p>\$</p>
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**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.

If you waive VA benefits to receive training pay by checking the box in **Item 28**, VA will retroactively adjust your VA award to withhold benefits equal to 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 **may** be subject to collection.

**IMPORTANT: VA COMPENSATION PAY IS NON-TAXABLE. THEREFORE VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.**

28. Do NOT pay me VA compensation. I do NOT want to receive VA compensation in lieu of training pay.

**SECTION VII: DIRECT DEPOSIT INFORMATION**

The Department of the 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 30, 31 and 32** 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](http://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 the Treasury at 1-888-224-2950. They will encourage your participation in EFT and address any questions or concerns you may have.

29. I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT (If you check this box skip to Section VIII)

30. ACCOUNT NUMBER (Check only **one** box below and provide the account number)

Account No.: \_\_\_\_\_  CHECKING                       SAVINGS

<p>31. NAME OF FINANCIAL INSTITUTION (Provide the name of the bank where you want your direct deposit)</p>	<p>32. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)</p>
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**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 (**REQUIRED**) *(Sign in ink)*

33B. DATE SIGNED

**SECTION IX: WITNESSES TO SIGNATURE**

34A. SIGNATURE OF WITNESS *(Sign in ink) (Only, if veteran signed above using an "X")*

34B. PRINTED NAME AND ADDRESS OF WITNESS

35A. SIGNATURE OF WITNESS *(Sign in ink) (Only, if veteran signed above 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

**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.

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 number requested under 38 U.S.C. 5101(c)(1). VA may disclose 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 [www.reginfo.gov/public/do/PRAMain](http://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.

**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.