



Department of Veterans Affairs

**PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY
CAREGIVERS (PCAFC)
NOTICE OF DISAGREEMENT (NOD)**

INFORMATION

NOTE: Use this form ONLY if you received a PCAFC decision issued prior to February 19, 2019, and you disagree with that decision. Do not use this form to appeal a PCAFC decision issued on or after February 19, 2019.

IMPORTANT: THE INFORMATION BELOW WILL HELP YOU COMPLETE THIS FORM QUICKLY AND ACCURATELY. PLEASE READ IT CAREFULLY. SOME SECTIONS OF THE FORM ALSO CONTAIN NOTES OR SPECIFIC INSTRUCTIONS FOR COMPLETING THAT SECTION.

FREQUENTLY ASKED QUESTIONS

Who should fill out this form?

You should fill out this form if you have applied for and/or participated in PCAFC *and* disagree with a PCAFC decision that VA issued prior to February 19, 2019 *and* you would like to initiate an appeal of that decision. This includes an initial VA Form 10-10CG application decision, a decision that you are no longer eligible to participate in PCAFC, or any other PCAFC decision with which you disagree.

Where can I get help?

If you have questions about the information being requested in this form, you may contact the Caregiver Support Line at 1-855-260-3274. Before you contact us, please make sure you gather any necessary information and materials, and complete as much of the form as you can. If you need more information about PCAFC decisions made about you, you can request this information by completing VA Form 10-306, Request for Information about Program of Comprehensive Assistance for Family Caregiver (PCAFC) Decisions. This form is available at [insert website]. If you need more information about PCAFC decisions made about you, please submit the Request for Information form before completing this Notice of Disagreement (NOD) form, so you know what specific decisions you may want to appeal.

What should I do when I have finished my NOD?

Please review the form carefully and ensure all the requested information is entered. Be sure to sign the form. If you don't sign the form, VA will return it for you to sign, and it may take longer to process.

Attach any materials that support and explain your NOD.

Mail your completed NOD to:

**Veterans Affairs Evidence Intake Center
PO Box 5154
Janesville, WI 53547**

Do I need to keep a copy of this NOD form?

It is important that you keep a copy of all completed forms and materials you give to VA.

IMPORTANT: If you do not complete all fields on this form, VA may consider your form incomplete and request clarification from you. Please respond to any request for clarification that VA makes, within 60 days of the request. If you do not provide VA with a timely response and if VA cannot identify the specific decision with which you are disagreeing from your form, your form will not be considered a NOD and VA will not take further action on that form.

PAPERWORK REDUCTION ACT STATEMENT: We need this information to determine eligibility for benefits (38 U.S.C. 501). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete the 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.

PRIVACY ACT STATEMENT: The information requested on this form is solicited in connection with 38 U.S.C. 1720G. Your disclosure of the information requested on this form is voluntary. However, if information needed to process your request is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other VA benefits to which you may be entitled. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notice 197VA10 – "Caregiver Support Program – Caregiver Record Management Application (CARMA)" and in accordance with the Notice of Privacy Practices.

INSTRUCTIONS

Part I – Veteran Information

Please provide identifying information.

Part II – Caregiver Information

Please provide identifying information.

Part III - Specific Issues of Disagreement

The purpose of this section is for you to identify each individual area of disagreement that you have with your PCAFC decision. Please list only the issues with which you disagree.

Box 9: Please provide the date of the decision you disagree with. If you are unsure, please provide an estimated month/year, if possible. We need this information to identify what decision you disagree with. Do not enter today's date. If you disagree with decisions issued on multiple dates, please submit a different form for each decision date.

Box 10: Please select the area or areas of disagreement. For example, if you applied for PCAFC as a Primary Family Caregiver and you were not designated and approved and you disagree with VA's decision, select the "Application Determination" box. If a reassessment resulted in a determination of you no longer being eligible for PCAFC and you disagree with VA's decision, select "Revocation/Discharge." If you were approved as a Primary Family Caregiver but disagree with the stipend tier assigned to the Veteran, select the "Tier/Stipend Amount" box. If you disagree with a decision for reasons other than those listed in the "Area of Disagreement" column, please select "Other" and specify your disagreement.

Box 11: Please complete this box, or provide a separate page or pages, if you would like to elaborate or explain why you feel VA made an incorrect decision. If completing this box or providing a separate page(s), please briefly and clearly explain why you disagree with our decision.

Box 12: Please indicate if you are attaching additional pages to this NOD and, if so, the number of pages.

Part IV – Certification and Signature

Please sign and date the NOD, certifying that the statements on the form are true and correct to the best of your knowledge and belief. PCAFC decisions impact both the Veteran and caregiver; therefore, we ask that this NOD be signed by both the Veteran and caregiver who received the decision that is being appealed. If more than one caregiver is seeking to appeal a decision (e.g., a Primary Family Caregiver applicant and a Secondary Family Caregiver applicant seeking to appeal VA's decision on a VA Form 10-10CG application), a separate NOD must be completed by each caregiver who received the decision that is being appealed, and we ask that each NOD be signed by both the Veteran and caregiver in that case. Both the Veteran's and caregiver's signature on this NOD are requested but not required. This form can be signed by either the Veteran and/or caregiver appealing the VA decision. In the alternative, *pursuant to the requirements set forth below*, this form can be signed by the representative of the Veteran or caregiver appealing the VA decision or an alternate signer on behalf of such Veteran or caregiver.

A representative of the Veteran or caregiver appealing the VA decision may sign this form if 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 representative, is of record with VA or accompanies this NOD. Forms are available online at www.va.gov/forms. Note that signing this NOD will not serve to appoint an individual as the Veteran's or caregiver's representative. A searchable database of VA-recognized veterans service organizations (VSOs), VA-accredited attorneys, claims agents, and VSO representatives is available at <https://www.va.gov/ogc/apps/accreditation/index.asp>.

An alternate signer may sign this form if the Veteran or caregiver appealing the VA decision has not attained the age of 18 years, is mentally incompetent, or is physically unable to sign a form. An alternate signer is a court-appointed representative, a person who is responsible for the care of the individual, including a spouse or other relative, or an attorney in fact or agent authorized to act on behalf of the individual under a durable power of attorney. If the individual is in the care of an institution, an alternate signer can be the manager or principal officer of the institution. If this form is signed by an alternate signer, please complete and return VA Form 21-0972, *Alternate Signer Certification*, with this NOD, or the processing of the NOD may be delayed. Forms are available online at www.va.gov/forms.

13A: Please sign the form in Box 13A if you are the Veteran appealing, or if you are a representative or an alternate signer as described above. If you are an accredited representative of a VSO, also insert the name of the VSO in Box 13A.

13B: Please enter the date you sign in Box 13B.

13C: If you are signing for or on behalf of the Veteran as a representative or an alternate signer as described above, please print your name and relationship to the Veteran.

14A: Please sign the form in Box 14A if you are the caregiver appealing, or if you are a representative or an alternate signer as described above. If you are an accredited representative of a VSO, also insert the name of the VSO in Box 14A.

14B: Please enter the date you sign in Box 14B.

14C: If you are signing for or on behalf of the caregiver as a representative or an alternate signer as described above, please print your name and relationship to the caregiver.

15. If **both** the Veteran's and caregiver's signatures are not provided, please indicate the reason why both signatures cannot be provided. Reasons may include: The Veteran is in agreement with the appeal, but unavailable to sign; I am a caregiver who has moved out of state and am unable to obtain the Veteran's signature at this time; I am currently estranged from my Veteran spouse however I wish to dispute the effective date of my discharge.

PART I – VETERAN INFORMATION	
1. Veteran's Name <i>(Last name, First name, Middle name)</i>	2. Veteran's Social Security Number <i>(last 4 digits)</i>
3. Veteran's Mailing Address <i>(including number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i>	4. Veteran's Telephone Number <i>(including area code)</i>
PART II – CAREGIVER INFORMATION	
5. Caregiver's Name <i>(Last name, First name, Middle name)</i>	6. Caregiver's Social Security Number <i>(last 4 digits)</i>
7. Caregiver's Mailing Address <i>(including number and street or rural route, P.O. Box, City, State, ZIP Code and Country)</i>	8. Caregiver's Telephone Number <i>(including area code)</i>
PART III – SPECIFIC ISSUES OF DISAGREEMENT	
9. Date of Decision <i>(Please provide the specific date of the decision you disagree with. If you disagree with decisions issued on multiple dates, please submit a different form for each decision date) (MM/DD/YYYY)</i>	
10. Area of Disagreement <i>(Select all that apply for the date of decision):</i>	
<input type="checkbox"/> Application Determination <input type="checkbox"/> Tier/Stipend Amount <input type="checkbox"/> Revocation/Discharge <input type="checkbox"/> Other: _____	
11. In the space below, or on a separate page or pages, you may elaborate or explain why you feel VA made an incorrect PCAFC decision.	
12. Did you attach additional pages to this NOD? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many pages: _____	
PART IV – CERTIFICATION AND SIGNATURE	
It is not necessary for both the Veteran and caregiver to sign the form, however doing so may help us process your request faster. If only one individual signs the form, please explain the reason both signatures were not provided in Box 15.	
I certify that the statements on this form are true and correct to the best of my knowledge and belief.	
13A. Veteran Signature <i>(sign in ink)</i>	13B. Date <i>(MM/DD/YYYY)</i>
13C. Name of Individual signing for Veteran, if any, and relationship to the Veteran. <i>(Not required if signed by Veteran in Box 13A. See instructions for Part IV for who is authorized to sign for the Veteran.)</i>	
14A. Caregiver Signature <i>(sign in ink)</i>	14B. Date <i>(MM/DD/YYYY)</i>
14C. Name of Individual signing for caregiver, if any, and relationship to the caregiver. <i>(Not required if signed by caregiver in Box 14A. See instructions for Part IV for who is authorized to sign for the caregiver.)</i>	
15. If the signatures of both the Veteran and caregiver, or their representatives or alternate signers, are not provided, please provide the reason.	
PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.	