Department of Veterans Affairs

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	Special Monthly Compensation
Compensation Claims Submitted Prior to Discharge	Benefits Based on a Veteran's Seriously Disabled Child
Compensation under 38 U.S.C. 1151	Increased Disability Compensation
Automobile Allowance/Adaptive Equipment	Individual Unemployability
Secondary Service Compensation	Specially Adapted Housing/Special Home Adaptation
Temporary Total Disability Rating	Presumptive Service Connection

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 new claim or a claim for increased disability compensation for an evaluation decided more than one year ago ...	please complete and submit VA Form 21-526EZ, *Application for Disability Compensation and Related Compensation Benefits.*
If you disagree with an evaluation decided within the past year and have new and relevant evidence **OR** If you are filing a supplemental claim (a claim after an initial claim for the same or similar benefit was previously decided) and have new and relevant evidence ...	please complete and submit VA Form 20-0995, *Decision Review Request: Supplemental Claim***

** You may also file a request for higher-level review (VA Form 20-0996, *Decision Review Request: Higher-Level Review)* or appeal to the Board of Veterans' Appeals (VA Form 10182, *Decision Review Request: Board Appeals (Notice of Disagreement*)). For additional information on all of these different options, please visit **https://www.va.gov/decision-reviews/.**

Want to apply electronically? You can apply online at **www.va.gov**. If you sign in or create an account, we can prefill parts of your application and save your work in progress. You can also upload all your supporting documents with your claim, and submit it through the Fully Developed Claims (FDC) program, then track claim status online. Get Started at **https://www.va.gov/disability/how-to-file-claim/**.

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/ogc/recognizedvsos.asp**. 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 in making a claim for veterans disability compensation or related compensation benefits, submit your claim in accordance with the "FDC Program" shown on the following information pages 2 through 8. 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**. 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 (Attached). Make sure you complete and sign your application. The information on pages 2 through 8 describes the evidence you need to submit, how VA will help you obtain evidence and what the evidence must show to support your claim.

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 9 of this form.

FDC Program (Optional Expedited Process)	Standard Claim Process
You must: • Submit all relevant private treatment records, if they exist • Identify any relevant treatment records available at a Federal Facility, such as a VA medical center • Identify the location and sufficient information to obtain your National Guard and Reserve personnel and service treatment records *(if applicable)* 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. **NOTE**: If you decide to submit your claim through the FDC Program, please indicate FDC in Item 1 of the application on page 8.	If you know of evidence not in your possession and want VA to try to get it for you; **You must:** • Complete and sign VA Form 21-4142, *Authorization to Disclose Information to the Department of Veterans Affairs (VA)* and VA Form 21-4142a, *General Release for Medical Provider Information to the Department of Veterans Affairs (VA)*, identifying any private medical records you wish VA to request for you • Give VA enough information about other relevant evidence so that we can request it from the person or agency that has it 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. ***It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.*** 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.
You must: • Send the information and evidence *along* with your claim If you submit additional information or evidence ***after*** 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.	**You are strongly encouraged to:** • Send any information or evidence as soon as you can **You have up to *one*** year from the date we receive the claim to submit the information and evidence necessary to support your claim. If within ***30*** 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.
If any of the special circumstances in the table below titled ***"Special Circumstances"*** applies to you; **You must:** • Send the information and evidence identified in the ***"Special Circumstances"*** table below at the same time as your claim	If any of the special circumstances in the table below titled ***"Special Circumstances"*** applies to you; **You are strongly encouraged to:** • Send the information and evidence identified in the ***"Special Circumstances"*** 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.

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 any mental health conditions(s)**, submit a completed VA Form 21-0781, *Statement in Support of Claimed Mental Health Disorder(s) Due to an In-Service Traumatic Event(s).*

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**.

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
VA will: • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim	**VA will:** • Retrieve relevant records from a Federal facility, such as a VA medical center, that you adequately identify and authorized VA to obtain • Provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim • 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

4. WHERE TO SEND INFORMATION AND EVIDENCE

You may send your application and any evidence in support of your claim by using the following methods shown in the table below.

MAIL TO	SUBMIT ONLINE
Department of Veterans Affairs **Evidence Intake Center** **PO Box 4444** **Janesville, WI 53547-4444**	**VA gov: www.va.gov** **Direct Upload: AccessVA**

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
You have a qualifying disability that arose as a result of a presumption of exposure	Presumptive 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 service person 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 the 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.

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.

Presumptive Service Connection

To support a claim for presumptive service connection the evidence must show:

- You served in a recognized location that qualifies you for the presumption of exposure; **AND/OR**
- You have a current disability that qualifies you for the presumption of service connection. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable.

Under certain circumstances, VA may presume that certain current diseases were caused by service, even if there is no specific evidence proving this in your particular claim. Service connection is presumed for certain diseases for the following veterans:

- 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 service in/on:
  - Vietnam or qualifying offshore waters, from January 9, 1962, through May 7, 1975;
  - a unit determined by VA or the Department of Defense to have operated in the Korean DMZ, from September 1, 1967, through August 31, 1971;
  - individuals who performed service in the Air Force or Air Force Reserve and regularly and repeatedly operated, maintained, or served onboard C-123 aircraft known to have used to spray an herbicide agent during the Vietnam era;
  - Thailand at any United States or Royal Thai base, from January 9, 1962, through June 30, 1976;
  - Laos, from December 1, 1965, through September 30, 1969;
  - Cambodia at Mimot or Krek, Kampong Cham Province, from April 16, 1969, through April 30, 1969;
  - Guam or American Samoa, or in the territorial waters thereof, from January 9, 1962, through July 31, 1980;
  - Johnston Atoll or on a ship that called at Johnston Atoll, from January 1, 1972, through September 30, 1977.
- 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 Gulf War:
  - On or after August 2, 1990, and served in:
    - Bahrain; Iraq; the neutral zone between Iraq and Saudi Arabia; Kuwait; Oman; Qatar; Saudi Arabia; Somalia; United Arab Emirates; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; the Red Sea; Afghanistan; Israel; Egypt; Turkey; Syria; or Jordan; **OR**
  - On or after September 11, 2001, and served in:
    - Afghanistan; Djibouti; Egypt; Jordan; Lebanon; Syria; Yemen; or Uzbekistan.

EVIDENCE TABLES (Continued)

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, we 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.

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 a completed *Separation Health Assessment - Part A Self Assessment* (obtain from: *www.benefits.va.gov/compensation/dbq_publicdbqs.asp*);**
- **submit copies of service treatment records for the current period of service with the BDD claim;**
- **provide an anticipated release from active duty date; *and***
- **complete a VA Form 21-526EZ.**

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-scheduler 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.

EVIDENCE TABLES (Continued)

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 Veterans Readiness and Employment or compensated work therapy program.

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**
- Permanent but not total disability due to blindness in *both eyes*, (having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens); **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.

EVIDENCE TABLES (Continued)

Specially Adapted Housing or Special Home Adaptation (Continued)

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.

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**
- 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:

- the loss, or permanent loss of use, of at least a foot or a hand; **OR**
- permanent impairment of vision of both eyes, resulting in:
  - vision of 20/200 or less in the better eye with corrective glasses; **OR**
  - vision of 20/200 or better, if there is a severe defect in your peripheral vision; **OR**
- 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**
- 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.

6. ADDITIONAL INFORMATION

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 VA benefits, visit our web site at www.va.gov.

You are entitled to a hearing at any time in the claims process. If you wish to have a hearing or have other questions, contact VA online through Ask VA: https://ask.va.gov or call us toll-free at 1-800-827-1000 (TTY:711).

VA forms are available at www.va.gov/vaforms.

OMB Control No. 2900-0747
Respondent Burden: 25 minutes
Expiration Date: 11/30/2025

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS

IMPORTANT: Please read the Privacy Act and Respondent Burden on Page 14 before completing the form. Use this form to determine your eligibility for compensation. For more information, you can contact us online through Ask VA: https://ask.va.gov. Ask us a question online or call us toll-free at 1-800-827-1000 (TTY: 711). If you prefer you may complete and submit the form online at www.va.gov. VA forms are available at www.va.gov/vaforms.

1. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS THAT APPLIES TO YOU. **NOTE**: Your claim will be processed as described on pages 1 through 8 unless one of the following special programs is selected. See Instruction pages 1 through 3 for definitions of the Fully Developed Claim (FDC) Program (Optional Expedited Process) or the Standard Claim Process.

☐ 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)

SECTION I: VETERAN'S IDENTIFICATION INFORMATION
(If claim is not an original claim, only Section I, IV (if applicable), V and a signature are required)

NOTE: You may *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly, insert one letter per box, and completely fill in each applicable check box to help expedite processing of the form.

2. VETERAN/SERVICEMEMBER'S NAME (First, Middle Initial, Last)

3. SOCIAL SECURITY NUMBER (SSN) – –

4. HAVE YOU EVER FILED A CLAIM WITH VA? ☐ YES ☐ NO (If "Yes," provide your file number in Item 5)

5. VA FILE NUMBER

6. DATE OF BIRTH (MM-DD-YYYY) – –

7. SERVICE NUMBER/DOD ID NUMBER (If applicable)

8. **BDD CLAIMS ONLY: PROVIDE THE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY** (MM-DD-YYYY) – –

9. TELEPHONE NUMBER (Optional) (Include Area Code) – –

Enter International Phone Number (If applicable)

10. 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 –

11. EMAIL ADDRESS (Optional) ☐ I agree to receive electronic correspondence from VA in regards to my claim.

☐ 12. 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 13A through 13C.

13A. TYPE OF ADDRESS CHANGE (Complete if applicable) (Check only one box)

☐ TEMPORARY ☐ PERMANENT

13B. 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 –

13C. 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:**	–	–	

VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

SECTION III: HOMELESS INFORMATION

IMPORTANT: The following questions (Items 14A through 14F) 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.

14A. ARE YOU CURRENTLY HOMELESS?

☐ YES (If "Yes," complete Item 14B regarding your living situation)

☐ NO

14B. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

☐ LIVING IN A HOMELESS SHELTER

☐ NOT CURRENTLY IN A SHELTERED ENVIRONMENT (e.g., living in a car or tent)

☐ STAYING WITH ANOTHER PERSON

☐ FLEEING CURRENT RESIDENCE

☐ OTHER (Specify)

14C. ARE YOU CURRENTLY AT RISK OF BECOMING HOMELESS?

☐ YES (If "Yes," complete Item 14D regarding your living situation)

☐ NO

14D. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

☐ HOUSING WILL BE LOST IN 30 DAYS

☐ LEAVING PUBLICLY FUNDED SYSTEM OF CARE (e.g., homeless shelter)

☐ OTHER (Specify)

14E. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you)

14F. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)

___ – ___ – ____

Enter International Phone Number (If applicable)

SECTION IV: EXPOSURE INFORMATION

15A. ARE YOU CLAIMING ANY CONDITIONS RELATED TO TOXIC EXPOSURES? **NOTE**: See Page 4 of the Instructions for further information on the evidence needed to support your claim for presumptive service connection. (You can also refer to the following websites for more information: PACT ACT (https://www.va.gov/PACT) and PUBLIC HEALTH MILITARY EXPOSURES (https://www.publichealth.va.gov/exposures/index.asp))

☐ YES (If "Yes," complete Items 15B, 15C, 15D and 15E) ☐ NO (If "No," skip to Item 16, Section V: Claim Information)

15B. DID YOU SERVE IN ANY OF THE FOLLOWING GULF WAR HAZARD LOCATIONS?
Iraq; Kuwait; Saudi Arabia; the neutral zone between Iraq and Saudi Arabia; Bahrain; Qatar; the United Arab Emirates; Oman; Yemen; Lebanon; Somalia; Afghanistan; Israel; Egypt; Turkey; Syria; Jordan; Djibouti; Uzbekistan; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; and the Red Sea.

☐ YES ☐ NO

WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY)
Note: Please provide an approximate time frame (month and year).

FROM: ___ – ____ TO: ___ – ____

15C. DID YOU SERVE IN ANY OF THE FOLLOWING HERBICIDE (e.g., Agent Orange) LOCATIONS?
Republic of Vietnam to include the 12 nautical mile territorial waters; Thailand at any United States or Royal Thai base; Laos; Cambodia at Mimot or Krek; Kampong Cham Province; Guam or American Samoa; or in the territorial waters thereof; Johnston Atoll or a ship that called at Johnston Atoll; Korean demilitarized zone; aboard (to include repeated operations and maintenance with) a C-123 aircraft known to have been used to spray an herbicide agent (during service in the Air Force and Air Force Reserves).

Please list other location(s) where you served, if not listed above:

☐ YES ☐ NO

WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY)
Note: Please provide an approximate time frame (month and year).

FROM: ___ – ____ TO: ___ – ____

15D. HAVE YOU BEEN EXPOSED TO ANY OF THE FOLLOWING? (Check all that apply)

☐ ASBESTOS ☐ MUSTARD GAS ☐ RADIATION

☐ SHAD (Shipboard Hazard and Defense) ☐ MILITARY OCCUPATIONAL SPECIALTY (MOS)-related toxin ☐ CONTAMINATED WATER AT CAMP LEJEUNE

☐ OTHER (Specify)

WHEN WERE YOU EXPOSED? (MM-YYYY)
Note: Please provide an approximate time-frame (month and year).

FROM: ___ – ____ TO: ___ – ____

15E. IF YOU WERE EXPOSED MULTIPLE TIMES, PLEASE PROVIDE ALL ADDITIONAL DATES AND LOCATIONS OF POTENTIAL EXPOSURE

SECTION V: CLAIM INFORMATION
(For additional space, use Section XIII: Claim Information (Addendum))

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 V**.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES 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

VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

SECTION V: CLAIM INFORMATION (Continued)
(For additional space, use Section XIII: Claim Information (Addendum))

	CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENED
1.				
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12.				
13.				
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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. IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE SHEET AND INCLUDE YOUR NAME, SOCIAL SECURITY NUMBER AND ITEM NUMBER.

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
	__ – ____	☐ Don't have date
	__ – ____	☐ Don't have date
	__ – ____	☐ 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)

For:	Required Form(s):
Supplemental Claims	VA Form 20-0995
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
Mental Health Condition(s)	VA Form 21-0781
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

VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

SECTION VI: 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
☐ ARMY ☐ NAVY ☐ MARINE CORPS
☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE
☐ NOAA ☐ USPHS

19B. COMPONENT
☐ ACTIVE ☐ RESERVES ☐ NATIONAL GUARD

20A. MOST RECENT ACTIVE SERVICE DATES

	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)

	Month	Day	Year
FROM:			
TO:			

21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD?
☐ YES (If "Yes," complete Items 21B through 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: Month ___ Day ___ Year ____

22C. ANTICIPATED SEPARATION DATE: Month ___ Day ___ Year ____

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

23B. DATES OF CONFINEMENT

	FROM: Month	Day	Year	TO: Month	Day	Year

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

24A. ARE YOU RECEIVING MILITARY RETIRED PAY?
☐ YES (If "Yes," complete Items 24C and 24D)
☐ NO

24B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE?
☐ YES (If "Yes," explain below (e.g. future Reserve/National Guard retirement, pending MEB/PEB and also complete Items 24C and 24D)
☐ NO

24C. BRANCH OF SERVICE
☐ ARMY ☐ NAVY ☐ MARINE CORPS
☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE
☐ NOAA ☐ USPHS

24D. MONTHLY AMOUNT
$ ___ , ___ .00

25. RETIRED STATUS
☐ RETIRED ☐ PERMANENT DISABILITY RETIRED LIST
☐ TEMPORARY DISABILITY RETIRED LIST

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.**

VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

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

27B. DATE PAYMENT RECEIVED (MM-DD-YYYY)	27C. BRANCH OF SERVICE			27D. AMOUNT RECEIVED (Provide pre-tax amount)
__ – __ – ____	☐ ARMY	☐ NAVY	☐ MARINE CORPS	$ ___ , ___ .00
	☐ AIR FORCE	☐ COAST GUARD	☐ SPACE FORCE	
	☐ NOAA	☐ USPHS		

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 VIII: DIRECT DEPOSIT INFORMATION
(Note: If you have already signed up for direct deposit, skip to Section IX)

The Department of the Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. **To enroll in direct deposit, provide the information requested below.** If you ***do not*** have a bank account, please visit https://www.benefits.va.gov/benefits/banking.asp. This website provides information about the Veterans Benefits Banking Program (VBBP), and a link to banks and credit unions that may fit your needs. You may also call 1-800-827-1000. 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 IX)

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

Account No.: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ CHECKING ☐ SAVINGS

31. NAME OF FINANCIAL INSTITUTION (Provide the name of the bank where you want your direct deposit)	32. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)
	☐☐☐☐☐☐☐☐☐

SECTION IX: 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 discloseable.

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 9, 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**)	33B. DATE SIGNED (MM-DD-YYYY)
	__ – __ – ____

SECTION X: WITNESSES TO SIGNATURE

34A. SIGNATURE OF WITNESS (**Note**: Only sign if veteran signed in Item 33A using an "X")	34B. PRINTED NAME AND ADDRESS OF WITNESS
35A. SIGNATURE OF WITNESS (Note: Only sign if veteran signed in Item 33A using an "X")	**35B. PRINTED NAME AND ADDRESS OF WITNESS**

VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

SECTION XI: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE (NOTE: REQUIRED ONLY IF ITEM 33A IS BLANK)

NOTE: An alternate signer signature **will not** be accepted unless a valid VA Form 21-0972, *Alternate Signer Certification*, is of record or attached to this request.

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**)	36B. DATE SIGNED (MM-DD-YYYY)
	__ – __ – ____

SECTION XII: 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	37B. 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 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 Veteran Readiness 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 response 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: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0747, and it expires 11/30/2025. Public reporting burden for this collection of information is estimated to average 25 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at **VACOPaperworkReduAct@VA.gov**. Please refer to OMB Control No. 2900-0747 in any correspondence. Do not send your completed VA Form 21-526EZ to this email address.

VETERAN'S SOCIAL SECURITY NO. ___ – ___ – ____

SECTION XIII: CLAIM INFORMATION (ADDENDUM)

(Please submit this page with the completed application if you have additional disabilities to add to your claim. If more space is needed, please make additional copies of this page to submit with your application.)

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 on guidance on how to complete Section XIII**.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES 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, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENED
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