

## **VSO Policy & Procedure**

### **Summary Overview:**

The second Pillar of the American Legion is VA&R Veterans Administration and Rehabilitation. The Department of Oklahoma's goal is to have at a minimum one fully Accredited Veteran Service Officer at each post.

A Veteran Service Officer (VSO) is a trained and accredited professional who assists veterans in navigating the complex world of benefits and services available to them. They can help applying for VA benefits, filing claims, and finding health care.

A Post Service Officer performs the duties outlined in The American Legion Officers Guide; "The post service officer is responsible for bringing awareness to all veterans and their dependents the rights and benefits granted them by law. The post service officer also must know how to access and utilize the expert services available through The American Legion, state and federal government agencies, and local community agencies". The Post Service Officer does not handle VA claims but does refer veterans and their dependents to Accredited Veteran Service Officers.

### **Qualifications for a Veteran Service Officer:**

- Have a strong desire to help veterans and family members with their efforts to obtain VA assistance.
- Follow American Legion and Department of Oklahoma rules and regulations in the performance of their duties.

### **Reasoning Ability:**

Service Officers must be able to solve practical situations presented by veterans seeking compensation claims or other VA situations. Must be able to critically think and do research in order to solve a veteran's dilemma. Must be able to read and comprehend VA rules and regulations.

### **Duties and Responsibilities for:**

#### **The State Adjutant:**

- Works with the DVSO to coordinate training for all Veteran service officers.
- Will verify that candidates have been duly selected by their commanders to become accredited.
- Send Form 21 to OGC at National
- Maintain records for each accredited VSO in the state.

**The State DVSO:**

- With, his training officer, and state Adjutant, will develop training scenarios, and coordinate dates, time, and locations for the training of all veteran service officers.
- The DVSO and state training officer will also update this SOP as needed.
- Coordinates PIV Cards for the VSO needing access to the Department of Veterans Affairs systems.

**Post Commanders / Adjutants:**

- Each post commander will decide how many Veteran Service Officers his/her post may need to meet the demand of their members and the surrounding area.
- Each post should maintain at least one fully accredited veteran service officer.
- Coordinate with the state adjutant the training and accreditation of volunteer VSO's.

**Veteran Service Officer Volunteers:**

- Should submit claims through the Legions state's claims and appeals office to ensure accuracy and completeness, but at a minimum must submit basic information about claims submitted to the VA to the state office.
- Be knowledgeable in AMA procedures to assist a veteran who may need to appeal a claim.
- Know the pertinent regulations which pertain to veteran affairs and claims procedures.
- Will not use third party organizations to process claims using their American Legion qualifications. Example AM-VET.

**Training Veteran Service Officers**

**The Department of Oklahoma has a two-tier accreditation program for its VSO:**

Tier 1. The accredited VSO

Tier 2. The accredited VSO with additional privileges issued by the VA (PIV card).

**The Oklahoma American Legion will train its veteran service officers (VSO) in 5 phases**

**Phase I**

- **Pre-accreditation as a VSO** (A three-hour class)
- This class will be conducted twice a year at the winter and summer conferences, (and/or as needed). The objective is to provide basic knowledge to new VSOs before accreditation.

**Phase 2.**

- **Accreditation** This class is given twice a year during March and October and is a 3-Day class. With a 100-question test. The date, time and place for the class will be provided by the winter/summer conferences. Complete form 21 at this class to apply for your OGC number.

**Phase 3.**

- All VSOs can take class 101 with Burgmann & Moore once you receive your OGC number. It is an online class.
- If scheduled to obtain a PIV card, start the process. (***Your post commander will make that determination***).
- Complete TMS training, cannot do background checks until that is complete.
- Complete VA form 20-0344, OF Form 306, and VA rules of behavior (VA's Office) and apply for access to VBMS and other apps to assist in serving the veterans.
- At the same time complete Trip Training, 19 online classes. When all of this is done you will receive your PIV card from VA.

**Phase 4.**

- **VBMS training**, for those seeking or that have PIV cards.
- This class will be conducted twice a year during the winter and summer conferences.
- Class 201 training with Burgmann & Moore (once a year TBD) This is for all VSOs, the DVSO will coordinate this training with B&M.

**Phase 5.**

- **District training**, this is advanced additional training provided by the DVSO when requested by the District Commanders to further ensure their Post VSOs and FVSOs are proficient in all areas of veteran affairs dealing with VA issues.

**Here are six (6) additional ways in which a VSO/FVSO may become proficient at being a veteran service officer:**

1. Process as many claims as possible (practice makes perfect).
2. Attend the training offered by the state of Oklahoma.
3. Use the VA.gov web site and read up on VA procedures there.
4. Continue to take classes in TMS.
5. If you have more than one veteran service officer at your Post learn from each other.
6. Obtain a copy of the Veterans Benefits Manual and study it. This manual has it all. You can also order the Lexis Nexis manuals 800-833-9844

**Submission of Claims by the VSOs/FVSOs**

All claims submitted by veteran service officers (VSO) will be submitted to the VA in the following manner.

- A cover sheet must be completed all claims, and either faxed or emailed to the State RO DSO's office at 918-7881-7761 or email to [AL.VBAMUS@VA.GOV](mailto:AL.VBAMUS@VA.GOV). The appropriate complete forms need to be included in the submission. The claim will be submitted to the VA after review.
- If the claim is submitted directly to the VA, the cover sheet still must be completed and sent to



the State RO DSO's office.

- See attachment 1 for a copy of the cover sheet.

### **Removal of your Accreditation and PIV card**

- Being a veteran service officer (VSO) and holding a PIV card from the American Legion is a special privilege.
- The legion expects you to have the utmost integrity in the use of your position.
- Failure to follow the guidelines in this SOP, and of National will result in the loss of your PIV card and accreditation.

### **Acronyms:**

**PSO** Post Service Officer

**DVSO** Department Veteran Service Officer (State)

**VSO** Veteran Service Officer

**OGC** Office of the General Council they will provide a national number to AVSO who has completed Accreditation training from the Department of Oklahoma American Legion.

**Accredited** Having advanced knowledge of VA claims work and is Nationally accredited and completing the three-day course and passing with a 70% and receiving a National OGC number.

**Fully Accredited** In addition to being nationally accredited will have completed the requirement for a PIV card from the Oklahoma VA.

**Citrix** Program used by the VA and adopted by B&M for the submission of claims by the American Legion Nationwide.

**B&M** Bergmann and Moore the legal representatives selected by the American legion National to represent its members.

**RO** Regional Office

**PIV Card** Private Individual Verification Card

- The American Legion Service Officer Code of Procedures; REV Nov 2022
- 38 U.S.C. 5902
- Veterans Benefits Manual 2021-2023
- 38 C.F.R 14.632

### **1. Appendix A.**

#### **Accreditation Requirements**

1. The National VA&R Division only accepts accreditation request from the following individuals or entity:

- Department Commander
- Department Adjutant
- Department HQ staff who were authorized to use official Department Email

2. A complete accreditation package includes:

- VA Form 21 (most recent version) with Section I fully filled out, containing business address, email, and phone number information, and signed by the applicant. (see sample enclosed)
  - Ensure Section II remains blank.
  - Mark Box 9A as "No."
- A cover sheet, or the Service Officer Information Report (SOIR). The cover sheet should include:
  - Name of the applicant
  - Direct supervisor of the applicant (for DSO only)
  - Type of Service officer (Department Service Officer for primary accreditation or State/County Veterans Service Officer for cross-accreditation)
  - Action requested from National (new accreditation, change of information, recertification)
  - the applicant is in good-standing with the American Legion, Sons of American Legion or Legion Rider (Not required if cross-accreditation)
  - This sheet must include the name of Adjutant or Commander and/or their signatures.
- Supporting documents:
  - If applicant qualification is training-based, include a certificate\*
  - If applicant qualification is service experience-based, provide a resume.
  - If Box 8 is checked as YES, a print-out from OGC Search showing primary VSO

\*Acceptable training qualifies for accreditation including but not limited to:

- American Legion Accreditation training 101 course,
- State-approved service officer training course,
- NACVSO Basic Benefits certificate,
- NVLSP Basic training

2. VA Form 21 Sample
3. VA Form 21
4. Service Officer Information Report
5. Department of Oklahoma Claims Cover Sheet

APPLICATION FOR ACCREDITATION AS SERVICE ORGANIZATION REPRESENTATIVE

**PRIVACY ACT AND PAID EMPLOYMENT:** The Department of Veterans Affairs (VA) is authorized to request information from you to determine if you are eligible for accreditation. The information requested is for internal use only and will not be disclosed to the public. If you provide information to us, it is voluntary. If you do not provide information, we will not be able to process your application. Such communications with members of the public are not subject to the Freedom of Information Act (5 U.S.C. 552). Such communications with members of the public are not subject to the Privacy Act (5 U.S.C. 552a). Such communications with members of the public are not subject to the Government Information Act (5 U.S.C. 552). Such communications with members of the public are not subject to the Government Information Act (5 U.S.C. 552).

**RESPONDENT BURDEN:** The public reporting burden for this collection of information is estimated to average 1 hour per response, 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0144-0047), Washington, DC 20503. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0144-0047), Washington, DC 20503.

**SECTION I  
MUST BE COMPLETED  
ACCURATELY**

SECTION I - TO BE EXECUTED BY DESIGNEE (Type or print)

1. LAST NAME - FIRST NAME - MIDDLE NAME	2a. HOME ADDRESS	2b. BUSINESS ADDRESS <b>Must include Business</b>
-----------------------------------------	------------------	------------------------------------------------------

3. BRANCH OF SERVICE (Check applicable boxes)	
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NON-VETERAN	<input type="checkbox"/> NOAA <input type="checkbox"/> PUBLIC HEALTH SERVICE <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> OTHER (Specify)

4. LIST OF DATES OF ALL ACTIVE SERVICE	5. CHARACTER OF DISCHARGE(S)	6. METHOD OF QUALIFICATION <input type="checkbox"/> COMPLETED APPROPRIATE <input type="checkbox"/> EXPERIENCE REPRESENTATIVE
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7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT <b>The American Legion</b>	7B. EMAIL AT ORGANIZATION <b>Business Email</b>	7C. PHONE NUMBER <b>Business</b>
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7D. RELATIONSHIP TO ORGANIZATION	7E. COUNTY OR TRIBAL VETERANS SERVICE
ARE YOU A MEMBER IN GOOD STANDING OF THE ORGANIZATION SHOWN IN ITEM 7A? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID EMPLOYEE OF THE COUNTY OR TRIBAL GOVERNMENT NOT LESS THAN 1000 HOURS ANNUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO

8. ARE YOU ACCREDITED TO ANY OTHER ORGANIZATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of organization(s))
----------------------------------------------------------------------------------------------------------------------------------------------------------

9A. ARE YOU EMPLOYED IN ANY CIVIL OR MILITARY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of agency or department)	9B. HAVE YOU EVER HELD A FEDERAL GOVERNMENT POSITION ANY ACTION RESPECTING CLAIMS IN THE DEPARTMENT OR THE VETERANS ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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It is understood and agreed that neither the designee nor the organization will charge or accept any fee or other gratuity for service that neither will publish or divulge any confidential information except as provided by law or regulation; and that any breach of the sufficient basis for revocation of accreditation.

10. SIGNATURE OF DESIGNEE (NEW CERTIFICATIONS ONLY) (Ink Signature) <b>Must be signed by applicant</b>	11. DATE OF SIGNATURE
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SECTION II - TO BE EXECUTED BY PROPER CERTIFYING OFFICER OF RECOGNIZED ORGANIZATION

**CERTIFICATION:** Subject to the foregoing agreement, the undersigned hereby certifies that the designee is of good character and qualified to represent the organization in presenting or experience to present claims, and that the foregoing statements are believed to be correct.

<input type="checkbox"/> We therefore recommend temporary accreditation.	<b>Leave Section II BLANK;</b>
<input type="checkbox"/> We therefore recommend cross-accreditation with (give name of organization)	
<input type="checkbox"/> We therefore recertify the qualifications of this representative.	

12. SIGNATURE AND TITLE OF CERTIFYING OFFICER (Ink Signature) <b>Leave Section II BLANK;</b>	13. NAME OF ORGANIZATION <b>Leave Section II BLANK;</b>
-------------------------------------------------------------------------------------------------	------------------------------------------------------------

14. ADDRESS OF CERTIFYING OFFICER <b>Leave Section II BLANK;</b>	15. DATE OF SIGNATURE
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**PENALTY:** The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (18 U.S.C. 1001).





U.S. Department  
of Veterans Affairs

Form Approved: OMB No. 2900-0018  
Exp. Date: March 31, 2026  
Respondent Burden: 15 minutes

## APPLICATION FOR ACCREDITATION AS SERVICE ORGANIZATION REPRESENTATIVE

**PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE:** The information requested on this form is solicited under 38 U.S.C., Section 5902, which authorizes VA to recognize representatives of approved organizations for the preparation, presentation, and prosecution of claims under laws administered by VA. The requested information will enable VA to determine your eligibility for accreditation as a representative of a recognized service organization. Your disclosure of this information to us is voluntary, but your failure to provide full information could delay or preclude your accreditation. The Privacy Act authorizes VA to disclose the information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Accreditation Records-VA" (01VA022). Such routine uses include verification of the identity, status, and service organization affiliation of representatives, civil or criminal law enforcement, communications with members of Congress of their representatives, Government litigation, and notification to service organizations of information relevant to a refusal to grant or a suspension or termination of accreditation.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and you are not required to respond to, this collection of information unless it displays a valid OMB Control Number. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.

### SECTION I - TO BE EXECUTED BY DESIGNEE (Type or print)

1. LAST NAME - FIRST NAME - MIDDLE NAME	2a. HOME ADDRESS	2b. BUSINESS ADDRESS
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3. BRANCH OF SERVICE (Check applicable boxes)

- ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ COAST GUARD ☐ NON-VETERAN  
☐ NOAA ☐ PUBLIC HEALTH SERVICE ☐ SPACE FORCE ☐ OTHER (Specify)

4. LIST OF DATES OF ALL ACTIVE SERVICE	5. CHARACTER OF DISCHARGE(S)	6. METHOD OF QUALIFICATION <input type="checkbox"/> COMPLETED APPROPRIATE TRAINING <input type="checkbox"/> EXPERIENCE REPRESENTING CLAIMANTS
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7A. NAME OF ORGANIZATION WHICH YOU WILL REPRESENT	7B. EMAIL AT ORGANIZATION	7C. PHONE NUMBER AT ORGANIZATION
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7D. RELATIONSHIP TO ORGANIZATION ARE YOU A MEMBER IN GOOD STANDING OF THE ORGANIZATION SHOWN IN ITEM 7A? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A PAID EMPLOYEE OF THE ORGANIZATION SHOWN IN ITEM 7A, WORKING FOR THE ORGANIZATION FOR NOT LESS THAN 1000 HOURS ANNUALLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	7E. COUNTY OR TRIBAL VETERANS SERVICE OFFICERS ARE YOU A PAID COUNTY OR TRIBAL EMPLOYEE: A) WHO WORKS FOR THE COUNTY OR TRIBAL GOVERNMENT NOT LESS THAN 1000 HOURS ANNUALLY; B) WHO HAS SUCCESSFULLY COMPLETED VA-APPROVED STATE TRAINING AND EXAMINATION; AND C) WHO WILL RECEIVE REGULAR STATE SUPERVISION AND MONITORING OR ANNUAL TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO
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8. ARE YOU ACCREDITED TO ANY OTHER ORGANIZATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of organization(s))	9A. ARE YOU EMPLOYED IN ANY CIVIL OR MILITARY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," give name of agency or department)	9B. HAVE YOU EVER HELD A FEDERAL GOVERNMENT POSITION WHICH INVOLVED ANY ACTION RESPECTING CLAIMS IN THE DEPARTMENT OF VETERANS AFFAIRS OR THE VETERANS ADMINISTRATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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It is understood and agreed that neither the designee nor the organization will charge or accept any fee or other gratuity for services rendered a claimant; that neither will publish or divulge any confidential information except as provided by law or regulation; and that any breach of these conditions will be sufficient basis for revocation of accreditation.

10. SIGNATURE OF DESIGNEE (NEW CERTIFICATIONS ONLY) (Ink Signature)	11. DATE OF SIGNATURE
---------------------------------------------------------------------	-----------------------

### SECTION II - TO BE EXECUTED BY PROPER CERTIFYING OFFICER OF RECOGNIZED ORGANIZATION

**CERTIFICATION:** Subject to the foregoing agreement, the undersigned hereby certifies that the designee is of good character and reputation, is qualified by training or experience to present claims, and that the foregoing statements are believed to be correct.

- ☐ We therefore recommend primary accreditation.  
☐ We therefore recommend cross-accreditation based on the designee's accreditation with (give name of organization): \_\_\_\_\_  
☐ We therefore recertify the qualifications of this representative.

12. SIGNATURE AND TITLE OF CERTIFYING OFFICER (Ink Signature)	13. NAME OF ORGANIZATION
14. ADDRESS OF CERTIFYING OFFICER	15. DATE OF SIGNATURE

**PENALTY:** The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine or imprisonment or both (18 U.S.C. 1001).



## The American Legion Service Officer Information Report

<b>Service Officer Name:</b>	<b>Sponsoring Department:</b>	<b>Supervisor Name:</b>
<b>Type of Report:</b> <input type="checkbox"/> Add New Service Officer <input type="checkbox"/> Change Information <input type="checkbox"/> Remove Service Officer		
<b>Service Officer Type:</b> <input type="checkbox"/> Department Service Officer <input type="checkbox"/> County/State Veterans Service Officer (must include OGC search result showing primary VSO sponsor)		
<b>Business Location (include State, Zip):</b>		
<b>Business Phone:</b>	<b>Business Email:</b>	
<b>American Legion/SAL Member #(required for primary accreditation):</b>	<b>Dept &amp; Post (Detach/Sqdn) # (required for primary accreditation):</b>	
<b>Department Adjutant Signature:</b>	<b>Date:</b>	

### FOR NATIONAL HQ STAFF ONLY

<u>For new accreditation &amp; recertification:</u>  Package received on: _____ Certified on: _____ by _____  Submitted to OGC on: _____ Welcome letter received on: _____	
<u>For change information:</u>  Information received on: _____ Submitted to OGC on: _____	
<u>For removal:</u>  Requested on: _____ by _____, title: _____  Reason for removal: _____  Revocation approved by: _____ Submitted to OGC on: _____	

DATE COMPLETED: \_\_\_\_\_





## CLAIMS SUBMITTED DIRECTLY TO VA

TO: Veteran's Administration Regional Office

Attn: Service Center Manager

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ SSN \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ VA File # \_\_\_\_\_  
Phone Number \_\_\_\_\_ DOB \_\_\_\_\_  
Surviving Spouse \_\_\_\_\_

The following forms are submitted in support of Claim:

VA Form 21-22 _____	VA Form 21-526EZ _____	VA Form 21P-534EZ _____
VA Form 21-22a _____	VA Form 21-527EZ _____	VA Form 21P-530EZ _____
VA Form 21-0966 _____	VA Form 21-0781 _____	VA Form 21-2680 _____
VA Form 21-686c _____	VA Form 20-0995 _____	VA Form 21-8940 _____
VA Form 21-4138 _____	VA Form 20-0996 _____	VA Form 21-4192 _____
VA Form 21-4142 _____	VA Form 10182 _____	VA Form _____
VA Form 21-4142a _____	VA Form 21-0845 _____	VA Form _____
Discharge _____	Divorce Decree _____	Medical DBQ _____
Birth Certificate _____	Death Certificate _____	Miscellaneous _____
Marriage Cert. _____	Medical Records _____	

Upload Conf. # \_\_\_\_\_ CM Packet # \_\_\_\_\_

The purpose for which the claim is submitted: \_\_\_\_\_

Your Prompt attention in this matter is greatly appreciated.

Service Officer \_\_\_\_\_

Location \_\_\_\_\_

Phone # \_\_\_\_\_

Expedite: Age (85) \_\_\_\_\_

Hardship \_\_\_\_\_

Terminal \_\_\_\_\_

Homeless \_\_\_\_\_



## AMERICAN LEGION POST \_\_\_\_\_

TO: Veteran's Administration Regional Office  
Attn: Service Center Manager

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ SSN \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ VA File # \_\_\_\_\_  
Phone Number \_\_\_\_\_ DOB \_\_\_\_\_  
Surviving Spouse \_\_\_\_\_

The following forms are submitted in support of Claim:

VA Form 21-22 _____	VA Form 21-526EZ _____	VA Form 21P-534EZ _____
VA Form 21-22a _____	VA Form 21-0781 _____	VA Form 21P-530EZ _____
VA Form 21-0966 _____	VA Form 20-0995 _____	VA Form 21-2680 _____
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VA Form 21-4142a _____	VA Form 21-686c _____	VA Form _____
VA Form 21-527EZ _____	VA Form 21-0845 _____	VA Form _____
Discharge _____	Divorce Decree _____	Medical DBQ _____
Birth Certificate _____	Death Certificate _____	Miscellaneous _____
Marriage Cert. _____	Medical Records _____	

The purpose for which the claim is submitted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Prompt attention in this matter is greatly appreciated.

Expedite: Age \_\_\_\_\_  
Hardship \_\_\_\_\_  
Terminal \_\_\_\_\_  
Homeless \_\_\_\_\_

Location \_\_\_\_\_  
Phone # \_\_\_\_\_