

Post Service Officer Training



Agenda

- Veteran Service Officer (VSO) definition and what they do
- Post Service Officer (PSO) definition and what they do
- VA Forms, Submission & Samples (21-0966, 21-22 & 21-2680)
- VA Benefits/ Service Connection & Compensation
- Code of Conduct for PSO, "12 Rules To Live By"
- Resources for helping Veterans
- Important Reminders



What is a Veteran Service Officer?

- VA accredited employees of the VFW Department of California who are based out of the VFW Regional Offices
- Referred to as VSO, Claims Consultant, Department Service Officer (DSO), or Assistant Department Service Officer (ADSO)
- Accredited means they have access to VA systems to help veterans with their claims



Veteran Service Officer Duties

- Reviews decisions and advocates for the veteran and veteran's family
- Meets with the veteran and assists with collecting evidence
- Answers request for assistance
- Represent veterans at VA hearings



VFW Regional Office Locations

- VFW VSO offices are located inside VA Regional Offices:
- Los Angeles
- Oakland
- San Diego
- Long Beach L.A. satellite office
- Sacramento Oakland satellite office
- Office contact information at <u>vfwca.org</u>
 - Go to "Resources" tab
 - Click on "Veterans Benefits & Assistance"



What are Post Service Officers?

- Post Service Officers (PSOs) are **volunteers in their VFW Posts** who help veterans in their local communities
- VFW Posts are the first place many members, veterans, and survivors turn to for assistance
- As a PSO, you share information about veterans' benefits to local communities. (Ex: community centers, nursing homes, places of worship, Veterans Centers, and other community places.)
- Assists veterans and their survivors begin the process of receiving the help they are entitled to/need



Post Service Officer Responsibilities

- Know VA eligibility rules by established law
- Provide council to Veterans and survivors
- Help Veterans and survivors complete VA forms and direct submission to local office for completion. (DO NOT take possession of any documents, assist and review forms and supporting documents.)
- Stay informed to share knowledge about services offered (Ref: VSO, events, news, info pertaining to local, state, and federal veteran services.)



Why are PSOs so important?

- Knowledge of local benefits and resources
- Housing
- Employment
- Disaster Assistance
- Health Care

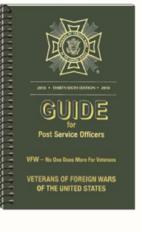
A PSO's responsibilities with claims



- Assist and review the veteran's claim documents and supporting evidence. (Examples on next slide)
- Must NOT take possession of ANY documents under any circumstance.
- Direct veteran to submit all documents to their respective VFW Regional Office.

VFW Guide for Post Service Officers

- VFW Manual of Procedure Section 218(a)(12) states in part, "The work of a Service Officer shall be performed in accordance with the instructions contained in the VFW Guide for Service Officers under the general supervision of the Department Service Officer."
- Purchase a copy from the VFW Store: <u>www.vfwstore.org</u>





VA Form 21-22

- Appointment of Veterans Service Organization as Claimants Representative
- Also known as the Power of Attorney (POA) form.* This is necessary for the veteran to get help from the VFW with filing a claim.
- The veteran is giving the VA permission to give VSOs access to the veteran's information in the <u>VA Benefits system (VBA)</u> –NOT VHA (VA Healthcare System).
- Under NO circumstance should any fee or compensation of any nature be charged to anyone for services or representation in connection with any claim with the VFW.

*Note: "POA" is only the word used by the VA to refer to the Veteran Service Organization that has access to the veteran's file. It does NOT give the VSO access or permissions to any of the veterans private, non-VA related documents or information. SAMPLE VA 21-22 (page 1) ${\it Appointment} \, of$ **Veterans Service** Organization as Claimant's Representative

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| APPOINTMENT OF VETERANS SERVICE ORGANIZAT AS CLAIMANT'S REPRESENTATIVE | ΓΙΟΝ | | | | | | | | | | |
| IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 completing the form. | 3 before | | 1 | | | | | | | | |
| NOTE: If you prefer to have an individual assist you with your claim instead of a veterans servi Appointment of Individual as Claimant's Representative. When completed you can mail or fax shown on Page 4. VA forms are available at <u>www.va.gow/vaforms</u> . | | | | | | | | | | | |
| SECTION I: VETERAN'S INFORMA | ATION | | | | | | | | | | |
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| 8. VETERAN'S TELEPHONE NUMBER (Include Area Code) 9. VETERAN'S EMAIL ADDRESS (Option | ual) | | | | | | | | | | |
| (310) 999-8877 JoeBSnuffy@email.com | | | _ | | | | | | | | _ |
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| SAMPLE VA | VETERAN'S SOCIAL SECURITY NUMBER 987 - 65 - 4321 | |
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| | SECTION IV: AUTHORIZATION INFORMATION | |
| 21-22 (Page 2) | SECTION IV: AUTHORIZATION INFORMATION 19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Not hast to be checked Net that the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Net authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of relations listed in Item 15, either by explicit revocation or the appointment of another representative. 20. LIMITATION OF CONSENT- Lauthorize disclosure of records related to treatment for all conditions listed in Item 19 except: Must be blank - NO checked boxes here DRUG ABUSE SIGKLE CELL ANEMIA 21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my darderss in my VA records. | VETERANS OF FOREIGN WARS. California |
| | Checking is optional I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary. I, the claimant named in Items 1 or 10, hereby appoint the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization match. Signed and accepted subject to the foregoing conditions. | |
| | SECTION V: SIGNATURES | |
| | NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC | |
| | 22A. SIGNATURE OF VETERAN OR CLAIMANT (Do Not Print) Veteran's signature Joseph B. Snuffy 06/22/2020 | |
| | 23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A 23B. DATE SIGNED (MM/DD/17177) | |
| | (Do Not Print) DO NOT SIGN - SIGNED ONLY BY VSO AT REGIONAL OFFICE 06/25/2020 | |
| | NOTE : As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof. | |
| | VA USE ONLY LG FILE INSURANCE FILE INSURANCE FILE | |
| | PENALITY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled. VA FORM 21-22, FEB 2019 Page 2 | |



VA Form 21-0966 Intent to File

- Establishes (bookmarks) the veteran's effective date for receiving benefits.
- Sent to VFW Regional Office immediately by the veteran via mail, fax, or online (electronic upload).
- Form lets the VA know the veteran plans to submit a claim.
- Applies only to **new claims** (never claimed or rating increase)
- VA gives the veteran or claimant up to 1 year from the date the form was received for them to submit their claim packet.



VA Form 21-0966 – Cont.

- The VA give claimants a 1-year period for evidence gathering.
- Supporting evidence means:
 - Medical documents- private medical records, doctor's letters, diagnoses.
 - Military documents- medical records, DD214, ships' logbooks, etc.
 - Other pertinent proof- marriage certificate, death certificate, invoices of medical out-of-pocket expenses, "buddy letters"



VA Form 21-0966 – Cont.

- Ways that Veterans and Claimants can establish an Intent-to-File date:
- 1. In person- Preferred method, have Veteran fill out VA 21-0966 form and submit to the VSO at the VFW Regional Office via email/fax.
- 2. Call the VA directly- call **1-800-827-1000**, verbal "Intent to File" via VA Representative. Do this if the veteran/claimant did not bring a DD-214, marriage, or veteran death certificate when they first contacted you
- 3. Online/ eBenefits- log in online and begin the process of filing a claim, DO NOT complete the claim. Saving the incomplete claim will trigger an "Intent to File" date. https://www.ebenefits.va.gov/ebenefits/

SAMPLE

VA 21-0966 Intent to File Form

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| The province C A country U S IP Code/Postal Code 9 8 7 6 5 – | | n S | S t | | | | | | | | | | | | | | | | | | | | | | |
| 10. HAS THE VETERAN EVER PLEDAD CLAW WITH VA? I1. ELEPHONE NUMBER (Include Area Code) (310) 999-8888 I2. EMAIL ADDRESS (If applicable) JoeBSnuffy@email.com IVEX No SECTION II: GENERAL BENEFIT ELECTION <i>MPORTANT:</i> 1/2 may not be able to use this form to establish an effective date for benefits () you de not select one or more of the general benefits listed below. II. Intend to file for the general benefits () checked below:: (Choose all that apply) Image: Choose all that apply) IVEX Compensation PENSION -> check both boxes if you're not sure whether vet qualifies for compensation NOTE: Only check the box below if you are a surviving dependent of the veteran. Survivors PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC) -> Box is for Veteran's Survivor ONLY MPORTANT: After receiving this form, You' completed application for the selected general benefit within gray ear of filing this form, you is general benefit at www.ebenefits.vagov. If you give VA a completed application for the selected policit of this form. You may noticite you' in this form or you may submit a separate intent to file for each selected general benefit within form with eaconsidered filed as of the date of receipt of this form. You may not be able to set the fore the pression and/or the term of the pression and/or the term of the general benefit with VA before VA viii process this form if we cannot identify the claimant and veteran. Supplication for each selected general benefit on this form or you may submit a separate benefit with VA before VA viii process mis form for my application to the same general benefit with VA befo | Apt./Unit Number # 3 2 1 | City | L | 0 | s | Α | n | g | e | Ι | e | ; s | T | | | | Т | Т | | Τ | Т | | 1 | | |
| 10. HAS THE VETERAN EVER PILEDA CLAM WITH VA? I1. TELEPHONE NUMBER (Include Area Code) (310) 999-8888 I2. EMAIL ADDRESS (If applicable) JoeBSnuffy@email.com IV YES No SECTION II: GENERAL BENEFIT ELECTION MPORTANT: V/A may not be able to use this form to establish an effective date for benefits () you de not select one or more of the general benefits listed below. IS. Intend to file for the general benefits () checked below: (Chaose all that apply) Image: Compensation on the period of the general benefits () checked below: (Chaose all that apply) Image: Compensation on the period of the general benefits () checked below: (Chaose all that apply) Image: Compensation on on the trop of the general benefits of the veteran. Image: Compensation on on the trop of the general benefits of the veteran. Image: Compensation on on the trop of the general benefits of the veteran. Image: Compensation on on the trop of the general benefit for the selected general benefit within ong year of filing this form. You will give you the appropriate application for the selected general benefit within form will be considered filed as of the date of receipt of this form. You may nucleate your intent to file for more than one general benefit for the considered filed as of the date of receipt of this form. You may nucleate you file that is received after you file this form will be calmed network. Section III: DECLARATION OF INTENT By filing this form, 1 hereby indicate my intent to apply for one or more general benefit with VA before VA will process mis form if we cannot identify the | State/Province CA Country | ៍បានា | z | | de/Posta | l Code | | 1 | 3 7 | 7 6 | s T | 5 | _ | | Т | T | Ì | | ٦ | | | | | | |
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| SECTION III: DECLARATION OF INTENT By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I cknowledge that: (1) this is not a claim for benefits; (2) imust file a complete application for reach general benefit with VA before VA III process my claim; and (3) a complete application for the same general benefit; (1) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form must be received within a.s. SIGNATURE OF CLAMMANT/AUTHORIZED REPRESENTATIVE Veteran/ Veteran's Survivor signs Survivor signs A. SIGNATURE OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (<i>Please Print</i>) NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.) Everve Blank PRIVACY ACT NOTICE: VA will not disclose information collected on fils form to any source other than what has been authorized under the Privay Act of 1974 or Tile 38, Code of Federal Regulations 1.576 for routine uses (e. crivit or ciminal are discensed compressional communications, cidamiological or research atdus, the collection of source your codes are yourced. Switch States, lightoon in which the United States is a part or has an interest, the administration or | SURVIVORS PENSION AND/OR DEI MPORTANT: After receiving this form, /A disability compensation online throu within one year of filing this form, you application for each selected general be ndicate your intent to file for more tha | VA will give young of the second seco | D INDEI ou the a at www applicati aceived I benefi | MNIT appro w.ebo ion w after it on | opriate a enefits.v vill be co you file this forr | pplica pplica va.gov onside this fe n or y | tion to tion t | o file ou g led a rill be ay s | for the verver v | ne ge A a o the o sider t a so | ener com date ed epa | al be plete of r filed a rate | nefi ed a rece as o inte | t yo ppli ipt if th nt te | u se catio of the e data | elect on fo nis fo te o | abor th orm f re ea | ove ne s . O ceip | . Yo sele inly pt o | ou ca ected the of this | an dg <u>fi</u> i | also ene r <u>st</u> | o ap ral l com . Yo | ben iplet | efit ed ay |
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| NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.) Leave Blank PRIVACY ACT NOTICE: VA will not declose information collected on this firm to any source other than what has been sutherized mufer the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1576 for romine uses (e, circl or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of momery owerd to the United State, highston in which the United States is party or has an interest, the administration of Very programs and delayer of burchits, verification of identify and status, and personnal simulation of its in the VA system of records, 58/A21/2228, Compensation, Passion, Education, and Vocational Rehabilition and Employment Records - VA, published in the Federal Register. Your obligation to respond is reguired only to presserve a date of claim for a maj time of the dering for private very date. The requested information is considered relevant and necessary to determine the expreprint application and provide its to the cSN is required by Federal Statute of law in effect prive to Jummy 1, 1975, and still in effect. The requested information is considered relevant and necessary to ideermine the expreprint application for and provide its to the claimant. RESPONDERN BURDEN-We need this information to determine and to provide the claimant with the appropriate application for VA benefits (08 U.S. C. 5102). Titel 38, United States Code, allows as to ask for this information, Vec estimate bat yo will need an average of 15 minutes to relevant the information requires the state of on firmation unless a valid ADME control number is dargelyed. You can and required to respond to a collection of information in the single time. The requested information and be called on the OMB Internet Page at <u>www.registrate.gov/public/do/PRAMain</u> . If desired, yo can call 1600-027-1000 to gatificantintori on theirs to estale co | | | | E | q | sep | (B | 5 | nul | 64 | | | | | | 14 | | | | | | | DD, | YYYI |) |
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| evil or entimal hav enforcement congressional communications, epidemiological or research studies, the collection of noney oved to the Linited Status, ligation in which the United Status is a party or has an interest, the administration of VA programs and delivery of benefits, ventification of identify and status, and personnel administration) as identified in the VA system of records, 580/A21/228, Compensation, Pension, Education, and Neukolison and Employment Records. VA, published in the Foderal Register, Your obligation to respond is required only the VA system of records, 580/A21/228, Compensation, Pension, Education, and Neukolison and Employment Records. VA, published in the Foderal Register, Your obligation to respond is required and the VA will so of a weight of the SN uncertainty of the second will not expect the status of law in the VA will so of the VA will solarify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not derar an individual benefits for refiniting to provide his of the SSN unless the disclosure of the SSN sis required by federal Register. The Representation of the SPN UNDERT BURDEN. We need this information to determine and be provide the claimant with the appropriate application fully is CS. 5100; The 58, United Status Code, allows us to alc for this information. We estimate that you will need an everage of 15 minutes to review the instruction, and complete this form. VA cannot conduct or sponsor a collection of information wither a waldo OMB control number is displayed. You are not required to respond to a collection of information if this mumber is not displayed. Vadi OMB control numbers can be located on the OMB Internet Page at <u>www.reginfor.gov/public/dov/PRAMain</u> . If desired, you can call 1-600-6271-0001 to einformation where to send comments or staged const this form. | | | | | | -,,,,,,,, | | | | | | | | | | | | , | | | | | | | |
| estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <u>www.reginfo.gov/publicido/PRAMain</u> . If desired, you can call 1-8004271-0010 user information where to sead comments or suggestions about this form. | | панк | | | | | oon onth | urized : | inder th | e Priva | cy Ai | t of 19 | 14 or 1 | riela 1 | 0.0 | | _ | | | | - | C | - | IISPS I | i.e., |
| YA FORM 21-0966 EXISTING STOCK OF VA FORM 21-0966, MAR 2017, WILL BE USED. | PRIVACY ACT NOTICE: VA will not disclose informati civil or criminal law enforcement, congressional communicat VA programs and delivery of banefits, verification of ident Employment Records - VA, published in the Federal Registe number to identify froy uhrea a claim life and to ensure the required by Federal Statute of law in effect prior to January 1 | ion collected on this f tions, epidemiological tity and status, and po r. Your obligation to at your records are pr , 1975, and still in effe | or research ersonnel adu respond is r operly asso ect. The req | n studies ministra required ociated v puested i | s, the collecti tion) as iden I only to pres with your cla nformation i | on of mor utified in serve a da sim file. \ s consider | the VA the of cla /A will red relev | to the system in for : not den ant and | United of recor- m applie y an inc necessa | States, l rds, 58\ cation tl dividual ary to de | litiga /A21 hat is bena sterm | ion in v /22/28, receive fits for ine the s | thich t Comp d with refusi approp | he Ur ensat in on ng to riate | uited S ion, P e year provid applic | tates is ension, of rec le his ation a | s a pa , Edu ceipt c or he nd pr | rty or cation of this r SSN ovide | has : n, and form V unlo : it to | an inte d Voca n. VA ess the the cla | atior uses dis aima | , the a nal Re s your closur nt. | dminis habilit Socia e of th | stratio tation I Secu he SS | and rity Vis |
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OMB Control No. 2900-0826



VA Form 21-2680 Aid & Attendance or Housebound

- Needs another person to help perform daily activities like eating, bathing, dressing, etc.
- Is bedridden or spends a significant amount of time in bed due to illness.
- In a nursing home due to physical or mental disability.
- Limited vision= 5/200 or less in both eyes; concentric contraction of visual field to 5 degrees or less despite using corrective lenses.
- Housebound-spends majority of time home due to a permanent disability.
- A physician/physician's assistant or medical specialist are the only people who can fill out the VA 21-2680. The only part of the form that is filled out by the veteran or claimant is Section I.

| SAMPLE VA 21-2680 | OMB Control No. 2000-0721 Respondent Burden: 30 minutes Expanding Department of Veterans Affairs VA DATE STANP DO NOT WRITE IN THIS SPACE | VETERANS OF FOREIGN WARS. |
|----------------------|--|---------------------------|
| Aid & Attendance | EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE SECTION I: VETERAN'S IDENTIFICATION INFORMATION NOTE: You can either complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form. | California |
| or Housebound | 1. VETERANBENEFICARY NAME (Pirst, Middle Initial, Last) Jossephan B.S.n.u.f.f.y 2. SOCIAL SECURITY NUMBER 987-654321 987654321 | |
| (page 1) | 5. VETERAN'S SERVICE NUMBER (f/opplicable) 6. GENDER Image: Constraint of the service of the servi | |
| | 9. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country) No. & 6 5 4 M a i n S text Apt./Unit Number # 3 2 1 City L o s A n g e i e s State/Province C A Country U S ZIP Code/Postal Code 9 8 7 6 5 – | |
| | SECTION II: CLAIM INFORMATION 10. CLAIMANT'S NAME (First, Middle Initial, Last) 11. CLAIMANT'S SOCIAL SECURITY NUMBER 12. RELATIONSHIP OF CLAIMANT TO VETERAN | |
| | Joseph B. Snuffy 987-65-4321 Self | |
| | 13. BENEFIT YOU ARE APPLYING FOR (<i>Choose One</i>) SMC - Service Connected Disability/ or DIC Special Monthly Compensation (SMC) - Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or death and require aid and attendance of another person to perform personal functions required in everyday living such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting monself from the hazards of the daily environment may be eligible for Special Monthly Compensation. A Veteran or a deceased Veteran's surviving spouse may also be eligible for Special Monthly Compensation heed for aid and attendance or housebound status must be related to service. These benefits are paid in addition to monthly compensation. They are not paid without eligibility to compensation. SPEcial Monthly Pension (SMP) - Veterans and survivor's Pension Special Monthly Pension (SMP) - Veterans and survivors who are eligible for Veteran's Pension and/or Survivors benefits and require the aid and attendance of nonother 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/her from the hazards of his/her daily environment, or are housebound (substantially confined to his/her immediate premises because of permanent disability). | |
| | STOP -Section III is completed by the physician of the Veteran or Veteran's Survivor | |
| | SECTION III: INFORMATION OF EXAMINATION | |
| | 14. DATE OF EXAMINATION 15. HOME ADDRESS 16A. IS CLAIMANT HOSPITALIZED? 16B. DATE ADMITTED YES NO (If "Tex," complete Items 16B and 16C) | |
| | VA FORM SEP 2018 21-2680 EXISTING STOCK OF VA FORM 21-2680, MAY 2015, WILL BE USED. Page 1 | 19 |

| SAMPLE | PATIENT/VETERAN'S SOCIAL SECURITY NO. | | | |
|---------------------|--|---|--|---------------------------|
| VA 21-2680 | The purpose of this examination is to record manifestations and findings pertinent to home or immediate premises) or in need of the regular aid and attendance of anothe makers to determine the extent that disease or injury produces physical or mental in to dress and undress; to feed him/herself; to attend to the wants of nature; or keep h recorded to show whether the claimant is blind or bedridden. Whether the claimant reflect how well he/she ambulates, where he/she goes, and what he/she is able to do | o the question of whether the claiman r person. The report should be in suf npairment, that loss of coordination or im/herself ordinarily clean and preser seeks housebound or aid and attenda during of third of the second second second during of the second second second second second during of the second second second second second second during of the second second second second second second during of the second | t is housebound (confined to the ficient detail for the VA decision r enfeeblement affects the ability: ttable. Findings should be nce benefits, the report should | VETERANS OF FOREIGN WARS. |
| Aid & Attendance | 17. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of azsistance described in question | 15 25 through 39) | | California |
| or Housebound | 19. NUTRITION | 20. GAIT | <u>.</u> | |
| (page 2) | 21. BLOOD PRESSURE 22. PULSE RATE 22. REL HRAT RY RATE D4 WAY 25. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED From 9 PM to 9 AM From 9 PM to 9 AM From 9 AM to 9 PM: 26. IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? (JF*Mo,*prover 4 Art rate) YES NO 27. IS CLAIMANT ABLE TO PREPARE OWN FORDER (JF*MO, *prover 4 Art rate) YES NO 27. IS CLAIMANT ABLE TO PREPARE OWN FORDER (JF*MO, *prover 4 Art rate) YES NO 28. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGO | L .ETE | , | |
| | YES NO | | | |
| | 29A. IS THE CLAIMANT LEGALLY BLIND? (If "Yes," provide explanation) | 29B. CORREC | TED VISION RIGHT EYE | |
| | 30. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? (If "Yes," provide explanation) | I | | |
| | 31. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanation of the provide exp | on) | | |
| | 22. IN YOUR JUDGMENT, DOES THE VETERAN/CLAIMANT HAVE THE MENTAL CAPACITY ' DIRECT SOMEONE TO DO SO? (/f "No," provide examples and rationale to support your conclus YES NO | TO MANAGE HIS OR HER BENEFIT PAYN | IENTS, OR IS HE OR SHE ABLE TO | |
| | VA FORM 21-2680, SEP 2018 | | Page 2 | 6 |

| 33. POSTURE AND GENERAL APPEARANCE (Attach a separate sheet of paper if additional space is needed) | VETERANS OF FOREIGN WAR |
|---|-------------------------|
| 34. DESCRIBE RESTRICTIONS OF EACH THE RESTREMIT WIT PARTY LAR RECEIPTORING ORIP, AND MOLEME TS AND ABILITY TO FEED HIM/HERSELF, TO BUTTON CLOTHING, SHAVE AN LATTEN TO THE E SO ON UR UR cauge a september of a day at sport of days | Californi |
| 35. DESCRIBE RESTRICTIONS OF EACH LOWER IX LEMI (WHA AR FULAR EFFICENCE TI THE A TEN TRE LI ITATION OF MOTION, ATROPHY, AND CONTRACTURESOR OTHER INTERFERENCE WITH AND LOWER CONTRACTURESOR OTHER INTERFERENCE WITH A CONTRACT FILL IN WEILITY AND CONTRACTURESOR OTHER INTERFERENCE WITH A CONTRACT FILL IN WEILITY AND CONTRACTURESOR OTHER INTERFERENCE WITH A CONTRACT FILL IN WEILITY AND CONTRACT AND PROPULSION OF EACH LOWER EXTREMITY. | |
| 36. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK | |
| 37. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE ACOSSULF OWNELLOR B LADUXER OWNELLORS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE, THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SET-CARE, AMBUATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY. 38. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABILET TO LEAVE THE HOME OR IMMEDIATE PREMISES 39. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? (//so.specify and describe effectiveness in terms of diatance that can be traveled, as in Bem 32 above) YES (If "YES," give diatance) (Check | |
| No applicable tox or specify distance) If the top of to | |
| ATA. NAME AND ADDRESS OF MEDICAL FACILITY All. TELEPHONE NUMBER OF MEDICAL FACILITY Check that the #s 40A - 41B are completed DA will networm the form if these #s are blank Include Area Code DYACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or file 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, lingation in which the United States is a party or has an interest, the administration or VA programs and delivery of VA focational Employment Records - VA, published in the Federal Regulation to respond is required to obtain or retain benefits. Giving us your focational Security Number (SSN) account information is mandatory, Applicants are required to provide their SSN under Title 58, USC, S7010(1). The VA will not deny for the source of the source of the transmitter of the source of the federal Regulation is considered relevant and necessary to determine maximum benefits provide durie their SSN under Title 58, USC, S7010(1). The VA will not deny may busice information is considered relevant and necessary to determine next mills program with other Federal or state agencies for the purpose of determining your eligibility to exercise Administica and as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of the information to determine your eligibility for aid and attendance or hours bound benefits. Title 38, United States Code 1521 (4) and (b) 1311(6) and (6) 1311(6) (4) and (6) 1502 (4) and (50 (4) and | |
| | |

Service-Connection and Compensation



- Service-Connection and Compensation
- O% = Service Connection the veteran's disability is rated 0%, they
 receive free medical/ mental health treatment at a VA facility
 (hospital or clinic). No compensation is paid, because the
 disability is considered minor.
- 10% or more = Compensation payments are given monthly if a veteran is disabled due to military service.



Non-Service-Connected Pension

- Non-Service-Connected Pension qualification requirements:
 - Age 65 or older, if under 65, are permanently 100% disabled, have limited or no income.
 - Served the minimum time-in-service requirement on <u>active</u> <u>duty</u> with <u>at least 1 day served during an eligible wartime</u> <u>period</u>.
 - Seriously disabled veterans may qualify for Aid and Attendance (A&A) benefits.



VA Healthcare Benefits & Services

- Hospital, outpatient medical, dental, pharmacy and prosthetic services
- Domiciliary, nursing home and community base residential care
- Mental health treatment (inpatient and outpatient)
- Specialized health care for women veterans (includes prenatal care)
- Health and rehabilitation programs for homeless Veterans
- Readjustment counseling
 – Vet Centers (for Combat and MST only)
- Alcohol and drug dependency treatment
- Registries Medical evaluation for disorders related to service in the Gulf Wars (Desert Shield/Storm, Iraq, Afghanistan, Kuwait). exposure to Agent Orange, burn pits, radiation, and other environmental hazards.



Education Benefits

- VA administers education benefits for active duty troops, veterans, reservists, and qualifying dependents.
- Post 9/11 GI Bill (Chapter 33) and Montgomery GI Bill (Chapter 30) for active duty veterans.
- MGIB Selected Reserve (Section 1606) for Reservists.
- Dependents Educational Assistance (Chapter 35) for dependents.
- For more info visit:

http://explore.va.gov/education-training

Veteran Readiness and Employment (VR&E)



California

- Commonly referred to or known as "Voc Rehab"
- Purpose is to aid Veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment, by providing job training, employment accommodations, resume development, and job seeking skills.

• For more info visit:

http://www.benefits.va.gov/vocrehab/

VA Home Loans



California

- Several VA home loan services are available to eligible veterans, some military personnel, and certain surviving spouses (DIC).
- Types of VA loans:
 - Guaranteed Loans
 - Purchase or Refinance
 - Special Grants
- For more info visit:

https://www.benefits.va.gov/homeloans/



Life Insurance

- Service-Disabled Veterans Insurance (SDVI)
 - For Veterans with service-connected disabilities. Veterans must apply within 2 years of getting service connected for any new disability.
- Veterans Group Life Insurance (VGLI)
 - Renewable term life insurance for veterans who want to convert their SGLI up to an amount not to exceed the coverage they had when separated from service. Must apply within a year & a half from their discharge date.
- For more info visit:

https://www.va.gov/life-insurance/options-eligibility/



Dependency and Indemnity Compensation (DIC)

- Payable to certain survivors of:
 - Veterans whose deaths were caused by service-connected illness or injury. This includes disabilities that can be proven to be service-connected. In other words, Vet did not have to be receiving disability benefits before death (i.e. AO exposure presumptive).
 - Veterans who were 100% P&T. One of the qualifying factors must be met:
 - 1. 10 yrs. before their death; or,
 - 2. Released from active duty for at least 5 yrs. before death; or,
 - 3. At least 1yr before their death, was a prisoner of war who died after Sept. 30, 1999
 - Service-members who died on active duty, active duty for training, or inactive-duty training.
 - For more info visit:

https://www.va.gov/disability/dependency-indemnity-compensation/



Survivors Pension

- Widow who has not remarried; OR
- Unmarried child who is under 18, permanently disabled before 18, or Age 18-23 and enrolled in an approved educational institution
- Meets low income and net worth requirements
- May qualify for Aid and Attendance (A&A) benefits even if they don't meet Pension income requirements

For the Survivor to qualify for Pension, the Deceased veteran must have:

- Other than dishonorable military discharge, AND
- Served the minimum time-in-service requirement on <u>active</u> <u>duty</u>, with <u>at least 1 day served during an eligible war time</u> <u>period.</u>

Death Benefits (VA National Cemetery Administration)

- Burial Benefits VA burial benefits can help service members, Veterans, and their family members plan and pay for a burial or memorial service in a VA national cemetery.
- Headstones and Markers VA can provide a monument to mark the grave of an eligible veteran.
- Presidential Memorial Certificate A Presidential Memorial Certificate (PMC) is a certificate signed by the President of the United States. It is given to honor the memory of a Veteran in recognition of their military service. Note: Vet must have an Honorable discharge to qualify.
- VBA Burial Benefits- Reimbursement for some funeral costs
- For more info visit: <u>https://www.va.gov/burials-memorials/</u>





"The 12 VFW Rules to Live By"

Code of Conduct for Post Service Officers



- Will perform their duties under the supervision of the Department Service Officer (DSO) and their respective VFW Regional Office.
- 2. Shall assist members of the Post, their widows and orphans and other Veterans in obtaining rightful benefits from the federal and state governments.
- 3. Will never release confidential information, such as what conditions were claimed or address of the claimant, etc. to parties other than the claimant or VFW accredited representatives.



Code of Conduct for Post Service Officers

- 4. Should keep members informed of Veterans' entitlements and benefits offered and administered by federal, state, and local governments.
- 5. Assist Veterans and survivors free of charge; under no circumstances, shall they request, demand or accept cash or any other form of payment for such assistance, etc.
- 6. Shall not refuse to assist any Veteran or survivor unless the claimant is considered fraudulent. Shall not refuse to assist any Veteran or survivor because they do not feel the Veteran or survivor is eligible for the benefit sought. The VFW Regional Office will make the final decision as to whether the VFW will provide representation in all cases.

Code of Conduct for Post Service Officers



- 7. Inform the veterans (preferably in writing) that all application forms, evidence, etc., in connection with claims should be submitted to the Department Service Officer. Since VA Awards benefits are based on the date of the claim, it is vital the claims be sent to the VFW Regional Office IMMEDIATELY upon receipt.
- 8. Shall NOT keep original documents provided to them in connection with claims. The claimant will transmit copies to the DSO/ VFW Regional Office who will submit them to the VA on their behalf.
- 9. Shall refrain from the use of racial, religious, age related, sexual or ethnic epithets, innuendos, slurs or jokes in the workplace.

Code of Conduct for Post Service Officers



- 10. Must conduct themselves in a professional manner and refrain from sexual advances, verbal or physical conduct of a sexual nature, or request for sexual favors.
- 11. Should have access to current VA forms. Contact your VFW Regional Office or DSO if forms are not available in your office or visit <u>https://www.va.gov/find-forms/</u>
- 12. Should attend all Post Service Officer Training



Resource Links

- VA Healthcare: <u>http://www.va.gov/healthbenefits/apply/veterans.asp</u>
- Access VA Benefits & Healthcare: <u>www.VA.gov</u>
- eBenefits:
 - <u>https://www.ebenefits.va.gov/ebenefits/homepage</u>
- VFW Service Offices:
- <u>https://vfwca.org/di/vfw/v2/default.asp?pid=74108</u>



Resource Links

- National Archives -DD214, Military Medical Records and Training Records: <u>http://www.archives.gov</u>
 - Note: must be connected to a printer when making the request
- Cal-Vets & DMV "Veteran" designation on CA License or ID : <u>http://www.calvet.ca.gov/VetServices/Pages/Veteran-Designation-on-California-Driver-License-and-ID-Card.aspx</u>
 - Note: must file with County VSO bring DD-214 and ID/License
- Cal-Vets College Fee Waiver:
 - <u>http://www.calvet.ca.gov/VetServices/Pages/College-Fee-Waiver.aspx</u>
 - Note: must file with County VSO or Cal-Vets Regional Office VSO

Important Reminders!



- NEVER hold on to any veteran's documents (copies or originals)
- Don't sign VA 21-22 –the form will be signed at the Regional Office by DSO
- Ensure veterans submit docs to the VFW Regional Office
- Submit form 21-0966 immediately to establish an effective date even if the veteran or claimant doesn't have DD-214, Marriage or Death Certificate
- Stay Informed
- Refer to DSOs with any questions you may have –contact information is found in vfwca.org website
- Alternative VA Contact and Information Sheet provided in your training packet
- Get current VA Forms and Information at <u>https://www.va.gov/</u> or <u>https://www.vfw.org/</u>

| | OMB Control No. 2900-0321 Respondent Burden: 5 minutes Expiration Date: 02/28/2022 |
|--|---|
| Department of Veterans Affairs | VA DATE STAMP (DO NOT WRITE IN THIS SPACE) |
| APPOINTMENT OF VETERANS SERVICE ORGANIZA AS CLAIMANT'S REPRESENTATIVE | ΤΙΟΝ |
| IMPORTANT : Please read the Privacy Act and Respondent Burden Information on Page completing the form. | 3 before |
| NOTE: If you prefer to have an individual assist you with your claim instead of a veterans ser <i>Appointment of Individual as Claimant's Representative</i> . When completed you can mail or fas shown on Page 4. VA forms are available at <u>www.va.gov/vaforms</u> . | |
| SECTION I: VETERAN'S INFORM | ATION |
| NOTE: You can either complete the form online or by hand. If completed by hand, print the information rec | uested in ink, neatly, and legibly to expedite processing of the form. |
| 1. VETERAN'S NAME (First, Middle Initial, Last) | |
| Joseph B Snuff | y |
| 2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) 3. VA FILE NUMBER (If applicable) You can leave blank | 4. VETERAN'S DATE OF BIRTH Month Day Year |
| | $\begin{array}{c c} & \text{Month} \\ \hline 2 & 1 \\ \hline 0 & 7 \\ \hline 0 & 4 \\ \hline \end{array} - \begin{array}{c} & \text{Day} \\ \hline 0 & 4 \\ \hline 1 & 9 \\ \hline 8 & 3 \\ \hline \end{array}$ |
| 5. VETERAN'S SERVICE NUMBER (<i>If applicable</i>) 6. INSURANCE NUMBER(S) (<i>If applicable</i>) Leave blank | |
| 7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Cou | and the second |
| | |
| Street 6 5 4 M a i n S t i <td></td> | |
| State/Province CA Country US ZIP Code/Postal Code 98 | |
| 8. VETERAN'S TELEPHONE NUMBER (Include Area Code) 9. VETERAN'S EMAIL ADDRESS (Option | nal) |
| (310)999-8877 JoeBSnuffy@email.com | |
| SECTION II: CLAIMANT'S INFORMATION (If c | ther than veteran) |
| 10. CLAIMANT'S NAME (First, Middle Initial, Last) Surviving Spouse = "claim | nant" Their info goes here |
| | |
| 11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and C | puntry) |
| No. & Street | |
| Apt./Unit Number City | |
| State/Province Country ZIP Code/Postal Code | |
| 12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code) 13. CLAIMANT'S EMAIL ADDRESS (Optimized Control of the cont | Donal) 14. RELATIONSHIP TO VETERAN |
| | |
| SECTION III: SERVICE ORGANIZATION I | NFORMATION |
| 15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETE organization) | RANS AFFAIRS (See list on Page 3 before selecting |
| Veterans of Foreign Wars (097) | |
| | |
| 16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE | 16B. JOB TITLE OF PERSON NAMED IN ITEM 16A |
| ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization) | Department Service Officer (DSO) |
| Leave this blank -will be completed at the Regional Office by accredited VSO | Leave Blank |
| | |
| 17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15 | 18. DATE OF THIS APPOINTMENT (MM/DD/YYYY) |

| /ETERAN'S SOCIAL SECURITY NUMBER 9 8 7 - 6 5 - 4 3 2 1 | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| SECTION IV: AUTHORIZATION INFORMATION | | | | | | | | | | | |
| 19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. | | | | | | | | | | | |
| ***Box hast to be checked *** I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative. | | | | | | | | | | | |
| 20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except: Must be blank - NO checked boxes here | | | | | | | | | | | |
| DRUG ABUSE INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) | | | | | | | | | | | |
| ALCOHOLISM OR ALCOHOL ABUSE SICKLE CELL ANEMIA | | | | | | | | | | | |
| 21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to | | | | | | | | | | | |
| act on my behalf to change my address in my VA records. Checking is optional I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary. | | | | | | | | | | | |
| I, the claimant named in Items 1 <i>or</i> 10, hereby appoint the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions. | | | | | | | | | | | |
| SECTION V: SIGNATURES | | | | | | | | | | | |
| NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC | | | | | | | | | | | |
| 22A. SIGNATURE OF VETERAN OR CLAIMANT (<i>Do Not Print</i>) 22B. DATE SIGNED (<i>MM/DD/YYYY</i>) | | | | | | | | | | | |
| Veteran's signature Joseph B. Snuffy 06/22/2020 | | | | | | | | | | | |
| 23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A (Do Not Print) 23B. DATE SIGNED (MM/DD/YYYY) | | | | | | | | | | | |
| DO NOT SIGN - SIGNED ONLY BY VSO AT REGIONAL OFFICE 06/25/2020 | | | | | | | | | | | |
| NOTE : As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof. | | | | | | | | | | | |
| COPY OF VA FORM 21-22 SENT TO: DATE SENT ACKNOWLEDGED (Date) REVOKED (Reason and date) | | | | | | | | | | | |
| VAUSE ONLY DE LG FILE DU FILE DU FILE DU FILE DU FILE | | | | | | | | | | | |
| PENALTY : The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it | | | | | | | | | | | |
| to be false or for the fraudulent acceptance of any payment to which you are not entitled. | | | | | | | | | | | |

OMB Control No. 2900-0826 Respondent Burden: 15 minutes Expiration Date: 08/31/2021

| | | | | | | | | | | | | | | Expirat | tion Da | ate: 08 | /31/20 |)21 |
|--|--------------------------|-------------------|--------------|----------------|-----------|----------------|----------|----------------|---------|------------|-------------------|-------------------|-----------|------------|------------------|-----------|--------------|----------|
| Department of Veterar | ne Affaire | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | (DO N | VIU | VRII | | HIS | SPA | CE) |
| INTENT TO FILE A C | LAIM FOR (JRVIVORS I | | | | | PEN | ISIO | N, | | | | | | | | | | |
| (This Form Is Used to Notify VA | | | | - | | fit(s) | Chec | cked | Belo | ow) | | | | | | | | |
| NOTE: Please read the Privacy Act and R | | | | | | . , | | | | - , | | | | | | | | |
| | | ION I: CI | | - | - | | | IFIC | ΑΤΙ | ON | | | | | | | | |
| NOTE: You can either complete the form online or | by hand. If comp | leted by har | nd, print th | e informa | tion rec | questec | l in ink | , neatl | y and | l legibl | y to exp | edite pro | ocessin | g of the | e form. | | _ | |
| 1. CLAIMANT'S NAME (First, Middle Initial, Lo | ust) | | | | | | | | | | | | | | | | | |
| Joseph | | B | S | n u | f | f | у | | | | | | | | | | | |
| 2. CLAIMANT'S SOCIAL SECURITY NUMBE | R | 3. VA FIL | E NUMB | ER (If ap | plicab | le) | | | 4 | . VET | ERAN'S | S DATE | OF B | IRTH (| (MM,D | D,YY | YY) | |
| | | | | | | | | | | Мо | nth | [| Day | _ | | Yea | r | |
| 987 - 65 - 4 | 3 2 1 | 9 8 | 3 7 | 6 5 | 4 | 3 | 2 | 1 | | 0 | 7 | - 0 |) 4 | - | 1 | 9 | 8 | 3 |
| 5. VETERAN'S NAME (First, Middle Initial, La | st) (If different fr | om claiman | (t)> | "Claim | ant" | | allv = | : Sur | vivi | ing S | Shous | e / Ve | terar | 1'S SI | irviv | or | | |
| | | | | | | 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 6. VETERAN'S SOCIAL SECURITY NUMBE | R | 7. VETE | RAN'S S | EX | | 8. V | ETER | AN'S | SER | VICE | NUMBE | R (If ap | oplicab | ole) | | | | |
| | | <mark>Х</mark> м/ | ALE | | 1ALE | | 1 | | | | | | Т | ٦ | | | | |
| | | | L | | | | | | | | | | | | | | | |
| 9. CURRENT MAILING ADDRESS (Number a | nd street or rura | i route, P.C |). BOX, CI | ty, State, | , ZIP C | ode a | na Co | untry) | | | | | | | | | | |
| No. & Street 6 5 4 M a i | n S | i t | | | | | | | | | | | | | | | | |
| | City | | | | | | | | _ | | | | <u> </u> | | | | 1 | |
| | J | | | A | n | g | e | | e | s | | | <u> </u> | 4 | | | J | |
| State/Province C A Country | US | | Code/Pos | | | 8 8 | 7 | 6 | 4 | | • | | | | | | | |
| 10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? | 11.TELEPHO | NE NUMBE | ER (Includ | le Area Co | ode) | | | | 1 | 2. EN | IAIL AD | DRESS | S (If ap | plicabl | e) | | | |
| YES X NO | (310) 999 | -8888 | | | | | | | J | oeB | Snuf | fy@e | emai | l.cor | m | | | |
| | SE | ECTION | II: GEN | IERAL | BEN | EFIT | ELE | ECTI | ON | | | | | | | | | |
| IMPORTANT: VA may not be able to use the | is form to estab | lish an effe | ective dat | e for ben | iefits i | f you <u>(</u> | lo not | <u>t</u> selec | t one | e or m | ore of i | he gen | eral be | enefits | listea | l belo | w. | |
| 13. I intend to file for the general bene | | | | | | | | | | | | 1.0 | ~ | | | | | |
| | -> check | | | • | | ot s | ure | whe | ethe | er v | et qu | lalifi | es fo | or co | omp | ens | atio | on |
| NOTE: Only check the box below if you | | | | | | | | | | | T . | | 0 | | ~ | | , | |
| SURVIVORS PENSION AND/OR DEF | PENDENCY AN | D INDEMN | ІТҮ СОМ | PENSAT | FION (I | DIC) | -> B | SOX : | is to | or \ | / eter | an's | Surv | VIVO: | r Ol | NLY | (| |
| IMPORTANT : After receiving this form, | | | | | | | | | | | · | | | | | | | |
| VA disability compensation online throu within one year of filing this form, you | | | | | | | | | | | | | | | | | | |
| application for each selected general be | enefit that is re | ceived af | ter you f | ile this f | form v | vill be | cons | sidere | d file | ed as | of the | date of | of rec | eipt o | f this | form | . Υοι | ı may |
| indicate your intent to file for more that complete as many fields in Section II as | | | | | | | | | | | | | | h gen | neral | bene | fit. P | lease |
| complete as many fields in Section in as | | | | | | | | | | aina | int anu | velera | 111. | | | | | |
| By filing this form, I hereby indica | | SECTIO | | | | | | | | e ur | nder t | ha lav | NS 21 | dmini | istor | ad h | V V | ΔΙ |
| acknowledge that: (1) this is <u>not a c</u> | | | | | | | | | | | | | | | | | | |
| will process my claim; and (3) a cor | nplete applic | ation for | the sa | me ger | neral | bene | efit(s) |) as i | ndio | cated | d on th | nis for | m mı | | | | | |
| one year of the date VA receives this | | | tion to l | be con | sidere | ed fil | ed as | s of t | he c | date | of this | form. | | | | | | |
| 14A. SIGNATURE OF CLAIMANT/AUTHORIZ | | | | Anna ta | 1.2 | - 6 | ant | 1 | | | | _ 14 | | TE SIG | | | DD, Y | YYY) |
| Veteran/ Veteran's Surv | vivor sigi | ns | | Josep | n U | <u> </u> | ""M | 19 | | | | | 0 | 6/22 | 2/202 | 20 | | |
| 15. NAME OF ATTORNEY, AGENT, OR VET | | | | | , | | | | | | | - | | | | | | |
| (NOTE: This form may only be completed by a | | ice Organiz | ation, atte | orney, or | agent | if a va | alid po | wer of | atto | rney h | as bee | n comp | leted.) | | | | | |
| Leave B | lank | | | | | | | | | | | | | | | | | |
| PRIVACY ACT NOTICE: VA will not disclose information civil or criminal law enforcement, congressional communication | | | | | | | | | | | | | | - | | | | |
| VA programs and delivery of benefits, verification of ident | | | | | | | | | - | | | | | | | | | |
| Employment Records - VA, published in the Federal Register | - | | | | | | | | | | | | - | | | | | |
| number to identify if you have a claim file and to ensure that required by Federal Statute of law in effect prior to January 1, | | | | | | | | | | | | | | | | | e of the | e SSN is |
| RESPONDENT BURDEN: We need this information to de | | - | | | | | | | | | | - | - | | | | nforma | tion. We |
| estimate that you will need an average of 15 minutes to revie | w the instructions, fin | d the informati | on, and comp | plete this for | rm. VA c | annot co | onduct o | r sponso | r a col | lection of | of informa | tion unles | s a valid | OMB cc | ontrol nu | mber is | display | ed. You |
| are not required to respond to a collection of information in 1-800-827-1000 to get information on where to send comment | | | id OMB coi | ntrol numbe | ers can b | e locate | d on the | OMB | Interne | et Page | at <u>www.r</u> o | <u>eginfo.gov</u> | /public/ | do/PRA | <u>Main</u> . If | t desired | 1, you | can call |

OMB Control No. 2900-0721 Respondent Burden: 30 minutes Expiration Date: 09-30-2021

| | | | VA DATE STAMP |
|--|--|--------------------------------|---|
| Department of Veter | ans Analis | | DO NOT WRITE IN THIS SPACE |
| EXAMINATION FOR HOUSEE | BOUND STATUS OR | PERMANENT | |
| NEED FOR REGULAR | | | |
| | | S IDENTIFICATION INFOR | MATION |
| NOTE: You can <i>either</i> complete the form online or | | | - |
| 1. VETERAN/BENEFICARY NAME (First, Middle Init | tial, Last) | | |
| J o s e p h | B S n | u f f y | |
| 2. SOCIAL SECURITY NUMBER | 3. VA FILE NUME | BER (If applicable) | 4. DATE OF BIRTH (MM/DD/YYY) Month Day Year |
| 9 8 7 - 6 5 - 4 3 2 | 1 9 8 7 | 6 5 4 3 2 1 | |
| 5. VETERAN'S SERVICE NUMBER (If applicable) | | 6. GENDER | |
| | | X MALE | FEMALE |
| 7. TELEPHONE NUMBER (Include Area Code) | | 8. PREFERRED E-MAIL AD | DDRESS (Optional) |
| (310)999-8888 | | JoeBSnuffy@er | nail.com |
| 9. PREFERRED MAILING ADDRESS (Number and | street or rural route, P. O. Bo | x, City, State, ZIP Code and C | <i>Country</i>) |
| No. & 6 5 4 M a i | n S t | | |
| Street 0 3 4 11 a 1 Apt./Unit Number # 3 2 1 1 | City L o s | A n g e I | e s |
| State/Province CA Country U | <u></u> | | |
| | | | |
| 10. CLAIMANT'S NAME (First, Middle Initial, Last) | | OCIAL SECURITY NUMBER | 12. RELATIONSHIP OF CLAIMANT TO VETERAN |
| Joseph B. Snuffy | 987 | - 6 5 - 4 3 | 2 1 Self |
| 13. BENEFIT YOU ARE APPLYING FOR (Choose On | ^{ne)} SMC - Service | e Connected Disa | ability/ or DIC |
| Special Monthly Compensation (SM | IC) - Veterans and survivir | ng spouses or parents who a | are eligible to receive VA compensation due to a service- |
| related disability or death and require a | | | onal functions required in everyday living such as protecting oneself from the hazards of the daily |
| environment may be eligible for Specia | al Monthly Compensation. | A Veteran or a deceased | Veteran's surviving spouse may also be eligible for |
| | | | nmediate premises because of permanent disability). nust be related to service. These benefits are paid in |
| addition to monthly compensation. The | ney are not paid <u>without</u> eli | igibility to compensation. | |
| SMP -Veteran's Pensic Special Monthly Pension (SMP) - V | | | ension and/or Survivors benefits and require the aid and |
| attendance of another person in order | to perform personal function | ons required in everyday li | ving, such as bathing, feeding, dressing, attending to the |
| | | | her daily environment, or are housebound (substantially or Special Monthly Pension (SMP). This benefit is an |
| increased monthly amount paid to a V | | | |
| STOP -Section III is comp | | | teran or Veteran's Survivor |
| 14. DATE OF EXAMINATION 15. H | | RMATION OF EXAMINAT | ION |
| | HOME ADDRESS | | |
| 16A. IS CLAIMANT HOSPITALIZED? | 16B. DATE ADMITT | ED 16C. NAME A | AND ADDRESS OF HOSPITAL |
| | | | |
| YES NO (If "Yes," complete Items 16B | and 16C) | | |
| | | | |
| VA FORM 21-2680 | EXISTING STOCK OF VA FO WILL BE USED. | RM 21-2680, MAY 2015, | Page 1 |

| PATIENT/VETERAN'S SC | CIAL SECURITY NO. | |]- | | | | | |] |
|--|---|---|---|---|--------------------------------------|-----------------------------------|--|------------------------------------|--|
| home or immediate pr makers to determine t to dress and undress: | camination is to reco emises) or in need of he extent that diseas to feed him/herself; ther the claimant is | ord manifesta of the regular se or injury p to attend to t blind or bed | tions a aid ar roduce he wai ridden | nd atten es physi nts of n Whetl | dance cal or ature; her the | of ar ment or ke e clair | nother pe tal impai ep him/h mant see | rson. rment erselt ks hor | estion of whether the claimant is housebound (confined to the . The report should be in sufficient detail for the VA decision at, that loss of coordination or enfeeblement affects the ability: If ordinarily clean and presentable. Findings should be busebound or aid and attendance benefits, the report should a typical day. |
| 17. COMPLETE DIAGNO | DSIS (Diagnosis needs to | equate to the le | vel of as | sistance a | lescribe | ed in qı | uestions 25 | throug | zh 39) |
| | | | _ | | | | | _ | |
| 18A. AGE | 18B. V EIGHT ACTU, LBS. | EA | тім | D: L | | | B | | FEE NCH S: |
| 19. NUTRITION | | | | | | | | | 20. GAIT |
| 21. BLOOD PRESSURE | 22. PULSE RATE | | er PIRA | AT RY F | RAIL | 24 | | SAE | ITU SP STF 21 TE LISTED ACTIVITIES/FUNCTIONS? |
| 25. IF THE CLAIMANT IS From 9 PM to 9 AM: | , | INDICATE TH | E NUM | BER OF | HOUR | IS IN E | BED | | |
| 26. IS THE CLAIMANT A | | | No," prot | 21 | na (m) | Н | | | |
| YES NO | | | | | | | | | |
| 27. IS CLAIMANT ABLE | TO PREPARE OWN | | , vovi | xpl | ior | | | | ETE |
| YES NO | | | | | | | | | |
| | | | | | | | | | |
| 28. DOES THE CLAIMA | NT NEED ASSISTANC | E IN BATHING | AND T | ENDING | G TO O | THER | HYGIENI | E NEE | EDS? (If "Yes," provide explanation) |
| YES NO | | | | | | | | | |
| | | | | | | | | | |
| 29A. IS THE CLAIMANT | LEGALLY BLIND? (If | "Yes," provide e | xplanati | on) | | | | | 29B. CORRECTED VISION |
| YES NO | | | | | | | LEI | T EYI | YE RIGHT EYE |
| | | | | | | | | | |
| | | | | | | | | | |
| 30. DOES THE CLAIMA | NT REQUIRE NURSIN | G HOME CAR | E? <i>(If</i> " | Yes," pro | vide exp | olanati | on) | | |
| YES NO | | | | | | | | | |
| | | | | | | | | | |
| 31. DOES THE CLAIMAN | IT REQUIRE MEDICAT | TION MANAGE | MENT | ? (If "Yes | s," provi | ide exp | lanation) | | |
| YES NO | | | | | | | | | |
| | | | | | | | | | |
| | Γ, DOES THE VETERA ΓΟ DO SO? <i>(If "No," pi</i> | | | | | | | IANAG | GE HIS OR HER BENEFIT PAYMENTS, OR IS HE OR SHE ABLE TO |
| YES NO | | | | | | | | | |
| 1 | | | | | | | | | |

| PATIENT/VETERAN'S SOCIAL SECURITY NO. |
|--|
| 33. POSTURE AND GENERAL APPEARANCE (Attach a separate sheet of paper if additional space is needed) |
| |
| |
| 34. DESCRIBE RESTRICTIONS OF EACH THE REXTEMITY WITH PARTY LAR REPORTS OF TO GRIP, THE MODEMENTS AND ABILITY TO FEED HIM/HERSELF, TO BUTTON CLOTHING, SHAVE AND ATTEN TO THE PARTY OF A DR DR (Attach a septement spectre spec |
| 35. DESCRIBE RESTRICTIONS OF EACH LOVER X SEMILY WORK ARC SULLING FORENCE TO THE A TENTOR FOR ITATION OF MOTION, ATROPHY, AND CONTRACTURESOR OTHER INTERFERENCE TO AND A LOUD AN |
| |
| 36. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK |
| COMPLETE |
| 37. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF DOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE, THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL |
| DAY. |
| |
| |
| 38. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES |
| |
| 39. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? (If so, specify and describe effectiveness in terms of distance that can be traveled, as in Item 32 above) |
| YES (If "YES," give distance) (Check 1 BLOCK 5 or 6 BLOCKS 1 MILE OTHER (Specify distance) |
| 40A. PRINTED NAME OF EXAMINING PHYSICIAN 40B. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN 40C. DATE SIGNED |
| |
| 41A. NAME AND ADDRESS OF MEDICAL FACILITY 41B. TELEPHONE NUMBER OF MEDICAL FACILITY (Include Area Code) Check that the #s 40A - 41B are completed (Include Area Code) |
| VA will return the form if these #s are blank |
| PRIVACY ACT NOTICE : The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records. S8VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5701(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs. |
| RESPONDENT BURDEN: We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (e), 1115(1)(e), 1311(c) and (d), 1315(h), 1122, 1541(d)(e), and 1502 (b) and (c) 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 this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet pate at 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. |

VA Environmental Health Coordinators

-Schedule registry evaluations (physical exam to be added to a registry) -Health concerns related to military exposures (environmental, chemical, etc.)

| California | Environmental Health Coordinators |
|--|-----------------------------------|
| San Francisco VA Medical Center | Luis Matos-Boneta |
| 4150 Clement Street | (415) 221-4810 x25911 |
| San Francisco, CA 94121 | Luis.Matos-Boneta@va.gov |
| | Fax: (415) 750-2249 |
| VA Central California Health Care System | Ebony Turner |
| Fresno VA Medical Center | (559) 225-6100 x6950 |
| 2615 E. Clinton Avenue | Ebony.Turner2@va.gov |
| Fresno, CA 93703 | Fax: (559) 228-6990 |
| VA Greater Los Angeles Healthcare System | Jody L. Conn |
| West Los Angeles Medical Center | (818) 895-9528 |
| 11301 Wilshire Blvd | VHAGLARegistryCoordinators@va.gov |
| Los Angeles, CA 90073 | Fax: (310) 268-4980 |
| VA Loma Linda Healthcare System | William E. Carson |
| 11201 Benton Street | (909)825-7084 x2288 |
| Loma Linda, CA 92357 | William.Carson@va.gov |
| , | Fax: (909) 796-1370 |
| VA Long Beach Healthcare System | Emilita Monfiero |
| 5901 East 7th Street | (562) 826-8000 x3042 |
| Long Beach, CA 90822 | Emilita.Monfiero@va.gov |
| VA Palo Alto Health Care System | Luis San Gabriel |
| Palo Alto Division | (650) 493-5000 x65409 |
| 3801 Miranda Avenue | Luis.SanGabriel@va.gov |
| Palo Alto, CA 94304 | Fax: (650) 858-8900 |
| VA San Diego Healthcare System | Dale Willoughby |
| 3350 La Jolla Village Dr. | (858) 642-3995 |
| San Diego, CA 92161 | Dale.Willoughby@va.gov |
| | Fax: (858) 642-6488 |
| VA Northern California Health Care System McClellan Outpatient Clinic | Jacqueline Johnson |
| | (916) 640-8485 |
| 3401 Beech St., Bldg #949, Room 204 | Jacqueline.Johnson5@va.gov |
| McClellan, CA 95652 | Fax: (916) 640-8470 |



Alternative VA Contact and Information:

Ask any question on-line

https://iris.custhelp.va.gov/

(Claim Status, Benefit Verification Letters and more ...)

Note: Some Benefit Verification Letters such as GI Bill eligibility, Loan Certificate of Eligibility, and VA Benefits (commissary letters, to prove income or disability rating) can be downloaded directly from your VA.gov account. You can download the letter and print it at home. It takes approximately 15-20 minutes. It is a quicker option than waiting for the VA to mail you the letter.

Phone Numbers

| Benefits (National Call Center) | 1-800-827-1000 | - Claim Status, Benefit Letters etc. |
|---------------------------------|----------------|--|
| Debt Management Center | 1-800-827-0648 | - Debt issues, Waivers, Payment Plans |
| Education (GI Bill, Chapter 35) | 1-888-442-4551 | - All education issues, GI Bill, Chapter 35 |
| Health Care | 1-877-222-8387 | - All health Care, hospital issues, records etc. |
| Homeless Veterans | 1-877-424-3838 | - Homeless and Housing Issues and Assistance |
| Pension Management Center | 1-877-294-6380 | - Pension and Survivors Benefits |
| Veterans Crisis Line | 1-800-273-8255 | - Immediate Need Issues |
| Home Loans | 1-888-827-3702 | - Certificate of Eligibility – Loan Inquiries |
| Vocational Rehab & Education | 1-310-235-7722 | - Claim Status and Inquiries |
| Claims Intake - FAX Number | 1-844-531-7818 | - Submit a Claim, evidence or Correspondence |

Web Sites

| VA Home Page | www.va.gov |
|---------------------------------------|--|
| eBenefits | www.ebenefits.va.gov |
| My HealtheVet | www.myhealth.va.gov |
| Home Loan Guaranty | www.homeloans.va.gov |
| Education Benefits | www.gibill.va.gov |
| Forms - VA forms | www.va.gov/vaform |
| Homeless Veterans | www.va.gov/homeless |
| Records, (military) | www.archives.gov/st-louis/military-personnel |
| State Departments of Veterans Affairs | www.va.gov/statedva.htm |