



Scott Walker, Governor

John A. Scocos, Secretary

**STATE OF WISCONSIN
DEPARTMENT OF VETERANS
AFFAIRS**

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June 25, 2014

WDVA Bulletin 1012

TO: County Veterans Service Officers

SUBJECT: Recent Changes and Initiatives in the VA Regional Office-Milwaukee

The following are notes from the VSO meeting held on Monday, June 16, 2014 with representatives of the Veterans Service Center (VSC) and the Pension Management Center (PMC):

1. The VSC Manager started the meeting by introducing VA Training Letter, 14-01. A copy is attached to this message. The training letter outlines a new policy for scheduling VA compensation examinations. Without lay testimony from the veteran connecting an in-service injury or incident to a current diagnosed disability or condition, an examination may not be scheduled, as had been the policy in the past. Please read the attached Training Letter carefully and ensure a VA Form 21-4138 with a statement as noted accompanies all claims.
2. When a veteran checks his or her eBenefits account, the status "Ready for Decision," may be misleading. Although Ebenefits notes the claim as being, "RFD," additional development may still be required. The best policy is for claimants to check with their designated VSO representative for additional insight.
3. Dependency claims are being outsourced to a private contractor. The claims, when received at the VARO, will not be established with an End Product Code (130). This puts the impetus on the WDVA office to track the dependency claims ourselves. We will make every attempt to submit dependency claims through the Stake Holder Enterprise Portal (SEP).
4. The Veterans Service Center (VSC) may contract temporary employees to work non-rating issues. This contract may not exceed two years. An automatically generated notification letter would be sent to the veteran/claimant in relation to these issues.
5. Centralized mail processing for the VSC is on the horizon. As of July 18, 2014, the VSC mail will be routed to the VBMS scanning facility in Janesville, WI. Documents will be date stamped before forwarding, however, the claim will not be established until it has been scanned into the VBMS Portal where it will await action by VSC Claims Assistants. There will be a mechanism, fax and email box for VSOs to submit mail directly to the Janesville VBMS scanning facility. This will be promoted heavily with the goal in mind that all mail intended for the VSC will eventually bypass the VARO mailroom and be sent directly to the VBMS scanning facility in Janesville. The fax and email address have not been released. **It will still be a requirement for all CVSOs to route any mail for which WDVA holds Power-of-Attorney through the Milwaukee Claims Office.** The Milwaukee Claims Office will then transmit the claim to VA.

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6. Effective, June 17, 2014, RVSRs will not send email notifications that decisions are ready for review in VBMS. For our office this means our claims officers must continually search VBMS for decisions that are ready for our review. This will increase the time the WDVA claims office needs to review these ratings.
7. At the beginning of each month the VSC managers will provide a list of completed claims for the prior month of completed claims to the VSO offices, to include award action. WDVA will work out a system to transmit that listing electronically to the CVSOs monthly.
8. The VSC is sending claims to Challenge in Baltimore for review and development. If a VARO jurisdiction of 372 is noted it is most likely one of these cases. Recently 100 cases requiring development and 150 cases with award pending were sent to Challenge in Baltimore.
9. Gina Laudato has assumed responsibility for completing CSEM-294 requests pertaining to remote access requests. Please allow her time to get acclimated to this additional duty. It is hoped this will streamline the ability of new CVSOs and staff to gain access more timely. **Remember; access can only be granted when all required training and the Rules of Behavior have been completed.**
10. The average days pending for a claim at the Milwaukee VARO is now 152.7 days. Appeals are at 266 locally, 398.8 nationally. Form 9s are at 247.5 locally, 614.9 nationally.
11. In the last three months the Milwaukee VARO is #1 in the nation for claims processing, claims inventory is trending down as processing times decrease.
12. Brokered work; of the 850 claims received from Chicago, 359 remain. 250 claims in RFD status were received from the Little Rock VARO. 200 claims were recently received from the Atlanta VARO, 195 left requiring development.
13. PMC – effective 7/14/2014 a new Virtual VA fax line will be established with 24 incoming lines; (215) 842-4430. The old number will be turned off on that date of 7/14/14. Again; it is important that all claims submitted to VA first come through the WDVA Claims Office if that office has been designated as Power-of-Attorney.
14. The Milwaukee PMC continues to receive 800 claims a month from the Philadelphia PMC.

Finally, there is a new version of the VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, dated June 2014. See the attached. Please use this form as we move forward.

If there are any questions, please contact Kim T. Michalowski or Colin Overstreet in the claims office.



DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Washington, D.C. 20420

June 13, 2014

Director (00/21)
All VBA Regional Offices and Centers

In Reply Refer To: 211
Training Letter 14-01

SUBJ: Policies, Procedures, and Guidance as Related to VA Examinations and Other Issues

Purpose and Background

This Training Letter (TL) will help regional office personnel understand the requirements that must be met before a Veteran warrants a VA examination/opinion, and offers helpful reminders regarding VA examinations. We hope this will make regional office personnel more confident in their knowledge of the laws, regulations, and policies regarding examinations, and empower them to make decisions without over-development of claims.

Policies, Procedures, and Guidance

The Three Requirements That Must be Met Before an Examination is Warranted

[38 C.F.R. §3.159\(c\)\(4\)\(i\)](#), provides that an examination or medical opinion is necessary when the evidence of record does not contain sufficient medical evidence to decide the claim, but the following three parts are present:

<u>Element</u>	<u>Guidance</u>
Element A Competent medical or lay evidence of current diagnosed disability or persistent or recurrent symptoms or disability.	In many instances the Veteran's lay testimony in a claim is enough to establish that there is a current disability or persistent or recurrent symptoms of disability. Lay statements are generally competent to describe symptoms. In some instances, medical evidence is required to establish the presence of a diagnosed disability, such as identifying a form of cancer. VA defines "competent medical evidence" and "competent lay evidence" in 38 C.F.R. § 3.159(a)(1) and (2).

<p>Element B Injury, disease, or event in service.</p>	<p>To establish an event, injury, or disease in service, the Veteran merely has to have a single entry in the service treatment records; or, the Veteran’s lay statement will be sufficient if such statement is credible and otherwise consistent with the circumstances of the Veteran’s service. If the Veteran’s claim relates to combat, the Veteran’s lay statement(s) must be accepted as sufficient if consistent with the circumstances, conditions, or hardships of the Veteran’s service. In addition, this element is present if the Veteran has a disease or symptoms of a disease listed in 38 C.F.R. §§ 3.309, 3.313, 3.316, or 3.317 manifesting during an applicable presumptive period (provided that the claimant has the required service or triggering event to qualify for that presumption).</p>
<p>Element C Indication of association with the injury, disease, or event in service.</p>	<p>There must be an indication that the claimed disability or symptoms may be associated with the in-service injury, disease, or event or with another service-connected disability. For example, lay or medical evidence that a symptom has persisted “ever since service” would be an indication that a disability may be associated with service. Lay evidence of association can satisfy element C if the layperson is competent to indicate association. However, conclusory, generalized lay statements by the Veterans of an association may not be of sufficient weight to satisfy element C. Unlike element B, the evidence need not establish an association, but only indicate a possible association.</p>

Case Law

In *McLendon v. Nicholson*, 20 Vet.App. 79 (2006), the Court of Appeals for Veterans Claims held that the element C “indicates an association” standard is a “low threshold standard.” In *Waters v. Shinseki*, 601 F.3d 1274, 1277 (Fed. Cir. 2010), the Court of Appeals for the Federal Circuit held that element C only requires evidence indicating an association; this evidence does not need to be competent, nor does it need to be medical. The *Waters* case also clarified that, even with the low threshold standard of element C, a conclusory generalized statement by a claimant that an in-service illness or injury caused a present medical condition would not be sufficient to “indicate” an association between a currently claimed condition and disability/symptoms in service. Evidence that would be sufficient to meet element C would include a Veteran’s lay testimony regarding evidence of continuous symptoms, including an assertion that a condition has existed “since service.” Additionally, medical evidence that suggests a nexus but is too equivocal or lacking in specificity to support a decision on the merits would satisfy this element.

Example Showing the Elements for Obtaining a Nexus Opinion Not Satisfied:

The Veteran claimed service connection for “knee disability.” He had one complaint of knee pain in service with a negative separation examination. The Veteran’s current claim provided no medical evidence indicating an association and no statement alleging continuous symptoms since service or that the current disability persisted since military service. The case can be denied without an examination/opinion, as element C has not been satisfied. Using the same example as above, a single complaint of knee pain in service with a negative separation examination, if the Veteran claimed “I hurt my knee when I fell off of a truck in Vietnam, *and* it has hurt ever since that time,” then an examination with a nexus opinion is warranted, as all three elements have been satisfied.

Example Showing the Elements for Obtaining a Nexus Opinion Were Satisfied:

The Veteran's service treatment records show one complaint of back pain after playing basketball. On a VA Form 21-4138, he states "I hurt my back playing basketball in service, and it has been painful ever since." The Veteran has an event in service and lay testimony provides the current symptomatology and indication of association; therefore, a nexus opinion is warranted.

Example Showing an Examination or Nexus Opinion Not Required:

In this example, all three elements for requiring an examination are satisfied, but an examination or nexus opinion is not required since the claims file contains sufficient medical evidence to decide the claim: The Veteran claimed "knee condition" two years after discharge. His service treatment records show a sprained knee due to falling in a ditch. The Veteran submitted a fully completed Disability Benefits Questionnaire (DBQ) which included an opinion from the examiner that it was "more likely than not" that the Veteran's current diagnosis of chronic knee strain was caused by his fall into a ditch during service. The DBQ provided the required information to properly evaluate the knee and rule out a higher evaluation. Service connection could be granted without further examination or nexus opinion, as there is an event during service, a current disability, and a nexus opinion provided by the private physician.

Nexus opinions may not be required. For example, if the Veteran files for service connection for a disability shortly following separation from service (generally, within a year) and the record contains post-service evidence of a disability consistent with an injury, disease, or event shown in service, a nexus opinion is not required. In another example, if a Veteran's service treatment records document treatment for tinnitus and he or she files a claim for service connection for tinnitus immediately following separation from service, a diagnosis of tinnitus on a post-service examination conducted within a few months after separation from service also does not require a medical nexus opinion to support a grant of service connection for the disability.

Routine Future Examinations

[38 C.F.R. § 3.327\(a\)](#) provides that reexaminations "will be requested whenever VA determines there is a need to verify either the continued existence or the current severity of a disability" and that "[g]enerally, reexaminations will be required if it is likely that a disability has improved, or evidence indicates there has been a material change in a disability or that the current rating may be incorrect. There are many cases in which the evidence of record will show that the Veteran continues to meet the requirements of a specific evaluation, and no examination would be necessary. For example, the Veteran is set to undergo a routine future examination for his lumbar spine condition rated as 20 percent disabling. CAPRI records include a note from a few months prior that indicated forward flexion was limited to 50 degrees. No review examination is necessary, as the Veteran continues to meet the requirements for a 20 percent evaluation.

[38 CFR § 3.327\(b\)\(2\)](#) provides six specific scenarios in which no periodic reexamination will be scheduled.

Changing the Game Training

The *Changing the Game* training, which instructed that, in many cases, contemporaneous examinations were not required if service connection could be established or an increase to the next higher evaluation could be given based on the evidence of record, continues to be in effect and should be applied in determining whether to schedule an examination or rate a claim based on the available evidence of record.

Do Not Develop To Deny

If the evidence of record is adequate for rating purposes and sufficient to grant the claim, do not continue to develop (i.e. order an examination/opinion) merely to deny the claim. See [Mariano v. Principi](#), 17 Vet.App. 305 (2003).

Returning Examinations for Clarification

DBQs should be accepted as adequate for rating purposes and should not be returned for clarification unless the DBQ findings lack clarity and/or sufficient rationale, or are otherwise insufficient for rating purposes. If there is a defect in the DBQ, such as not being completely filled out, but the defect does not render the examination inadequate for rating purposes, do not send it back for clarification. For example, if a Veteran is service-connected for bronchial asthma under diagnostic code (DC) 6602 and the pulmonary function testing fails to include DLCO(SB), sending the examination back to the examiner for completion of DLCO (SB) testing would be unnecessary as DC 6602 does not consider DLCO (SB) in rating bronchial asthma.

Guidance that Required Color Photographs for Evaluations Under DC 7800 is Rescinded

Color photographs are no longer required for evaluations under DC 7800. The April 2012 Compensation Bulletin provided guidance that under [38 C.F.R. § 4.118](#), DC 7800, required color photographs be taken and incorporated into the claims file unless the evidentiary record, without the photographs, is sufficient to grant the maximum schedular evaluation for the scar. This guidance is now rescinded. If color photographs accompany the examination, then the Rating Veterans Service Representative (RVSR) must consider this evidence. However, if color photographs are unavailable, the scar condition should be rated based on the findings reported by the examiner. Please do not return the examination as insufficient and request color photographs to be completed.

Accept Home Sleep Studies for Diagnoses of Obstructive Sleep Apnea

Previously, only observed nocturnal polysomnogram diagnoses of sleep apnea were accepted for the purposes of service connection. Now, VA will accept at-home sleep study diagnoses of sleep apnea for purposes of service connection if it has been clinically determined that the Veteran can be appropriately evaluated by a home sleep study. The study's results must be evaluated by a competent medical provider.

Receipt of medical evidence disclosing a diagnosis of sleep apnea without confirmation by a sleep study is sufficient to trigger the scheduling of an examination if the other provisions of [38 C.F.R. § 3.159\(c\)\(4\)](#) have been satisfied. However, a diagnosis alone is not sufficient to establish a grant of service connection for sleep apnea.

General Medical Examinations are not Required for Claims for Individual Unemployability

[TL 10-07](#) provided guidance that a claim for Total Disability based on Individual Unemployability (TDIU) was considered a claim for increase in all service-connected disabilities unless TDIU was expressly claimed as being due to one or more specific disabilities. The TL indicated that a general medical examination was required, with an opinion from the examiner regarding employability based on service-connected disabilities. This guidance has been rescinded by the new guidance provided in the Fast Letter 13-13 ([FL 13-13](#)). Under the current guidance, claims for TDIU do not require a general medical examination, nor is VA required to address all service-connected disabilities. Only the disabilities that the Veteran alleges are the cause of or are reasonably raised by the evidence of record to have caused unemployability must be examined and addressed in the Rating Decision.

VA has the flexibility to request either condition-specific DBQs or a general medical DBQ when examinations are needed to decide the TDIU claim. Do not order examinations for disabilities not alleged or reasonably raised by the record to cause or contribute to unemployability. Schedule a general medical examination only if the rating activity determines that it is needed to fairly and fully adjudicate the TDIU claim.

Questions

Submit questions regarding this training letter to the Veterans Service Center Manager mailbox and email to [VAVBWAS/CO/21Q&A](#).

/S/

Thomas J. Murphy
Director
Compensation Service



**APPOINTMENT OF VETERANS SERVICE ORGANIZATION
AS CLAIMANT'S REPRESENTATIVE**

Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, " Appointment of Individual as Claimant's Representative." VA Forms are available at www.va.gov/vaforms.

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM.

1. LAST-FIRST-MIDDLE NAME OF VETERAN	2. VA FILE NUMBER <i>(Include prefix)</i>
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS <i>(See list on reverse side before selecting organization)</i>	
3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A <i>(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)</i>	
3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A	

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER (OR SERVICE NUMBER, IF NO SSN)	5. INSURANCE NUMBER(S) <i>(Include letter prefix)</i>	
6. NAME OF CLAIMANT <i>(If other than veteran)</i>	7. RELATIONSHIP TO VETERAN	
8. ADDRESS OF CLAIMANT <i>(No. and street or rural route, city or P.O., State and ZIP Code)</i>	9. CLAIMANT'S TELEPHONE NUMBERS <i>(Include Area Code)</i>	
	A. DAYTIME	B. EVENING
	10. E-MAIL ADDRESS <i>(If applicable)</i>	
11. DATE OF THIS APPOINTMENT		

12. 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.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A 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 above, either by explicit revocation or the appointment of another representative.

13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:

<input type="checkbox"/> DRUG ABUSE	<input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
<input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE	<input type="checkbox"/> SICKLE CELL ANEMIA

14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.

I authorize any official representative of the organization named in Item 3A 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 3A is not my appointed fiduciary.

I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A 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 12 and 13), 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.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF VETERAN OR CLAIMANT <i>(Do Not Print)</i>	16. DATE SIGNED
17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B <i>(Do Not Print)</i>	18. DATE SIGNED

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED <i>(Date)</i>	REVOKED <i>(Reason and date)</i>
	<input type="checkbox"/> VR&E FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE			

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.

RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of national, regional, or local organizations recognized by the Secretary of Veterans Affairs in the preparation, presentation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association	National Association for Black Veterans, Inc.
American Legion	National Veterans Legal Services Program
American Red Cross	National Veterans Organization of America
AMVETS	Navy Mutual Aid Association
American Ex-Prisoners of War, Inc.	Paralyzed Veterans of America, Inc.
American GI Forum, National Veterans Outreach Program	Polish Legion of American Veterans, U.S.A.
Armed Forces Services Corporation	Swords to Plowshares, Veterans Rights Organization, Inc.
Army and Navy Union, USA	The Retired Enlisted Association
Associates of Vietnam Veterans of America	The Veterans Assistance Foundation, Inc.
Blinded Veterans Association	The Veterans of the Vietnam War, Inc. & The Veterans Coalition
Catholic War Veterans of the U.S.A.	United Spanish War Veterans of the United States
Disabled American Veterans	United Spinal Association, Inc.
Fleet Reserve Association	Veterans of Foreign Wars of the United States
Gold Star Wives of America, Inc.	Veterans of World War I of the U.S.A., Inc.
Italian American War Veterans of the United States, Inc.	Vietnam Era Veterans Association
Jewish War Veterans of the United States	Vietnam Veterans of America
Legion of Valor of the United States of America, Inc.	West Virginia Department of Veterans Assistance
Marine Corps League	Wounded Warrior Project
Military Order of the Purple Heart	
National Amputation Foundation, Inc.	
National Association of County Veterans Service Officers, Inc.	

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims.

Alabama	Hawaii	Minnesota	North Carolina	South Dakota
American Samoa	Idaho	Mississippi	North Dakota	Tennessee
Arizona	Illinois	Missouri	Northern Mariana Islands	Texas
Arkansas	Iowa	Montana	Ohio	Utah
California	Kansas	Nebraska	Oklahoma	Vermont
Colorado	Kentucky	Nevada	Oregon	Virginia
Connecticut	Louisiana	New Hampshire	Pennsylvania	Virgin Islands
Delaware	Maine	New Jersey	Puerto Rico	Washington
Florida	Maryland	New Mexico	Rhode Island	West Virginia
Georgia	Massachusetts	New York	South Carolina	Wisconsin
Guam				

PRIVACY ACT NOTICE: 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, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is considered relevant and necessary to recognize a service organization as your representative and/or identify disclosable records. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to recognize the service organization you name to act on your behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902). We will also use the information to identify any VA records that we may disclose to the service organization (38 U.S.C. 5701(b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.