

Veterans Angels Inc.

"Our tribute to those who have gone before, and our service to those who carry on"

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501(c)(3)
Tax-Exempt
Public Charity in Nevada

EIN Number
27-0204290

Veterans Angels, Inc. is a 501 (c) 3 tax-exempt public charity and our service is provided free of charge. This life changing information is provided to thousands of families throughout the United States. We have no funding other than tax-deductible donations.

If you feel our service is of value, please consider making a tax-deductible donation by check, or with a credit card at our secure donation website, www.vetangels.org. Thank you!

Our mission is to provide the information to assist you in preparing your VA claim administered by the Department of Veterans Affairs.

The attached forms need to be completed and submitted with the required supporting documents. The location to mail your claim is in this packet.

Want your claim processed faster? The forms included are to help you submit a Fully Developed Claim (FDC). There is no risk to participate, but you must READ THE INSTRUCTIONS and submit your claim in accordance with the FDC Criteria.

The Fully Developed Claim means that every piece of information and evidence that the VA needs to make a determination is provided at ONE TIME.

If you submit additional information after submitting your FDC claim, the VA will move your claim into the Standard Claim process. This can mean a difference of months in processing time. So, let's get it right the first time.

If circumstances prevent you from submitting the claim for more than a month, you may complete VA form 21-0966 with a copy of the Veterans Military Discharge papers (DD214) and fax to the Pension Center covering your area. Please read the Instructions for Submitting the 21-0966. If received by the VA before the end of the month, the Effective Date will be the 1st of the following month. You have one year from that date to submit the completed claim. Any benefit granted will be paid retroactive to the Effective Date.

The VA form 21-0966 must be signed by the Claimant (the Veteran or the Surviving Spouse). If the Claimant is unable to sign, they may sign with a "X" and attach a second sheet with two witnesses (signature, printed name, and address).

If you have questions, you may contact Veterans Angels, Inc. via email at support@vetangels.org or call, toll-free, at 1-888-319-1117.

It is our honor to assist you.

MAIL ONLY

10170 W.TROPICANA AVE., # 156-440 • LAS VEGAS, NV 89147-8465 • TOLL FREE 888-319-1117 • FAX 702-450-2259
EMAIL: SUPPORT@VETANGELS.ORG • WWW.VETANGELS.ORG

Instructions for Establishing an Intent to File

If the claimant (veteran or surviving spouse) is unable to file a claim in a timely manner OR is currently not paying for caregiver services but anticipates doing so within one year, the VA form 21-0966 may be filed to establish a "Start Date" for the benefit. The claimant has one year from the "Start Date" to submit all the other claim documents. The "Start Date" is the 1st of the month following submission. Any benefit awarded will be paid retroactively to the "Start Date" or "Effective Date".

1. On Item # 13: The VA document 21-527EZ, included in the packet from Veterans Angels, Inc., is for "Pension" only. Do Not Check "Compensation". Veteran must sign on 14A.
2. On Item # 13: If you are the Surviving Spouse, only check the "Survivors Pension and/or DIC". Surviving Spouse must sign on 14A.
3. Leave Item # 15 blank.
4. Fax or mail the VA 21-0966 AND a copy of the Veteran's Military Discharge Papers to the Claims Intake Center covering your location of residence.

The fax # for all 3 Pension Management Centers is: **1-844-655-1604**

5. You will receive a letter from the VA, usually within 30-60 days, acknowledging receipt of the Intent to File. The VA File Number assigned to the claim will be on the first page in the upper right corner of the letter. If the claim is still being completed by the claimant, you need to add the VA File Number to the claim documents where indicated on the forms.



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

**INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION,
OR SURVIVORS PENSION AND/OR DIC**
(This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)

NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.

SECTION I: CLAIMANT/VETERAN IDENTIFICATION

NOTE: You can *either* complete the form online or by hand. Please print your information using blue or black ink, neatly and legibly to help process the form.

1. CLAIMANT'S NAME (First, middle initial, last)			
<input type="text"/>			
2. CLAIMANT'S SOCIAL SECURITY NUMBER		3. VA FILE NUMBER (If applicable)	
<input type="text"/>		<input type="text"/>	
4. VETERAN'S DATE OF BIRTH		5. VETERAN'S NAME (First, middle initial, last) (If different from claimant)	
Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		<input type="text"/>	
6. VETERAN'S SOCIAL SECURITY NUMBER		7. VETERAN'S SEX	
<input type="text"/>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8. VETERAN'S SERVICE NUMBER (If applicable)		9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)	
<input type="text"/>		No. & Street <input type="text"/>	
Apt./Unit Number <input type="text"/>		City <input type="text"/>	
State/Province <input type="text"/>		Country <input type="text"/>	
ZIP Code/Postal Code <input type="text"/>		10. HAS THE VETERAN EVER FILED A CLAIM WITH VA?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		11. PREFERRED TELEPHONE NUMBER (Include Area Code)	
<input type="text"/>		12. PREFERRED E-MAIL ADDRESS (If applicable)	
<input type="text"/>		<input type="text"/>	

SECTION II: GENERAL BENEFIT ELECTION

IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you do not select one or more of the general benefits listed below.

13. I intend to file for the general benefit(s) checked below: (Choose all that apply)

☐ COMPENSATION ☐ PENSION

NOTE: Only check the box below if you are a surviving dependent of the veteran.

☐ SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online through eBenefits at www.ebenefits.va.gov. If you give VA a completed application for the selected general benefit within one year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.

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 acknowledge that: (1) this is not a claim for benefits; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) 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.

14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE (Note: Claimant must sign in ink. The claimant's "Authorized Representative" may use a digital signature)	14B. DATE SIGNED (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print)

(NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)

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 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. 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 requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.

RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We 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 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.

TIPS FOR "STAYING SANE" WHILE PREPARING A VA CLAIM!

This is not "brain surgery", but it is tedious! You know how to eat an elephant?
ONE BITE AT A TIME!

1. If there are any questions as to the claimant's assets being a factor, please contact us before mailing the claim to the VA. The VA looks at all assets, other than home, car, and personal possessions. **Do Not assume the assets will disqualify you for the benefit.** Contact us toll-free at 1-888-319-1117.

2. After printing the 5 steps from the link emailed to you, paper clip all the forms that go together. VA form numbers are in the bottom left corner. Ex: 21-2680 (2 pages), 21-22a (2 pages) etc. Use the Checklist for VA forms for further instructions for each VA form.

3. Use the Checklist for Supporting Documents. This will be the most time consuming, but most of the information needed to complete the VA forms come from these documents.

4. Immediately order a Certified Copy of the Veteran's Military Separation Papers or DD214. You may request online at: www.archives.gov/veterans/military-service-records/ OR use the Form 180 in the packet and mail to the National Personnel Records Center in St. Louis (address in packet). It normally does not cost anything, but it does take time to receive. You will receive two Certified Copies with a raised seal. Keep one in your file and send one to the VA when you submit your claim. You may send the Original and the VA has been good about returning, but it may take awhile.

5. Read the instructions! On all forms, you may use an address that will insure any correspondence from the VA will be received and responded to in a timely manner.

6. Who is the Claimant? The Veteran or the un-remarried Surviving Spouse is always the Claimant. Another person may help with completing the VA forms, but they are NOT the Claimant. Neither is a Power of Attorney (POA). The VA does not accept the signature of a POA, so the Claimant must sign all forms. If the Claimant cannot sign their name, on the Application for Pension (21-p-527EZ or 21p-534EZ), the Claimant can sign with an "x" with two witnesses. All other forms may be signed with an "x".

7. The VA tracks claims with the Veteran's Social Security Number and VA file numbers. There is no VA file assigned until the VA receives the claim or Intent to File.

8. Un-reimbursed Medical Expenses (UME) need to be listed both on the 21p-527EZ or 21p-534EZ and the 21p-8416 (Medical Expense Report). Please read "How to Complete the Medical Expense Report" from our packet. Remember, to determine the amount of the benefit, the VA looks at the Gross Family Income MINUS the UME. To receive the maximum benefit the Gross Family Income has to offset to zero with UME. Ex: Gross Income is \$2,000/mo. MINUS \$2,000 in UME is ZERO income for VA purposes.

VETERANS - FINAL CHECKLIST

You may use this checklist to verify that all forms and documents are included.

1. 21-0966 - *Intent to File* - File for "Pension" not "Compensation". Fax the 21-0966 with a copy of the Veteran's Military Discharge Papers or DD214 to the Fax number listed for your state on the Address Page in our packet. The "Effective Date" or "Start Date" will be the 1st of the following month. You have ONE year to submit the rest of the claim forms. Submit all forms at ONE TIME to the VA.
2. 21p-527EZ - *Application for Pension* - Veteran must sign. POA signature is not accepted by DVA. An "x" with two witnesses on the signature page is acceptable. All other forms may then be signed with an "x".
3. 21-0845 - *Authorization to Disclose Personal Information to a Third Party* - Veteran must sign. This form will allow the VA to speak with ONE third party person. One name and address goes on Item # 13, usually a family member.
4. 21-22a - *Appointment of Individual as Claimant's Representative* - Veteran must sign. This appoints Linda R. Stone as the authorized claims agent for the claim. Copies of VA correspondence will be sent to Ms. Stone and allows the VA to speak with her on behalf of the claimant.
5. 21-4138 - *Statement in Support of Claim* - Veteran must sign. This is writing a letter explaining what the claimant is applying for and why. Example: "I am a combat qualified veteran. I am applying for the Non-Service Connected Pension with Aid and Attendance. I cannot live on my own and reside in assisted living. I need assistance with bathing, ambulation, and other activities of daily living", etc.
6. 21p-8416 - *Medical Expense Report* - Veteran must sign. This is a "snapshot" of one month's health and medical expenses (if this is a New claim). THE VA WILL ONLY COUNT EXPENSES FROM THE DATE THE 21-0966 or the CLAIM IS RECEIVED by the VA, GOING FORWARD. There is no need to list any expenses prior to the date the Intent to File or the claim will be received by the VA.
7. 21-4142 and 21-4142a - *Authorization to Release Information and General Release for Medical Provider Information* - Please Note: You should NOT complete or submit these forms unless your primary doctors are through the VA. The VA will request your VA medical records internally if you provide these authorization forms. Veteran must sign.
8. 21-2680 - *Examination for Housebound Status or Permanent Need for Regular Aid and Attendance* - This form must be completed and signed by an MD or DO. The VA will not accept signatures of an RN or PA. If married, a 21-2680 must be included for the spouse, if the spouse's medical expenses are to be included in the claim. Get 3-6 months of current medical records.
9. 21-0779 - *Request for Nursing Home Information* - Only use this form if the care facility is providing skilled or intermediate nursing services. Nursing Home Official must sign.
10. *Care Expense Statement* - Veteran must sign, as well as an Official from the Care Facility OR the In-home Care provider. Family members, other than the spouse, may provide care, but they must be paid for caregiver services.

DEPARTMENT OF VETERANS AFFAIRS

Where to Send Your Written Correspondence

In order to properly determine where to send your written correspondence, please first identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the corresponding address based on your location of residence.

For correspondence relating to all **Compensation** claims:

Location of Residence	Address
All United States and Foreign Locations	Department Of Veterans Affairs Evidence Intake Center P.O. Box 4444 Janesville, WI, 53547-4444 Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260
*Note: For foreign Veterans Pension and Survivor Benefits please refer to the below addresses.	

For correspondence relating to all **Veterans Pension** and **Survivor Benefit** claims:

Location of Residence			Address
Alabama	Kentucky	Missouri	Department Of Veterans Affairs Claims Intake Center Attention: Milwaukee Pension Center P.O. Box 5192 Janesville, WI 53547-5192
Arkansas	Louisiana	Ohio	
Illinois	Michigan	Tennessee	
Indiana	Mississippi	Wisconsin	
Alaska	Montana	Texas	Department Of Veterans Affairs Claims Intake Center Attention: St. Paul Pension Center P.O. Box 5365 Janesville, WI 53547-5365
Arizona	Nebraska	Utah	
California	Nevada	Washington	
Colorado	New Mexico	Wyoming	
Hawaii	North Dakota	Mexico	
Idaho	Oklahoma	Central America	
Iowa	Oregon	South America	
Kansas	South Dakota	Caribbean	
Minnesota			
Connecticut	New Hampshire	South Carolina	Department Of Veterans Affairs Claims Intake Center Attention: Philadelphia Pension Center P.O. Box 5206 Janesville, WI 53547-5206
Delaware	New Jersey	Vermont	
Florida	New York	Virginia	
Georgia	North Carolina	West Virginia	
Maine	Pennsylvania	District of Columbia	
Maryland	Rhode Island	Puerto Rico	
Massachusetts		Canada	
Countries outside of North, Central or South America			

SUPPORTING DOCUMENTS CHECKLIST
For VETERAN'S CLAIM

1. **Original or Certified Copy of Veteran's Military Separation Papers (DD214).** The DVA will return originals, however, we strongly recommend requesting a Certified Copy online at www.archives.gov/veterans/military-service-records, or by mailing the Standard Form 180 to the address provided in this packet. The Archives will provide 2 copies which have a raised seal. One copy will be for your file and the other will be included with your claim to the DVA. There is no charge for the Certified Copies, but it does take time to receive. So request your copies as soon as possible.
2. **Copy of Marriage Certificate (If currently married)**
3. **Previous Marriage(s) Information -** If you have a copy of any previous marriage certificates, death certificates, or divorce decrees, you should include copies with your claim.

IF YOU DO NOT HAVE THE ABOVE DOCUMENTS, you must furnish on the 21p-527ez, at least the Month, Year, and Place of the marriage, the death or divorce for BOTH THE VETERAN AND THE SPOUSE (if currently married).
4. **Medical Records.** You need to include copies of the most recent medical records from the physician who is most familiar with the claimant's medical history. You don't need to send a book, and usually 3-6 months of the most current records will be sufficient. It is better to include the Medical Records rather than using the VA forms 21-4142 and 21-4142a which authorizes the VA to request the records.
5. **Include a Voided check for the account where the VA benefit will be Direct Deposited.** Attach the check at the bottom of the Direct Deposit Page, which is the last page of the 21p-527ez. A Deposit slip will not be accepted. This is to insure the VA can input correctly.
6. **Include a Copy of sources of income (Social Security Statement, Pension(s), and any other source of income.**
7. **Include a Copy of the most recent Bank Statement(s), Brokerage accounts, etc.**
8. **Include a Copy of current Statement(s) for any Assets reported on VA form 21p-527ez, Page 7, Section VII, i.e., checking, savings, IRA's, 401K's, Stocks, Bonds, Mutual Funds, Annuities, etc.**

03/2017