



Post Service Officer Training

**102nd Convention
June 16, 2022**

Agenda



- Post Service Officer
 - Duties and Obligations
 - Roles and Responsibilities
- Accreditation
- Best Ways You Can Help
- VA Form 21-22
- VA Form 21-0966
- Ways A Veteran can get rated
- VA Math

Duties and Obligations



- Post Service Officers
 - Per Section 218(a)(12) of [VFW Manual of Procedure Post Officers](#) shall:
 - Assist members of the Post, their surviving spouses and orphans and other worthy cases brought to their attention in obtaining rightful entitlements from federal and state governments.
 - Be performed in accordance with the instructions contained in the [VFW Guide for Service Officers](#) under the general supervision of the Department Service Officer.
 - The Service Officer shall perform such other duties as may be incident to the office and as may from time to time be required by the laws and usages of this organization or lawful orders from proper authority.
- District Service Officers
 - Per Section 418(a)(14) shall:
 - Assist Post Service Officers.

Role of the Post Service Officer?



- PSO are local ambassadors of the Veterans of Foreign Wars; each VFW Post has an appointed PSO.
 - Post Service Officers (PSOs) are local advocates who assist veterans and their loved ones in navigating a complicated benefits landscape.
 - Post Service Officers serve as a conduit to critical programs and services in the community, but they **are not accredited** by the Department of Veterans Affairs for the purposes of representing claimants in their benefit claims before VA.
- Know the VA eligibility rules established by law.
- Provide veterans and survivors basic knowledge about VA benefits.
- Advise veterans to submit all forms to the **DSO or a VFW accredited representative** for completion.
- Keep Post Members, Veterans, and survivors aware of events, news, and information relevant to local, state, and federal Veteran services and benefits.

Role of the Post Service Officer



- Read and understand [VFW Post Service Officer Responsibilities and Code of Conduct for VFW Representatives](#)
- PSO's **DO NOT** hold legal standing to represent claimants in their benefit claims before the Department of Veterans Affairs.
 - This distinction is reserved for individuals **accredited** by VA through the Veterans of Foreign Wars of the U.S. in accordance with Title 38 U.S.C. § 5902 - Recognition of representatives of organizations and the VFW National Veterans Service Policy & Procedure.

Authorized Capabilities Breakdown



Action	PSO	DSO/Accredited VSO
Help the veteran/claimant complete forms	X	X
Provide advice/guidance concerning VA benefits	X	X
Provide advice/guidance and assist with obtaining state or local benefits	X	X
Sign VA Form 21-22		X
Represent Claimants at VA hearings		X
Accept/Submit PII and VA Forms		X
Sign forms on behalf of claimant		X

Post Service Officer Don'ts



- **DON'T:**

- Request or accept payment or any other form of compensation for the advice/assistance provided
- Take possession of or release a claimant's personal information to anyone other than the DSO, accredited VSO, or the claimant
- Identify yourself as an accredited representative
- Initiate or participate in unprofessional conduct in the workplace or in public view
- Attempt to represent claimants before the VA in any capacity such as signing forms on behalf of or representing claimants during VA hearings etc.
- Refuse service to claimants unless the claim is clearly fraudulent or there is unprofessional conduct by the claimant
- **DO NOT** promise anything

Post Service Officers Do's



• DO's:

- Provide guidance to claimants and assist them in obtaining state and local benefits.
- Provide guidance and refer claimants to the DSO or accredited VSO for assistance with obtaining VA benefits.
- Conduct yourself in a professional manner.
- Prepare the veteran for the process.
- Always use black ink when completing forms.
- Attend PSO training.

- The VA accredits three types of representatives: Veteran Service Organizations, Attorneys and Agents
 - Must have good moral character and be capable of providing competent representation.
 - Accredited individuals are professional advocates that have completed extensive training in veteran's benefits and have access to resources that non-accredited individuals do not.
 - VA's Office of General Counsel (OGC) is responsible for making those determinations through its accreditation process.
- VA accreditation allows organizations and/or individuals the authority to represent veterans before the Department of Veterans Affairs
 - If you are not accredited, VA will not disclose any information to you about other veterans

Who Can Represent A Veteran



- Accredited Representative of a Veteran Service Organization
 - All Department Service Officers, Assistant Department Service Officers, & Claims Consultants that work for the VFW are accredited.
 - The VFW is not allowed to charge a fee to the Veteran
- Accredited Attorneys or Agents
 - May legally charge fees for appeals if a valid fee agreement is filed with VA.
 - May **only** charge claimants a fee after:
 - VA has made a decision regarding the claim;
 - An appeal of that decision has been initiated
 - The attorney or agent has filed a power of attorney and a fee agreement with VA.

Who Can Represent A Veteran



- Non-licensed Individual
 - The representation is for a one-time, one-claim basis only.

Claim Sharks



- Claim Sharks are:
 - Non-accredited organizations who engage in predatory practices.
 - Many times, illegally charging for services and may lack the qualifications required for VA accreditation.
- Many unaccredited individuals and unrecognized organizations advertise online, and some may contact veterans directly.
- The terms “veteran” and/or “military” does not inherently mean the organization represents the best interests of veterans and their families.
- Refer these organization to DSO.

How to Know if Someone is Accredited VETERANS OF FOREIGN WARS.

A searchable list of accredited VSO representatives, agents, and attorneys is available at the VA Office of General Council's website:

<http://www.va.gov/ogc/apps/accreditation/index.asp>

Confidentiality of Records



- Public Law 93-579, The Privacy Act of 1974, requires written authorization for release of any information from records maintained by Federal agencies. The Department of Veterans Affairs, Department of Defense, Social Security Administration, and other Federal agencies restrict the release of confidential information, such as address of the claimant, etc. to parties other than the claimant.
- An accredited representative of a Veterans Service Organization may release information necessary for development of a specific claim to a local service officer, but only if authorized by the claimant in writing on VA Form 21-0845, Authorization to Disclose Personal Information to a Third Party. This authorization must include the PSO's full name and does not transfer to other individuals.

Evidence Needed for Claims



- What can you do to assist the veteran and DSO in submitting a substantially complete claim?
 - Inform the veteran of the evidence required for their claim(s)
- Depending on the benefit sought, ask the veteran to gather and submit:
 - Service Treatment Records/Service records/DD-214
 - Private medical records or Names, Address and Dates of Treatment for each condition
 - Marriage certificates/divorce decrees
 - Birth Certificates and Social Security cards for dependent children
 - Financial statements

How You Can Best Serve Veterans and Help the DSO



- Identify if Veteran is ready to complete claim or need more time.
- If the Veteran is ready
 - Complete VA Form 21-22
 - Either collect documents and send to DSO, accredited VSO, or have Veteran send them in.
- If Veteran needs more time
 - Help Veteran Identify what documents are required for claim
 - Complete VA Form 21-0966

VA Form 21-22 - General



- [Appointment of Veterans Service Organization as Claimant's Representative](#)
 - Designates the Veterans of Foreign Wars as the individual's representative.
 - Required to authorize the VFW to represent a claimant for benefits from the Department of Veterans Affairs.
- Under no circumstances is a fee or compensation of any nature to be charged to anyone for service rendered in connection with any claim for which the VFW provides representation.
- Membership in the VFW is not required for representation.

VA Form 21-22 – Who We Represent



- Any Veteran other than those with a Dishonorable Discharge.
- If a veteran has both a dishonorable discharge and an honorable period of service, we may still be able to represent them – refer these veterans to your DSO.
- Once representation is accepted by the VFW, the veteran may not be represented by any other accredited organization or attorney.
- **IMPORTANT:** VA form 21-22 must be completed and signed by an **accredited** VFW representative to be valid for VA benefit purposes.


VA Form 21-22 – Questions to Ask



- Prior to completing a VA Form 21-22, ask the Veteran these questions to ensure that we are able to represent him or her.
 - Do you currently have representation with another Veteran Service Organization or attorney?
 - Do you have any open claims or appeals in process?
- If the Veteran doesn't know, please contact the DSO or an accredited VSO prior to completing and sending in the form.

VA Form 21-22 – Section I



 Department of Veterans Affairs		OMB Control No. 2900-0321 Respondent Burden: 5 minutes Expiration Date: 02/28/2022	
APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.			
NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> . See Page 4 for information on how to submit the completed form, either by mail, in person at a VA regional office or electronically. VA forms are available at www.va.gov/vaforms .			
SECTION I: VETERAN'S INFORMATION			
NOTE: You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.			
1. VETERAN'S NAME (First, Middle Initial, Last)			
J O H N A T E S T C A S E			
2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)		3. VA FILE NUMBER (If applicable)	
0 0 0 - 0 0 - 0 0 0 0		0 0 0 0 0 0 0 0 0 0	
4. VETERAN'S DATE OF BIRTH		Month Day Year	
0 1 - 0 1 - 1 9 3 2			
5. VETERAN'S SERVICE NUMBER (If applicable)		6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)	
7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)			
No. & Street 1 4 2 8 E L M S T R E E T			
Apt./Unit Number City S P R I N G W O O D			
State/Province O H Country U S ZIP Code/Postal Code 4 3 2 3 1 -			
8. VETERAN'S TELEPHONE NUMBER (Include Area Code)		9. VETERAN'S EMAIL ADDRESS (Optional)	
253-206-5061		JTESTCASE@TESTCASE.COM	

VA Form 21-22 – Section II & III



SECTION II: CLAIMANT'S INFORMATION (If other than veteran)		
10. CLAIMANT'S NAME (First, Middle Initial, Last)		
J I L L B T E S T C A S E		
11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street 1 4 2 8 E L M S T R E E T		
Apt./Unit Number City S P R I N G W O O D		
State/Province OH Country US ZIP Code/Postal Code 4 3 2 3 1 -		
12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)	13. CLAIMANT'S EMAIL ADDRESS (Optional)	14. RELATIONSHIP TO VETERAN
253-206-5061	JILLB@TESTCASE.COM	SPOUSE
SECTION III: SERVICE ORGANIZATION INFORMATION		
15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)		
VETERANS OF FOREIGN WARS (097)		
16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE 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)	16B. JOB TITLE OF PERSON NAMED IN ITEM 16A	
17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15	18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)	
VFW.VBASEA@VA.GOV		

VA Form 21-22 – Section IV




VETERAN'S SOCIAL SECURITY NUMBER - -

SECTION IV: AUTHORIZATION INFORMATION					
<p>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.</p> <p><input checked="" type="checkbox"/> 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.</p>					
<p>20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:</p> <table><tbody><tr><td><input type="checkbox"/> DRUG ABUSE</td><td><input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)</td></tr><tr><td><input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE</td><td><input type="checkbox"/> SICKLE CELL ANEMIA</td></tr></tbody></table>		<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
<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				
<p>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.</p> <p><input checked="" type="checkbox"/> 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.</p>					
<p>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 20.6. <i>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.</i> Signed and accepted subject to the foregoing conditions.</p>					

VA Form 21-22 – Section V



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>		
		5-15-2022		
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A <i>(Do Not Print)</i>		23B. DATE SIGNED <i>(MM/DD/YYYY)</i>		
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	COPY OF VA FORM 21-22 SENT TO:		DATE SENT	ACKNOWLEDGED <i>(Date)</i>
	<input type="checkbox"/> VR&E FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE			
				REVOKED <i>(Reason and date)</i>
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.				

- Why is this form important?
 - If a veteran wants to file a claim but needs additional time to gather the information needed to file, an Intent to File form should be used.
 - VA stopped accepting Informal Claims on March 24, 2015 and now they must complete an Intent to File on a [VA Form 21-0966](#).
 - VA may grant entitlement to benefits from an effective date prior to the date of claim (DOC) as long as the claimant submits a complete claim within one year of the date VA received the ITF.
 - An ITF is specific to the benefit sought. When the claim received is not for the same type of benefit identified on the ITF, the ITF may not be applied to the claim for purposes of effective date assignment.


VA Form 21-0966 – Section I



Department of Veterans Affairs		Expiration Date: 08/31/2021
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)		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.		
SECTION I: CLAIMANT/VETERAN IDENTIFICATION		
NOTE: You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.		
1. CLAIMANT'S NAME (First, Middle Initial, Last) J O H N A T E S T C A S E		
2. CLAIMANT'S SOCIAL SECURITY NUMBER 0 0 0 - 0 0 - 0 0 0 0	3. VA FILE NUMBER (If applicable) 0 0 0 0 0 0 0 0 0 0	4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY) Month: 0 1 Day: 0 1 Year: 1 9 3 2
5. VETERAN'S NAME (First, Middle Initial, Last) (If different from claimant) 		
6. VETERAN'S SOCIAL SECURITY NUMBER 	7. VETERAN'S SEX <input checked="" 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) No. & Street: 1 4 2 8 E L M S T R E E T Apt./Unit Number: City: S P R I N G W O O D State/Province: O H Country: U S ZIP Code/Postal Code: 4 3 2 3 1 -		
10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	11. TELEPHONE NUMBER (Include Area Code) 253-206-5091	12. EMAIL ADDRESS (If applicable) JTESTCASE@TESTCASE.COM

VA Form 21-0966 – Section II & III



SECTION II: GENERAL BENEFIT ELECTION	
<p>IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you <u>do not</u> select one or more of the general benefits listed below.</p> <p>13. I intend to file for the general benefit(s) checked below: (Choose all that apply)</p> <p><input checked="" type="checkbox"/> COMPENSATION <input checked="" type="checkbox"/> PENSION</p> <p>NOTE: Only check the box below if you are a surviving dependent of the veteran.</p> <p><input type="checkbox"/> SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)</p> <p>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 at www.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.</p>	
SECTION III: DECLARATION OF INTENT	
<p>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.</p>	
14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE	14B. DATE SIGNED (MM/DD/YYYY)
	5-15-2022
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.)	
<p>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 Veteran Readiness 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</p>	

Ways VA Can Grant Service Connection



- Service connection for a disability or death can be established in many ways.
 - Direct Service Connection
 - Presumptive
 - Aggravation
 - Secondary
 - Aggravation of non-service-connected disability
 - “As if”

Direct Service Connection



- Evidence is in the service records and the three elements below are met
 - A current disability
 - An event, injury, or disease in service, and
 - A link or nexus establishing that the current disability had its onset or inception in service, which may be established by evidence of
 - chronicity and continuity, or
 - continuous symptoms or a medical nexus opinion.
- Reference: [38 CFR 3.303](#) and [M21-1 Section V.ii.2.A.](#)

Presumptive Service Connection



- VA presumes that certain disabilities were caused by military service if the Veteran meets a certain criteria.
 - Relaxes the burden on the Veteran to prove that disability is related to service.
 - Congress and VA have decided that service-connected compensation should be awarded for a number of diseases which appear after service for all veterans that meet certain conditions of service, even if there is no record of an event or disability in their particular military service records.
 - Diseases or conditions subject to presumptive service connection (SC) will be considered to have been incurred in or aggravated by service if manifested to a compensable level within the time frame specified for that certain disease under the regulation, even if there is no evidence of such disease during service.
- Reference: [38 CFR 3.307](#) and [M21-1 Section V.ii.2.B.](#)

Aggravation of preservice disability.



- Disability is not caused by military service, but is made worse by military service or by a service-connected disability
 - Preexisting condition is worsened, beyond natural progression, by a service-connected condition.

- Reference: [38 CFR 3.306](#) and [M21-1 Section V.ii.2.C.](#)

Secondary Service Connection and Aggravation of Non-Service-Connected (NSC) Disabilities



- Service-connected condition causes another rated disability
 - Secondary Service Connection
 - Service-connected disability causes another disability
 - Non-Service-Connected Disability
 - Rating a non-service-connected condition requires a medical professional to establish baseline – severity of condition if service-connected condition wasn't making it worse.
 - The Veteran will be compensated for the difference between the baseline and current severity
- Reference: [38 CFR 3.310](#) and [M21-1 Section V.ii.2.D.](#)

“As If” Service Connected



- Veteran can receive compensation but may not be eligible for all ancillary benefits that normally come along with service-connected disability.
 - Paired Organs
 - Service-connected disability (usually loss of or loss of use) of certain organs and extremities and
 - Non-service-connected disability of the paired organ or extremity (hand, feet, eyes, ears, kidney and lungs.)
 - Both organs or extremities will be treated as service connected for determining service-connection
 - Compensated Work Therapy or Rehabilitation
 - If Veteran is participating in program and suffers an additional disability
 - VA Fault or Negligence (1151 claim)
 - Medical malpractice claim when the Veteran suffer an additional disability or death and it was not reasonably foreseeable and is due to negligent VA medical care.
 - A medical opinion is required that states it was not reasonably foreseeable and is due to negligence of the VA
- Reference: [38 CFR 3.383](#) and [M21-1 Section VIII.iv.7.A.](#) And [38CFR 3.361 under 38 U.S.C. 1151](#)

Compensation – VA Math Concept



VA does not add disability ratings together, rather they combine the disabilities using the combined ratings table

To help understand the concept of VA Math, think of a sale:

- A shirt costs \$100 regular price
 - The store advertises 50% off – The new price is \$50
 - The store offers a coupon for an additional 50% – New price is \$25 you save 75% total
 - Why? Because you take the additional percentage from what's left of the original price
 - The veteran is the original price, the disabilities are the sale, and the total saved is the combined rating
 - [Combined Rating Table](#)
- 50% for Sleep Apnea
 - 30% for PTSD
 - 20% for Lumbar Spine
 - 10% for Tinnitus
 - $100\% - 50\% = 50\%$
 - $50\% * 30\% = 15\%$
 - $50\% + 15\% = 65\%$
 - $35\% * 20\% = 7\%$
 - $7\% + 65\% = 72\%$
 - $28\% * 10\% = 2.8\%$
 - $72\% + 2.8 = 74.8\%$
 - Rating is 80%

QUESTIONS?



- Contact Information:

- Mel West, melvin.west@va.gov, 253-344-5985 / 206-341-8284



VA FORMS

Get all the VA Forms you want or need
at:

www.va.gov/vaforms

COMMONLY USED VA FORMS OVERVIEW:

- VA FORM 21-22** - Appointment of Veterans Service Organization
- VA FORM 21-0966** - Intent to File
- VA FORM 21-4142** - Authorization & Consent to Release Information to the DVA
- VA FORM 21-4142a** - General Release for Medical Provider Information to the DVA
- VA FORM 21-526EZ** - Application for Disability Compensation
- VA FORM 21-527EZ** - Application for Pension
- VA FORM 21-534EZ** - Application for DIC, Death Pension, and/or Accrued Benefits
- VA FORM 21-530** - Application for Burial Benefits
- VA FORM 21-4138** - Statement in Support of Claim
- VA FORM 21-2680** - Exam for Housebound or Permanent Need For Aid and Attendance
- VA FORM 21-0781** - Statement in Support of Claim for PTSD
- VA FORM 21-0781a** - Statement in Support of Claim for PTSD Secondary to Personal Assault

COMMONLY USED VA FORMS OVERVIEW:

- VA FORM 21-686c** - Declaration of Status of Dependents
- VA FORM 21-674** - Request for Approval of School Attendance
- VA FORM 10-182** - Decision Review Request: Board Appeal (Notice Of Disagreement)
- VA FORM 20-0995** - Decision Review Request: Supplemental Claim
- VA FORM 20-0996** - Decision Review Request: Higher-Level Review
- VA FORM 10-10ez** - Application for Health Benefits
- VA FORM 40-10007** - Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery

- National VFW Resources

- [VFW Guide for Post Service Officers](#)
- [Post Service Officer Info and Training](#)

- State VFW Resources

- [Previous DSO Post Service Officer Training](#)
- [Accredited Service Officer Locations and Contact Info](#)
- [VFW Service Division Resource Page](#)

- VA Resources

- [eCFR – Title 38](#)
- [KnowVA - M21-1VA Procedure Manual](#)
- [Eligibility for VA disability benefits](#)
- [Eligibility for VA health care](#)
- [Eligibility for Veterans Pension](#)
- [Eligibility requirements for VA home loan programs](#)

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VA Benefits and Services



The Department of Veterans Affairs offers a wide variety of benefits and services to veterans and their families including:

- Compensation
- Pension
- Healthcare
- Education
- Home Loan Guarantee
- Life Insurance
- Survivors benefits
- Burial benefits

Fact Sheets for many VA benefits can be found at:

<https://benefits.va.gov/BENEFITS/factsheets.asp>