Program of Comprehensive Assistance for Family Caregivers (PCAFC)

PCAFC Review and Appeal Options for Veterans and Caregivers

VETERANS SERVICE ORGANIZATION (VSO) TOOLKIT

VA | U.S. Department of Veterans Affairs

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Communications Library

Purpose

Veterans Service Organizations (VSOs) can use the communications content and resources in this toolkit as they work with Veterans and caregivers to help them better understand their options to appeal or request a review of a Program of Comprehensive Assistance for Family Caregivers (PCAFC) decision.

Summary

- As a result of a recent U.S. Court of Appeals for Veterans Claims (Court) ruling, VA is including a new notice of review and appeal options (VA Form 10-305) with every new PCAFC decision letter sent on or after September 28, 2021.
- In November 2021, VA will begin phased notification to all Veterans and caregivers who received a PCAFC decision between May 2011 and September 27, 2021 (an estimated 450,000 individuals) of their right to appeal to the Board of Veterans' Appeals (Board).
- The VHA Clinical Review Process (also known as the VHA Clinical Appeals Process) is still available and an effective means of requesting a review of PCAFC decisions.
- VA's goal is to continue improving processes and provide fair and transparent opportunities for all Veterans and caregivers to get the support they need and have their disagreements heard. For this to be successful, VA needs all partners to help disseminate accurate information, manage expectations, provide feedback and be a resource for Veterans and caregivers.
- Key dates:
  - **April 19, 2021**– Court ruled for the petitioners in the case of *Jeremy Beaudette & Maya Beaudette v. Denis McDonough, Secretary of Veterans Affairs*. The Beaudettes sought review by the Board of PCAFC decisions.
  - **August 19, 2021**–The Court approved a joint notice plan from VA and Beaudette petitioners for issuing notice to individuals who have received a PCAFC decision and were not afforded the right to appeal to the Board.
  - **September 28, 2021**– VA includes information about review and appeal options in every new PCAFC decision notice letter sent to Veterans and caregivers.
  - **November 17, 2021**–VA begins notifying every Veteran and caregiver who had a previous PCAFC decision about their Board appeal rights.

Annex 1: Frequently Asked Questions (FAQs)

Q1. What is changing in the Program of Comprehensive Assistance for Family Caregivers (PCAFC) review and appeal process?

A1. If you disagree, in whole or in part, with a Department of Veterans Affairs (VA) decision under the Program of Comprehensive Assistance for Family Caregivers (PCAFC), there are options for you to appeal or to request a Veterans Health Administration (VHA) review of the decision. Your options depend on the date VA issued your PCAFC decision. Previously, Veterans and caregivers could only appeal PCAFC decisions through the VHA Clinical Review Process (also known as the VHA Clinical Appeals Process).

Q2. Can I still use the VHA Clinical Review Process (also known as the VHA Clinical Appeals Process)?

A2. Yes. To provide additional choices to Veterans and caregivers, VHA is also continuing to offer its Clinical Review Process (also known as the VHA Clinical Appeals Process). Please contact the Patient Advocate at your local VA medical facility for more information on the Clinical Review Process.

Find your local VA medical center here: https://www.va.gov/find-locations

Q3. What are my options if I disagree with a PCAFC decision?

A3. Your options depend on the date VA issued your PCAFC decision.

If you disagree with a PCAFC decision issued before February 19, 2019, you can now appeal to the Board. You can also seek review through the VHA Clinical Review Process (also known as the VHA Clinical Appeals Process).

If you disagree with a PCAFC decision issued on or after February 19, 2019, you can utilize one of the following three options: Supplemental Claim, Higher-Level Review, or appeal to the Board. You can also seek review through the VHA Clinical Review Process (also known as the VHA Clinical Appeals Process).

Q4. What is a Higher-Level Review of a PCAFC decision?

A4. A Higher-Level Review is a review by an experienced decision maker within the Caregiver Support Program who was not involved in the prior decision. The decision maker will review the prior decision using the evidence of record as of the date VA made the prior decision. No additional information will be considered. To request a Higher-Level Review, please complete Decision Review Request: Higher-Level Review (VA Form 20-0996).

VA Form 20-0996 is available at: https://www.vba.va.gov/pubs/forms/VBA-20-0996-ARE.pdf

Q5. What is a Supplemental Claim?

A5. A Supplemental Claim is a request for VA to consider new and relevant evidence that was not of record when VA made its prior PCAFC decision. You can file a Supplemental Claim to request a review of the prior decision based on the additional evidence. To file a Supplemental Claim, please complete Decision Review Request: Supplemental Claim (VA Form 20-0995).

VA Form 20-0995 is available at: https://www.vba.va.gov/pubs/forms/VBA-20-0995-ARE.pdf

Q6. What is considered "new and relevant evidence" for purposes of a Supplemental Claim?

A6. For Supplemental Claims, new evidence is information not previously part of the record and relevant evidence is information that could prove or disprove something in a claim. You can submit new and relevant evidence yourself or ask VA to help obtain the evidence, such as from a private health care provider.

Q7. What is an appeal to the Board of Veterans' Appeals (Board)?

A7. An appeal to the Board is a request for a Veterans Law Judge (VLJ) to review a decision by VHA.

Q8. How do I know if I am eligible to appeal to the Board?

A8. All individuals who have received a PCAFC decision can appeal that decision to the Board. The process you use depends on the date VA issued the PCAFC decision. To appeal, you need to know the specific issue or issues that you would like to appeal. You also need to know the date of the decision. You can appeal more than one decision, but you need to identify each decision you are appealing.

If you received a PCAFC decision issued on or after February 19, 2019, you can start the appeal process by filling out Decision Review Request: Board Appeal (Notice of Disagreement) (VA Form 10182).

VA Form 10182 is available at: https://www.va.gov/vaforms/va/pdf/VA10182.pdf

Mail your completed VA Form 10182 to the address below:

Board of Veterans' Appeals
P.O. Box 27063
Washington, DC 20038

You may also fax your completed VA Form 10182 to: 844-678-8979.

If your PCAFC decision was issued prior to February 19, 2019 you can start the appeal process by filing a Notice of Disagreement identifying the specific decision and issue(s) with which you disagree. If you disagree with decisions issued on multiple dates, you will need to complete a separate VA Form 10-307 for each decision date. You may use VA Form 10-307, Program of Comprehensive Assistance for Family Caregivers (PCAFC) Notice of Disagreement (NOD).

VA Form 10-307 is available at: https://www.va.gov/find-forms/about-form-10-307

Mail your completed Notice(s) of Disagreement (VA Form 10-307) to the address below:

Veterans Affairs Evidence Intake Center
P.O. Box 5154
Janesville, WI 53547

Q9. What Board review option should I choose when completing VA Form 10182?

A9. The Board has three review options for an appeal. These review options, or "dockets," are: 1) Direct Review, 2) Evidence Submission, and 3) Hearing with a VLJ.

A Direct Review will proceed to a VLJ for a decision. This is an option if you do not want to submit additional evidence in support of your appeal or have a hearing with a VLJ.

An Evidence Submission is an option if you want to submit additional evidence in support of your appeal without a hearing with a VLJ.

A Hearing is an option if you want a hearing with a VLJ. This option also provides the opportunity to submit additional evidence.

Q10. What if I disagree with the Board's decision?

A10. Information on further appeal options, Your Rights to Appeal Our Decision (VA Form 4597), will be included in the decision notice issued by the Board.

VA Form 4597 is available at: https://www.va.gov/vaforms/va/pdf/VA4597.pdf

Q11. Are these review and appeal options available if I previously received a PCAFC decision?

A11. If you disagree in whole or in part with a VA decision under PCAFC, you can now appeal directly to the Board. Other options for further review depend on the date of your PCAFC decision.

Q12. Can I submit a Supplemental Claim, Higher-Level Review and Board Appeal all at the same time?

A12. No. While you may be able to pursue all three options, you can only pursue one option at a time for each specific decision with which you disagree. Once you select an option, a decision must be received,

or you need to withdraw the request before pursing another option.

Q13. After I submit a request for a review or appeal, how long will it take to receive a decision?

A13. As of September 2021, PCAFC reviews using the VHA Clinical Review Process (also known as the VHA Clinical Appeals Process) take about six weeks to complete.

VA continues to develop processes to support timely reviews and determinations following requests for Supplemental Claims, Higher-Level Reviews and appeals to the Board concerning PCAFC decisions. These are new types of reviews and appeals available for PCAFC decisions, therefore, the estimated time for decisions to be issued is not yet known.

Q14. How is VA notifying me of my appeal options if I previously received a PCAFC decision?

A14. As a result of the *Beaudette v. McDonough* ruling, we are contacting every Veteran or caregiver who previously received a PCAFC decision with information about their appeal rights. If you received a PCAFC decision before September 28, 2021, you will receive a notice of your Board appeal rights in the mail. VA will be mailing these notices over a period of several months so not everyone will be receiving notice at the same time. This staggered approach is being used so that VA can be as responsive as possible as we receive questions and requests.

Q15. How will I be notified of my PCAFC review and appeal options for any new decisions I receive?

A15. All PCAFC decision letters sent on or after September 28, 2021 include Your Rights to Seek Further Review of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions (VA Form 10-305).

VA Form 10-305 is available at: https://www.va.gov/find-forms/about-form-10-305

Q16. Who can help me complete forms to file a Supplemental Claim, Higher-Level Review or request an appeal to the Board?

A16. Correctly completing these forms is important because it helps VA best understand the decision that you disagree with and provide a timely response. If you have questions about forms to request review of or appeal a PCAFC decision, you can call VA's Caregiver Support Line (CSL) at 1-855-260-3274.

CSL expanded hours are:

- Monday-Friday 8 a.m.-10 p.m. ET
- Saturday 8 a.m.-5 p.m. ET

An accredited representative, attorney or claims agent can also help you complete your forms. To identify an accredited representative, contact your local VA regional office for assistance or visit https://www.va.gov/disability/get-help-filing-claim.

Q17. How do I request information about the PCAFC decisions I have previously received?

A17. If you need information about a previous PCAFC decision(s) (e.g., date of decision, what the decision was), you can request this information using a Request for Information About Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions (VA Form 10-306).

VA is only able to release information about the person identified in Section I of the form who is requesting and authorizing the release of this information. If multiple people are requesting information about themselves, each person must submit a completed VA Form 10-306.

VA Form 10-306 is available at: https://www.va.gov/find-forms/about-form-10-306

Q18. Can I use a Request for Information (VA Form 10-306) to get information about the status of a current PCAFC application?

A18. No. VA Form 10-306 is used to request information about PCAFC decisions that have previously been issued.

Q19. Where should I send my completed forms?

A19. For VA Form 20-0995 (https://www.vba.va.gov/pubs/forms/VBA-20-0995-ARE.pdf),

VA Form 20-0996 (https://www.vba.va.gov/pubs/forms/VBA-20-0996-ARE.pdf) or

VA Form 10-306 (https://www.va.gov/vaforms/medical/pdf/VA_%20Form_10-306.pdf), send to:

Veterans Affairs Evidence Intake Center
P.O. Box 5154
Janesville, WI 53547

To submit a Notice of Disagreement (NOD) for a PCAFC decision issued prior to February 19, 2019, send VA Form 10-307 (https://www.va.gov/find-forms/about-form-10-307) to:

Veterans Affairs Evidence Intake Center
P.O. Box 5154
Janesville, WI 53547

To appeal a PCAFC decision issued on or after February 19, 2019 to the Board, send VA Form 10182 (https://www.va.gov/vaforms/va/pdf/VA10182.pdf) to:

Board of Veterans' Appeals
P.O. Box 27063
Washington, DC 20038

You may also fax your completed VA Form 10182 to: 844-678-8979.

Q20. Who can I contact if I have more questions?

A20. Call VA's Caregiver Support Line (CSL) at 1-855-260-3274 to learn more about the support that is available to you.

CSL expanded hours are:

- Monday-Friday 8 a.m.-10 p.m. ET
- Saturday 8 a.m.-5 p.m. ET

For information about previous PCAFC decisions, you need to submit a Request for Information About Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions using VA Form 10-306 (https://www.va.gov/vaforms/medical/pdf/VA_%20Form_10-306.pdf)

HOW CAN I LEARN MORE?

For information on the VHA Clinical Review Process:
Contact your local CSC and CSP team: https://www.caregiver.va.gov/support/New_CSC_Page.asp

For more information on PCAFC review and appeal options you can:
Visit the Caregiver Support Program PCAFC Reviews and Appeal webpage:
VA Caregiver Support Program Home (caregiver.va.gov)

Call VA's Caregiver Support Line (CSL) at 1-855-260-3274. CSL expanded hours are:
Monday-Friday 8 a.m.-10 p.m. ET • Saturday 8 a.m.-5 p.m. ET
PCAFC is one way VA supports caregivers of Veterans. To learn more about this program and other options for caregiver support, please contact your local Caregiver Support Program team. More information is also available at www.caregiver.va.gov.

Annex 2: Recommended Social Media

Share these draft posts and tweets with imagery on your social media channels to connect audiences to VA information and resources on options for requesting a review of or appealing a PCAFC decision.

Tip: Content is more likely to be seen if you use a photo!

FACEBOOK	
CONTENT	**SUGGESTED IMAGE**
Veterans and caregivers have multiple options to appeal or request a review of a Program of Comprehensive Assistance for Family Caregivers (PCAFC) decision. Learn more at https://www.caregiver.va.gov/support/PCAFC_Appeals.asp	
Do you know how recent changes to the Program of Comprehensive Assistance for Family Caregivers (PCAFC) review and appeal processes apply to you? Learn more about these changes and your available options: https://www.caregiver.va.gov/support/PCAFC_Appeals.asp	
Questions about recent changes to PCAFC review and appeal options? Check out the FAQ resource: https://www.caregiver.va.gov/pdfs/2021/VA_CaregiverSupportProgram_PCAFC_Appeal_FAQs.pdf#	

TWITTER

CONTENT	SUGGESTED IMAGE
Veterans and #caregivers have multiple options to appeal or request a review of their #VA Program of Comprehensive Assistance for Family Caregivers (PCAFC) decision. Learn more at https://www.caregiver.va.gov/support/PCAFC_Appeals.asp	
#DYK how recent changes to the Program of Comprehensive Assistance for Family Caregivers (PCAFC) review and appeal processes apply to you? Learn more about these changes and your available options: https://www.caregiver.va.gov/support/PCAFC_Appeals.asp. #Veterans #caregivers	
Questions about recent changes to PCAFC review and appeal options? Check out the #FAQ https://www.caregiver.va.gov/pdfs/2021/VA_CaregiverSupportProgram_PCAFC_Appeal_FAQs.pdf#	

Annex 3: Draft Blog Content

Use this language in your upcoming email and print newsletters to let Veterans and caregivers know about changes that have been made to PCAFC decision review and appeal options and when they can expect to hear from VA about their rights.

Options to appeal or request a review of a Program of Comprehensive Assistance for Family Caregivers (PCAFC) decision

In the coming months, VA is mailing notices to Veterans and caregivers who received a Program of Comprehensive Assistance for Family Caregivers (PCAFC) decision between May 2011 and September 27, 2021 to inform them of their right to appeal to the Board of Veterans' Appeals (Board). Notice letters are not going out all at once, but if you previously received a PCAFC decision, you will hear from VA. This staggered approach is being used so that VA can be as responsive as possible to questions and requests for reviews of decisions.

As of September 28, 2021, new PCAFC decision letters include VA Form 10-305, Your Rights to Seek Further Review of PCAFC Decisions, with more information on available options to appeal or request a Veterans Health Administration (VHA) review.

To learn more:

Review the Frequently Asked Questions (FAQ): https://www.caregiver.va.gov/pdfs/2021/VA_CaregiverSupportProgram_PCAFC_Appeal_FAQs.pdf#

Visit the caregiver.va.gov website

Annex 4: Form Library

	FORM NAME	USE THIS FORM TO…	SEND THIS COMPLETED FORM TO…	LINK
FORM TYPE: OTHER	Your Rights to Seek Further Review of Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions (**VA Form 10-305**)	Find information on options available to review or appeal a PCAFC decision.	n/a	https://www.va.gov/find-forms/about-form-10-305
	Request for Information About Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions (**VA Form 10-306**)	Request information about previous PCAFC decision, (e.g., date of decision, what the decision was).	Veterans Affairs Evidence Intake Center P.O. Box 5154 Janesville, WI 53547	https://www.va.gov/find-forms/about-form-10-306
FORM TYPE: FORMS FOR APPEALS	Notice of Disagreement (PCAFC Decisions) (**VA Form 10-307**)	Appeal a PCAFC decision made prior to February 19, 2019 to the Board.	Veterans Affairs Evidence Intake Center P.O. Box 5154 Janesville, WI 53547	https://www.va.gov/find-forms/about-form-10-307
	Appeal to the Board of Veterans' Appeals (**VA Form 9**)	Appeal to the Board after receiving a Statement of the Case (SOC) for PCAFC decisions made prior to February 19, 2019.	Veterans Affairs Evidence Intake Center P.O. Box 5154 Janesville, WI 53547	https://www.va.gov/vaforms/va/pdf/VA9.pdf
	Decision Review Request: Board Appeal (Notice of Disagreement) (**VA Form 10182**)	Appeal a PCAFC decision made on or after February 19, 2019 to the Board.	Board of Veterans' Appeals P.O. Box 27063 Washington, DC 20038 Fax: 844-678-8979	https://www.va.gov/vaforms/va/pdf/VA10182.pdf
FORM TYPE: FORMS FOR VHA REVIEW	Decision Review Request: Supplemental Claim (**VA Form 20-0995**)	Request VHA review of a PCAFC decision made on or after February 19, 2019 with new and relevant evidence.	Veterans Affairs Evidence Intake Center P.O. Box 5154 Janesville, WI 53547	https://www.vba.va.gov/pubs/forms/VBA-20-0995-ARE.pdf
	Decision Review Request: Higher-Level Review (**VA Form 20-0996**)	Request a VHA review from a more senior Caregiver Support Program reviewer about a PCAFC decision made on or after February 19, 2019.	Veterans Affairs Evidence Intake Center P.O. Box 5154 Janesville, WI 53547	https://www.vba.va.gov/pubs/forms/VBA-20-0996-ARE.pdf

Department of Veterans Affairs

YOUR RIGHTS TO SEEK FURTHER REVIEW OF PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS (PCAFC) DECISIONS

If you disagree, in whole or in part, with a Department of Veterans Affairs (VA) decision under the Program of Comprehensive Assistance for Family Caregivers (PCAFC), the following options are available for you to appeal or request Veterans Health Administration (VHA) review the decision:

Veterans Health Administration (VHA) Review Options

- Supplemental Claim (only available for PCAFC decisions provided by VA on or after February 19, 2019)
- Higher-Level Review (only available for PCAFC decisions provided by VA on or after February 19, 2019)

Appeal to the Board of Veterans' Appeals (Board) (available for all PCAFC decisions regardless of the date the decision was provided)

NOTE: VHA's current clinical review process (also referred to as the VHA Clinical Appeals Process) will also continue to be available. This process will work in tandem with the two additional VHA review options noted above (Supplemental Claim and Higher-Level Review). Please contact the Patient Advocate at your local VA medical facility for more information on the clinical review process.

PCAFC Review and Appeal Options

Supplemental Claim and Higher-Level Review are only applicable to PCAFC decisions provided by VA on or after February 19, 2019. To provide additional choices to Veterans and caregivers, VHA is also continuing to offer its clinical review process.

It is important to note, ALL PCAFC decisions may be appealed to the Board. This includes decisions provided by VA prior to February 19, 2019 and on or after February 19, 2019. Decisions that result from a Supplemental Claim, Higher-Level Review, or the VHA clinical review process are also appealable to the Board.

Of the three options below – a Supplemental Claim, a Higher-Level Review, or an appeal to the Board of Veterans' Appeals – you can only pursue one of these three options at a time for each specific decision with which you disagree. For example, if you submit a Supplemental Claim to VHA based on a denial of the VA Form 10-10CG application, you must receive a decision on that Supplemental Claim, or elect to withdraw the claim, before filing an appeal with the Board of Veterans' Appeals.

Supplemental Claim

If you have new and relevant evidence that was not considered when VA made its prior PCAFC decision, you can file a VA Form 20-0995, *Decision Review Request: Supplemental Claim*. New evidence is evidence not previously part of the record VA considered. Relevant evidence is information that tends to prove or disprove a matter at issue in a claim. When you submit this form, include any new and relevant evidence that you believe supports your claim. A Supplemental Claim may be filed at any time.

The form for a Supplemental Claim can be found at: https://www.vba.va.gov/pubs/forms/VBA-20-0995-ARE.pdf. For Supplemental Claims concerning a PCAFC decision, please submit your completed request form (VA Form 20-0995) to:

Veterans Affairs Evidence Intake Center
PO Box 5154
Janesville, WI 53547

Submission of this form to any other location may result in delay in processing your Supplemental Claim request.

Higher-Level Review

If you would like your decision reviewed by a higher-level decision maker within VHA without submitting additional evidence, you can file a VA Form 20-0996, *Decision Review Request: Higher-Level Review.* A Higher-Level Review must be requested within one year of the date PCAFC provided notice of the decision.

The form for a Higher-Level Review can be accessed at: https://www.vba.va.gov/pubs/forms/VBA-20-0996-ARE.pdf. For requests for Higher-Level Review concerning a PCAFC decision, please submit your completed request form (VA Form 20-0996) to:

Veterans Affairs Evidence Intake Center
PO Box 5154
Janesville, WI 53547

Submission of this form to any other location may result in delay in processing your Higher-Level Review request.

Appeal to the Board

If you disagree with your PCAFC decision, you can appeal to the Board of Veterans' Appeals. For more information on the Board of Veterans' Appeals, visit https://www.bva.va.gov/.

For a PCAFC decision provided by VA on or after February 19, 2019, you can appeal to the Board by filling out VA Form 10182, *Decision Review Request: Board Appeal (Notice of Disagreement)* (available at https://www.va.gov/vaforms/va/pdf/VA10182.pdf) and sending it directly to the Board at:

Board of Veterans' Appeals
P.O. Box 27063
Washington, DC 20038
Fax: 844-678-8979

A Notice of Disagreement on VA Form 10182 must be filed within one year from the date VA mailed notice of the PCAFC decision.

Please note that the law requires a different process for appealing to the Board for any PCAFC decisions issued prior to February 19, 2019. A Notice of Disagreement must first be sent to VHA for VHA to provide both you and the Board a detailed statement of reasons for VHA's decision, known as a "Statement of the Case." Updates on the process to appeal a PCAFC decision issued before February 19, 2019 will be posted to www.caregiver.va.gov as they become available.

When deciding whether to appeal to the Board, please be aware that decisions made by the Board are VA's final determination on an issue.

Information or Assistance

If you would like more information about the Caregiver Support Program, including your decision under PCAFC, you may contact the Caregiver Support Line at 1-855-260-3274 toll free, Monday–Friday, 8:00 a.m.–10:00 p.m. ET and Saturday, 8:00 a.m.–5:00 p.m. ET.

You can receive help with your individual claim or appeal from a Veterans Service Organization representative, an attorney, or agent accredited by VA. For a list of VA-recognized organizations and VA-accredited individuals who are authorized to help with VA benefit claims, visit https://www.va.gov/ogc/apps/accreditation/index.asp.

IMPORTANT!
Veterans and caregivers will use this form to request information about a previous PCAFC decision(s) (e.g., date of decision, what the decision was), not to obtain information about a pending application or the status of a pending PCAFC decision review or appeal.

er: 2900-0894
5 minutes
/30/2022

Department of Veterans Affairs

REQUEST FOR INFORMATION ABOUT PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS (PCAFC) DECISIONS

PLEASE READ BEFORE YOU START

What is VA Form 10-306 used for?
This form is used to request information about decisions made related to your application for and/or participation in VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC). This information may assist you in deciding whether or not you wish to file a Notice of Disagreement (NOD) or otherwise request VA's review about a decision that has been made, if you do not otherwise have such information. On average, it will take 15 minutes to complete the form, including the time it will take you to read the instructions, gather the necessary facts and fill out the form.

The use of this form is limited to requests for information about decisions related to PCAFC as described below.

Who should complete this form?
Veterans and caregivers who have applied for or participated in PCAFC who would like information regarding one or more previous PCAFC decisions in order to initiate an appeal or request VA's review of the decision(s).

When applying for PCAFC, a Veteran may appoint one (1) Primary Family Caregiver and up to two (2) Secondary Family Caregiver applicants on the VA Form 10-10CG application. Decisions made by VA may have impacted one or more individuals listed on the VA Form 10-10CG application. VA will only be able to release information about PCAFC decisions impacting the individual who is named in Section I of this form who is requesting and authorizing the release of this information.

For example, if this form is submitted by a Veteran, VA will be unable to release any copies of decision letters sent to the Veteran's Family Caregiver(s) about a PCAFC decision. VA will, however, be able to release information about an application submitted by a Veteran and decisions provided by VA to the Veteran, which includes:

- Names of individuals with whom the Veteran applied
- VA's decisions regarding the application and the dates of the decisions, including:
  - if it was approved and at what stipend tier/level
  - if it was denied and the reason for the denial
- For applications that are approved, information about any discharges or revocations of individuals named on the application, including the dates of these decisions and the reason for the decision.

What information about PCAFC decisions will VA provide?
VA will perform a search of the Caregiver Application Record Management Application (CARMA) to identify PCAFC decisions made about you. For every VA Form 10-10CG application VA has received from you, we will provide the following to the extent this information is available within CARMA: decisions, date(s) of decisions, and copies of any decision letters that VA issued to you. Information in CARMA captures the date(s) of decisions but this may be different than the date VA provided you with notice of the decision. VA will also search for information about PCAFC decisions within the Patient Advocate Tracking System-Replacement (PATS-R) tool, specifically for information about appeals you may have filed concerning PCAFC decisions. VA will also search for any letters issued to you by the Office of Community Care's Caregiver Stipend Program, as applicable, and in some instances, VA may also search for applicable information or letters in the electronic health record. This information is intended to provide at least the minimum information needed for you to submit a Notice of Disagreement or request for review, if you choose.

GETTING STARTED

Complete the fields below for each section. Missing information may result in delays processing your request.

Section I – Individual Requesting Information

Directions for Section I – If you are a Veteran or a caregiver for whom VA has made any PCAFC decision and you would like to request this information, please complete this section. To the extent it is available, VA will provide you with information on all PCAFC decisions made about you. VA will mail the requested information to the mailing address listed in this section. VA will only be able to release information about the individual identified in Section I of this form who is requesting and authorizing the release of this information. If multiple individuals are requesting information, each person must complete a separate VA Form 10-306 to request information about themselves.

Example

Section II – Signature

Directions for Section II – Please sign and date this form. If signing as the personal representative of an individual, please be sure to also print your name, indicate your relationship to the individual, and include appropriate documentation of your authority to sign on behalf of the Veteran or caregiver.

Note: A Personal Representative is a person who, under applicable law, has authority to act on behalf of the individual to include privacy-related matters. For purposes of this form, a personal representative includes a power of attorney with authority to act on behalf of the Veteran or caregiver concerning health care privacy rights, or a legal guardian of the Veteran or caregiver who has been appointed by a court of competent jurisdiction to make decisions regarding the personal welfare of the individual.

Submitting this form:

1. Read the Paperwork Reduction Act Statement and Privacy Act Statement.
2. Ensure all fields are completed. Missing information may result in delays processing your request.
3. Mail your completed form to the address below. Submission of this form to the address below is required for VA to be able to process your request timely.

Submit form to:
Veterans Affairs Evidence Intake Center
PO Box 5154
Janesville, WI 53547

Individuals need to mail their completed form to this address.

SECTION I – INDIVIDUAL REQUESTING INFORMATION

List only one individual. If more than one individual is requesting information, each person must complete a separate VA Form 10-306.

Last Name, First Name, Middle Name	Date of Birth *(MM/DD/YYYY)*	Last 4 digits of the individual's SSN
Rollingstone, John J.	01/02/1955	6789

Mailing Address *(including number and street or rural route, P.O. Box, City, St... ZIP Code and Country)*	Telephone Number *(in case we have questions)*
1234 Harpers Lane Frederick, MD 12345-6789	301-234-5678

Did you apply for PCAFC as a: *(check one)* ☒ Veteran ☐ Family Caregiver ☐ Both ...es)

Name(s) or Location(s) of VA Medical Center(s) that have issued you a PCAFC decis...
Baltimore VA Medical Center
Perry Point VA Medical Center

VA is only able to release information about the individual identified in this section who is requesting and authorizing the release of this information. If multiple individuals are requesting information, each person must submit a completed VA Form 10-306.

SECTION II – SIGNA...

I certify that this request has been made freely, voluntarily and without coercion a... the best of my knowledge.

Signature of Individual or Personal Representative *(Sign in ink)*	Date *(MM/DD/YYYY)*

Print Name of Personal Representative, if applicable	Relationship to Individual

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average less than 15 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described above.

PRIVACY ACT STATEMENT: The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veterans Affairs (VA) in accordance with 38 CFR 1.577. The information requested on this form is solicited in connection with decisions under38 U.S.C.1720G. The form authorizes release of information to you in accordance with the Health Insurance Portability and Accountability Act, 45 CFR 164.524; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notice 197VA10 – "Caregiver Support Program – Caregiver Record Management Application (CARMA)" and in accordance with the Notice of Privacy Practices.

Example

IMPORTANT!
Veterans and caregivers will use this form to begin the process of appealing a PCAFC decision issued before February 19, 2019. Individuals who wish to appeal a PCAFC decision issued on or after this date must use VA Form 10182.

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Department of Veterans Affairs

PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS (PCAFC)

NOTICE OF DISAGREEMENT (NOD)

INFORMATION

NOTE: Use this form ONLY if you received a PCAFC decision issued prior to February 19, 2019, and you disagree with that decision. Do not use this form to appeal a PCAFC decision issued on or after February 19, 2019.

IMPORTANT: THE INFORMATION BELOW WILL HELP YOU COMPLETE THIS FORM QUICKLY AND ACCURATELY. PLEASE READ IT CAREFULLY. SOME SECTIONS OF THE FORM ALSO CONTAIN NOTES OR SPECIFIC INSTRUCTIONS FOR COMPLETING THAT SECTION.

FREQUENTLY ASKED QUESTIONS

Who should fill out this form?

You should fill out this form if you have applied for and/or participated in PCAFC *and* disagree with a PCAFC decision that VA issued prior to February 19, 2019 *and* you would like to initiate an appeal of that decision. This includes an initial VA Form 10-10CG application decision, a decision that you are no longer eligible to participate in PCAFC, or any other PCAFC decision with which you disagree.

Where can I get help?

If you have questions about the information being requested in this form, you may contact the Caregiver Support Line at 1-855-260-3274. Before you contact us, please make sure you gather any necessary information and materials, and complete as much of the form as you can. If you need more information about PCAFC decisions made about you, you can request this information by completing VA Form 10-306, Request for Information about Program of Comprehensive Assistance for Family Caregiver (PCAFC) Decisions. This form is available at www.va.gov/forms. If you need more information about PCAFC decisions made about you, please submit the Request for Information form before completing this Notice of Disagreement (NOD) form, so you know what specific decisions you may want to appeal.

What should I do when I have finished my NOD?

Please review the form carefully and ensure all the requested information is entered. Be sure to sign the form. If you don't sign the form, VA will return it for you to sign, and it may take longer to process.

Attach any materials that support and explain your NOD.

Mail your completed NOD to:

Individuals need to mail their completed form to this address.

Veterans Affairs Evidence Intake Center
PO Box 5154
Janesville, WI 53547

Do I need to keep a copy of this NOD form?

It is important that you keep a copy of all completed forms and materials you give to VA.

IMPORTANT: If you do not complete all fields on this form, VA may consider your form incomplete and request clarification from you. Please respond to any request for clarification that VA makes, within 60 days of the request. If you do not provide VA with a timely response and if VA cannot identify the specific decision with which you are disagreeing from your form, your form will not be considered a NOD and VA will not take further action on that form.

PAPERWORK REDUCTION ACT STATEMENT: We need this information to determine eligibility for benefits (38 U.S.C. 501). Title 38, United States Code, 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 the 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.

PRIVACY ACT STATEMENT: The information requested on this form is solicited in connection with 38 U.S.C. 1720G. Your disclosure of the information requested on this form is voluntary. However, if information needed to process your request is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other VA benefits to which you may be entitled. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notice 197VA10 –"Caregiver Support Program – Caregiver Record Management Application (CARMA)" and in accordance with the Notice of Privacy Practices.

INSTRUCTIONS

Part I – Veteran Information

Please provide identifying information.

Part II – Caregiver Information

Please provide identifying information.

Part III - Specific Issues of Disagreement

The purpose of this section is for you to identify each individual area of disagreement that you have with your PCAFC decision. Please list only the issues with which you disagree.

Box 9: Please provide the date of the decision you disagree with. If you are unsure, please provide an estimated month/year, if possible. We need this information to identify what decision you disagree with. Do not enter today's date. If you disagree with decisions issued on multiple dates, please submit a different form for each decision date.

Box 10: Please select the area or areas of disagreement. For example, if you applied for PCAFC as a Primary Family Caregiver and you were not designated and approved and you disa ation" box. If a reassessment resulted in a determination of you no longer being eligible for PCAF on/Discharge." If you were approved as a Primary Family Caregiver but disagree with the end Amount" box. If you disagree with a decision for reasons other than those listed in the "A specify your disagreement.

If an individual is unable to sign this form, they can refer to Part IV below for who may sign on their behalf.

Box 11: Please complete this box, or pr orate or explain why you feel VA made an incorrect decision. If completing this box or providi ain why you disagree with our decision.

Box 12: Please indicate if you are attaching addit ges to this NOD and, if so,the number of pages.

Part IV – Certification and Signature

Please sign and date the NOD, certifying that the statements on the form are true and correct to the best of your knowledge and belief. PCAFC decisions impact both the Veteran and caregiver; therefore, we ask that this NOD be signed by both the Veteran and caregiver who received the decision that is being appealed. If more than one caregiver is seeking to appeal a decision (e.g., a Primary Family Caregiver applicant and a Secondary Family Caregiver applicant seeking to appeal VA's decision on a VA Form 10-10CG application), a separate NOD must be completed by each caregiver who received the decision that is being appealed, and we ask that each NOD be signed by both the Veteran and caregiver in that case. Both the Veteran's and caregiver's signature on this NOD are requested but not required. This form can be signed by either the Veteran and/or caregiver appealing the VA decision. In the alternative, *pursuant to the requirements set forth below*, this form can be signed by the representative of the Veteran or caregiver appealing the VA decision or an alternate signer on behalf of such Veteran or caregiver.

A representative of the Veteran or caregiver appealing the VA decision may sign this form if a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual as Claimant's Representative*, indicating the appropriate representative, is of record with VA or accompanies this NOD. Forms are available online at www.va.gov/forms. Note that signing this NOD will not serve to appoint an individual as the Veteran's or caregiver's representative. A searchable database of VA-recognized veterans service organizations (VSOs), VA-accredited attorneys, claims agents, and VSO representatives is available at https://www.va.gov/ogc/apps/accreditation/index.asp.

An alternate signer may sign this form if the Veteran or caregiver appealing the VA decision has not attained the age of 18 years, is mentally incompetent, or is physically unable to sign a form. An alternate signer is a court-appointed representative, a person who is responsible for the care of the individual, including a spouse or other relative, or an attorney in fact or agent authorized to act on behalf of the individual under a durable power of attorney. If the individual is in the care of an institution, an alternate signer can be the manager or principal officer of the institution. If this form is signed by an alternate signer, please complete and return VA Form 21-0972, *Alternate Signer Certification*, with this NOD, or the processing of the NOD may be delayed. Forms are available online at www.va.gov/forms.

13A: Please sign the form in Box 13A if you are the Veteran appealing, or if you are a representative or an alternate signer as described above. If you are an accredited representative of a VSO, also insert the name of the VSO in Box 13A.

13B: Please enter the date you sign in Box 13B.

13C: If you are signing for or on behalf of the Veteran as a representative or an alternate signer as described above, please print your name and relationship to the Veteran.

14A: Please sign the form in Box 14A if you are the caregiver appealing, or if you are a representative or an alternate signer as described above. If you are an accredited representative of a VSO, also insert the name of the VSO in Box 14A.

14B: Please enter the date you sign in Box 14B.

14C: If you are signing for or on behalf of the caregiver as a representative or an alternate signer as described above, please print your name and relationship to the caregiver.

15. If **both** the Veteran's and caregiver's signatures are not provided, please indicate the reason why both signatures cannot be provided. Reasons may include: The Veteran is in agreement with the appeal, but unavailable to sign; I am a caregiver who has moved out of state and am unable to obtain the Veteran's signature at this time; I am currently estranged from my Veteran spouse however I wish to dispute the effective date of my discharge.

PART I – VETERAN INFORMATION

1. Veteran's Name *(Last name, First name, Middle name)*
Rollingstone, John J.

3. Veteran's Mailing Address *(including number and street or rural route, P.O. Box, City, St ZIP Code and Country)*
1234 Harpers Lane Frederick, MD 12345-6789

PART II – CAREGIVER INFO

5. Caregiver's Name *(Last name, First name, Middle name)*
Rollingstone, Jennifer S.

7. Caregiver's Mailing Address *(including number and street or rural route, P.O. Box, City, ZIP Code and Country)*
1234 Harpers Lane Frederick, MD 12345-6789

301-234-5678

All PCAFC decisions are appealable to the Board. Individuals with a PCAFC decision issued before February 19, 2019 can utilize this form (VA Form 10-307) to start the legacy appeals process. If individuals disagree with decisions issued on multiple dates, they will need to complete a form for each decision date.

PART III – SPECIFIC ISSUES OF DISAGREEMENT

9. Date of Decision *(Please provide the specific date of the decision you disagree with. If you disagree with decisions issued on multiple dates, please submit a different form for each decision date) (MM/DD/YYYY)*
01/15/2019

10. Area of Disagreement *(Select all that apply for the date of decision):*

- [X] Application Determination
- [ ] Tier/Stipend Amount
- [ ] Revocation/Discharge
- [ ] Other: _____

Please let us know the type of decision with which you disagree.

11. In the space below, or on a separate page or pages, you may elaborate or explain why you feel VA made an incorrect PCAFC decision.

I need assistance due to PTSD and severe depression, however, my claim was denied.

Individuals may provide information to explain why they disagree with VA's decision, however this is not required.

12. Did you attach additional pages to this NOD?
[ ] YES [X] NO If yes, how many pages: _____

PART IV – CERTIFICATION AND SIGNATURE

It is not necessary for both the Veteran and caregiver to sign the form, however doing so may help us process your request faster. If only one individual signs the form, please explain the reason both signatures were not provided in Box 15.

I certify that the statements on this form are true and correct to the best of my knowledge and belief.

13A. Veteran Signature *(sign in ink)*

13B. Date *(MM/DD/YYYY)*

13C. Name of Individual signing for Veteran, if any, and relationship to the Veteran. *(Not required if signed by Veteran in Box 13A. See instructions for Part IV for who is authorized to sign for the Veteran.)*

14A. Caregiver Signature *(sign in ink)*

14B. Date *(MM/DD/YYYY)*

14C. Name of Individual signing for caregiver, if any, and relationship to the caregiver. *(Not required if signed by caregiver in Box 14A. See instructions for Part IV for who is authorized to sign for the caregiver.)*

15. If the signatures of both the Veteran and caregiver, or their representatives or alternate signers, are not provided, please provide the reason.

PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.

Veterans and caregivers will use this form to appeal to the Board after receiving their Statement of the Case (SOC) for a PCAFC decision issued before February 19, 2019.

m Approved: OMB No. 2900-0674
Expiration Date: Feb. 28, 2022
Respondent Burden: 1 Hour

Department of Veterans Affairs

APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: *Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.*

1. NAME OF VETERAN *(Last Name, First Name, Middle Initial)*	2. CLAIM FILE NO. *(Include prefix)*	3. INSURANCE FILE NO., OR LOAN NO.
Rollingstone, John J.	123456789	

4. I AM THE:
☒ VETERAN ☐ VETERAN'S WIDOW/ER ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT
☐ OTHER *(Specify)*

5. TELEPHONE NUMBERS		6. MY ADDRESS IS: *(Number & Street or Post Office Box, City, State & ZIP Code)*
A. HOME *(Include Area Code)*	B. WORK *(Include Area Code)*	1234 Harpers Lane Frederick, MD 12345-6789
3012345678		
7. IF I AM NOT THE VETERAN, MY NAME IS: *(Last Name, First Name, Middle Initial)*		

8. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BOARD: *(Be sure to read the information about this block in paragraph 6 of the attached instructions.)*

A. ☐ I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM **ONLY** APPEALING THESE ISSUES:
(List below.)

Individuals need to select either the option to appeal specific issues (field 8A) or the option to appeal all issues (field 8B) listed on the SOC.

B. ☒ I WANT TO APPEAL **ALL** OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME.

9. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: *(Be sure to read the information about this block in paragraph 6 of the attached instructions.)*

Veterans and caregivers can use this section to help VA understand why they believe VA was incorrect in the decision.

(Continue on the back, or attach sheets of paper, if you need more space.)

10. **OPTIONAL** BOARD HEARING

IMPORTANT: *Read the information about this block in paragraph 6 of the attached instructions. This block is used to request an optional Board of Veterans' Appeals (Board) hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL.*
Check one (and only one) of the following boxe

A. ☒ I DO NOT WANT AN OPTIONAL BOARD *rd issuing its decision most quickly. If you choose, you may write down what you would say at a hearing and su*

I WANT AN OPTIONAL BOARD HEARING:

B. ☐ BY LIVE VIDEOCONFERENCE AT A LO *issuance of a Board decision.)*

C. ☐ IN WASHINGTON, DC. *(Choosing this opt*

D. ☐ AT A LOCAL VA OFFICE.* *(Choosing this option will add **significant** delay to issuance of a Board decision.)*
**This option is not available at the Washington, DC, or Baltimore, MD, Regional Offices.*

Signature is required in either field 11 or 13 depending on who is filling out the form.

11. SIGNATURE OF PERSON MAKING THIS APPEAL *(Ink signature required)*	12. DATE *(MM/DD/YYYY)*	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY *(Not required if signed by appellant. See paragraph 6 of the instructions.) (Ink signature)*	14. DATE *(MM/DD/YYYY)*

VA FORM FEB 2019 **9**

Example

CONTINUATION SHEET FOR ITEM 9

Example

(Attach additional sheets, if necessary)

We are required by law to give you the information in this box. Instructions for filling out the form follow the box.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond to, this collection of information unless it displays a valid Office of Management and Budget (OMB) Control Number. The information requested is approved under OMB Control Number (2900-0085). Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden to: VA Clearance Officer (005R1B), 810 Vermont Ave., NW, Washington, DC 20420. **DO NOT** send requests for benefits to this address.

PRIVACY ACT STATEMENT: Our authority for asking for the information you give to us when you fill out this form is 38 U.S.C. 7105(d)(3), a Federal statute that sets out the requirement for you to file a formal appeal to complete your appeal on a VA benefits determination. You use this form to present your appeal to the Board of Veterans' Appeals (Board). It is used by VA in processing your appeal and it is used by the Board in deciding your appeal. Providing this information to VA is voluntary, but if you fail to furnish this information VA will close your appeal and you may lose your right to appeal the benefit determinations you told us you disagreed with. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701), as implemented by 38 C.F.R. 1.526(a) and 1.576(b), require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. However, the law permits VA to disclose the information you include on this form to people outside of VA in some circumstances. Information about that is given in notices about VA's "systems of records" that are periodically published in the *Federal* [illegible] 1974. Examples of situations in which the information included in this form might be [illegible] release to the United States Court of Appeals for Veterans Claims, if you later appeal th[illegible] disclosure to a medical expert outside of VA, should VA exercise its statutory authority [illegible] expert medical opinion to help decide your case; disclosure to law enforcement person[illegible] to the presence of a dangerous person; disclosure to law enforcement agencies should [illegible] violation of law; disclosure to a congressional office in order to answer an inquiry [illegible] request; and disclosure to Federal government personnel who have the duty of inspecting VA [illegible]s to make sure that they are being properly maintained. See the *Federal Register* notices described above for further detail[illegible]

Help is available. For information about accredited representatives, please visit the link provided.

INSTRUCTIONS

1. CONSIDER GETTING ASSISTANCE: We have tried to give you the general information most people need to complete this form in these instructions, but the law about veterans' benefits can be complicated. If you have a representative, we encourage you to work with your representative in completing this form. If you do not have a representative, we urge you to consider getting one. Most people who appeal to the Board of Veterans' Appeals (Board) do get a representative. Veterans Service Organizations (VSOs) will represent you at no charge and most people (more than 80 percent) are represented by VSOs. You can find a listing of VSOs on the Internet at: http://www.va.gov/vso. Under certain circumstances, you may pay a lawyer or "agent" to represent you. Your local VA office can further assist you with questions regarding how to appoint a VSO, attorney, or agent to represent you. You can reach your local VA office toll-free at 1-800-827-1000. Your local bar association may be able to provide you with the names of attorneys who specialize in veterans' law.

2. WHAT IS THIS FORM FOR? You told your local VA office that you disagreed with some decision it made on your claim for VA benefits, called filing a "Notice of Disagreement." That office then mailed you a "Statement of the Case" (SOC) that told you why and how it came to the decision that it did. After you have read the SOC, you must decide if you want to go ahead and complete your appeal so that the Board will review your case. If you do, you or your representative must fill out this form and file it with VA. "Filing" means delivering the completed form to VA in person or by mailing it based on the instructions you received with your SOC. Paragraph 4 tells you how much time you have to file this form and paragraph 7 tells you where you file it.

When we refer to "your local VA office" in these instructions, we mean the VA Regional Offi[illegible] that sent you the SOC or, if you have moved out of the area served by that office, the VA Regional Office that now has your VA [illegible]rds.

3. DO I HAVE TO FILL OUT THIS FORM AND FILE IT? Fill out this form and file it [illegible] if you want to complete your appeal. If you do not, VA will close your appeal without sending it to the Board for a [illegible] no longer want to appeal after you have read the SOC, you don't have to do anything.

Individuals need to mail their completed form to the location specified on their SOC.

4. HOW LONG DO I HAVE TO COMPLETE THIS FORM AND FILE IT? Unde[illegible]ferent ways to calculate how much time you have to complete and file this form. The one that appli[illegible]u the *most* time:

(a) You have one year from the day your local VA office mailed you the notice of the decision you are appealing.

(b) You have 60 days from the day that your local VA office mailed you the SOC.

(c) Your local VA office may have sent you an update to the SOC, called a "Supplemental Statement of the Case" (SSOC). If that SSOC was provided to you in response to evidence you or your representative submitted within the one-year period described in paragraph 4(a) of these instructions, above, and if you have not already filed this form, then you have at least 60 days from the time your local VA office mailed you the SSOC to file it even though the one-year period has already expired. *See* 38 C.F.R. 20.302(b)(2).

There is one special kind of case, called a "simultaneously contested claim," where you have 30 days to file this form instead of the longer time periods described above. A "simultaneously contested claim" is a case where two different people are asking for the same kind of VA benefit and one will either lose, or get less, if the other wins. If you are not sure whether this special exception applies, ask your representative or call your local VA office.

If you have *any* questions about the filing deadline in your case, ask your representative or your local VA office. **Filing on time is very important. Failing to file on time could result in you losing your right to appeal.**

5. WHAT IF I NEED MORE TIME? If you need more time to complete this form and file it, write to the address included on your SOC, explaining why you need more time. *You must file your request for more time before the normal time for filing this form runs out.* If you file by mail, VA will use the postmark date to decide whether you filed the form, or the request for more time to file it, on time.

6. WHAT KIND OF INFORMATION DO I NEED TO INCLUDE WHEN I FILL OUT THE FORM? While most of the form is easy to understand, please refer to the sections below for additional information regarding each block.

Block 3. If your appeal involves an insurance claim or some issue related to a VA home loan, enter your VA insurance or VA loan number here. For most kinds of cases, you will leave this block blank.

Blocks 4-7. These blocks are for information about the person who is filing this appeal. If you are a representative filling out this form for the person filing the appeal, fill in the information about that person, not yourself. Block 7 can be left blank if the person filing the appeal is the Veteran.

Block 8. This is the block where you tell us exactly *what* you are appealing. You do this by identifying the "issues" you are appealing. Your local VA office has tried to accurately identify the issues and has listed them on the SOC and any SSOC it sent you. Save what you want to tell us about *why* you are appealing for the next block (Block 9).

Check the first check box in Block 8 if you only want to continue your appeal on some of the issues listed on the SOC and any SSOC you received. List the specific issues you want to appeal in the space under the first box. While you should not use this form to file a new claim or to appeal new issues for the first time, you can also use this space to call the Board's attention to issues, if any, you told your local VA office in your Notice of Disagreement you wanted to appeal that are not included in the SOC or any SSOC. If you want to file a new claim, or appeal new issues (file a new Notice of Disagreement), do that in separate correspondence. *Do not check the second box if you check this box.*

If you think that your local VA office has correctly identified the issues you are appealing and, after reading the SOC and any SSOC you received, you still want to appeal its decisions on *all* those issues, check the second box in Block 8. *Do not check the first box if you check this box.*

Block 9. Use this block to tell us why you disagree with the decision made by your local VA office. Tie your arguments to the issues you identified in Block 8. Tell us what facts you think VA got wrong and/or how you think VA misapplied the law in your case. Try to be specific. If you are appealing a rating percentage your local VA office assigned for one or more of your service-connected disabilities, tell us *for each service-connected disability rating you have appealed* what rating would satisfy your appeal (The SOC, or SSOC, includes information about what disability percentages can be assigned for each disability under VA's "Rating Schedule.") You may want to refer to the specific items of evidence that you feel support your appeal, but you do not have to describe all of the evidence you have submitted. The Board will have your complete file when it considers your case. You should not attach copies of evidence you have already sent to VA.

In completing this block, please also let us know if there is any additional evidence that you feel needs to be obtained to support your appeal. You may either submit this evidence along with this response, or at a minimum notify VA of its existence so that the evidence can be obtained on your behalf.

If you need more space to complete Block 9, you can continue it on the back of the form and/or you can attach sheets of paper to the form. If you want to complete this part of the form using a computer word-processor, you may do so. Just attach the sheets from your printer to the form and write "see attachment" in Block 9.

Block 10. It is very important for you to check one, *and only one*, of the boxes in Block 10. This lets us know whether or not you want to appear at a Board hearing and, if so, where you want to appear. **Please keep in mind that a Board hearing is entirely optional, and it is not necessary for you to have a hearing for the Board to decide your appeal. Hearings often increase wait time for a Board decision.** *If you do not check any of the boxes, the Board will assume that you DO NOT want a Board hearing and your case will be decided taking into consideration the arguments already made, including your explanation on this form as to why you think VA decided your case incorrectly.*

If you ask for a Board hearing, you and your representative (if you have one) can tell us why you think the Board should act favorably on your appeal (present argument). You can also tell us about the facts behind your claim and you can bring others (witnesses) to the hearing who have information to give the Board about your case. At your option, you can submit more evidence at a Board hearing. If you do ask for a Board hearing, it can be very helpful to have a representative assist you at the hearing. Please note that VA *cannot* pay any expenses that you (or your representative or witnesses) incur in connection with attending any Board hearing.

The purpose of a hearing is to receive argument and testimony relevant and material to the issue or issues in your case that are on appeal. Hearings conducted by the Board are nonadversarial in nature. Parties to a hearing are permitted to ask questions, including follow-up questions, but cross-examination is not allowed. While the types of questions that may be asked are not limited by the legal rules of evidence that typically apply in an adversarial trial setting, reasonable bounds of relevancy and materiality still must be maintained.

EXAMPLE

Here is specific information about each of the check boxes in Block 10:

Box A: Check Box A if you decide that you *do not* want a Board hearing. It is *not* necessary for you to have a hearing for the Board to decide your appeal, and this is often the fastest option to issuance of a Board decision. If you feel that you have already sent VA everything that the Board will need to decide your case, including making all desired arguments in support of your appeal, then there is no need for a hearing to be held. In addition, a hearing is not needed if the only thing you would like to do is submit additional evidence in support of your appeal. Instead, you may submit such additional evidence, or at a minimum notify VA of its existence and request that it be obtained, without a hearing being held. If you choose, you may also write down what you would say at a hearing and submit it directly to the Board. *If you check this box, do not check any of the other boxes in Block 10.*

Box B: Check Box B if you want to appear at a live Board videoconference hearing. This option allows you to have a hearing by way of videoconferencing where you will be at the local VA office and the Veterans Law Judge hearing your case will be at the Board's offices in Washington, DC. Videoconferencing allows the Veterans Law Judge holding the hearing to see and hear you, your representative, and witnesses (if any). You will also be able to see and hear the Veterans Law Judge. *Please note that choosing a live videoconference hearing will delay issuance of a Board decision in your appeal due to scheduling demands. This type of hearing, however, can often be scheduled more quickly than a Board hearing where all participants (including the Veterans Law Judge) are physically present together at the local VA office.*

Box C: Check Box C if you want to appear for a hearing at the Board's offices in Washington, DC. Having your Board hearing by live videoconference (Box B) is usually less expensive for you, because you will not incur expenses associated with travel to Washington, DC. *Please note that choosing a Board hearing in Washington, DC, will delay issuance of a Board decision in your appeal due to scheduling demands.*

Box D: Check Box D if you want a Board hearing at your local VA office. If you select this option, both you and the Veterans Law Judge assigned to hear your case will be physically present together at the local VA office. *Please note that this option will **significantly** delay issuance of a Board decision in your appeal due to travel requirements and scheduling demands for Board personnel.* You can check with your local VA office for an estimate of how long it may take before your case could be scheduled for a Board hearing at that local VA office.

HEARINGS BEFORE VA REGIONAL OFFICE PERSONNEL: A hearing before VA regional office personnel, instead of before a Veterans Law Judge, is not a Board hearing. You can request a hearing before VA regional office personnel by writing directly to the regional office. DO NOT use this form to request that kind of hearing. If you do, it will delay your appeal. You should also know that requesting a hearing before VA regional office personnel does not extend the time for filing this form.

Blocks 11 and 12. This form can be signed and filed by *either* the person appealing the local VA decision, or by his or her representative. Sign the form in Block 11 if you are the person appealing, or if you are a guardian or other properly appointed fiduciary filing this appeal for someone else. In cases where an incompetent person has no fiduciary, or the fiduciary has not acted, that person's "next friend," such as a family member, can sign and file this form. If the representative is filing this form, Block 11 can be left blank. Regardless of who signs the form, we encourage you to have your representative check it over before it is filed. Place the date you sign in Block 12.

Blocks 13 and 14. If you are a representative filing this form for the appellant, sign in Block 13. Otherwise, leave Block 13 blank. If you are an accredited representative of a VSO, also insert the name of the VSO in Block 13. Note that signing this form will not serve to appoint you as the appellant's representative. Contact your local VA office if you need information on appointment. Place the date you sign in Block 14.

7. WHERE DO I FILE THE FORM ONCE I HAVE COMPLETED IT? When you have completed the form, signed and dated it, follow the instructions you received with your SOC of where to send the form.

8. OTHER SOURCES OF INFORMATION: You can find a "plain language" pamphlet that describes the VA appeals process called "How Do I Appeal" on the Internet at: http://www.bva.va.gov/How_Do_I_Appeal.asp. You can also find the formal rules for the VA appeals process in title 38, Code of Federal Regulations, Part 20. A complete copy of the Code of Federal Regulations is available on the Internet at: http://www.gpoaccess.gov/cfr/index.html. A printed copy of the Code of Federal Regulations may also be available at your local law library. More general information about VA benefit programs and eligibility can be found on the Internet at: **http://www.va.gov**.

9. SPECIAL NOTE FOR ATTORNEYS AND VA ACCREDITED AGENTS. There are statutory and regulatory restrictions on the payment of your fees and expenses and requirements for filing copies of your fee agreement with your client with VA. *See* 38 U.S.C. 5904 and 38 C.F.R. 14.636-637.

NOTE: Please separate these instructions from the form before you file it with VA. We suggest that you keep these instructions with your other papers about your appeal for future reference.

Veterans and caregivers will use this form to begin the process of appealing a PCAFC decision issued on or after February 19, 2019. Individuals who wish to appeal a PCAFC decision issued prior to this date must use VA Form 10-307, PCAFC Notice of Disagreement, to start the legacy appeals process.

VA | U.S. Department of Veterans Affairs

DECISION REVIEW REQUEST: BOARD APPEAL (NOTICE OF DISAGREEMENT)

PART I - PERSONAL INFORMATION

1. VETERAN'S NAME *(First, middle initial, last)*
John J. Rollingstone

2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S VA FILE NUMBER *(if different than their SSN)*	4. VETERAN'S DATE OF BIRTH
123-45-6789	C/CSS -	01/02/1955

5. IF I AM NOT THE VETERAN, MY NAME IS *(First, middle initial, last)*	6. MY DATE OF BIRTH *(If I am not the Veteran)*
Jennifer S. Rollingstone	02/14/1960

7. MY PREFERRED MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)* ☐ I AM HOMELESS

1234 Harpers Lane
Frederick, MD 12345-6789

8. MY PREFERRED TELEPHONE NUMBER *(Include Area Code)*	9. MY PREFERRED E-MAIL ADDRESS	10. MY REPRESENTATIVE'S NAME
301-234-5678	jrollingstone@yahoo.com	Michael Johnson

PART II - BOARD REVIEW OPTION *(Check only one)*

11. A Veterans Law Judge will consider your appeal in the order in which it is received, depending on which of the following review options you select. *(For additional explanation of your options, please see the attached information and instructions.)*

☐ 11A. Direct Review by a Veterans Law Judge: I do not want a Board hearing, and will not submit
(Choosing this option often results in the Board issuing its decision most quickly.)

☐ 11B. Evidence Submission Reviewed by a Veterans Law Judge: I have additional evidence in su
next 90 days, but I do not want a Board hearing. *(Choosing this option may add delay to issuan*

☒ 11C. Hearing with a Veterans Law Judge: I want a Board hearing and the opportunity to submit a
will provide within 90 days after my hearing. *(Choosing this option may add delay to issuance o*

After receiving their SOC/SSOC, individuals following the legacy appeals process may opt into the AMA process by checking this box. Individuals need to understand that this choice is irrevocable.

PART III - SPECIFIC ISSUE(S) TO BE APPEALED TO A VETERANS LAW JUDGE AT TH

12. Please list each issue decided by VA that you would like to appeal. Please refer to your decision notice(s) fo djudicated issues. For each issue, please identify the date of VA's decision and the area of disagreement.

☐ Check here if you attached additional sheets. Include the Veteran's last name and last 4-digits of the Social S urity number.

Check the SOC/SSOC Opt in box if any issue listed below is being withdrawn from the legacy appeals process. ☐ **Opt In from SOC/SSOC**

A. Specific Issue(s)	B. Date of Decision
PCAFC: Tier Change	04/05/2021

Individuals should reference their PCAFC decision notice when entering the issue(s) in this field. They need to enter "PCAFC:" and then at least provide the general category for the issue(s) they disagree with (such as denial of application, removal from program, or tier change). They may also choose to include additional information as to why they disagree with the decision.

All individuals who have received a PCAFC decision can appeal that decision to the Board. PCAFC decisions on or after February 19, 2019 **must** use this form (VA Form 10182) to appeal to the Board.

Individuals need to list each issue they disagree with on a separate line.

PART IV - CERTIFICATION AND SIGNATURE

I CERTIFY THAT THE STATEMENTS ON THIS FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

13. SIGNATURE *(Appellant or appointed representative) (Ink signature)*	14. DATE SIGNED

VA FORM FEB 2019 **10182**

PENALTY: THE LAW PROVIDES SEVERE PENALTIES WHICH INCLUDE A FINE, IMPRISONMENT, OR BOTH, FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE.

INFORMATION AND DETAILED INSTRUCTIONS FOR COMPLETING
DECISION REVIEW REQUEST: BOARD APPEAL
(NOTICE OF DISAGREEMENT)

NOTE: Use this form ONLY if you received your VA decision on or after ***February 19, 2019,*** *and you wish to appeal one or more issues to a Veterans Law Judge at the Board of Veterans' Appeals. DO NOT USE THIS FORM to submit a Supplemental Claim (if you wish to have additional evidence reviewed by a VA rater) or request a Higher-Level Review (if you wish to have a new decision by a VA senior reviewer).*

If you have any questions about the filing deadline in your case, ask your representative or your local VA office. **Filing on time is very important. Failing to submit on time could result in you losing your right to appeal.**

When should I fill out a Notice of Disagreement?

If you have received a decision from a local VA office or a higher-level adjudicator with which you disagree, and you would like one or more issues to be decided by a Veterans Law Judge, you ***must*** fill out and submit a Notice of Disagreement. You can choose to appeal all or only some of the issues previously decided, however, **ONLY** those issues that you list on your Notice of Disagreement will be considered on appeal.

How long do I have to submit my Notice of Disagreement?

Your completed Notice of Disagreement must be post-marked or received by the Board within **one year (365 days)** from the day that your local VA office mailed the notice of the decision. If you do not provide all the information requested in the Notice of Disagreement, VA will consider your form incomplete and will contact you to request clarification and explain your options.

Contested Claim:

If you are one of multiple people claiming the right to the same benefit, your completed Notice of Disagreement must be post-marked or received by the Board within **60 days** from the day that your local VA office mailed the notice of the decision. VA will notify you and provide additional information if you are a party to a contested claim.

What are my options for the Board's review?

You must choose **one** of three options for how a Veterans Law Judge will review the issue(s) on appeal. Determine which of the below options best fits your situation. Please note that you may choose only one option for each issue you wish to appeal.

REVIEW OPTION	DESCRIPTION
Direct Review	- Choose this option if you do not want to submit additional evidence, and you do not want a hearing with a Veterans Law Judge. - The Veterans Law Judge and Board team will review the issue(s) you appealed, and make a new determination based on the evidence that the local VA office considered. - Choosing this option will often result in a Veterans Law Judge at the Board being able to issue its decision most quickly.
Evidence Submission	- Choose this option if you want to submit additional evidence, but you do not want to have a hearing with a Veterans Law Judge. - After 90 days, any additional evidence added to your claim will not be considered by the Board. - The Veterans Law Judge and Board team will review the issue(s) you appealed, considering the evidence that the local VA office considered, along with any additional evidence that you submit **within 90 days after** VA's receipt of your Notice of Disagreement.
Hearing Request	- **Please note that a Board hearing is optional, and may increase the wait time for a Board decision.** - Choose this option if you want a hearing with a Veterans Law Judge, which includes the option to submit additional evidence. - The Board will contact you to schedule your hearing and provide additional information. - After your hearing, the Veterans Law Judge and Board team will review the issue(s) you appealed, considering the evidence that the local VA office considered, along with your hearing testimony and any additional evidence that you submit **within 90 days** after the hearing.

Find more information on the review options at va.gov/decision-reviews.

Where can I get help with filing my appeal?

A Veterans Service Organization or a VA-accredited attorney or agent can represent you or provide guidance. Contact your local VA regional office for assistance or visit: va.gov/ogc/accreditation.asp.

Where do I submit my Notice of Disagreement once I have completed it?

When you have completed the Notice of Disagreement, signed and dated it, you must send it to the Board at the address or FAX number below:

Board of Veterans' Appeals
P.O. Box 27063
Washington, DC 20038
FAX: 844-678-8979

What if I want to modify my Notice of Disagreement?

You may make a request to modify your Notice of Disagreement for the purpose of selecting a different review option in Part II. Any such request must be made by submitting a new Notice of Disagreement form to the Board within one year (365 days) from the date of mailing of the notice of decision on appeal, or within 60 days of the Board's receipt of the Notice of Disagreement, whichever is later. *You cannot request to modify your Notice of Disagreement if you have already submitted evidence to the Board or testified at a hearing with a Veterans Law Judge.*

OVERVIEW OF NOTICE OF DISAGREEMENT FORM SECTIONS

If you decide to appeal to a Veterans Law Judge at the Board, these instructions will help you complete your Notice of Disagreement.

Part I - PERSONAL INFORMATION

Please provide all the personal information in Part I. If desired, you may also enter the claimant's prefix (such as "Mr." or "Ms.") and/or suffix (such as "Jr." or "Sr."). If your address has changed recently or will change soon, please notify your local VA office. If you are homeless, please check the box in item 7. If you wish to include multiple addresses, you may attach additional sheets to the form, explaining how you would like VA to contact you.

Part II - REVIEW OPTION

You must check one, *and only one*, of the boxes in Part II, Block 11, to choose how you would like the Board to review the issues identified in Part III. The Board will place your appeal onto a list for consideration in the order it was received. If you wish to request a different review option for one or more issues listed in Part III, you may attach additional sheets to the form, explaining your preference.

Box 11A - Direct Review by a Veterans Law Judge:

Check this box if you *do not* want to submit additional evidence and you *do not* want a Board hearing.

Box 11B - Evidence Submission Reviewed by a Veterans Law Judge:

Check this box if you *do not* want a Board hearing, but you do want to submit additional evidence with this Notice of Disagreement or **within 90 days** following VA's receipt of your Notice of Disagreement.

Box 11C - Hearing With a Veterans Law Judge:

Check this box if you want a Board hearing with a Veterans Law Judge, which includes the option to submit additional evidence at your hearing or **within 90 days** following the hearing.

If you have already submitted a Notice of Disagreement, and wish to change your Board Review Option, please fill out this form completely, indicating your new choice in Part II.

Part III - SPECIFIC ISSUE(S) BEING APPEALED TO THE BOARD

List the issue(s) you would like the Board to review in Block 12A, and the date of your decision notice in Block 12B. Please refer to your decision notice for a list of adjudicated issues. If you want to appeal more issues, you may attach additional pages as needed.

Upon receipt of a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) in the legacy appeals system, you may elect to continue your appeal either in the legacy appeals system or in the modernized review system. Your decision notice contains further details. If you are filing this form to opt into the modernized review system for any issues decided in the SOC or SSOC, you must provide notice to VA of your decision to leave the legacy appeals system for those issues. To do so when using the Notice of Disagreement, please check the box for **"OPT IN from SOC/SSOC"** in item 12 and list the issue(s) in the SOC or SSOC for which you are seeking review under item 12A as instructed above. Your selection of the **BOARD APPEAL** option does not prevent you from changing the review option (in accordance with applicable procedures) before the Veterans Law Judge issues a decision on the issue(s).

Please note that by checking the "OPT IN from SOC/SSOC" box in item 12 you are acknowledging the following:

I elect to participate in the modernized review system. I am withdrawing all eligible appeal issues listed on this form in their entirety, and any associated hearing requests, from the legacy appeals system to seek review of those issues in VA's modernized review system. I understand that I cannot return to the legacy appeals system for the issue(s) withdrawn.

Part IV - CERTIFICATION AND SIGNATURE

Please sign and date the Notice of Disagreement, certifying that the statements on the form are true to the best of your knowledge and belief. An appointed representative may sign on the behalf of the appellant.

WHAT IF I WANT TO ADD ADDITIONAL INFORMATION?

If you want to provide any additional information to VA, including why you believe that VA previously decided one or more issues incorrectly, you may check the box in Block 12 and attach additional sheets to the form. For each issue, please make sure to identify the date of VA's decision. The Board will not consider any new evidence unless you selected the "Evidence Submission" option in Part II, Block 11B. The Board will consider argument submitted with any Notice of Disagreement. Please number any additional pages and include the Veteran's last name and Social Security number (last four digits only).

PRIVACY ACT STATEMENT:

Our authority for asking for the information you give to us when you fill out this form is 38 U.S.C. 7105(d)(3), a Federal statute that sets out the requirement for you to submit a formal appeal to complete your appeal on a VA benefits determination. You use this form to present your appeal to the Board of Veterans' Appeals (Board). It is used by VA in processing your appeal and it is used by the Board in deciding your appeal. Providing this information to VA is voluntary, but if you fail to furnish this information VA will close your appeal and you may lose your right to appeal the benefit determinations you told us you disagreed with. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701), as implemented by 38 C.F.R. 1.526(a) and 1.576(b), require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. However, the law permits VA to disclose the information you include on this form to people outside of VA in some circumstances. Information about that is given in notices about VA's "systems of records" that are periodically published in the *Federal Register* as required by the Privacy Act of 1974. Examples of situations in which the information included in this form might be released to individuals outside of VA include release to the United States Court of Appeals for Veterans Claims, if you later appeal the Board's decision in your case to that court; disclosure to a medical expert outside of VA, should VA exercise its statutory authority under 38 U.S.C. 5109 or 7109, to ask for an expert medical opinion to help decide your case; disclosure to law enforcement personnel and security guards in order to alert them to the presence of a dangerous person; disclosure to law enforcement agencies should the information indicate that there has been a violation of law; disclosure to a congressional office in order to answer an inquiry from the congressional office made at your request; and disclosure to Federal government personnel who have the duty of inspecting VA's records to make sure that they are being properly maintained. See the *Federal Register* notices described above for further details.

RESPONDENT BURDEN:

VA may not conduct or sponsor, and the respondent is not required to respond to, this collection of information unless it displays a valid Office of Management and Budget (OMB) Control Number. The information requested is approved under OMB Control Number (2900-0674). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden to: VA Clearance Officer (005R1B), 810 Vermont Ave., NW, Washington, DC 20420. **DO NOT** send requests for benefits to this address.

Department of Veterans Affairs

IMPORTANT!
For PCAFC decisions, individuals need to mail their completed form to:
Veterans Affairs Evidence Intake Center – P.O. Box 5154
Janesville, WI 53547

INFORMATION AND INSTRUCTIONS FOR COMPLETING DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

IMPORTANT: Please read the information below carefully to help you complete this form quickly and accurately. Some parts of the form also contain notes or specific instructions for completing that part.

Use this form to request a SUPPLEMENTAL CLAIM of the decision you received that you disagree with. A **SUPPLEMENTAL CLAIM** is a new review of an issue(s) previously decided by the Department of Veterans Affairs (VA) based on submission of new and relevant evidence. For additional information on the **SUPPLEMENTAL CLAIM** process or other decision review options such as a higher-level review and appeal to the Board of Veterans' Appeals, visit https://www.va.gov/decision-reviews/.

Submit your **SUPPLEMENTAL CLAIM** request to the local VA office or processing cent
is important that you keep a copy of all completed forms and materials you give to VA.
when filled out completely and accurately, will decrease the amount of time it takes to p
This form may only be submitted for review of an issue(s) related to one benefit type *(C
Fiduciary, Life Insurance, Education, Loan Guaranty, Veteran Readiness & Employmen
Cemetery Administration).* If you would like to file for multiple benefit types, you must complete
SUPPLEMENTAL CLAIM request form for each benefit type.

Help is available. For information about accredited representatives, please visit the links provided.

You may contact your accredited representative (attorney, claims agent, and Veterans Service Organizations (VSOs) representative) to assist you in completing this request form. If you have not already selected a representative, or if you want to change your representative, a searchable database of VA-recognized VSOs, VA-accredited attorneys, claims agents, and VSO representatives is available at https://www.va.gov/ogc/apps/accreditation/index.asp. Contact your local VA office for assistance with appointing a representative or visit www.ebenefits.va.gov.

You can also ask VA to help you fill out the form by contacting us at the number provided on your decision notification letter or at 1-800-827-1000. Before you contact us, please make sure you gather the necessary information and materials (decision notification letter, etc.), and complete as much of the form as you can.

SPECIFIC INSTRUCTIONS FOR DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

Part I - Claimant's Identifying Information
Please note that it would assist VA if you provide all the personal information in Part I. However, if you provide certain information specific to the claimant such as the claimant's last name and Social Security Number or VA file number, VA will be able to identify the claimant in our system and would not necessarily consider this request incomplete if other information in Part I, such as the claimant's address and telephone number, is excluded. This request form may only be completed for review of an issue(s) related to one benefit type. **Select only one benefit type in Item 12.** If you would like to file for multiple benefit types, you must complete a separate **SUPPLEMENTAL CLAIM** request for each benefit type.

Part II - Information to identify the issues for SUPPLEMENTAL CLAIM
The purpose of this secti
SUPPLEMENTAL CLAI
date of VA's decision no
your **SUPPLEMENTAL**
notification letter to file a
benefits , or to have then
effective date possible, if
Veterans Claims, United States Court of Appeals for the Federal Circuit, or Supreme Court of the United States, identify the date of the court decision in item 13B and attach a copy of the decision with this form.

review as a
hould also enter the
onsidered as part of
date of the decision
date for any granted
n for the earliest
Court of Appeals for

If Veterans and caregivers would like information about PCAFC decisions made about them, please refer them to VA Form 10-306, Request for Information about Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions.

Upon receipt of a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) in the legacy appeals system, you may elect to continue your appeal either in the legacy appeals system or in the modernized review system. Your decision notice contains further details. If you are filing this form to opt-in to the modernized review system for any issues decided in the SOC or SSOC, you must provide notice to VA of your decision to leave the legacy appeal process for those issues. To do so when using this form, please check the box for "**OPT-IN** from SOC/SSOC" in item 13 and list the issue(s) in the SOC or SSOC for which you are seeking review under item 13A as instructed above. Your selection of the **SUPPLEMENTAL CLAIM** option does not prevent you from changing the review option under the modernized review system (in accordance with applicable procedures) before VA renders the supplemental claim decision on an issue.

Please note that by checking the "OPT-IN from SOC/SSOC" box in item 13 you are acknowledging the following: I elect to participate in the modernized review system. I am withdrawing all eligible appeal issues listed on this form in their entirety, and any associated hearing requests, from the legacy appeals system to seek review of those issues in VA's modernized review system. I understand that I cannot return to the legacy appeals process for the issue(s) withdrawn.

Part III - New and Relevant Evidence
For your **SUPPLEMENTAL CLAIM** application to be complete, you must submit additional evidence that is **NEW AND RELEVANT** to support granting the benefit(s) sought or you must identify existing relevant records that you would like VA to obtain. (**NEW** evidence means information not previously submitted to VA, and **RELEVANT** evidence means information that tends to prove or disprove a matter at issue.)

If you know of evidence not in your possession and want VA to try to get it for you, give VA enough information about the evidence so that we can request it from the person or agency that has it. List all relevant evidence in the custody of a VA medical center (VAMC) or other Federal department or agency in PART II of this application in item 14.A and 14.B. VA will retrieve relevant records from a Federal facility or VAMC, that you adequately identify and authorize VA to obtain. If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence.

VA will make every reasonable effort to obtain relevant records **not held** by a Federal facility that you adequately identify and authorize VA to obtain. These may include records from State or local governments and privately held evidence and information you tell us about, such as private doctor or hospital records from current or former employers. Please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form. The form is available at www.va.gov/vaforms.

Part IV - 5103 Notice of Acknowledgment
For Compensation claims: If you are filing for review of an issue more than one year after VA provided notice of our decision, please visit **https://www.va.gov/disability/how-to-file-claim/evidence-needed** to review the 38 U.S.C. 5103 information regarding evidence necessary to substantiate your claim. Then, check the "YES" box in item 16 to confirm your receipt of this information. If you cannot review the information online and would like the information mailed to you, check the "NO" box in item 16 and VA will send you this notice through the mail.

Part V - Certification and Signature
Please be sure to sign this **SUPPLEMENTAL CLAIM** application, certifying that the statements on the form are true and correct to the best of the claimant's or authorized representative's knowledge and belief.

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 following VA systems of records published in the Federal Register: 58/VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records -VA; 55VA26 Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records -VA; and 36VA29, Veterans and Armed Forces Personnel Programs of Government Life Insurance -VA. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claims 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 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 under the law. 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 determine entitlement to benefits (38 U.S.C. 501). 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 the 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.**

Example

OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 4/30/2024

Department of Veterans Affairs

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

INSTRUCTIONS: PLEASE READ THE PRIVACY ACT NOTICE AND RESPONDENT BURDEN INFORMATION ON PAGE 2 BEFORE COMPLETING THIS FORM.

PART I - CLAIMANT'S IDENTIFYING INFORMATION

NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing the form.

1. VETERAN'S NAME *(First, Middle Initial, Last)*: John J Rollingstone

2. VETERAN'S SOCIAL SECURITY NUMBER: 123-45-6789

3. VA FILE NUMBER *(If applicable)*:

4. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*: Month 01 – Day 02 – Year 1955

5. VETERAN'S SERVICE NUMBER *(If applicable)*:

6. INSURANCE POLICY NUMBER *(If applicable)*:

7. CLAIMANT'S NAME *(First, Middle Initial, Last) (If **other** than veteran)*: Jennifer S Rollingstone

8. CLAIMANT TYPE:
☐ VETERAN ☒ VETERAN'S SPOUSE ☐ VETERAN'S CHILD ☐ VETERAN'S PARENT ☐ OTHER *(Specify)*

9. CURRENT MAILING ADDRESS *(Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)*
No. & Street: 1234 Harpers Lane
Apt./Unit Number:
City: Frederick
State/Province: MD
Country: US
ZIP Code/Postal Code: 12345 – 6789

10. TELEPHONE NUMBER *(Include Area Code)*: 301-234-5678

11. E-MAIL ADDRESS *(Optional)*: jrollingstone@yahoo.com

12. BENEFIT TYPE: **PLEASE CHECK ONLY ONE** *(If you would like to file for multiple benefit types, **you must complete a sep***
☐ COMPENSATION ☐ PENSION/SURVIVORS BENEFITS ☐ FIDUCIARY ☐ LIFE INSURAN
☐ VETERAN READINESS AND EMPLOYMENT ☐ LOAN GUARANTY ☐ EDUCATION

PART II - ISSUE(S) FOR SUPPLEMENTAL CLAIM

13. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF Y
notice(s) for a list of adjudicated issues. For each issue, please identify the date of VA's decision. (You may attach
each additional sheet.

Check this box if any issue listed below is being withdrawn from the legacy appeals process. ☐ **OPT-IN from SOC/SSOC**

After receiving their SOC/SSOC, individuals following the legacy appeals process may opt into the AMA process by checking this box. Individuals need to understand that this choice is irrevocable.

13A. SPECIFIC ISSUE(S)	13B. DATE OF VA DECISION NOTICE
PCAFC:Denial of application	06/12/2021

Individuals should reference their PCAFC decision notice when entering the issue(s) in this field. They need to enter "PCAFC:" and then at least provide the general category for the issue(s) they disagree with (such as denial of application, removal from program, or tier change) and for which they are providing new and relevant evidence. They may also choose to include additional information as to why they disagree with the decision.

Individuals need to list each issue they disagree with on a separate line.

Example

PART III - NEW AND RELEVANT EVIDENCE

14. To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your supplemental claim. If you have records in your possession, please attach the records to this form. Please list your name and file number on each page. If you would like VA to obtain **non-federal records,** please review your decision notification letter for the appropriate authorization forms to complete and submit those forms to VA with this request form.

15. DO YOU WANT VA TO GET FEDERAL RECORDS?

LIST BELOW ANY **VA MEDICAL CENTER(S) (VAMC), VA TREATMENT FACILITIES, OR FEDERAL DEPARTMENTS OR AGENCIES** THAT HAVE NEW AND RELEVANT EVIDENCE THAT YOU ARE AUTHORIZING VA TO OBTAIN IN SUPPORT OF YOUR SUPPLEMENTAL CLAIM: *You may attach additional sheets of paper, if necessary. Please list your name and file number on each additional sheet.*

15A. NAME AND LOCATION	15B. DATE(S) OF RECORDS
VA Medical Center, Martinsburg, WV	06/19/2018

PART IV - 5103 NOTICE ACKNOWLEDGMENT
(This section applies to Compensation benefit claims only)

NOTE: If your decision was issued within the past year, this section can be skipped.

16. **I CERTIFY THAT** I have received or reviewed the notice of evidence necessary to substantiate a claim for Veteran benefits as provided at www.va.gov/disability/how-to-file-claim/evidence-needed.

- [x] YES
- [ ] NO (If "NO" is checked, VA will send the 5103 notice to you via mail.)

This section is required in order for VA to process the request.

PART V - CERTIFICATION AND SIGNATURE

NOTE: This section is **MANDATORY** and completion is required to process your claim, any omission may delay claim processing time.

VA AUTHORIZED REPRESENTATIVES ONLY: I certify that the claimant has authorized the undersigned representative to file this supplemental claim on behalf of the claimant and that the claimant is aware and accepts the information provided in this document. I certify that the claimant has authorized the undersigned representative to state that the claimant certifies the truth and completion of the information contained in this document to the best of claimant's knowledge.

NOTE: A POA's signature ***will not*** be accepted unless at the time of submission of this claim a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative,* or VA Form 21-22a, *Appointment of Individual As Claimant's Representative,* indicating the appropriate POA is of record with VA.

17A. SIGNATURE OF VETERAN OR CLAIMANT OR VA AUTHORIZED REPRESENTATIVE *(Sign in ink)*	17B. DATE SIGNED

17C. NAME OF VA AUTHORIZED REPRESENTATIVE *(Please Print)*

ALTERNATE SIGNER CERTIFICATION AND SIGNATURE

18. **I CERTIFY THAT** by signing on behalf of the ... agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person ... ouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution ... the age of 18; **OR**, is mentally incompetent to provide substantially accurate information neede ... e and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the t ... I also understand that VA may request further documentation or evidence to verify or confirm m ... cessary. Examples of evidence which VA may request include: Social Security Number (SSN) c ... ompetent jurisdiction showing your authority to act for the claimant with a judge's signature and ... able power of attorney showing the name and signature of the claimant and your authority as at ... ment from an institution or person responsible for the care of the claimant indicating the capacit ... uthorization.

IMPORTANT!
For PCAFC decisions, individuals need to mail their completed form to:

Veterans Affairs Evidence Intake Center
P.O. Box 5154
Janesville, WI 53547

18A. SIGNATURE OF ALTERNATE SIGNER *(Sig...*	18B. DATE SIGNED

18C. NAME OF ALTERNATE SIGNER *(Please Print)*

PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

Department of Veterans Affairs

INFORMATION AND INSTRUCTIONS FOR COMPLETING DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

IMPORTANT: Please read the information below carefully to help you complete this form accurately. Some parts of the form also contain notes or specific instructions for completing that section.

USE THIS FORM TO REQUEST A HIGHER-LEVEL REVIEW OF A DECISION YOU RECEIVED. A Higher-Level Review is a new review of an issue(s) previously decided by the Department of Veterans Affairs (VA) based on the evidence of record at the time VA issued notice of the prior decision. The Higher-Level Reviewer **will not consider any evidence received after the notification date of the prior decision**. A Higher-Level Review may r... her-Level Review decision or a Board of Veterans' Appeals decision. This form mus... R **OF THE DATE VA PROVIDED NOTICE OF OUR DECISION**. For additional in... process or a list of review options that allow VA to consider new evidence and h... www.va.gov/decision-reviews/.

Help is available. For information about accredited representatives, please visit the link provided.

It is important you keep a copy of all completed forms and materials you give to VA. F... t this form completely and accurately will decrease the amount of time it takes to process your Higher-Level Rev... request.

You may contact your accredited representative (attorney, claims agent, and Veterans Service Organization (VSO) representative) to assist you in completing this form. If you have not already selected a representative or if you want to change your representative, a searchable database of VA-recognized VSOs, and VSO representatives as well as, VA-accredited attorneys and claims agents is available at www.va.gov/ogc/apps/accreditation/index.asp.

Submit your request for Higher-Level Review to the local VA office or processing center identified on your decision notice letter. You can find mailing address information at www.va.gov/decision-reviews/higher-level-review/. You can ask VA to help you fill out this application by contacting us at 1-800-827-1000. Before you contact us, gather the necessary information and materials (decision notification letter, etc.) and complete as much of the form as you can.

You may request to h... within the agency of original jurisdiction th... e processed at only a single VA office or fac... ce that originally decided your issue(s).

IMPORTANT!
For PCAFC decisions, individuals need to mail their completed form to:
Veterans Affairs Evidence Intake Center – P.O. Box 5154
Janesville, WI 53547

SPECIFIC INSTRUCTIONS FOR DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

Section I - Veteran's Identification Information

Please note it would assist VA if you provide all the information to identify the veteran in Section I. However, if you provide certain information specific to the veteran such as the last name and Social Security Number or VA file number, VA will be able to identify the veteran and would not necessarily consider this request incomplete if other information in Section I, such as the address and telephone number, is excluded.

If you are homeless or at risk of homelessness, mark the circle in item 6. If you wish to request priority processing for other reasons, you may file VA Form 20-10207, *Priority Processing Request*, with this form.

Section II - Claimant's Identification Information (If other than veteran)

If the claimant is different than the veteran, fill out the information in Section II. Without this information, we will be unable to identify the claimant. If you are a healthcare provider or agent or employee of a healthcare provider requesting review of a VA payment decision, you must identify the healthcare provider as the claimant and complete all relevant information in the claimant identification section.

If Veterans or caregivers would like information about PCAFC decisions made about them, please refer them to VA Form 10-306, Request for Information about Program of Comprehensive Assistance for Family Caregivers (PCAFC) Decisions.

Section III - Benefit Type

This form may only be submitted for review of an issue(s) related to one benefit type: Compensation, Pension/Survivors Benefits, Fiduciary, Life Insurance, Education, Loan Guaranty, Veteran Readiness and Employment, Veterans Health Administration, or National Cemetery Administration. **Select only one benefit type in item 15 (i.e. Compensation)**. If you would like to file for multiple benefit types (i.e. Compensation and Life Insurance), you must complete a separate Higher-Level Review request form for each benefit type. If your disagreement is with a decision by the Veterans Health Administration, even if you are seeking reimbursement for medical expenses or non-VA emergency care, you must select Veterans Health Administration in item 15.

Section IV - Optional Informal Conference

You or your appointed representative may request an informal conference with the Higher-Level Reviewer assigned to complete the review of your issue(s) by marking the circle in item 16A. The sole purpose of the optional telephone contact is to provide the opportunity to identify errors of fact or law in the decision(s) under review. Evidence that was not of record at the time of the decision will not be considered. Choosing this option may delay issuance of a decision. To avoid potential delays, you may submit a written statement that identifies errors of fact or law along with this application form instead of requesting an informal conference.

VA will make two attempts to call you or your representative at the telephone number you provide to VA in order to schedule your informal conference. If you would like VA to call your representative instead of calling you, you must include the representative's name and phone number in items 17A and 17B. In order for VA to speak to your representative on your behalf, a valid ***VA Form 21-22a, Appointment of Individual as Claimant's Representative*** or ***VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative*** must be of record or included with this application. If VA is unable to reach you or your representative after two attempts, the Higher-Level Reviewer will move forward with completing your request for Higher-Level Review and issue a decision.

Section V - SOC/SSOC Opt-In from Legacy Appeals System

Upon receipt of a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC) in the legacy appeals system, you may elect to continue your appeal either in the legacy appeals system or in the modernized review system. Your decision notice contains further details. To opt-in to the modernized review system you must submit this form within 60 days from the date of the SOC or SSOC. To do so, mark the circle for "OPT-IN from SOC/SSOC" in item 18 and list the issue(s) in the SOC or SSOC for which you are seeking review under item 19A. Your selection of the Higher-Level Review option does not prevent you from changing the review option (in accordance with applicable procedures) before VA renders the Higher-Level Review decision on an issue.

Section VI - Issues for Higher-Level Review

The purpose of this section is for you to identify, in item 19A, each issue decided by VA that you would like as part of your Higher-Level Review. You may choose to cite a specific area of disagreement for each issue, such as: entitlement to service connection, a higher evaluation, or an earlier effective date. Please refer to your decision notification letter(s) for a list of adjudicated issues. You should enter the date of VA's decision for each issue. Only those issue(s) that you list on this form will be addressed during the Higher-Level Review. For those issues you do not list on this form, you still have one year from the date of the decision notification letter to request a Higher-Level Review, or to have them reviewed through a different review option.

Section VII - Certification and Signature

Please be sure to sign this request for Higher-Level Review, certifying the statements on this form are true and correct to the best of your knowledge and belief. Be sure to sign the form in ink. Forms not signed in ink may be returned. For alternate signer certification please include **VA Form 21-0972, *Alternate Signer Certification***.

Section VIII - Authorized Representative Signature

A VA authorized representative may sign this section in lieu of the veteran or claimant signature in section VII, as long as a valid VA Form 21-22 or VA Form 21-22a, is of record or included with this application.

OMB Control No. 2900-0862
Respondent Burden: 15 minutes
Expiration Date: 4/30/2024

Department of Veterans Affairs

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 5. Use this form to request a Higher-Level Review of a decision you received. A Higher-Level Review is a new review of an issue(s) previously decided by VA based on the evidence of record at the time of the prior decision. For more information call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

John J Rollingstone

2. SOCIAL SECURITY NUMBER: 123-45-6789

3. VA FILE NUMBER (If applicable):

4. DATE OF BIRTH (MM/DD/YYYY): 01-02-1955

5. VA INSURANCE POLICY NUMBER (If applicable):

6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)

No. & Street: 1234 Harpers Lane

Apt./Unit Number: City: Frederick

State/Province: MD Country: US ZIP Code/Postal Code: 12345-6789

○ I AM HOMELESS OR AT RISK OF HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code): 301-234-5678 Enter International Phone Number (If applicable):

8. E-MAIL ADDRESS (Optional): jrollingstone@yahoo.com

SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)

9. CLAIMANT'S NAME (First, Middle Initial, Last)

Jennifer S Rollingstone

10. SOCIAL SECURITY NUMBER (If applicable): 345-67-8910

11. DATE OF BIRTH (MM/DD/YYYY) (If applicable): 04-15-1960

12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)

No. & Street: 1234 Harpers Lane

Apt./Unit Number: City: Frederick

State/Province: MD Country: US ZIP Code/Postal Code: 12345-6789

13. TELEPHONE NUMBER (Include Area Code): 301-234-5678 Enter International Phone Number (If applicable):

14. E-MAIL ADDRESS (Optional): jsrollingstone@yahoo.com

SECTION III - BENEFIT TYPE

15. **SELECT ONLY ONE** (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.)

○ COMPENSATION ○ PENSION/SURVIVORS BENEFITS ○ FIDUCIARY ○ EDUCATION ◉ VETERANS HEALTH ADMINISTRATION
○ VETERAN READINESS AND EMPLOYMENT ○ LOAN GUARANTY ○ LIFE INSURANCE ○ NATIONAL CEMETERY ADMINISTRATION

Example

SECTION IV - OPTIONAL INFORMAL CONFERENCE

16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HIGHER-LEVEL REVIEWER FOR THE SOLE PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one informal conference by telephonic communication associated with this request for Higher-Level Review.)

(●) 16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional and may delay a decision.

16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to schedule the informal conference. Contact attempts will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE:

( ) Call me between 8:00 a.m. - 12:00 p.m. ET
( ) Call me between 12:00 p.m. - 4:30 p.m. ET
(●) Call my representative between 8:00 a.m. - 12:00 p.m. ET
( ) Call my representative between 12:00 p.m. - 4:30 p.m. ET

17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTATIVE'S CONTACT INFORMATION BELOW.

17A. REPRESENTATIVE'S NAME (First, Last)

Michael Johnson

17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)

240-765-4321

17C. REPRESENTATIVE'S E-MAIL ADDRESS

mjohnson@gma

SECTION V - SOC/SS STEM

18. By marking the circle below, I ELECT TO PARTICIPATE IN T s decided in a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC). I ap d any associated hearing requests, from the legacy appeals system. I understand I can THE CIRCLE BELOW **MUST** BE MARKED.

( ) **OPT-IN FROM SOC/SSOC**

After receiving their SOC/SSOC, individuals following the legacy appeals process may opt into the AMA process by selecting this radio button. Individuals need to understand that this choice is irrevocable.

NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW

19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets, if necessary - include your name and file number on each additional sheet. **IMPORTANT**: You **may only** list issues for the benefit type selected in Section III. A separate form is required for each benefit type.

19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
Example 1: Service connection for left knee	MM/DD/YYYY
Example 2: Earlier effective date for hearing loss	MM/DD/YYYY
Example 3: Reimbursement for non-VA emergency care	MM/DD/YYYY
Example 4: Denial of entitlement to VR&E benefits and services	MM/DD/YYYY
Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY
PCAFC: Removal from program	02-17-2021
	– –
	– –
	– –
	– –
	– –
	– –

Individuals should reference their PCAFC decision notice when entering the issue(s) in this field. They need to enter "PCAFC:" and then at least provide the general category for the issue(s) they disagree with (such as denial of application, removal from program, or tier change). They may also choose to include additional information as to why they disagree with the decision.

Individuals need to list each issue they disagree with on a separate line.

Example

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)

19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
	– –
	– –
	– –
	– –
	– –

This section is required in order for VA to process the request.

SECTION VII - CERTIFICATION AND SIGNATURE

NOTE: This section is **MANDATORY** and completion is required to process your claim unless accompanied by VA Form 21-0972, *Alternate Signer Certification* or Section VIII is completed.

I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.

20A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink)	20B. DATE SIGNED
	– –

SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE

I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.

NOTE: A representative's signature will not be accepted unless at the time of submission of this request a valid VA Form 21-22, *Appointment of Veterans Service Organization as Claimant's Representative*, or VA Form 21-22a, *Appointment of Individual as Claimant's Representative*, indicating the appropriate representative is of record with VA or included with this application.

21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)

Michael Johnson

21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. DATE SIGNED
	09 – 30 – 2021

PENALTY: The law provides severe penal … sion of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT NOTICE: VA will not discl … as been authorized under the Privacy Act of 1974 or Title 38, Code of Federal R … t, congressional communications, epidemiological or research studies, the c … ited States is a party or has an interest, the administration of VA program … ersonnel administration) as identified in the VA system of records, 58VA21/22/28, … d Employment Records - VA, published in the Federal Register. Your ob …

RESPONDENT BURDEN: We need this in … 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 the 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.

IMPORTANT!
For PCAFC decisions, individuals need to mail their completed form to:

Veterans Affairs Evidence Intake Center
P.O. Box 5154
Janesville, WI 53547

Questions or need additional information?
Please contact Jennifer Hunt, VA VSO Liaison.