



Disabled American Veterans  
VA Regional Office ♦ JFK Federal Building ♦ Boston MA 02203  
617-303-5675

## Building Better Lives for America's Disabled Veterans

Name:		Date:	
Street Address:		Claim/File #	
City, State, Zip Code:		SS#:	
Telephone No.: Home: _____ Work: _____ Cell: _____		Birth Date:	
DAV Member: Yes: _____ No: _____ LM# _____		Dependent Status: ____ Veteran ____ Veteran & Spouse ____ Veteran, Spouse & Children (# _____) (Please check accordingly)	
E-Mail Address: _____			
Service Branch:	Enlistment Date:	Discharge Date:	POW: Yes _____ No _____
Service Connected Disability(ies):		Combined Disability:	%
Enrolled in E-Benefits? Yes or No			
Enrolled in My-Healthy Vet? Yes or No			
Why Are You Here Today? - please be specific:			

**For Office Use Only**  
Does DAV have POA?

**ACTION:**

DSO / CSO NAME:

CLAIM #: \_\_\_\_\_ IN CMS: YES / NO

TO: (AMC) (AT) (CVA) (CWC) (DMC) (DIC) (ECA) (FB) (FDC) (HVC) (IPC) (PMC) (SF) (VR&E)

CMS SUBMITAL: S1 S1a S2(C) S2(A) S4 (\_\_\_\_/\_\_\_\_/\_\_\_\_) S5 S6

VETERAN LETTERS: V1 V2 V3 V4 V5 V7

CMS INSERTS: P1 P2 P3 P4 P5 P6 P7 P8 P9 P10 P11 P12 P13 P14 P15

VA FORMS: VAF 21-22 VAF 21-0966 VA Form 21-526EZ VA Form 21-527EZ VAF 21P-530 VAF 21-534EZ VAF 21-535 VAF 21-674  
 VAF 21-686c VAF 21-0781 VAF 21-0781a VAF 21-0779 VAF 21-2680 VAF 21-4138 VAF 21-4140 VAF 21-4142 VAF 21-4502  
 VAF 21-4192 VAF 21-8940 VAF 22-1990\_\_ VAF 22-5490 VAF 28-1900 VAF 5655 VAF 20-572 VAF 21-0958 VAF 9 VAF 27-2008  
 VCAA Notice Response VCAA Waiver Letter DBQ'S - 21-0960\_\_ 21-0960\_\_ 21-0960\_\_ 21-0960\_\_ 21-0960\_\_ 21-0960\_\_

OTHER: SMR'S VAMC - \_\_\_\_\_ Non-VA Medical Records - \_\_\_\_\_

Audiology Report Birth Certificate Champ VA Documents Claimant's Statement DD 214 Death Certificate Doctor's Statement  
 Employer Statement Internet Article Lay Affidavit \_\_\_\_\_ Lab Report Marriage Certificate  
 Medical Opinion \_\_\_\_\_ Military Personnel Records NA 13055 Photo's SSOC Notice Response  
 Social Security Record Spouses Statement VCAA Notice Response VCAA Waiver Letter OTHER \_\_\_\_\_

WORDING: \_\_\_\_\_

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CLAIM #: \_\_\_\_\_ IN CMS: YES / NO

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