



Lesson 2

The American Legion

Code of Procedures

The American Legion DSO School

March 2022

Lesson 2 Handouts

- Handout 1: **The American Legion Code of Procedures, these are set by The American Legion.**
- Handout 2: **Standards of Conduct, these are set by VA,** including how VA can cancel a DSO's accreditation.
- Handout 3: **VA's Accreditation Program Enforcement Authority,** which explains the accreditation program.

Definitions and Handouts

- DSO – Department Service Officer. This includes service officers accredited by The Legion with VA.
- POA – Power of Attorney. The authority granted by the Veteran to The American Legion to represent the Veteran before VA, “Appointment of a Veterans Service Organization as Claimant’s Representative,” VA Form 21-22.

DSO Standards of Conduct

- VA's regulatory Standards of Conduct are at 38 C.F.R. § 14.632.
- VA Standards state what a DSO ***must*** do and ***must not*** do.
- Click [here](#) to download VA's standards.

What DSO's *Must* Do

- **Faithfully execute their duties on behalf of a VA claimant.**
- **Be truthful in their dealings with claimants and VA.**
- **Provide claimants with competent representation before VA.**
- **Act with reasonable diligence and promptness in representing claimants.**
- Remember that you are an advocate – you are working on behalf of the Veteran.
- You must be truthful, with both VA and the Veteran.
- You must be competent, and know what you're doing.
- Do more than the bare minimum, and help the Veteran win the most VA benefits in the shortest amount of time.

What DSO's *Must Not Do*

- (1) Violate the standards of conduct as described in 38 C.F.R. § 14.632.
- (2) Circumvent the rules of conduct through the actions of another.
- (3) Engage in conduct involving fraud, deceit, misrepresentation, or dishonesty.
- (4) Violate one or more of the provisions of title 38, United States Code, or title 38, Code of Federal Regulations.
- (5) Enter into an agreement for, charge, solicit, or receive a fee that is clearly unreasonable or otherwise prohibited by law or regulation.
- (6) Solicit, receive, or enter into agreements for gifts related to representation provided before an agency of original jurisdiction has issued a decision on a claim or claims and a Notice of Disagreement has been filed with respect to that decision.
- (7) Delay, without good cause, the processing of a claim at any stage of the administrative process.
- (8) Mislead, threaten, coerce, or deceive a claimant regarding benefits or other rights under programs administered by VA.
- (9) Engage in, or counsel or advise a claimant to engage in, acts or behavior prejudicial to the fair and orderly conduct of administrative proceedings before VA.
- (10) Disclose, without the claimant's authorization, any information provided by VA for purposes of representation.
- (11) Engage in any other unlawful or unethical conduct.

Loss of Accreditation


VA can cancel a DSO's accreditation if the DSO:

- Knowingly violates or refuses to comply with the law,
- Knowingly presents a fraudulent or frivolous claim,
- Knowingly presents false information to VA, or
- Commits any other unlawful, unprofessional, or unethical practice.

Fraudulent or Frivolous Claims

- Fraud is committed when a person knowingly makes, or assists in making, a false statement concerning a claim for VA benefits.
- A claim is frivolous if the individual providing representation is unable to make a good faith argument on the merits of the claim.

VA Form 21-22

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE			
IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.			
NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> . When completed you can mail or fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms .			
SECTION I: VETERAN'S INFORMATION			
NOTE: You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.			
1. VETERAN'S NAME (First, Middle Initial, Last)			
<input type="text"/>			
2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)	3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	Month <input type="text"/> - Day <input type="text"/> - Year <input type="text"/>	
5. VETERAN'S SERVICE NUMBER (If applicable)	6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)		
<input type="text"/>	<input type="text"/>		
7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)			
No. & Street <input type="text"/>			
Apt./Unit Number <input type="text"/>		City <input type="text"/>	
State/Province <input type="text"/>		Country <input type="text"/>	
ZIP Code/Postal Code <input type="text"/>		- <input type="text"/>	
8. VETERAN'S TELEPHONE NUMBER (Include Area Code)		9. VETERAN'S EMAIL ADDRESS (Optional)	
<input type="text"/>		<input type="text"/>	

START HERE:

Complete [VA Form 21-22](#), as it is required in order for TAL to assist a Veteran.

Section I: Provide the Veteran's information.

VA Form 21-22, cont.

Section II: If someone other than the Veteran files the claim, then complete this section.

Box 15: Enter "The American Legion."

Box 16A & 16B: Enter your name and title.

Box 17: Enter an e-mail address.

Box 18: Enter the date.

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)		
10. CLAIMANT'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
No. & Street <input type="text"/>		
Apt./Unit Number <input type="text"/>	City <input type="text"/>	
State/Province <input type="text"/>	Country <input type="text"/>	ZIP Code/Postal Code <input type="text"/> - <input type="text"/>
12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)	13. CLAIMANT'S EMAIL ADDRESS (Optional)	14. RELATIONSHIP TO VETERAN
<input type="text"/>	<input type="text"/>	<input type="text"/>
SECTION III: SERVICE ORGANIZATION INFORMATION		
15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)		
<input type="text"/>		
16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)	16B. JOB TITLE OF PERSON NAMED IN ITEM 16A	
<input type="text"/>	<input type="text"/>	
17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15	18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	

VA Form 21-22, page 2

Top of Every Page: Enter the Veteran's SSN.

Box 19: Veteran must check the box so VA releases information to TAL.

Box 20: We don't advise limiting consent as it can prevent VSOs from viewing the claims file.

Box 21: If the Veteran wants TAL to be able to change the Veteran's address, then check the box.

VETERAN'S SOCIAL SECURITY NUMBER - -

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

- I **authorize** the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

- DRUG ABUSE INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
 ALCOHOLISM OR ALCOHOL ABUSE SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

- I **authorize** any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

VA Form 21-22, page 2, cont.

I, the claimant named in Items 1 *or* 10, hereby **appoint** the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

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

22A. SIGNATURE OF VETERAN OR CLAIMANT <i>(Do Not Print)</i>	22B. DATE SIGNED <i>(MM/DD/YYYY)</i> [Signature Line]
23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A <i>(Do Not Print)</i>	23B. DATE SIGNED <i>(MM/DD/YYYY)</i> [Signature Line]

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

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

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

Box 22A: Veteran signs form.

Box 22B: Veteran dates form.

Box 23A: TAL accredited representative signs form.

Box 23B: TAL accredited representative dates form.

Withdrawing Representation

The American Legion reserves the right to revoke a Power of Attorney (POA) at any time.

TAL must file the withdrawal with VA.

Quiz

Click the **Quiz** button to edit this object

Veteran Andre has contacted you in order to obtain assistance with his VA claim. He explains that for the past few years he's been working with a representative in a Congressional office, but he wants additional help.

Andre insists that there's no need to sign a new 21-22 in favor of The American Legion. He asks, "You can just help me informally, right?"

Is Andre correct? (This question does not count toward your final grade.)

- YES – you can help Andre informally without him completing VA Form 21-22 in favor of TAL.
- NO – Andre must complete and sign VA Form 21-22 in favor of TAL before you can assist him with his claim

Answer 1

No.

- Andre must complete and sign VA Form 21-22 in favor of TAL before you can assist him with his claim.
- VA regulations require that a power of attorney, executed on the proper form, **must** be obtained before a person can represent a Veteran before VA. 38 C.F.R. § 14.631(a).
- In addition, only **one** representative will be recognized at one time in the prosecution of a particular claim. 38 C.F.R. § 14.631(e)(1).

Examples of Reasons to Withdraw Representation

- Tampering or altering evidence.
- Providing false information.
- Refusing to cooperate with a DSO.
- Threats of violence toward the DSO, The American Legion, or VA personnel.
- Harassment of DSOs by phone or in person.

Examples of Reasons to Withdraw Representation

- Representation could lead to conflict of interest.
- Representation could lead to violation of privacy.
- Representation of coworker or friend could risk inadvertent disclosure of confidential information.
- Representation of coworker or friend could create unreasonable expectations and disappointments.
- Benefits being received are contrary to law or regulation.

“Fair Representation”

When The American Legion accepts a Power of Attorney from an eligible claimant, it assumes an **obligation** to provide “**fair representation**” and **assistance and counseling** to ensure that the claimant gets full Due Process.

-The American Legion Code of Procedures

Fair Representation

“Fair Representation” means:

- Take no action that would negatively impact the Veteran.
- Do not make any unauthorized disclosure of information.

Quiz

Click the **Quiz** button to edit this object

You are representing Veteran Ramsay in his claim for service connection for a back condition, which he states is due to a documented auto accident in service. As you review his claim file, you realize that Ramsay is suing your friend Lucas. According to Lucas, the two were involved in a recent car collision, and Ramsay says that he now suffers from back problems from that accident.

Do you think that you can tell Lucas what you've learned in Ramsay's claim file? (This question does not count toward your final grade.)

- Yes
- No

Answer 2

No.

- You cannot take any action that would negatively impact Ramsay. This includes actions outside the VA claim system.
- Also, revealing information from Ramsay's claim file would be a violation of his confidentiality.
- You might want to consider withdrawing as representation as a violation of privacy or a risk of inadvertent disclosure of confidential information.

Confidential Nature of Claims

All files, records, reports, and other papers and documents pertaining to any claim...shall be **confidential** and **privileged**.

-38 U. S. Code § 5701(a)

Confidential Nature of Claims 1



- Office files of The American Legion are confidential.
- Requests for documents must be in writing and signed by the claimant.

Confidential Nature of Claims 2

Veterans are trusting *YOU and The American Legion* to protect their private information.



- Keep documents locked up.
- Don't leave papers lying around.
- Safeguard computers:
 - Log off when away from desk.
 - Don't share passwords or access cards.
- Don't discuss a case outside of the office.

What Must be Disclosed?

Department Service Officers (DSOs):

- Must not knowingly make false statements about a material fact, and
- Are required to submit evidence requested by VA.

But ...

- You are not required to present all evidence.

Managing Your Workload



Advocacy Tip: If you can't give a Veteran's claim the full attention it deserves, then encourage the Veteran to obtain another accredited representative.

- This presentation is complete.
- A PDF version of these slides will be provided to you at the conclusion of the course for future reference.