



# **Lesson 5**

## **VA Forms Overview and Intent to File**

*The American Legion DSO School*

*March 2022*

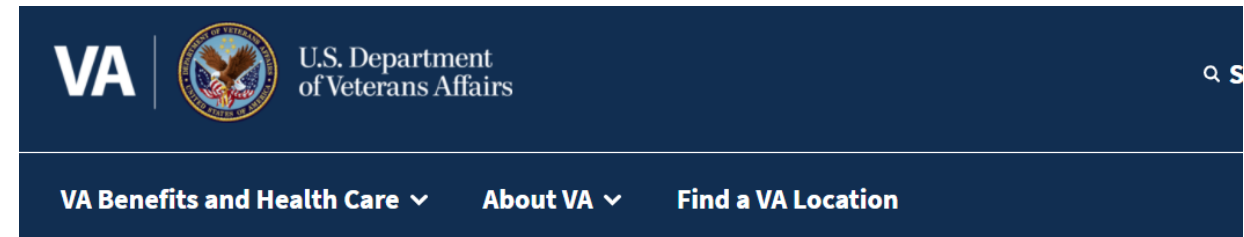
# Lesson 5 Learning Objectives

In this lesson we will learn which VA forms are needed to create a claims packet.

- We will learn about obtaining VA forms.
- We will start with the best claim form.
- We will learn when an **Intent to File** can be used.
- We will discuss other VA forms to include in the claims packet so the Veteran obtains the most VA benefits as quickly as possible.

# Getting VA Forms

- Download current VA form from VA's webpage every time.
  - [www.va.gov/find-forms/](https://www.va.gov/find-forms/)
  - Search by form name.
  - Ensure you are using the most up-to-date version.
- Don't need to pay for VA forms.



[Home](#) > [Find a VA form](#)

## Find a VA form

Search for a VA form by keyword, form name, or form number.

Enter a keyword, form name, or number

# Use the Right Claim Form

**Neville**

Never filed

**21-526EZ**



**Wally**

Worsening

**21-526EZ**

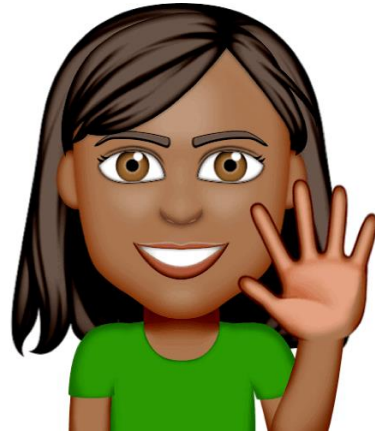


**Debbie**

Denied before

**20-0995 +**

**New and Relevant  
evidence**



**Diane**

Disagrees

**20-0995 +**

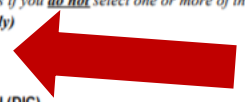
**New and Relevant  
evidence**



# Intent to File (ITF)

- Intent to File ([VA Form 21-0966](#)) is used to indicate that a Veteran plans to file a claim for benefits within one year.
- Must identify compensation or pension, yet don't have to identify the specific benefit or conditions.
- Preserves the effective date.
- Useful when the Veteran or VSO needs time to gather more information.

INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC (This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)		
<b>NOTE:</b> Please read the Privacy Act and Respondent Burden below before completing the form.		
<b>SECTION I: CLAIMANT/VETERAN IDENTIFICATION</b>		
<b>NOTE:</b> You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.		
1. CLAIMANT'S NAME (First, Middle Initial, Last)		
2. CLAIMANT'S SOCIAL SECURITY NUMBER		
3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)	
5. VETERAN'S NAME (First, Middle Initial, Last) (If different from claimant)	6. VETERAN'S SOCIAL SECURITY NUMBER	
7. VETERAN'S SEX	8. VETERAN'S SERVICE NUMBER (If applicable)	
9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)		
10. HAS THE VETERAN EVER FILED A CLAIM WITH VA?		
11. TELEPHONE NUMBER (Include Area Code)		
12. EMAIL ADDRESS (If applicable)		
<b>SECTION II: GENERAL BENEFIT ELECTION</b>		
<b>IMPORTANT:</b> VA may not be able to use this form to establish an effective date for benefits if you <b>do not</b> select one or more of the general benefits listed below.		
13. I intend to file for the general benefit(s) checked below: (Choose all that apply)		
<input type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION		
<b>NOTE:</b> Only check the box below if you are a surviving dependent of the veteran.		
<input type="checkbox"/> SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)		



# Who can Use ITF?

**Neville**

Never filed

**21-526EZ**



**Wally**

Worsening

**21-526EZ**

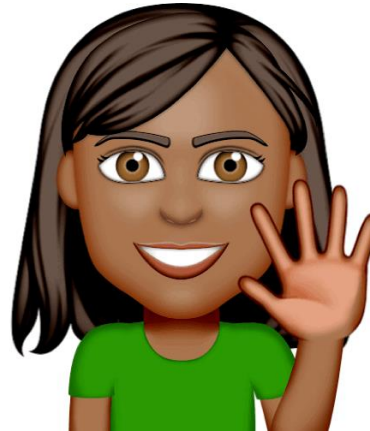


**Debbie**

Denied before

**20-0995** +

**New and Relevant  
evidence**

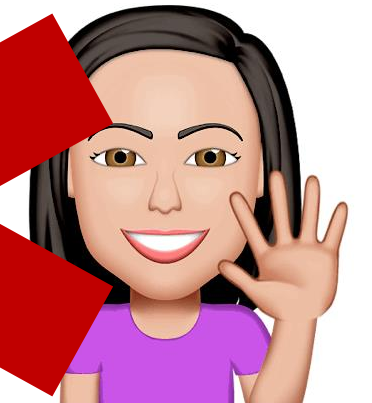
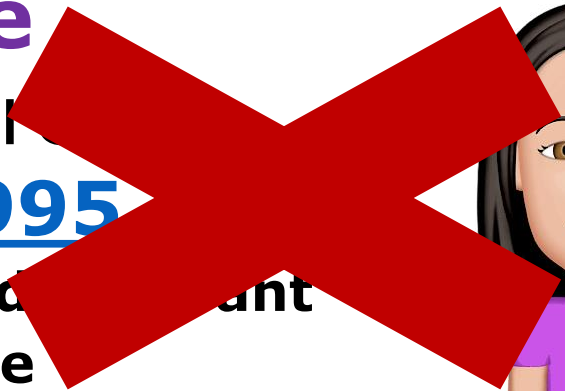


**Diane**

Disagr

**20-0995**

**New and Relevant  
evidence**



# ITF is Always Optional

- The use of Intent to File form is **ALWAYS optional**. The Intent to File is **never required by VA**.
- If the Veteran and the VSO have all the information they need, just submit the right claim form.
- Intent to File is only recommended if more time is needed to prepare the Veteran's claim.



# Submitting Complete Packets



- The fastest way for a Veteran to receive a VA grant for the most benefits is for you and the Veteran to submit all the information and forms needed **at one time.**
- Think about what other VA forms are needed.

**Advocacy tip:** Focus on submitting the Veteran's complete claim packet to VA the first time.




# Private Medical Release

- [VA Form 21-4142](#) Release for private medical records (including VA Form 21-4142a):
- For use anytime a Veteran wants VA's help to obtain private medical records.
- Include doctor/facility name and dates of treatment.

Department of Veterans Affairs		VA DATE STAMP DO NOT WRITE IN THIS SPACE
<b>GENERAL RELEASE FOR MEDICAL PROVIDER INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA)</b>		
<b>INSTRUCTIONS</b> - COMPLETE AND ATTACH THIS FORM WITH A SIGNED VA FORM 21-4142, AUTHORIZATION TO DISCLOSE INFORMATION TO THE DEPARTMENT OF VETERANS AFFAIRS (VA). IF YOU HAVE MORE THAN FIVE PROVIDERS, FILL OUT ADDITIONAL COPIES OF THIS FORM, AVAILABLE AT <a href="http://WWW.VA.GOV/VAFORMS">WWW.VA.GOV/VAFORMS</a>		
<b>NOTE</b> - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN INFORMATION BELOW BEFORE COMPLETING THIS FORM.		
<b>SECTION I - VETERAN'S IDENTIFICATION INFORMATION</b>		
1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER	4. DATE OF BIRTH (MM/DD/YYYY)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
4. VETERAN'S SERVICE NUMBER (If applicable)		
<input type="text"/>		
<b>SECTION II - PATIENT IDENTIFICATION FOR RECORDS VA IS REQUESTING (If other than veteran)</b>		
6. PATIENT'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
7. SOCIAL SECURITY NUMBER	8. VA FILE NUMBER (If applicable)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
<b>SECTION III - MEDICAL PROVIDER INFORMATION</b>		
9A. PROVIDER OR FACILITY NAME		9B. DATE(S) OF TREATMENT: (Include the time period (MM/DD/YYYY) for the treatment by the provider listed in Item 9A)
<input type="text"/>		From: <input type="text"/> To: <input type="text"/>
<input type="text"/>		From: <input type="text"/> To: <input type="text"/>

# Dependents

 Department of Veterans Affairs		Expiration Date: 05/26/2021 VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
<b>APPLICATION REQUEST TO ADD AND/OR REMOVE DEPENDENTS</b>		
<b>INSTRUCTIONS:</b> Make sure you sign and date this form in Items 26A and 26B. <b>Note:</b> Unless the claimant is the veteran's surviving spouse or a designated "alternate signer", the veteran <i>must</i> sign in Item 26A. When you have completed this form, you can mail or fax it to the address or the fax number shown at the bottom of Page 2. If you prefer you may complete and submit the form online at <a href="http://www.va.gov">www.va.gov</a> .		
<b>SECTION I: VETERAN/CLAIMANT'S IDENTIFICATION INFORMATION</b> (Note: Completion of this section is <b>REQUIRED</b> to process your request; any omission may delay processing)		
<b>NOTE:</b> You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to help expedite processing of the form.		
1. VETERAN'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (if known)	4. VETERAN'S DATE OF BIRTH
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	Month      Day      Year <input type="text"/> - <input type="text"/> - <input type="text"/>
5. CLAIMANT'S NAME (If other than veteran) (First, Middle Initial, Last)		
<input type="text"/>		
6. CLAIMANT'S SOCIAL SECURITY NUMBER	7. VETERAN'S SERVICE NUMBER (if applicable)	8. TELEPHONE NUMBER (Include Area Code)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>


- [VA Form 21-686c](#) Request to add/remove dependents:
  - Increase payment rate for each dependent if Veteran is rated combined 30% or higher
  - If completed already will be automatic once Veteran receives 30%.

# Statement in Support of Claim

- [VA Form 21-4138](#) Statement in Support of Claim:
  - Should accompany **every** form seeking benefits
    - 21-526EZ, 20-0995, 20-0996, etc.
  - Blank form for Veteran to explain why they are entitled to benefits
  - Don't submit naked claims!

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
<b>STATEMENT IN SUPPORT OF CLAIM</b>		
<small>INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.</small>		
<b>SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION</b>		
<small>NOTE: You will either complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.</small>		
1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)		
<input type="text"/>		
2. VETERAN'S SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)
<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. TELEPHONE NUMBER (Include Area Code)	7. E-MAIL ADDRESS (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
8. 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"/>		
<b>SECTION II: REMARKS</b>		
<small>(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)</small>		
<input type="text"/>		

# Lay/Witness Form 21-10210

 Department of Veterans Affairs	<b>VA DATE STAMP</b> (DO NOT WRITE IN THIS SPACE)
<b>LAY/WITNESS STATEMENT</b>	
<b>INSTRUCTIONS:</b> Before completing this form, read the Privacy Act and Respondent Burden on page 3. Use this form to submit a statement as a veteran/claimant or someone writing on your behalf to support a claim. If you or someone else writing on your behalf are providing additional statement(s) to support your claim(s) please submit this form <u>with</u> your application. For more information, contact us at <a href="https://iris.custhelp.va.gov">https://iris.custhelp.va.gov</a> , or 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 <a href="http://www.va.gov/vaforms">www.va.gov/vaforms</a> . After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.	
<b>SECTION I: VETERAN'S IDENTIFICATION INFORMATION</b>	
<b>NOTE:</b> 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)	
2. SOCIAL SECURITY NUMBER	
3. VA FILE NUMBER (If applicable)	
4. DATE OF BIRTH	
5. VA INSURANCE FILE NUMBER (If applicable)	
6. CURRENT MAILING ADDRESS (If applicable) (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)	
7. TELEPHONE NUMBER (Include Area Code)	
8. E-MAIL ADDRESS <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim.	

- VA has created a new form [21-10210](#) Lay/Witness Statement
- This new form is very similar to the 21-4138.
- Asks for information about the witness writing the statement.
- **This VA form is voluntary.**

## Quiz

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

How many forms should be included in an complete application for benefits?

- 3
- 1
- 2
- As many as needed.

# Question Answer

## As many forms as needed.

- A Veteran's complete VA claim package is not one-size-fits-all.
- The number and types of VA forms needed will depend on the facts of the specific Veteran and the VA benefits sought.
- Reminder of forms to consider each time:
  - Claim form (21-526EZ or 20-0995)
  - Intent to File (21-0996)
  - Statement in Support of Claim (21-4138)
  - Private Medical Release (21-4142)
  - Dependents (21-686c)

# Bonus: VA Care

- Ask every Veteran if they enrolled in VHA healthcare.
- Use VA Form 10-10EZ Application for Healthcare, to enroll in VHA.

**Key Fact:** The top reason a Veteran files a VBA disability benefit claim is to gain access to quality VHA healthcare.

Department of Veterans Affairs				VA DATE STAMP (For VHA Use Only)	
APPLICATION FOR HEALTH BENEFITS					
SECTION I - GENERAL INFORMATION					
Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)					
TYPE OF BENEFIT(S) APPLYING FOR:					
<input type="checkbox"/> <b>ENROLLMENT</b> - VA Medical Benefits Package (Veteran meets and agrees to the enrollment eligibility criteria specified at 38 CFR 17.36) <input type="checkbox"/> <b>REGISTRATION</b> - VA Health Services (Veterans meets the "Enrollment not required" eligibility criteria specified at 38 CFR 17.37)					
1A. VETERAN'S NAME (Last, First, Middle Name)			1B. PREFERRED NAME		2. MOTHER'S MAIDEN NAME
3A. BIRTH SEX		3B. SELF-IDENTIFIED GENDER IDENTITY		4. ARE YOU SPANISH, HISPANIC, OR LATINO?	5. WHAT IS YOUR RACE? (You may check more than one. Information is required for statistical purposes only.)
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSMALE/TRANSMAN/FEMALE-TO-MALE <input type="checkbox"/> TRANSFEMALE/TRANSWOMAN/MALE-TO-FEMALE <input type="checkbox"/> CHOOSE NOT TO ANSWER		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> CHOOSE NOT TO ANSWER
6. SOCIAL SECURITY NO.		7A. DATE OF BIRTH (mm/dd/yyyy)	7B. PLACE OF BIRTH (City and State)		8. RELIGION
9A. MAILING ADDRESS (Street)			9B. CITY	9C. STATE	9D. ZIP CODE
9E. COUNTY			9F. HOME TELEPHONE NO. (optional) (Include Area Code)	9G. MOBILE TELEPHONE NO. (optional) (Include Area Code)	9H. E-MAIL ADDRESS (optional)
10A. HOME ADDRESS (Street)		10B. CITY	10C. STATE	10D. ZIP CODE	10E. COUNTY
11. CURRENT MARITAL STATUS					
<input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED					
12A. NEXT OF KIN NAME		12B. NEXT OF KIN ADDRESS			12C. NEXT OF KIN RELATIONSHIP
12D. NEXT OF KIN TELEPHONE NO. (Include Area Code)		12E. NEXT OF KIN WORK TELEPHONE NO. (Include Area Code)		13. DESIGNEE - INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH (Note: This does not constitute a will or transfer of title)	
14. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? (for listing of facilities visit <a href="http://www.va.gov/find-locations">www.va.gov/find-locations</a> )				15. WOULD YOU LIKE FOR VA TO CONTACT YOU TO SCHEDULE YOUR FIRST APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION II - MILITARY SERVICE INFORMATION					
1A. LAST BRANCH OF SERVICE		1B. LAST ENTRY DATE (mm/dd/yyyy)	1C. FUTURE DISCHARGE DATE (mm/dd/yyyy)	1D. LAST DISCHARGE DATE (mm/dd/yyyy)	
1E. DISCHARGE TYPE				1F. MILITARY SERVICE NUMBER	
2. MILITARY HISTORY (Check yes or no)			YES	NO	
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?			<input type="checkbox"/>	<input type="checkbox"/>	
B. ARE YOU A FORMER PRISONER OF WAR?			<input type="checkbox"/>	<input type="checkbox"/>	
C. DID YOU SERVE IN A COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?			<input type="checkbox"/>	<input type="checkbox"/>	
D. WERE YOU DISCHARGED OR RETIRED FROM MILITARY FOR A DISABILITY INCURRED IN THE LINE OF DUTY?			<input type="checkbox"/>	<input type="checkbox"/>	
E. ARE YOU RECEIVING DISABILITY RETIREMENT PAY INSTEAD OF VA COMPENSATION?			<input type="checkbox"/>	<input type="checkbox"/>	
F. DID YOU SERVE IN SW ASIA DURING THE GULF WAR BETWEEN AUGUST 2, 1990 AND NOVEMBER 11, 1998?			<input type="checkbox"/>	<input type="checkbox"/>	
G. DO YOU HAVE A VA SERVICE-CONNECTED RATING? IF "YES", WHAT IS YOUR RATED PERCENTAGE _____ %			<input type="checkbox"/>	<input type="checkbox"/>	
H. DID YOU SERVE IN VIETNAM BETWEEN JANUARY 9, 1962 AND MAY 7, 1975?			<input type="checkbox"/>	<input type="checkbox"/>	
I. WERE YOU EXPOSED TO RADIATION WHILE IN THE MILITARY?			<input type="checkbox"/>	<input type="checkbox"/>	
J. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?			<input type="checkbox"/>	<input type="checkbox"/>	
K. DID YOU SERVE ON ACTIVE DUTY AT LEAST 30 DAYS AT CAMP LEJEUNE FROM AUGUST 1, 1953 THROUGH DECEMBER 31, 1987?			<input type="checkbox"/>	<input type="checkbox"/>	

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