



U.S. Department
of Veterans Affairs

Decision Ready Claim (DRC) Documents

The documents enclosed with this submission
are in support of the DRC Initiative.

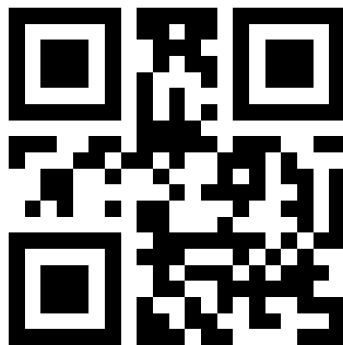
Please route and process accordingly.

VA File Number *(or Social Security Number)*

Claimant Zip Code

Claimant Last Name

Claimant First Name



DRC (Compensation)