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**WHAT IS NEEDED TO PROCESS YOUR CLAIM**

1. COMPLETE VA FORM 21-0966 AND SUBMIT IT TO THROUGH THE LINK IN #2. (Check COMPENSATION in Block #19). This is an “Intent to File” that will allow you 12 months to get everything together to file your VA Claim. The effective date of your increase or initial claim rating will be the month that you submitted the VA Form 21-0966 to the VA.
2. DEVELOP AN ACCOUNT WITH ([AccessVA](https://eauth.va.gov/accessva/?cspSelectFor=quicksubmit)) TO SUBMIT YOUR CLAIM ONLINE. (CLICK THE LINK).
3. COPY PREVIOUS DECISION RATING LETTERS.
4. A COPY OF YOUR (ACTIVE DUTY) MEDICAL RECORDS.
5. LINE OF DUTY (LOD) FOR GUARD AND RESERVISTS.

**PERSONAL INFORMATION NEEDED TO PREPARE YOUR CLAIM:**

1. FULL LEGAL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. SSN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. BIRTH DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. CELL PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. CURRENT MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. PERSONAL EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. DID YOU DEPLOY TO AT LEAST ONE OF THE FOLLOWING LOCATIONS: Iraq; Kuwait; Saudi Arabia; the neutral zone between Iraq and Saudi Arabia; Bahrain; Qatar; the United Arab Emirates; Oman; Yemen; Lebanon; Somalia; Afghanistan; Israel; Egypt; Turkey; Syria; Jordan; Djibouti; Uzbekistan; the Gulf of Aden; the Gulf of Oman; the Persian Gulf; the Arabian Sea; and the Red Sea: YES\_\_\_\_\_\_/ NO\_\_\_\_\_
8. WHAT BRANCH OF SERVICE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. COPY OF LAST DD 214.
10. Line of Duty (LOD) report if GUARD or RESERVES.
11. RECENT ACTIVE SERVICE DATES: ENTRY DATE – EXIT DATE:
12. ENTRY DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. EXIT DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. COPY OF A VOIDED CHECK (If this is your first claim) to put your banking information on the application for direct deposit.
15. COMPLETE VA FORM 21-4142 IF YOU HAVE BEEN SEEN AT A CIVILIAN MEDICAL FACILITY SINCE YOUR SEPARATION FROM ACTIVE DUTY.
16. LAST MILITARY MEDICAL FACILITY ATTEND ON ACTIVE DUTY:
17. NAME:\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. BASE NAME AND LOCATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. DEPENDENT INFORMATION AVAILABLE (If not already claimed):
20. SPOUSE (legal name, SSN, DOB, date of marriage, location of marriage, is your spouse a veteran)
21. PREVIOUS MARRIAGES (name, marriage date, marriage location, divorce date, divorce location)
22. CHILDREN (legal name, SSN, DOB, place of birth)
23. CHILDREN 18-23 of age: SENIOR in High School (Letter from school showing graduation date. COLLEGE Student (Verification of Enrollment (VOE) for full-time students).

**PLEASE HAVE THE #1 DONE AND THE ABOVE INFORMATION AVAILABLE BEFORE WE SCHEDULE AN APPOINTMENT DATE.**

**AVAILABLE APPOINTMENT TIMES at Central Standard Time (CST):**

**Mondays – Fridays: 8pm – 11pm**

**Saturdays: 9am – 12pm.**