

**Customer Information Sheet**

*(Mandatory with all claim, all fields must be completed and requires a signature)*

A claim can only be processed if **this form** is submitted with a **completed and signed:**

- VA Form 21-526
- VCAA document

The BDD office will review the three documents and based on the information provided inform you of the next steps.

If you are eligible for the BDD program AND live outside the KMCC area you must **bring a complete copy of my Service Treatment Records (for all periods of service) to your scheduled General Medical Exam at the VA Clinic. These records will be a part of my claims file and will not be returned to me.** If you do not come to the VA BDD Office with a **complete copy of my Service Treatment Records the day of** my scheduled VA examination, the VA will **CANCEL** the examination. Your claim will not be processed under the BDD Program; it will be referred to the VA Regional Office of jurisdiction over my area of permanent residence after I separate from the military.

Please contact the BDD Clinic using the contact information provided by the BDD Intake Office at **least** 48 hours before my scheduled VA examination if you are **unable** to appear for the appointment. Failure to satisfy all exams locally will result in removal from the BDD program.

My name is: \_\_\_\_\_

Rank: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Duty Location: \_\_\_\_\_

DSN: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Military Email: \_\_\_\_\_ Personal Email \_\_\_\_\_

Last day in Europe \_\_\_\_\_ Separation Date \_\_\_\_\_

Forwarding Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Forwarding phone number \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----Office Use-----

Claim Type: BDD QS FC RO

STR's received: Yes No Other: \_\_\_\_\_

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Name

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Date

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**Claim Number**

## **Notice to Claimants of Information and Evidence Necessary to Substantiate a Claim for VA Disability Compensation**

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Thank you for participating in the Department of Veterans Affairs (VA) Pre-Discharge Program or Joint VA/Department of Defense Disability Evaluation System (DES) Program. VA established the Pre-Discharge Program to help obtain evidence for any VA disability compensation claim prior to your separation or retirement from active duty.

This notice is applicable to any and all conditions claimed prior to your release from active duty.

### **What the Evidence Must Show to Support Your Claim**

Generally, veterans are eligible to receive service-connected benefits for disabilities related to military service. To support your claim, the evidence must show three things:

- You had an injury or a disease that began in or was made worse during military service, or there was an event in service that caused injury or disease.
- You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable.
- Your current disability is related to the injury, disease, or event in military service. Medical evidence is generally required to establish this relationship.

### **How VA Determines the Disability Rating**

When we find disabilities to be service connected, we assign a disability rating. That rating can be changed if your condition changes. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. Under certain circumstances, a disability rating may be assigned based on the result of a specific test or measurement. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

In rating a disability, the rating schedule sometimes refers to the criteria used to rate similar or related conditions. For example, a knee replacement may be rated based on the limited ability to straighten the leg, the extent of impairment from fractured leg bones, or

the position of a fixed knee joint. Dermatitis or eczema may be rated as scars or disfigurement of the head, face, or neck.

We consider the following evidence when determining the disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms;
- Impact of the condition and symptoms on employment and daily life; and
- Specific test or measurement results, (such as pulmonary function tests for certain respiratory ailments, treadmill exercise tests for certain types of heart disease, audiometric tests for hearing loss, optometric tests for visual loss, and range of motion tests for some joint or muscle conditions).

Examples of evidence that are relevant to assigning a disability rating include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Recent Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work;
- Statements discussing your disability symptoms from people who have witnessed how they affect you; or
- Any other evidence showing the extent of the disability or exceptional circumstances relating to it.

Attached at the end of this letter are any additional specific factors we use in assigning your disability rating for any condition we may have previously service-connected.

## **How VA Determines the Effective Date**

If we grant your claim, the beginning date of your entitlement will be the day following your release from active duty.

## **How VA Will Help You Obtain Evidence for Your Claim**

VA is responsible for getting relevant records from any Federal agency that you adequately identify and authorize VA to obtain. These may include records from the military, VA medical centers (including private facilities where VA authorized treatment), or the Social Security Administration. VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your claim.

VA will make every reasonable effort to obtain relevant records not held by a Federal agency that you adequately identify and authorize VA to obtain. These may include records from State or local governments, any privately held evidence and information you tell us about (such as private doctor or hospital records), or current or former employers.

## **What You Need To Do**

If you know of evidence not in your possession and want VA to try to get it for you, you must give VA enough information about the evidence so that we can request it from the person or agency that has it. If the holder of the evidence declines to give it to VA, asks for a fee to provide it, or otherwise cannot get the evidence, VA will notify you and provide you with an opportunity to submit the information or evidence. ***It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.***

If your claim involves a disability that you had before entering service and that was made worse by service, please provide any information or evidence in your possession regarding the health condition that existed before your entry into service.

**NOTE:** Please provide a certified copy of your DD Form 214, “Certificate of Release or Discharge from Active Duty,” as early as possible following your separation, as this may expedite the completion of your claim.

## **When You Should Send What We Need**

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

## PRE-DISCHARGE/DES NOTICE RESPONSE

We provided a notice to you about the evidence and information VA needs to support your claim for benefits. At this time, you may choose to indicate whether you intend to submit additional information or evidence that would help support your claim.

Your signed response will let us know whether to decide your claim without waiting 30 days, or whether we should give you the full 30 days from the date of the letter sent with this response before deciding your claim.

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

### RESPONSE

**I elect *one* of the following:** (Whichever box you check, you have one year from the date of the letter sent with this notice to give VA any other information or evidence you think will support your claim.)

I have enclosed all the remaining information or evidence that will support my claim, or I have no other information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

I will send more information or evidence to VA to support my claim. VA will wait the full 30 days from the date of the letter sent with this notice response before deciding my claim.

\_\_\_\_\_  
Claimant/Representative Signature

\_\_\_\_\_  
Date