KEEPING OUR PROMISE TO AMERICA'S VETERANS

Statement of Policy for Representation

Thank you so much for choosing DAV to assist you with your Department of Veterans Affairs benefits. DAV has a long history of providing claims assistance to veterans and their dependents and survivors. You can be sure that our national service officers and our transition service officers have been trained to assist you through the process. We provide our personnel with training and ongoing education so they can provide you with the help you need to navigate the sometimes-confusing process. Please note that DAV—not a specific person at DAV—is assisting you. We will review relevant portions of your file (when we have access), discuss possible strategies with you, prepare the necessary submissions and get them filed. (Please remember that although we may be able to access your VA file, we do not "own" that file nor do we keep copies of the file, or of any health information the file contains.)

YOU SHOULD	YOU SHOULDN'T
Be truthful with DAV and the VA at all times.	Try to submit a fraudulent claim (we won't submit it if we have good reason to think it's false).
Respond promptly to requests for information (and be on time for medical exams).	Submit evidence, information or other "stuff" directly to the VA.
Submit information to the VA through our office.	Fail to cooperate with your service officer.
Notify us if anything changes (your name, address or phone number).	Be abusive or harassing to any of our employees or anyone else you meet in our offices.

DAV will assist you through the VA process, and you can make the job a lot easier if you remember three important things:

1. You know your own claim better than anyone else. If something is really important, call it to your service officer's attention. (Example: If you have an Intent to File pending at the VA, let us know.)
2. DAV normally does not file anything unless you ask us to do so. This is also true of appeals. If you get a VA decision that you believe is incorrect, call or visit your national service office. Don't assume that we will automatically try to "fix" a less-than-perfect outcome. Be sure that you read everything the VA sends you, including notices about deadlines.
3. Don't wait until the last minute to contact your service officer. DAV is not the VA, and we have no authority to extend filing deadlines. A late filing can negatively affect your claim, so be proactive!

Although we hope that you're with DAV for good, it is only right to tell you that you can elect a new organization to assist you at any time. You should also know that on rare occasions, we may have to withdraw from your case. That could happen if, for instance, a conflict of interest develops. DAV might also have to withdraw if, for some reason, our relationship with you becomes so contentious that it interferes with our ability to handle your case. Even if we withdraw our assistance, you can be sure that we will send you instructions on how to appoint a new representative.

If you have any questions about this statement, don't hesitate to ask. We have purposely written it in a way that we hope makes it clear what DAV will do for you and what we expect you to do for us. DAV's representation is always provided absolutely free of charge, and without regard to membership in our organization.

We are glad you chose us to assist with your benefits. By signing below, you are simply acknowledging that you received this statement. If you don't sign it as a result of an electronic appointment of DAV through e-Benefits, we will make a note in our system ensuring that we send one to you. If you don't sign for any other reason, we'll make a note in our system that we provided you with a copy.

DAV looks forward to assisting you and your family.

Name _____ SSN or Claim # _____

Signature _____ Date _____

Chapter 3

Waco, TX

254-718-7179

To provide you with a better service, we want to explain what is going to happen today. We will be filing a VA Form 21-22. This form allows a service organization to act on your behalf with the VA. Also, a VA Form 20-0966 will be filed with the VA. This will start the clock on your claim once the VA has received it and you will have one year to submit your claim. If one is on file this one will not replace the older one.

Items needed for your next visit:

(1) All Civilian/Military Hospital Records (Go to our website to use tools provided)

(2) If possible Military Personnel Records or history where you served and duties.

(3) Employment History since you left the service. If fired or left provide reasons why.

(4) Personnel statement on VA Form 4138 on every item you are filing for. Statement should have the following: when did the event take place, was it reported to whom and when. If not, why.

(5) Lay Witness Statement on VA Form 10210 should include what they observed and any other facts that they may know.

(6) We will be filing a VA Form 686c so you may receive pay for spouse and children. You will need a copy of their driver license front and back, social security card front and back and marriage license. If divorced copy of the divorce degree. Children require birth certificates and social security cards front and back.

You may hear stories about how someone did their claim. Remember each claim is unique and no two VA Claims are just alike.

KEEPING OUR PROMISE TO AMERICA'S VETERANS

Interview Questionnaire

Revised January 2024

DAV Chapter 3 Waco, TX
1) Are you receiving VA compensation ☐ or pension ☐ , and have ever filed a claim before? Yes ☐ No ☐ 2) • If not, do you have a copy of your DD Form 214? (Include with packet) • If so, what disabilities are you service connected for and do you feel any may have worsened in severity or caused other disabilities? ***This information can be obtained in VA.gov***
3) What was your Military Occupational Specialty (MOS)?
4) Do you suffer from hearing loss or ringing of the ears (tinnitus), and do you feel it's related to loud noise exposure in the military? Yes ☐ No ☐
5) When in the military did you serve oversees and if so, where, and do you have any medical conditions possibly related? *If applicable, share examples of presumptive illnesses relating to service oversees.*
6) Do you have any current medical difficulties with your joints such as neck, back, shoulders, hips, knees, ankles, etc.? • If so, do you feel any are related to your time in the military and are you receiving treatment?
7) Did you have any injuries, medical conditions, or surgeries in the military? • If they had injuries or medical conditions, what were they and are you currently receiving treatment for any? • If they had any surgeries, what were they for and did they cause any scars?
8) Do you suffer from depression, anxiety, nightmares, difficulty sleeping or having personal relationships, etc.? • If so, do you feel it is related to a time or event in the military and can you prepare a statement about including the who, what, when, where, and why?
9) Have you had medical treatment for any conditions felt related to military either in service or out, and are you currently receiving treatment? *If not currently receiving treatment, encourage to begin doing.*
10) Can you write a personal statement on each of the disabilities related to the military? *Encourage they include the who, what, when, where, and why in how it's related.*
11) Can you obtain buddy statements from someone who can corroborate the in-service event or injury, and for the ongoing problems since service? *If so, encourage they include the who, what, when, where, and why.*

DAV Chapter 3
Waco, TX
Civilian/ Military Medical
History

This form is to be used to list all Military and Civilian Medical facilities. This information will later be used to fill out various VA Forms.

Approximate Date: _____ **Notes:**

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____ **Notes:**

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____ **Notes:**

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____ **Notes:**

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

DAV Chapter 3

Waco, TX

Name: _____

SYMPTOMS CHART. DAV Chapter 3

Date	Time	Length	Trigger	Symptoms	Severity	Treatment

DAV Chapter 3 Medical Check List for VA Claims

In Service Event	Current Diagnosis	NEXUS

Condition	STR	Provide dates when symptom was notice or event occurred	VHA	Private doctor	Medical Opinion	DBQ
Cardiovascular						
Artery and Vein Condition						
Varicose Veins						
Cold Injuries						
Hypertension						
Restricted Blood Flow						
Heart						
Digestive System						
Bowel Incontinence						
IBS						
GERD						
Liver						
IBD						
Esophageal Conditions						
Peritoneal Adhesions						
Ulcer						
Ear, Noise & Throat						
Sinusitis						
Tinnitus						
Rhinitis						
Asthma						
Balance Disorder						
Loss of Taste & Smell						
List Duty MOS						
Endocrinological						
Diabetes Melilites						
Thyroid Parathyroid						

This list is from the 38 CFR and is used to help a client understand what they are filing for and the information needed.

Always check the Presumptive List for service members who served overseas or where station at Camp Lejeune for more than 30 days

DAV Chapter 3 Medical Check List for VA Claims

In Service Event	Current Diagnosis	NEXUS

Condition	STR	Provide dates when symptom was notice or event occurred	VHA	Private doctor	Medical Opinion	DBQ
Genitourinary System						
Penis & Testes						
Erectile Dysfunction						
Kidney						
Urinary Frequency						
Gynecological and Disorder of the Breast						
Uterus						
Female Sexual Arousal Disorder (FSAD)						
Infectious Disease, Immune Disorders & Nutritional Deficiencies						
Chronic Fatigue Syndrome						
Musculoskeletal						
Degenerative Arthritis						
Ankle Conditions						
Back Conditions						
Mid/Lower Back						
Mid/Lower Back Sprain						
Elbow & Forearm						
Foot Pain						
Flat Feet						
Hip & Thigh						
Total Hip Replacement						
Knee & Lower Leg Condition						
Limitation of Knee						
Shin Splits						

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DAV Chapter 3 Medical Check List for VA Claims

In Service Event	Current Diagnosis	NEXUS

Condition	STR	Provide dates when symptom was notice or event occurred	VHA	Private doctor	Medical Opinion	DBQ
Neurological Conditions						
Headaches (including Migraines)						
Fibromyalgia						
Seizure Disorder						
Essential Tremors						
Peripheral Nerves						
Carpal Tunnel						
Sciatic Nerve & Neuropathy						
Traumatic Brain Injury (TBI)						
Multiple Sclerosis						
Parkinson Disease						
Secondary conditions to Parkinson Disease						
Psychological Mental						
Eating Disorder						
Mental Disorder						

NOTES:

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Always check the Presumptive List for service members who served overseas or where station at Camp Lejeune for more than 30 days