



VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS

IMPORTANT: Please read the Privacy Act and Respondent Burden on Page 14 before completing the form. Use this form to determine your eligibility for compensation. For more information, you can contact us online through Ask VA: <https://ask.va.gov>. Ask us a question online or call us toll-free at 1-800-827-1000 (TTY: 711). If you prefer you may complete and submit the form online at www.va.gov. VA forms are available at www.va.gov/vaforms.

1. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS THAT APPLIES TO YOU. **NOTE:** Your claim will be processed as described on pages 1 through 8 unless one of the following special programs is selected. See Instruction pages 1 through 3 for definitions of the Fully Developed Claim (FDC) Program (Optional Expedited Process) or the Standard Claim Process.

- ☐ FDC PROGRAM ☒ STANDARD CLAIM PROCESS
- ☐ IDES (Select this option **only** if you have been referred to the IDES Program by your Military Service Department)
- ☐ BDD Program Claim (Select this option **only** if you meet the criteria for the BDD Program specified on Instruction Page 5)

SECTION I: VETERAN'S IDENTIFICATION INFORMATION

(If claim is not an original claim, only Section I, IV (if applicable), V and a signature are required)

NOTE: You may *either* 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 check box to help expedite processing of the form.

2. VETERAN/SERVICEMEMBER'S NAME (First, Middle Initial, Last)

3. SOCIAL SECURITY NUMBER (SSN)

4. HAVE YOU EVER FILED A CLAIM WITH VA?

5. VA FILE NUMBER

☒ YES ☐ NO (If "Yes," provide your file number in Item 5)

6. DATE OF BIRTH (MM-DD-YYYY)

7. SERVICE NUMBER (If applicable)

8. BDD CLAIMS ONLY: PROVIDE THE DATE OR ANTICIPATED DATE OF
RELEASE FROM ACTIVE DUTY (MM-DD-YYYY)

9. TELEPHONE NUMBER (Optional) (Include Area Code)

Enter International Phone Number (If applicable)

10. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

Apt./Unit Number

City

S h e l t o n

State/Province

W A

Country

ZIP Code/Postal Code

9 8 5 8 4 -

11. EMAIL ADDRESS (Optional) ☐ I agree to receive electronic correspondence from VA in regards to my claim.

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☐ 12. IF YOU ARE CURRENTLY A VA EMPLOYEE, CHECK THE BOX (Includes Work Study/Internship) (If you are not a VA employee skip to Section II, if applicable).

SECTION II: CHANGE OF ADDRESS

NOTE: If you are temporarily or permanently changing your address, complete Items 13A through 13C.

13A. TYPE OF ADDRESS CHANGE (Complete if applicable) (Check only one box)

☐ TEMPORARY ☐ PERMANENT

13B. NEW ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. &
Street

Apt./Unit Number

City

State/Province

Country

ZIP Code/Postal Code

13C. EFFECTIVE DATE(S) OF NEW ADDRESS (If your change of address is **temporary**, complete both the beginning and ending date of your temporary address)
(If your change of address is **permanent**, please enter your effective date in the beginning date only)

BEGINNING DATE: Month Day Year
- -

ENDING DATE: Month Day Year
- -

SECTION III: HOMELESS INFORMATION

IMPORTANT: The following questions (Items 14A through 14F) should **only** be completed if you are currently homeless or at risk of becoming homeless. If this item does not apply to you, skip to Section IV.

14A. ARE YOU CURRENTLY HOMELESS?

☐ YES (If "Yes," complete Item 14B regarding your living situation)☐ NO

14B. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

☐ LIVING IN A HOMELESS SHELTER☐ NOT CURRENTLY IN A SHELTERED ENVIRONMENT (e.g., living in a car or tent)☐ STAYING WITH ANOTHER PERSON☐ FLEEING CURRENT RESIDENCE☐ OTHER (Specify) _____

14C. ARE YOU CURRENTLY AT RISK OF BECOMING HOMELESS?

☐ YES (If "Yes," complete Item 14D regarding your living situation)☐ NO

14D. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

☐ HOUSING WILL BE LOST IN 30 DAYS☐ LEAVING PUBLICLY FUNDED SYSTEM OF CARE (e.g., homeless shelter)☐ OTHER (Specify) _____

14E. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you)

14F. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)

Enter International Phone Number
(If applicable)**SECTION IV: EXPOSURE INFORMATION**

15A. ARE YOU CLAIMING ANY CONDITIONS RELATED TO TOXIC EXPOSURES? **NOTE:** See Page 4 of the Instructions for further information on the evidence needed to support your claim for presumptive service connection. (You can also refer to the following websites for more information: PACT ACT (<https://www.va.gov/PACT>) and PUBLIC HEALTH MILITARY EXPOSURES (<https://www.publichealth.va.gov/exposures/index.asp>))

☐ YES (If "Yes," complete Items 15B, 15C, 15D and 15E)☒ NO (If "No," skip to Item 16, Section V: Claim Information)

15B. DID YOU SERVE IN ANY OF THE FOLLOWING GULF WAR HAZARD 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

FROM:

TO:

WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY)

Note: Please provide an approximate time frame (month and year).

15C. DID YOU SERVE IN ANY OF THE FOLLOWING HERBICIDE (e.g., Agent Orange) LOCATIONS?

Republic of Vietnam to include the 12 nautical mile territorial waters; Thailand at any United States or Royal Thai base; Laos; Cambodia at Mimot or Krek; Kampong Cham Province; Guam or American Samoa; or in the territorial waters thereof; Johnston Atoll or a ship that called at Johnston Atoll; Korean demilitarized zone; aboard (to include repeated operations and maintenance with) a C-123 aircraft known to have been used to spray an herbicide agent (during service in the Air Force and Air Force Reserves).

Please list other location(s) where you served, if not listed above:

☐ YES☐ NO

FROM:

TO:

WHEN DID YOU SERVE IN THESE LOCATIONS? (MM-YYYY)

Note: Please provide an approximate time frame (month and year).

15D. HAVE YOU BEEN EXPOSED TO ANY OF THE FOLLOWING? (Check all that apply)

☐ ASBESTOS☐ MUSTARD GAS☐ RADIATION☐ SHAD (Shipboard Hazard and Defense)☐ MILITARY OCCUPATIONAL SPECIALTY (MOS)-related toxin☐ CONTAMINATED WATER AT CAMP LEJEUNE☐ OTHER (Specify) _____

FROM:

TO:

WHEN WERE YOU EXPOSED? (MM-YYYY)

Note: Please provide an approximate time-frame (month and year).

15E. IF YOU WERE EXPOSED MULTIPLE TIMES, PLEASE PROVIDE ALL ADDITIONAL DATES AND LOCATIONS OF POTENTIAL EXPOSURE

SECTION V: CLAIM INFORMATION**(For additional space, use Section XIII: Claim Information (Addendum))**

16. LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)

NOTE: List your claimed conditions below. See the following three examples for guidance on how to complete Section V.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATES TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008

SECTION V: CLAIM INFORMATION (Continued)
(For additional space, use Section XIII: Claim Information (Addendum))

CURRENT DISABILITY(IES)		IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation, burn pits)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENE
1.	Entitlement to aid and attendance of another under §3.350(b)(3) due solely to IHD and diabetic nephropathy	Agent Orange	Presumptive (herbicides)	2023
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

17. LIST VA MEDICAL CENTER(S) (VAMC) AND DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITIES (MTF) WHERE YOU RECEIVED TREATMENT AFTER DISCHARGE FOR YOUR CLAIMED DISABILITY(IES) LISTED IN ITEM 16 AND PROVIDE APPROXIMATE BEGINNING DATE (Month and Year) OF TREATMENT. IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE SHEET AND INCLUDE YOUR NAME, SOCIAL SECURITY NUMBER AND ITEM NUMBER.

NOTE: If treatment began from 2005 to present, you **do not** need to provide dates in Item 17B.

A. ENTER THE DISABILITY TREATED AND NAME/LOCATION OF THE TREATMENT FACILITY	B. DATE OF TREATMENT (MM-YYYY)	C. CHECK THE BOX IF YOU DO NOT HAVE DATE(S) OF TREATMENT
VA Puget Sound Med. American Lake VAMC (CAPRI records in efolder)	-	☒ Don't have date
	-	☒ Don't have date
	-	☒ Don't have date

NOTE: IF YOU WISH TO CLAIM ANY OF THE FOLLOWING, COMPLETE AND ATTACH THE REQUIRED FORM(S) AS STATED BELOW. (VA forms are available at www.va.gov/vaforms)

For:	Required Form(s):
Supplemental Claims	VA Form 20-0995
Dependents	VA Form 21-686c and, if claiming a child aged 18-23 years and in school, VA Form 21-674
Individual Unemployability	VA Form 21-8940 and 21-4192
Mental Health Condition(s)	VA Form 21-0781 (recommended, not required)
Specially Adapted Housing or Special Home Adaptation	VA Form 26-4555
Auto Allowance	VA Form 21-4502
Veteran/Spouse Aid and Attendance benefits	VA Form 21-2680 or, if based on nursing home attendance, VA Form 21-0779

SECTION VI: SERVICE INFORMATION

18A. DID YOU SERVE UNDER ANOTHER NAME? ☐ YES (If "Yes," complete Item 18B) ☒ NO (If "No," skip to Item 19A)		18B. LIST THE OTHER NAME(S) YOU SERVED UNDER:	
19A. BRANCH OF SERVICE ☒ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE ☐ NOAA ☐ USPHS		19B. COMPONENT ☒ ACTIVE ☐ RESERVES ☐ NATIONAL GUARD	
20A. MOST RECENT ACTIVE SERVICE DATES ENTRY DATE: Month Day Year 0 6 - 2 9 - 1 9 7 0 EXIT DATE: 0 4 - 1 5 - 1 9 7 4		20B. PLACE OF LAST OR ANTICIPATED SEPARATION H o m e s t e a d A F B F L 3 3 0 3 0	
20C. DID YOU SERVE IN A COMBAT ZONE SINCE 9-11-2001? ☐ YES ☒ NO	20D. ADDITIONAL PERIODS OF SERVICE (Indicate enlistment and discharge date(s), if applicable) FROM: Month Day Year TO: Month Day Year		
21A. ARE YOU CURRENTLY SERVING OR HAVE YOU EVER SERVED IN THE RESERVES OR NATIONAL GUARD? ☐ YES (If "Yes," complete Items 21B through 21F) ☒ NO (If "No," skip to Item 22A)		21B. COMPONENT ☐ NATIONAL GUARD ☐ RESERVES	21C. OBLIGATION TERM OF SERVICE FROM: Month Day Year TO: Month Day Year
21D. CURRENT OR LAST ASSIGNED NAME AND ADDRESS OF UNIT:		21E. CURRENT OR ASSIGNED PHONE NUMBER OF UNIT (Include Area Code)	21F. ARE YOU CURRENTLY RECEIVING INACTIVE DUTY TRAINING PAY? ☐ YES ☐ NO
22A. ARE YOU CURRENTLY ACTIVATED ON FEDERAL ORDERS WITHIN THE NATIONAL GUARD OR RESERVES? ☐ YES (If "Yes," complete Items 22B & 22C) ☒ NO	22B. DATE OF ACTIVATION: Month Day Year - -		22C. ANTICIPATED SEPARATION DATE: Month Day Year - -
23A. HAVE YOU EVER BEEN A PRISONER OF WAR? ☐ YES (If "Yes," complete Item 23B) ☒ NO	23B. DATES OF CONFINEMENT FROM: Month Day Year TO: Month Day Year - -		

SECTION VII: SERVICE PAY (Retired Pay, Separation Pay, and Disability Severance Pay)

24A. ARE YOU RECEIVING MILITARY RETIRED PAY? ☒ YES (If "Yes," complete Items 24C and 24D) ☐ NO	24B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE? (If "Yes," explain below (e.g. future Reserve/National Guard retirement, pending MEB/PEB and also complete Items 24C and 24D)) ☒ YES ☐ NO		
24C. BRANCH OF SERVICE ☒ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE ☐ NOAA ☐ USPHS	24D. MONTHLY AMOUNT \$ 2 , 5 0 0 .00	25. RETIRED STATUS ☒ RETIRED ☐ PERMANENT DISABILITY RETIRED LIST ☐ TEMPORARY DISABILITY RETIRED LIST	

IMPORTANT INFORMATION ON MILITARY RETIRED PAY (Includes all Uniformed Services Retired Pay):

Submission of this application constitutes a waiver of military retired pay in an amount equal to VA compensation awarded, if you are entitled to both benefits. Your retired pay may be reduced by the amount of VA compensation awarded. Receipt of the full amount of military retired pay and VA compensation at the same time **may** result in an overpayment, which **may** be subject to collection. If you qualify for concurrent receipt of VA compensation and military retired pay, the waiver of retired pay will not apply. If you do not want to waive any retired pay to receive VA compensation, you should check the box in Item 26.

Note that if you check the box in Item 26, you will not receive VA compensation, if granted. If you are currently in receipt of VA compensation and you check the box in Item 26, your VA compensation will be terminated, if you are also eligible for military retired pay.

IMPORTANT: VA COMPENSATION PAY IS NON-TAXABLE. THEREFORE, VA COMPENSATION PAY MAY BE THE GREATER BENEFIT.

☐ 26. Do NOT pay me VA compensation. I do NOT want to receive VA compensation in lieu of retired pay.