APPOINTMENT OF VETERANS SERVICE ORGANIZATION

AS (<u>CLAIMANT'S</u>	Department of Veterans Affairs AS CLAIMANT'S REPRESENTATIVE				
Note —If you would prefer to have an individual assist you with you Individual As Claimant's Representative."	r claim, you may	use VA Form 21	-22a, " Appointment of			
IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN	ON REVERSE REFO	ORE COMPLETING T	THE FORM			
1. LAST-FIRST-MIDDLE NAME OF VETERAN		IBER (Include prefix)	THE FORM			
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETER	ANS AFFAIRS (See list of	n reverse side before sele	ecting organization)			
	777.7 F					
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BE	EHALF					
INSTRUCTIONS - TYPE OR	PRINT ALL EN	TRIES				
4. SOCIAL SECURITY NUMBER	5. INSURANCE	5. INSURANCE NUMBER(S) (Include letter prefix)				
6A. SERVICE NUMBER(S)	6B. BRANCH OF	SERVICE				
7. NAME OF CLAIMANT (If other than veteran)	8. RELATIONSH	IP (If other than veteran)				
ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP	10. CLAIMANT'	10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)				
Code)	A. DAYTIME		B. EVENING			
	()		()			
	11. DATE OF TH	HIS APPOINTMENT				
12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS 38, U.S.C. Unless I check the box below, I do not authorize VA to disclose to records that may be in my file relating to treatment for drug abimmunodeficiency virus (HIV), or sickle cell anemia. ☐ I authorize the VA facility having custody of my VA claimant records records relating to drug abuse, alcoholism or alcohol abuse, infection Redisclosure of these records by my service organization representated not authorized without my further written consent. This authorization revoke this authorization by filing a written revocation with VA; or either by explicit revocation or the appointment of another representat 13. LIMITATION OF CONSENT → wy consent in Item 12 for the disclosure of records relating to the abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as the consent of the sickle cell anemia is limited as the consent of the sickle cell anemia is limited as the consent of	o the service organouse, alcoholism of the service of the service, with the human imprive, other than to V on will remain in ef (2) I revoke the appoint.	nization named or or alcohol abuse ervice organization munodeficiency vir A or the Court of A fect until the earlie pointment of the serv	n this appointment form any infection with the human named in Item 3A all treatment rus (HIV), or sickle cell anemia. Appeals for Veterans Claims, is er of the following events: (1) I			
I, the claimant named in Items 1 or 7, hereby appoint the service or present and prosecute my claim for any and all benefits from the Depnamed in Item 1. I authorize the Department of Veterans Affairs to Federal tax information (other than as provided in Items 12 and 13), understood that no fee or compensation of whatsoever nature will attorney. I understand that the service organization I have appointed time, subject to 38 C.F.R. §20.608. Additionally, in those cases when verification necessitated by an Internal Revenue Service verification veteran's representative is only valid for five years from the date this Signed and accepted subject to the foregoing conditions. THIS POWER OF ATTORNEY DOES NOT REQUIR 14. SIGNATURE OF CLAIMANT (Do Not Print)	partment of Vetera release any and a to that service orga be charged me fo as my representat re a veteran's inco on match, the ass form is signed for	ns Affairs based all of my records, anization appointed reservice rendered ive may revoke to the is being development of the apurposes restrict	on the service of the veteran to include disclosure of my ed as my representative. It is d pursuant to this power of this power of attorney at any eloped because of an income service organization as the ted to the verification match.			
VA VA FORM 21-22-1 SENT TO: DATE SENT USE CER FILE EDU FILE INSURANCE FILE ONLY CH. 30 DEA FILE LG FILE	ACKNOWLEDGED (Date)	REVOKED (Reason a	and date)			
NOTE: As long as this appointment is in effect the organization name your claim before the Department of Veterans Affairs in connection w						

RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of National Organizations recognized by the Secretary in the preparation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association

American Legion American Red Cross

American Veterans Committee

AMVETS

American Ex-Prisoners of War, Inc.

American Defenders of Bataan and Corregidor, Inc.

American GI Forum, National Veterans Outreach Program

Army and Navy Union, USA

Army and Air Force Mutual Aid Association

Blinded Veterans Association Catholic War Veterans of the U.S.A.

Disabled American Veterans

Eastern Paralyzed Veterans Association

Fleet Reserve Association Gold Star Wives of America, Inc.

Italian American War Veterans of the United States, Inc.

Jewish War Veterans of the United States

Legion of Valor of the United States of America, Inc.

Marine Corps League

Military Order of the Purple Heart National Amputation Foundation, Inc.

National Association of County Veterans Service Officers,

Inc.

National Veterans Legal Services Program National Veterans Organization of America

Non Commissioned Officers Association of the USA

Navy Mutual Aid Association Paralyzed Veterans of America, Inc.

Polish Legion of American Veterans, U.S.A.

Swords to Plowshares, Veterans Rights Organization

The Retired Enlisted Association

United Spanish War Veterans of the United States Veterans of Foreign Wars of the United States Veterans of World War I of the U.S.A., Inc.

Veterans of the Vietnam War, Inc. Vietnam Era Veterans Association Vietnam Veterans of America

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims.

Alabama Illinois Puerto Rico Nevada American Samoa Kansas New Hampshire Rhode Island New Jersey Arizona Kentucky South Carolina Arkansas Louisiana New Mexico South Dakota California Maine New York Tennessee Colorado Maryland North Carolina Texas Massachusetts Utah Connecticut North Dakota Delaware Minnesota Northern Mariana Islands Vermont Florida Mississippi Ohio Virginia Georgia Missouri Oklahoma Virgin Islands Guam Montana Oregon Washington West Virginia Pennsylvania Hawaii Nebraska Idaho Wisconsin

PRIVACY ACT INFORMATION: The information requested on this form is solicited under 38 U.S.C. § 5902, which authorizes VA to recognize representatives of certain organizations for the preparation, presentation, and prosecution of claims for VA benefits. We will use the information to recognize the service organization you named to act on your behalf and to identify any VA records which VA may disclose to the service organization under 38 U.S.C. 5701(b). Except for information protected by 38 U.S.C. 7332, the service organization is not prohibited from redisclosing records. Provision of the requested information is voluntary, but your failure to provide us the information could impede the recognition of the service organization as your representative and/or the identification of disclosable records. The Privacy Act authorizes VA to disclose the requested information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Compensation, Pension, Education, and Rehabilitation Records-VA (58VA21/22). Such routine uses include debt collection, civil or criminal law enforcement, communications with members of Congress or other representatives, benefits delivery, program administration, and personnel administration.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

APPOINTMENT OF VETERANS SERVICE ORGANIZATION

AS CLA	<u>AIMANT'S</u>	<u>REPRESENT.</u>	ATIVE	
Note —If you would prefer to have an individual assist you with your cl Individual As Claimant's Representative."	aim, you may	use VA Form 21-	22a, " Appointment of	
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14. SIGNATURE OF CLAIMANT (Do Not Print)		15. DATE SIGNED		
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NOTE: As long as this appointment is in effect the organization named he your claim before the Department of Veterans Affairs in connection with y		-		

VA FORM 21-22 JUN 2003

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Department of Veterans Affairs AS CLAIMANT'S REPRESENTATIVE				
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NOTE: As long as this appointment is in effect the organization named l	nerein will be red	cognized as the sole	e agent for presentation of	
your claim before the Department of Veterans Affairs in connection with	your claim or a	ny portion thereof.		