

WORKSHEET

CASS COUNTY VETERANS SERVICES OFFICE
346 MAIN STREET, ROOM 106
PLATTSMOUTH, NE 68046

VA FORM 21-526, **SERVICE CONNECTED** DISABILITY COMPENSATION
Call 296-9368 to schedule an appointment after completing this worksheet

Your Information

Please have all of the following information completed, and bring all necessary documentation with you to your scheduled appointment.

Full Name	Mailing Address

SSN	Email Address	Service Number (if other than SSN)

Date of Birth	Place of Birth (City & State)	Evening Phone Number	Daytime Phone Number

Provide information for someone (**NOT in your household**) you wish to list as your nearest living relative or other person that could be contacted if necessary (parent, child, brother, sister, etc.)

Full Name	Mailing Address	Telephone Number	Relationship (to you)

Military Service Information

Please bring ORIGINAL or CERTIFIED copy/copies of your Separation/Discharge documents, (DD Form 214) for submission with your application.

ACTIVE DUTY SERVICE:

Use additional sheet if necessary

Date Entered	Place of Entry	Date Discharged	Place of Discharge	Rank or Grade	Branch

GUARD/RESERVE SERVICE:

Use additional sheet if necessary

Date Entered	Place of Entry	Date Discharged	Place of Discharge	Rank or Grade	Branch

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Dependent Information

Provide complete marriage information concerning your PRESENT marriage. Bring a copy of your marriage certificate (copies do not need to be certified).

First Name/ MI/ Last Name (Maiden)	SSN	Date of Birth	Date & Place of Marriage

If either you or your spouse have been PREVIOUSLY married, complete all the following. Copies of previous marriages and divorce decrees will be required if all requested information is not provided. If you have them, bring them with you to your appointment (copies do not need to be certified).

VETERAN : Use additional sheet if necessary

Date and Place of Marriage	Who Married To	How Marriage Ended (death, divorce)	Date & Place Where Marriage Ended

SPOUSE: Use additional sheet if necessary

Date and Place of Married	Who Married To	How Marriage Ended (death, divorce)	Date & Place Where Marriage Ended

Dependent Children or Parents

- You may claim children under age 18 and who are between the ages of 18-23, **attending either high school or college full time.**
- You may claim children **who are in the custody of someone else AND** you are contributing to their monthly support (*must include the monthly support amount*).
- You may claim any relative who lives with you and is dependent upon you for 50% or more of their monthly living expenses (*provide documentation of their income and your support*).

Provide copies of birth records, adoption papers or court orders and Social Security cards for your dependent children (copies do not need to be certified).

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List children (or other relatives) who live in your household

Child's Full Name	Date of Birth	Place of Birth (City & State)	SSN

List children who are in the custody of someone else (but you provide support)

Name of Child	Name of Person Who Has Custody	Address of Person Who Has Custody	Monthly Support Amount

Direct Deposit Information

If benefits are awarded, the DVA will need your financial institution information to process your payments by Direct Deposit. All requested information is required to begin Direct Deposit.

Type of Account: Checking () Savings () Account Number: _____
Name of financial institution: _____
Routing or transit number: _____ (9 digits in lower left corner of your check)

Claimed Service Connected Conditions

Finally, the most IMPORTANT part of your Application for Disability Compensation, is the listing of the actual injuries, illnesses, diagnosed conditions, surgeries, etc., you wish to claim.

To establish an entitlement for disability compensation the evidence must show all three things:

1. You had an injury in military service or disease (condition) that began in or was made worse during military service or an event in service that caused the injury or disease (condition).
2. You have a current physical or mental disability. Current medical evidence shows you have a persistent condition or recurring symptom(s) of a disability (Current is in the past 12 months).
3. There is a relationship between your current disability and an injury, illness, disease (condition) or event in your military service. Medical records or opinions need to show this relationship.

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- This office does not review your service medical records. It is your responsibility to conduct a thorough review of your medical records prior to your appointment and to prepare the attached VA Form 21-526B (front and back), listing your claimed conditions and sources of treatment. We will provide advice concerning the list of conditions you wish to claim.
- If you are unsure whether to claim a certain injury, illness, diagnosed condition, surgery, scar, etc., include it. If you don't know the proper medical term for a condition describe it the best you can referring to what body part is affected and how.
- Consider the following when completing your list of claimed conditions. Was the condition treated, diagnosed or caused during military service? Does medical evidence exist of your current condition? Is there a link to some event/diagnosis/exposure during your military service that caused your condition?
- This **EXAMPLE** should assist you in completing **VA Form 21-526B** and to understand the type of information the DVA is asking for in order to complete your application.

What disability are you claiming	When did disability begin	When were you treated		What medical facility or doctor treated you	Address of that medical facility or doctor
		From	To		
Broken Great Right Toe	02/13/1991	02/13/91	02/29/04	Field Aid Station	Fallujah Iraq
Bilateral Hearing Loss	10/05/2000	10/05/20	02/29/04	USAF Hospital	Ramstein AB FRG
High Blood Pressure	03/04/2001	03/04/01	02/29/04	Outpatient Clinic	Barksdale AFB LA

If a civilian physician has treated you for ANY of the injuries, illnesses, diagnosed conditions and surgeries you wish to claim, please request your medical records from your private physicians to submit as evidence in support of your claim and provide the following information.

List Condition	Dates of Treatment	Name of Doctor or Facility	Address of Doctor or Facility

Call 296-9368 if you need assistance completing this worksheet.

After you have gathered all the necessary information, call 296-9368 to schedule an appointment with one of our Veterans Service Officers to complete the application process and file your claim.

Reminder . . . bring all necessary information/documentation with you to your scheduled appointment. This will help us help you obtain the maximum benefits for which you may be entitled from the United States Department of Veterans Affairs.

VA Form 21-526, Part B: Compensation

Use this form to apply for compensation. Remember that you must also fill out a VA Form 21-526, Part A: General Information, for your application to be processed. Be sure to write your name and Social Security number in the space provided on page 2.

SECTION I Tell us about your disability

In the table below, tell us more about your disability or disabilities. Be sure to:

- List all disabilities you believe are related to military service.
- List all the treatments you received for your disabilities, including
 - treatments you received in a military facility before and after discharge.
 - treatments you received from civilian and VA sources before, during, and after your service.

1. What disability are you claiming?	2. When did your disability begin?	3. When were you treated?		4a. What medical facility or doctor treated you?	4b. What is the address of that medical facility or doctor?
		<i>from</i>	<i>to</i>		
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
		<i>from</i>	<i>to</i>		
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
		<i>from</i>	<i>to</i>		
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
		<i>from</i>	<i>to</i>		
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		<i>from</i>	<i>to</i>		
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		
		<i>from</i>	<i>to</i>		
	<i>mo day yr</i>	<i>mo day yr</i>	<i>mo day yr</i>		

SECTION II Tell us if any of the disabilities you listed on Page 1 were because of exposures	5a. Were you exposed to Agent Orange or other herbicides? <input type="checkbox"/> Yes <input type="checkbox"/> No	5b. What is your disability?	5c. In what country were you exposed?
	6a. Were you exposed to asbestos? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer Item 6b and 6c also)</i>	6b. What is your disability?	
		6c. When and how were you exposed?	
	7a. Were you exposed to mustard gas? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer Item 7b and 7c also)</i>	7b. What is your disability?	
		7c. When and how were you exposed?	
	8a. Were you exposed to ionizing radiation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer Items 8b, 8c, and 8d also)</i>	8b. What is your disability?	8c. When was your last exposure? <hr/> <i>mo day yr</i>
	8d. How were you exposed to radiation?	<input type="checkbox"/> Atmospheric testing <input type="checkbox"/> Nagasaki/Hiroshima <input type="checkbox"/> Other, describe _____	
	9a. Were you exposed to an environmental hazard in the Gulf War? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer Items 9b and 9c also)</i>	9b. What is your disability?	9c. What was the hazard?
10a. Did you have a separation or retirement physical examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "Yes," answer Items 10b and 10c also)</i>	10b. When was the exam? <hr/> <i>mo day yr</i>	10c. Where did the exam occur?	

SECTION III
Tell us how your disabilities listed on Page 1 are related to your military service

11. Explanation

Your Name	Your Social Security Number
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What the Evidence Must Show

What must the evidence show to establish entitlement to the benefit you want?

To establish entitlement for service connected compensation benefits, the evidence must show three things:

1. You had an injury in military service or disease that began in or was made worse during military service or an event in service causing injury or disease.
2. You have a current physical or mental disability. Medical evidence, including a VA examination will show this. Otherwise, we can use statements from you or others that show you have persistent or recurring symptoms of a disability.
3. There is a relationship between your current disability and an injury, disease or event in the military service. Medical records or medical opinions usually show this relationship. However, under any circumstance, VA may conclude that certain current disabilities were caused by service, even if there is no specific evidence proving this in your particular claim. The relationship is presumed for these certain Veterans who have certain diseases:
 - Former Prisoners of War
 - Veterans who have certain chronic or tropical diseases which become evident within a specific period of time.
 - Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service.
 - Veterans who served in Vietnam or in Southwest Asia during the Gulf War

Veterans who have certain kinds of service/disease combinations may qualify for an automatic presumption of service connection.

How will VA help you obtain evidence for your claim?

This letter tells you what records or evidence we need to grant the benefit you claimed. If they are needed for your claim, we're requesting all records held by Federal agencies to include your service medical records or other military records, and medical records at VA hospitals. We're making reasonable efforts to help you get private records or evidence necessary to support your claim. We'll tell you if we are unable to get records that we requested. We'll also assist you by providing a medical examination or getting a medical opinion if we decide it's necessary to make a decision on your claim.

We are requesting service medical records from the service department. These records will help us determine how your claimed disabilities are connected to your military service. You do not need to contact the service department yourself. If you have military medical records already in your possession, then please submit them. Original records are preferable to copies.

You may be able to furnish documents that can substitute for service medical records. Submit any original or certified copies of the following documents that you have that relate to your disability during service: (If you only have photocopies, send them.)

- Statements from military medical personnel (nurses, medics, corpsmen, doctors)
- “Buddy” certificates or affidavits – (a “buddy” certificate or affidavit is a statement by a person that knew you when you were in service and knows of any disability you had while on active duty. The statement should state the dates and places they saw the condition(s) and should describe what they saw. If the person making the statement was on active duty at the time, they should show their service and unit of assignment.)
- State or local accident and police reports
- Employment physical examinations
- Medical evidence from hospitals, clinics and private physicians by which or by whom you have been treated after separation
- Letters written during service
- Photographs taken during service
- Pharmacy prescription records
- Insurance examinations