

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY



Intake Packet

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USEFUL CONTACT INFORMATION

- VA Hotline
 - 800-827-1000
- James A Lovell Federal Health Care Center
 - Main: 847-688-1900
 - Enrollment: 224-610-1463
 - Billing: 877-874-2273
- Lake County Assessors Office
 - 847-377-2050
- Defense Finance Accounting Services
 - 888-332-7411
- Illinois Department of Veterans Affairs
 - 800-437-9824
- Lake County Veterans and Family Services
 - 847-986-4622
- Illinois Armed Forces Legal Aid Network
 - 855-452-3526

CONTACT US AT:

847-377-3344

847-984-5750

veterans@lakecountyil.gov

**501 N Riverside Dr
Suite 106
Gurnee, IL 60031**

WELCOME TO THE VAC.

Thank you for reaching out to us for assistance and congratulations on taking the first step towards acquiring your VA benefits. Our staff of highly trained and accredited Veteran Service Officers are ready to work with you, whether this is your first time filing a VA compensation claim, or whether you are looking to appeal wrongfully denied benefits.

This packet contains many of the preliminary tasks and documents that need to be completed in order to get a successful start to the VA claims process. Please review the packet carefully, complete the required sections, and start to gather any supporting documentation that may be beneficial for your claim.

LAST REVISION

2/23/2021

Feel free to use this timeline to check off your progress through the VA claims process.

MY TIMELINE

Name _____

CLAIMS QUESTIONNAIRE



1

- Complete and submit the questionnaire.
- Call 847-377-3344 to schedule your first appointment with a VSO after submittal.

GATHER DOCUMENTS



2

- Prior to your appointment, gather any relevant documentation such as service medical records or private medical records.

FIRST APPOINTMENT



3

- Meet with a VSO to discuss service history, medical history and VA benefits in general.
- You may be tasked with gathering additional evidence to support your claim.

RECORD REVIEW



4

- Your VSO will thoroughly review any available service medical records or private treatment records, looking for claimable conditions or previous injuries.

FINAL APPOINTMENT



5

- Before your fully developed claim is submitted, you'll sit down with a VSO one final time to review the compiled claim packet.

CLAIM SUBMISSION



6

- With your final approval, the claim packet will be signed and securely transmitted to the VA Regional Office for intake and processing.

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY

Appointment Sheet



CONTACTS

I NEED TO...

MY VAC APPOINTMENTS

Date _____

Time _____

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY

EXPLANATION OF FORMS



PLEASE NOTE: THE SIGNATURE PAGE AND THE CLAIMS QUESTIONNAIRE MUST BE COMPLETED AND RETURNED PRIOR TO YOUR FIRST APPOINTMENT.

VA FORM 21-22

The VA Form 21-22 will appoint us as your representatives for VA claims and appeals. Additionally, it will grant us access to your VA file so that we can review historical claims and evidence. Samples have been included so that you can review the forms to which your digital signature will be applied.

VA FORM 21-0966

The VA Form 21-0966 establish the earliest possible effective date for benefits and will entitle you to a lump sum retroactive payment if your claim is approved. Samples have been included so that you can review the forms to which your digital signature will be applied.

For example, if this form is filed in July of 2021, and your claim is approved in June 2022, you will be entitled to retroactive pay going back to July 2021.

CLAIMS QUESTIONNAIRE

The claims questionnaire will help us get an initial overview of your situation so that a VSO can get a head start with your claim. Additionally, it helps us prioritize Veterans who are in need of immediate assistance.

SIGNATURE PAGE

With your permission, the signature page will allow us to digitize your signature for easier and faster claims filing in the future. The signature will only be used for VA purposes and with your permission.

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Rediscovery of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

<input type="checkbox"/> DRUG ABUSE	<input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
<input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE	<input type="checkbox"/> SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 or 10, hereby appoint the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fees or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

22A. SIGNATURE OF VETERAN/CLAIMANT (Do Not Print)

22B. DATE SIGNED (MM/DD/YYYY)

23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A
(Do Not Print)

23B. DATE SIGNED (MM/DD/YYYY)

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED (Date)	REVOKE (Reason and date)
	<input type="checkbox"/> LG FILE	<input type="checkbox"/> INSURANCE FILE		

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

VETERANS ASSISTANCE COMMISSION OF LAKE COUNTY

SIGNATURE PAGE



PLEASE SIGN LEGIBLY INSIDE THE BOX BELOW

With your consent, this signature will be scanned and used as a digital signature for future claim forms or documents that need to be submitted to the VA.

For VA purposes only



Andrew Tangen, Superintendent
Sherry Kruse, Assistant Superintendent
Veterans Assistance Commission of Lake County
501 N. Riverside Dr, Ste 106
Gurnee, IL 60031
P: 847-377-3344 F: 847-984-5750
veterans@lakecountyil.gov
www.facebook.com/lakecountyvac

Claim Questionnaire

Applicant Information

Veteran Name:	<i>Last</i>	<i>First</i>	<i>M.I.</i>	DOB:	
				Birthplace:	
Address:	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Phone:				Email	

Spouse Name: (if applicable)	<i>Last</i>	<i>First</i>	<i>M.I.</i>	DOB:	
Address:	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Phone:				Email	

Military Service Information

Are you a Vietnam Veteran with service in Vietnam?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a Blue Water Navy Veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you serve at Camp Lejeune between August 1, 1953 and December 31, 1987?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you an OIF/OEF Veteran with service in Southwest Asia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Branch of service? _____ Dates of service? _____ Type of Discharge? _____

VA Compensation Status

Have you ever filed a VA compensation claim before?

YES

NO

If yes, what is your current overall rating?

Do you have your Service Medical Records?

YES

NO
□

Do you have relevant private medical records?

YES

NO

Examples:

- X-rays from your non-VA physician related to the back condition you would like to claim
- Mental health treatment record from your non-VA physician with a diagnosis of PTSD
- Prescription record from your non-VA physician

In the spaces below, please list any medical conditions that you believe to be incurred in or caused by service

Condition	How is it related to service?

Additional Comments

Once complete, please return this eligibility application to

Veterans Assistance Commission of Lake County
501 North Riverside Dr, Suite 106
Gurnee, IL 60031

Email: veterans@lakecountylil.gov
Fax: (847) 984-5750

Thank you for submitting the VA Claim Questionnaire. Please have the above questionnaire and documents completed and returned prior to your initial appointment with a Veteran Service Officer.



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Sherry Kruse, Assistant Superintendent
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Client To-Do List

Please provide any applicable documents or information listed.

- DD 214 – (Member 4)**
 - DD 215 (If applicable)
 - Any discharge paperwork before DD 214's were issued upon discharge
 - Discharge documents from Reserve or National Guard
 - Line of Duty documents for claimed conditions (If applicable)
 - If you have multiple DD 214's from reenlistments or breaks in service, bring in copies
- Social Security Number**
 - Spouse Social Security Number
 - Dependent/Stepchildren/Parent (If applicable) Social Security Number
- Birth Certificate / Place of Birth**
 - Spouse's Birth Certificate/Place of Birth
 - Dependent's & Stepchildren Birth Certificate/Place of Birth
 - Parent Birth Certificate/Place of birth (Only if applying for parental dependency status)
- Banking information**
 - Banking Institution
 - Account Number
 - Routing Number
- Service Medical Records**
 - Review your records and identify and separate any medical records related to the conditions that you are claiming. If you have multiple medical records detailing treatment or diagnosis of the condition, injury, or illness, group the documents together in chronological order.
 - If you don't have your service medical records you can order them online from the National Personnel Records Center (NPRC)/website: vetrecs.archives.gov
- Civilian Medical Records**
 - Typically, we will fill out a 21-4142 & 21-4142a to have VA request medical records from the private facility
 - Another option; Veteran obtains the problem list, medication list, surgical history, labs, x-ray reports, and MRI's from any private primary care provider, specialists, alternative treatments (chiropractor, massage therapist, acupuncturist, etc). Ensure that they are relevant to your claimed conditions
 - Ensure you have your private provider **name, address, treatment dates from start to finish** for any condition you want to submit a claim for



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VA Medical Records

- Request and review your VA medical records and identify and separate any medical records related to the conditions that you are claiming. If you have multiple medical records detailing treatment or diagnosis of the condition, injury, or illness, group the documents together in chronological order.
- Include Problem list, medication list, diagnosis history, labs, x-rays and surgeries

Death Certificate

- Ensure at least one service-connected condition is listed on the death certificate (Copy Only)

Marriage Certificate

- Need copy of marriage certificate/license

Divorce Decree

- Prior marriage and divorce information for Veteran and spouse if applicable
 - To include marriage date, city/state of marriage, divorce date, city/state of divorce for each prior marriage

Lay statements in Support of Claim

- Ensure that statements are relevant to your claimed condition or are helpful to your claim
- Ensure that statements include the following phrase at the end:
 - *"I certify that the statements on this form are true and correct to the best of my knowledge and belief."*
- Ensure that statements are signed and dated by the author.
 - Personal statement
 - Include duty station
 - Deployments
 - Locations
 - Unit assigned
 - Awards received (If applicable)
 - Triggers (If applicable)
 - Describe overall picture of what is going on
 - Spousal statement
 - Elaborate on what their observations/experiences are regarding the Veterans claimed conditions
 - Buddy statement
 - Elaborate on what their observations/experiences are regarding the Veterans claimed conditions



VA Presumptive Conditions

VA presumes that specific disabilities diagnosed in certain veterans were caused by their military service. VA does this because of the unique circumstances of their military service. If one of these conditions is diagnosed in a Veteran in one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded.

Former Prisoners of War	Vietnam Veterans	Atomic Veterans	Gulf War Veterans
(1) Imprisoned for any length of time. <ul style="list-style-type: none">• Psychosis• Any of the Anxiety States• Dysthymic Disorder• Organic Residuals of Frostbite• Post-Traumatic Osteoarthritis• Heart Disease or Hypertensive Vascular Disease and their Complications• Stroke and its Residuals (2) Imprisoned for at least 30 days. <ul style="list-style-type: none">• Avitaminosis• Beriberi• Chronic Dysentery• Helminthiasis• Malnutrition• Pellagra• Any other Nutritional Deficiency• Irritable Bowel Syndrome• Peptic Ulcer Disease• Peripheral Neuropathy• Cirrhosis of the Liver	Served in the Republic of Vietnam between 1/9/62 to 5/7/75. <ul style="list-style-type: none">• Acute and Subacute Peripheral Neuropathy• AL Amyloidosis• B-Cell Leukemias• Chloracne or other Acne Form Disease• Chronic Lymphocytic Leukemia• Diabetes Type II• Hodgkin's Disease• Ischemic Heart Disease• Multiple Myeloma• Non-Hodgkin's Lymphoma• Parkinson's Disease• Porphyria Cutanea Tarda• Prostate Cancer• Respiratory Cancers• Soft Tissue Sarcoma New conditions added in 2021. <ul style="list-style-type: none">• Bladder Cancer• Hypothyroidism• Parkinson's-Like Symptoms	<ul style="list-style-type: none">• All Forms of Leukemia, except Chronic Lymphocytic Leukemia• Cancer of the Thyroid, Breast, Pharynx, Esophagus, Stomach, Small Intestine, Pancreas, Bile Ducts, Gall Bladder, Salivary Gland, Urinary Tract, Brain, Bone, Lung, Colon or Ovary• Bronchioloalveolar Carcinoma• Multiple Myeloma• Lymphomas, other than Hodgkin's Disease• Primary Liver Cancer, Except if there are indications of Cirrhosis or Hepatitis B	Medically Unexplained Chronic Multi-Symptom Illnesses that exist for six months or more, such as: <ul style="list-style-type: none">• Chronic Fatigue Syndrome• Fibromyalgia• Irritable Bowel Syndrome• Any diagnosed or undiagnosed illness that warrants a presumption of service connection, as determined by the Secretary of Veterans Affairs. Signs and Symptoms of an Undiagnosed Illness include: <ul style="list-style-type: none">• Fatigue• Skin Symptoms• Headaches• Muscle Pain• Joint Pain• Neurological Symptoms• Sleep Disturbance• GI Symptoms• Cardiovascular Symptoms• Weight Loss• Menstrual Disorders