

VETERANS ASSISTANCE COMMISSION OF WASHINGTON COUNTY

Intake Packet

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VA Hotline – Claim Status

- 800-827-1000

Illinois Department of Veterans Affairs

- 800-437-9824

Veterans Crisis Hotline

- 988 Ext 1

CONTACT US AT:

618-327-4800 ex 178

matthewk@washingtonco.illinois.gov

101 E St. Louis St

Office 203

Nashville, IL 62263



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.

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.

Thank you, and we look forward to working with you!

Please complete the Claims Questionnaire Pages 4-9 and sign the Signature Page (page 9). The Signature Page will be used as your digital signature for VA forms. Once you are finished with the packet, you can return it via email, mail, or drop it off at our office.

Office Hours: Monday through Friday (except holidays)
8:00 AM to 4:00 PM

Please return a completed Claims Questionnaire promptly and call to set up an appointment at (618) 327-4800 ex 178.

Please note, an incomplete package will delay processing.

Once complete, please return this questionnaire to

Veterans Assistance Commission of Washington County
101 E. St. Louis St
Office 203
Nashville, IL 63363
Email: matthewk@washingtonco.illinois.us
Phone: (618) 327-4800 ex 178

CLAIMS QUESTIONNAIRE

Applicant Information

Veteran Name: _____ DOB: _____
Last First M.I.

SSN: _____ Birthplace: _____

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Military Service Information

Are you a Vietnam Veteran with service in Vietnam? ☐ YES ☐ NO

Did you serve onboard a ship off the coast of Vietnam during Vietnam War? ☐ Yes ☐ No

☐ YES ☐ NO

Did you serve at Camp Lejeune between August 1, 1953 and December 31, 1987?

Did you serve in Southwest Asia/Middle East after August 2, 1990? ☐ YES ☐ No

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

Spouse Information (if applicable)

Is Spouse a Veteran? ☐ YES ☐ NO

Spouse Name: _____ DOB: _____
Last First M.I.

SSN: _____ Date and Place of Marriage: _____

Address: _____

<i>Street Address (if different from the Veteran)</i>	<i>Apartment/Unit #</i>
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City *State* *Zip Code*

Phone: _____ Email: _____

Does spouse have prior marriages? YES ☐ NO ☐ Do you have prior marriages? YES ☐ NO ☐

Dependent Children Information (if applicable)

Name: _____ DOB: _____

SSN: _____ Birthplace: _____

Address: _____

Street Address (if different from the Veteran) Apartment/Unit #

City State Zip Code

STATUS: ☐ Biological ☐ Adopted ☐ Stepchild ☐ 18-23 years old in school
(Check all that apply) ☐ Severely Disabled ☐ Previously Married

• If stepchild, is the child the spouse's biological child? YES ☐ NO ☐

• Date stepchild became member of Veteran's household? _____

Name: _____ DOB: _____

SSN: _____ Birthplace: _____

Address: _____

Street Address (if different from the Veteran) Apartment/Unit #

City State Zip Code

STATUS: ☐ Biological ☐ Adopted ☐ Stepchild ☐ 18-23 years old in school
(Check all that apply) ☐ Severely Disabled ☐ Previously Married

- If stepchild, is the child the spouse's biological child? ☐ Yes ☐ No
- Date stepchild became member of Veteran's household? _____

Name: _____ DOB: _____

SSN: _____ Birthplace: _____

Address: _____

Street Address (if different from the Veteran)

Apartment/Unit #

City

State

Zip Code

STATUS: ☐ Biological ☐ Adopted ☐ Stepchild ☐ 18-23 years old in school
(Check all that apply) ☐ Severely Disabled ☐ Previously Married

- If stepchild, is the child the spouse's biological child? YES ☐ NO ☐
- Date stepchild became member of Veteran's household? _____

Name: _____ DOB: _____

SSN: _____ Birthplace: _____

Address: _____

Street Address (if different from the Veteran)

Apartment/Unit #

City

State

Zip Code

STATUS: ☐ Biological ☐ Adopted ☐ Stepchild ☐ 18-23 years old in school
(Check all that apply) ☐ Severely Disabled ☐ Previously Married

- If stepchild, is the child the spouse's biological child? YES ☐ NO ☐
- Date stepchild became member of Veteran's household? _____

Name: _____ DOB: _____

SSN: _____ Birthplace: _____

Address: _____

Street Address (if different from the Veteran)

Apartment/Unit #

City

State

Zip Code

STATUS: ☐ Biological ☐ Adopted ☐ Stepchild ☐ 18-23 years old in school
(Check all that apply) ☐ Severely Disabled ☐ Previously Married

- If stepchild, is the child the spouse's biological child? YES ☐ NO ☐
- Date stepchild became member of Veteran's household? _____

DO NOT SKIP THIS SECTION

In the space below, please list any medical conditions that you believe to be related to your military service, or other service-connected conditions, and how. The VSO will discuss in further detail.

[illegible]

Additional Comments

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.

Print Name: _____

For VA Purposes Only

PLEASE KEEP SIGNATURE WITHIN THE BOX

How did you hear about us?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Referral | <input type="checkbox"/> VA Hospital |
| <input type="checkbox"/> Washington County Referral | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Veteran Service Organization _____ | |
| <input type="checkbox"/> Other _____ | |

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

☐ **Marriage Certificate** (If applicable)

☐ **Birth Certificate**

- Dependent's & Stepchildren Birth Certificate

☐ **Divorce Decree** (If Applicable)

- 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

☐ **Death Certificate** (If applicable)

☐ **Banking information – please include copy of a voided check (*used for direct deposit, may provide later*)**

☐ **Service Medical Records**

- Review your records and identify and separate any medical records related to the conditions that your 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**

- 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

☐ **VA Medical Records**

- Request and review your VA medical records and identify and separate any medical records related to the conditions that you're 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

□ Lay statements in Support of Claim

- Ensure that statements are relevant and helpful to your claimed condition.
- 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 of one of these groups, VA presumes that the circumstances of his/her service caused the condition, and disability compensation can be awarded.

Gulf War/Southwest Asia/Burn Pit Veterans

Presumptive Conditions:

- Asthma that was diagnosed after service
- Chronic Bronchitis
- Chronic Fatigue Syndrome
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Rhinitis
- Chronic Sinusitis
- Constrictive Bronchiolitis or Obliterative Bronchiolitis
- Emphysema
- Fibromyalgia
- Granulomatous Disease
- Interstitial Lung Disease (ILD)
- Irritable Bowel Syndrome
- Pleuritis
- Pulmonary Fibrosis
- Sarcoidosis

These Cancers are now Presumptive:

- | | | |
|--|---------------------------------------|--------------------------------|
| - Brain Cancer | - Gastrointestinal Cancer of any type | - Glioblastoma |
| - Head Cancer of any type | - Kidney Cancer | - Lymphatic Cancer of any type |
| - Lymphoma of any type | - Melanoma | - Neck Cancer |
| - Pancreatic Cancer | - Reproductive Cancer of any type | - Male Breast Cancer |
| - Respiratory (Breathing-related) Cancer of any type | - Urethral Cancer | |
| | - Cancer of the paraurethral glands | |

Medically Unexplained Chronic Multi-Symptom Illnesses that exist for six months or more, such as:

- Cardiovascular Symptoms
- Fatigue
- GI Symptoms
- Headaches
- Joint Pain
- Menstrual Disorders
- Muscle Pain
- Neurological Symptoms
- Skin Symptoms
- Sleep Disturbance
- Weight Loss

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

Imprisoned for any length of time.

- Any of the Anxiety States
- Dysthymic Disorder
- Heart Disease or Hypertensive Vascular Disease and their Complications
- Organic Residuals of Frostbite
- Post Traumatic Osteoarthritis
- Psychosis
- Stroke and its Residuals

Imprisoned for at least 30 days.

- Avitaminosis
- Beriberi
- Chronic Dysentery
- Cirrhosis of the Liver
- Helminthiasis
- Irritable Bowel Syndrome
- Malnutrition
- Any other Nutritional Deficiency
- Pellagra
- Peptic Ulcer Disease
- Peripheral Neuropathy

Agent Orange (AO) Exposure

- Acute and Subacute Peripheral Neuropathy
- AL Amyloidosis
- B-Cell Leukemias
- Chloracne or other Acne Form Disease
- Bladder Cancer
- Chronic Lymphocytic Leukemia
- Diabetes Type II
- Hodgkin's Disease
- Ischemic Heart Disease
- High Blood Pressure (also called Hypertension)
- Hypothyroidism
- Monoclonal Gammopathy of Undetermined Significance (MGUS)
- Multiple Myeloma
- Non-Hodgkin's Lymphoma
- Parkinson's Disease
- Porphyria Cutanea Tarda
- Prostate Cancer
- Respiratory Cancers
- Soft Tissue Sarcoma
- Parkinson's-Like Symptoms

Veterans may have been exposed if they served in:

- * Vietnam to include Blue Water Navy (1/9/1962 – 5/7/1975)
- * Korean DMZ (9/1/1967 – 8/31/1971)
- * Thai Air Force bases (1/9/1962 – 6/30/1976)
- * Laos (12/1/1965 – 9/30/1969)
- * Cambodia at Mimot or Krek (4/16/1969 – 4/30/1969)
- * Guam or American Samoa & territorial waters (1/9/1962 – 7/30/1980)
- * Johnson Atoll (1/1/1972 – 9/30/1977)
- * C-123 aircraft (1969 – 1986)

Camp Lejeune Contaminated Water

- Served at Camp Lejeune or MCAS New River for at least 30 cumulative days from August 1953 through December 1987.
- Adult Leukemia
 - Aplastic Anemia and other Myelodysplastic Syndromes
 - Bladder Cancer
 - Kidney Cancer
 - Liver Cancer
 - Multiple Myeloma
 - Non-Hodgkin's Lymphoma
 - Parkinson's Disease

What is your overall goal, expectations, or purpose for our assistance?

Final Checklist

Copy of Veteran's DD214 (Member 4 copy)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Questionnaire Completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature Page Completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>