

Dependents/21-686c Form Breakdown

Types of Dependents

Form 686c	Form 686c
Form 686c (1) Spouse	Form 686c (2) Child
Form 686c (3) Spouse	Form 686c (4) Child
Form 686c (5) Spouse	Form 686c (6) Child
Form 686c (7) Spouse	Form 686c (8) Child

Table of Contents

Form 686c	Form 686c
Form 686c (1) Spouse	Form 686c (2) Child
Form 686c (3) Spouse	Form 686c (4) Child
Form 686c (5) Spouse	Form 686c (6) Child
Form 686c (7) Spouse	Form 686c (8) Child

Circumstances Requiring Additional Forms

Form 686c	Form 686c
Form 686c (1) Spouse	Form 686c (2) Child
Form 686c (3) Spouse	Form 686c (4) Child
Form 686c (5) Spouse	Form 686c (6) Child
Form 686c (7) Spouse	Form 686c (8) Child

Where to Submit

Form 686c	Form 686c
Form 686c (1) Spouse	Form 686c (2) Child
Form 686c (3) Spouse	Form 686c (4) Child
Form 686c (5) Spouse	Form 686c (6) Child
Form 686c (7) Spouse	Form 686c (8) Child

Organizational Group

Information Panels

Instruction Panels

Form Panels

Task Indicator

Veteran/Claimant Info

Form 686c Instructions

Form 686c Instructions

Section X Instructions

Section X Instructions

1 Add Spouse Instructions

1 Add Spouse Instructions

Section I (Veteran's Info)

Section I (Veteran's Info)

Section II

Section II

Section X (Sign/Submit)

Section X (Sign/Submit)

Submit

2 Add Child Instructions

2 Add Child Instructions

Section I (Veteran's Info)

Section I (Veteran's Info)

Section III

Section III

Section XI

Section XI

Section X (Sign/Submit)

Section X (Sign/Submit)

Submit

3 Remove Spouse Instructions

3 Remove Spouse Instructions

Section I (Veteran's Info)

Section I (Veteran's Info)

Section IV

Section IV

Section V

Section V

Section VI

Section VI

Section X (Sign/Submit)

Section X (Sign/Submit)

Submit

Remove Child Instructions

Remove Child Instructions

Section I (Veteran's Info)

Section I (Veteran's Info)

Sections VI, VII, VIII

Sections VI, VII, VIII

Section VII

Section VII

Section VIII

Section VIII

Section X (Sign/Submit)

Section X (Sign/Submit)

Submit

5 Remove Dependent Parent Instructions

5 Remove Dependent Parent Instructions

Section I (Veteran's Info)

Section I (Veteran's Info)

Section VI

Section VI

Section X (Sign/Submit)

Section X (Sign/Submit)

Submit

Dependents/21-686c Form Workflows

Workflow		Paper Form	eBenefits	VA.gov Staging
1	Claim Additional Benefits for a Spouse	Yes	Yes	Yes
2	Claim Additional Benefits for a Child	Yes	Yes	Yes
3	Report a Divorce	Yes	Yes	Maybe
4	Report a Stepchild is Not Part of Household	Yes	Maybe	Maybe
5	Report a Death of Spouse, Child or Parent	Yes	Maybe	Maybe
6	Report a Marriage of a Child	Yes	Yes	Maybe
7	Report an Adult Child Has Left School	Yes	Maybe	No
8	Claim Benefits for More Than Four Children	Yes	Maybe	Yes
9	Request for Approval of School Attendance (21-674)	No	Yes	No
10	View Dependents (On-award/Not On-award)	No	Yes	No

1

Claim Additional Benefits for a Spouse

21-686c Paper Form

Section I

Veteran Name	Claimant Name
Veteran SSN	Claimant SSN
VA File Number	Veteran Service No.
Veteran Birthdate	
Email Address	
Mailing Address Street, City, State, ZIP, Country	

1

Section I

Spouse Name	Spouse Vet. Status
Spouse SSN	Spouse VA File No.
Spouse Birthdate	Spouse Service No.
Marriage Date	
Marriage Place Street, City, State, ZIP, Country	Cohabitation Status
Marriage Type	Separation Reason
Spouse Address Street, City, State, ZIP, Country	

Section X

Signature
Date

Ex-Spouse Name

Prev. Marriage Date

Prev. Marriage Place
Street, City, State, ZIP, Country

Termination Reason

Termination Date

Termination Place
Street, City, State, ZIP, Country

+

Each Additional Former Spouse

2

8

Claim Additional Benefits for a Child

21-686c Paper Form

Section I

Veteran Name	Claimant Name
Veteran SSN	Claimant SSN
VA File Number	Veteran Service No.
Veteran Birthdate	
Email Address	
Mailing Address <small>Street, City, State, ZIP, Country</small>	

2

8

Sections III & XI

Child Name	Person Name <small>Person w/Whom Child Resides</small>
Child SSN	
Child Birthdate	Child Address <small>Street, City, State, ZIP, Country</small>
Birth Place <small>Street, City, State, ZIP, Country</small>	Status if Stepchild
Child Status	Stepchild Date
	Child Married?
	Marriage End Date
	Termination Reason

+

Each Additional Child

Section X

Signature
Date

3

4

5

Report Divorce or Death of Spouse

21-686c Paper Form

Section I

Veteran Name	Claimant Name
Veteran SSN	Claimant SSN
VA File Number	Veteran Service No.
Veteran Birthdate	
Email Address	
Mailing Address <small>Street, City, State, ZIP, Country</small>	

3 Section IV

Ex-Spouse Name

Divorce Date

Divorce Place
Street, City, State, ZIP, Country

Annulment or Void

4 Section V

Stepchild(ren)?

Stepchild Support

Stepchild Name

Person Name
Person w/Whom Child Resides

Stepchild Address
Street, City, State, ZIP, Country

Date Left Household

Support Level

+

 Each Additional Stepchild

5 Section VI

Type of Dependent

Dependent Name

Date of Death

Place of Death
Street, City, State, ZIP, Country

+

 Each Additional Death

Section X

Signature

Date

5

6

7

Remove Child from Claim Benefits

| 21-686c Paper Form

Section I

Veteran Name	Claimant Name
Veteran SSN	Claimant SSN
VA File Number	Veteran Service No.
Veteran Birthdate	
Email Address	
Mailing Address <small>Street, City, State, ZIP, Country</small>	

5 Section VI

Type of Dependent

Dependent Name

Date of Death

Place of Death
Street, City, State, ZIP, Country

+

Each Additional Death

6 Section VII

Child Name

Marriage Date

7 Section VIII

Child Name

Attendance End Date

Section X

Signature

Date

9

Request for Approval of School Attendance

| 21-674 Paper Form

Part I

Veteran Name	School Name
Veteran Email	School Address <small>Street, City, State, ZIP, Country</small>
VA File No.	Course of Training
Student Name	Term Start Date
Student SSN	Expected Start Date
Student Birthdate	Expected Grad Date
Student Married?	Enrollment Status
Marriage Date	Subject Enrolled In
Student Address <small>Street, City, State, ZIP, Country</small>	No. Sessions/Week
VA Tuition Asst.	No. Hours/Week
Benefit Type	Attending Last Term
Benefit Start Date	School Attended
	School Address <small>Street, City, State, ZIP, Country</small>
	No. Sessions/Week
	No. Hours/Week
	Start Date
	End Date

Part II

Employment Income
Received
Expected
Social Security
Received
Expected
Annuities
Received
Expected
Other Income
Received
Expected
Savings
Securities/Bonds
Real Estate
Other Assets
Total Estate Value
Remarks

Part III

Signature
Relation to Student
Date Signed
Phone Number

9

Request for Approval of School Attendance

| 21-674 Paper Form / School Attendance Report

Top Section

VA File No.

Return to VA Office
Street, City, State, ZIP, Country

Veteran Name

Veteran Email

Student Name

Student SSN

Part I (Claimant)

Term Start Date

Did Student Start

Student Start Date

VA Tuition Asst.

Benefit Type

Benefit Start Date

Signature

Relation to Student

Date Signed

Day Phone

Evening Phone

Part II (School)

Attendance End Date

Official End Date

Next Term Start Date

Official End Date

Attend. Term. Reason

Remarks

School Name

Offical Signature

Signer Title

Date Signed

Dependents Screen

Award Status
Dependent Name
Dependent SSN
Dependent Birthdate
Dependent Age