



## Department of Veterans Affairs

## DECLARATION OF STATUS OF DEPENDENTS

**Privacy Act Information:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your and your dependents' SSN account information is mandatory. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** We need this information to determine marital status and eligibility for an additional allowance for dependents under 38 U.S.C. 1115. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**INSTRUCTIONS:** Print all answers clearly. Make sure you sign and date this form (Items 17 and 18). Note: Unless the claimant is the veteran's surviving spouse, the veteran must sign in Item 17. When you have completed this form, mail it or take it to a VA regional office.

**IMPORTANT:** If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(c)). Additional guidance on when VA recognizes marriages is available at <http://www.va.gov/opa/marriage/>.

1A. FIRST - MIDDLE - LAST NAME OF VETERAN Henry Bocephis	2A. NAME OF CLAIMANT (If other than veteran)	3. FILE NUMBER
1B. VETERAN'S SOCIAL SECURITY NUMBER TRA-25-5768	2B. CLAIMANT'S SOCIAL SECURITY NUMBER	C- 6Y09XX00

4A. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)

4B. E-MAIL ADDRESS OF CLAIMANT (If applicable)

31 Hopkins Plaza, Baltimore, MD 21201 (US)

5A. MARITAL STATUS (Check one)

☒ MARRIED ☐ DIVORCED ☐ NEVER MARRIED "(If checked, skip to Item 14)"  
☐ WIDOWED ☐ SEPARATED

5B. IF MARRIED, SPOUSE'S DATE OF BIRTH

05/18/1983

month day year

**NOTE:** You must furnish complete information about all your and your current spouse's previous marriages. If you or your spouse have been married more than three times, list additional marriages in Item 16, "Remarks," or attach a separate sheet.

## SECTION I - VETERAN'S MARRIAGES

6. HOW MANY TIMES HAVE YOU BEEN MARRIED? (Including current marriage) 1

7A. DATE AND PLACE OF MARRIAGE (City/State or Country)	7B. TO WHOM MARRIED (First, middle, last name)	7C. SOCIAL SECURITY NUMBER	7D. HOW MARRIAGE TERMINATED (Death, Divorce)	7E. DATE AND PLACE TERMINATED (City/County/State or Country)
10/2018 month day year Place: Denver, CO	Christopher M Wilson	5555		
month day year Place:				month day year Place:
month day year Place:				month day year Place:

## SECTION II - SPOUSE'S PREVIOUS MARRIAGES

8. HOW MANY TIMES HAS THE VETERAN'S CURRENT SPOUSE OR SURVIVING SPOUSE BEEN MARRIED? (Including current marriage) 2

9A. DATE AND PLACE OF MARRIAGE	9B. TO WHOM MARRIED (First, middle, last name)	9C. HOW MARRIAGE TERMINATED (Death, Divorce)	9D. DATE AND PLACE TERMINATED
02/14/2007 month day year Place: Las Vegas, NV	Janice Wilson	Death	02/12/2014 month day year Place: Pueblo, CO
month day year Place:			month day year Place:
month day year Place:			month day year Place:

**For Training Purposes Only**

10A. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," answer Item 10B also. If "No," skip to Item 11.)</i>				10B. WHAT IS YOUR SPOUSE'S VA FILE NUMBER <i>(If any)?</i>				
11. DO YOU LIVE WITH YOUR SPOUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," skip to Item 14A. If "No," answer Items 12 and 13 also.)</i>				12. WHAT IS YOUR SPOUSE'S ADDRESS?				
13. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT? \$								
<b>SECTION III - VETERAN'S UNMARRIED CHILDREN</b>								
<i>NOTE: If any child is claimed as "seriously disabled" (Item 14H), it must be shown that the child became permanently unable to support him/herself before reaching age 18. Furnish a statement from an attending physician or other medical evidence which shows the nature and extent of the physical or mental impairment.</i>								
<i>Note: In Items 14A through 14I, check all boxes that apply.</i>								
<b>14A.</b> NAME OF CHILD <i>(first, middle initial, last)</i>	<b>14B.</b> DATE AND PLACE OF BIRTH <i>(city, state or country)</i>	<b>14C.</b> SOCIAL SECURITY NUMBER	<b>14D.</b> BIO - LOGICAL	<b>14E.</b> ADOPT - ED	<b>14F.</b> STEP - CHILD	<b>14G.</b> 18-23 YRS. OLD AND IN SCHOOL	<b>14H.</b> SERIOUSLY DISABLED	<b>14I.</b> CHILD PREVIOUSLY MARRIED
Joseph Alex Wilson	<div style="text-align: center;">02/12/2014</div> <div style="text-align: center;"><i>mo day yr</i></div> <div>PLACE:</div> <div>Pueblo, CO</div>	6666	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<div style="text-align: center;">_____</div> <div style="text-align: center;"><i>mo day yr</i></div> <div>PLACE:</div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<div style="text-align: center;">_____</div> <div style="text-align: center;"><i>mo day yr</i></div> <div>PLACE:</div>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14J. IF YOU CHECKED "STEPCHILD," IS THE STEPCHILD THE BIOLOGICAL CHILD OF YOUR SPOUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
<i>Note: If any of the children listed above don't live with you, complete Items 15A through 15C.</i>								
<b>15A. NAME OF CHILD</b> <i>(First, middle initial, last)</i>		<b>15B. CHILD'S COMPLETE ADDRESS</b>				<b>15C. NAME OF PERSON THE CHILD LIVES WITH</b> <i>(If applicable)</i>		
16. REMARKS								
I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.								
17. SIGNATURE OF CLAIMANT <i>(Claimant, please sign in ink)</i>  <div style="text-align: center;"><b>ES// Henry Bocephis</b></div>			18. DATE  <div style="text-align: center;">02/14/2021</div>		19. TELEPHONE NUMBER(S) <i>(Include Area Code)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">A. DAYTIME <div style="text-align: center;">(555)555-1212</div></div> <div style="width: 45%;">B. NIGHTTIME</div> </div>			
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.								



Department of Veterans Affairs

VA DATE STAMP  
(DO NOT WRITE IN THIS SPACE)**APPOINTMENT OF VETERANS SERVICE ORGANIZATION  
AS CLAIMANT'S REPRESENTATIVE****IMPORTANT:** Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.**NOTE:** If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, *Appointment of Individual as Claimant's Representative*. When completed you can mail **or** fax this form to the appropriate intake center address shown on Page 4. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).**SECTION I: VETERAN'S INFORMATION****NOTE:** You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

H e n r y B o c e p h i s

2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)

T R A - 2 5 - 5 7 6 8

3. VA FILE NUMBER (If applicable)

6 Y 0 9 X X 0 0

4. VETERAN'S DATE OF BIRTH

Month Day Year  
0 4 - 1 1 - 1 9 8 2

5. VETERAN'S SERVICE NUMBER (If applicable)

6 Y 0 9 X X 0 0

6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)

7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street 3 1 H o p k i n s P l a z a  
Apt./Unit Number City B a l t i m o r e  
State/Province M D Country U S ZIP Code/Postal Code 2 1 2 0 1 -

8. VETERAN'S TELEPHONE NUMBER (Include Area Code)

9. VETERAN'S EMAIL ADDRESS (Optional)

**SECTION II: CLAIMANT'S INFORMATION (If other than veteran)**

10. CLAIMANT'S NAME (First, Middle Initial, Last)

11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street  
Apt./Unit Number City  
State/Province Country ZIP Code/Postal Code -

12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)

13. CLAIMANT'S EMAIL ADDRESS (Optional)

14. RELATIONSHIP TO VETERAN

**SECTION III: SERVICE ORGANIZATION INFORMATION**

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)

American Legion

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)

Kristin A. Pizzuti,

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A

American Legion  
National Service Officer

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

kpizzuti.al@email.com

18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)

02/14/2021

VETERAN'S SOCIAL SECURITY NUMBER

T R A - 2 5 - 5 7 6 8

## 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. Redisclosure 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:

- ☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)  
☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ 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 fee 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 OR CLAIMANT *(Do Not Print)*

*Henry Bocephis*

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

02/14/2021

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

Kristin A Pizzuti, AL, NSO

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

02/14/2021

**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 <i>(Date)</i>	REVOKED <i>(Reason and date)</i>
	<input type="checkbox"/> VR&E FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE		/* dateadd(d,3,recei	

**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.

## 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, regional, or local organizations recognized by the Secretary of Veterans Affairs in the preparation, presentation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association	National Association of County Veterans Service Officers, Inc.
American Legion	National Association for Black Veterans, Inc.
American Red Cross	National Veterans Legal Services Program
AMVETS	National Veterans Organization of America
American Ex-Prisoners of War, Inc.	Navy Mutual Aid Association
American GI Forum, National Veterans Outreach Program	Paralyzed Veterans of America, Inc.
Armed Forces Services Corporation	Polish Legion of American Veterans, U.S.A.
Army and Navy Union, USA	Swords to Plowshares, Veterans Rights Organization, Inc.
Associates of Vietnam Veterans of America	The Retired Enlisted Association
Blinded Veterans Association	The Veterans Assistance Foundation, Inc.
Catholic War Veterans of the U.S.A.	The Veterans of the Vietnam War, Inc. & The Veterans
Disabled American Veterans	Coalition
Fleet Reserve Association	United Spanish War Veterans of the United States
Gold Star Wives of America, Inc.	United Spinal Association, Inc.
Italian American War Veterans of the United States, Inc.	Veterans of Foreign Wars of the United States
Jewish War Veterans of the United States	Veterans of World War I of the U.S.A., Inc.
Legion of Valor of the United States of America, Inc.	Vietnam Era Veterans Association
Marine Corps League	Vietnam Veterans of America
Military Officers Association of America (MOAA)	West Virginia Department of Veterans Assistance
Military Order of the Purple Heart	Wounded Warrior Project
National Amputation Foundation, Inc.	

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

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

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is considered relevant and necessary to recognize a service organization as your representative and/or identify disclosable records. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN:** We need this information to recognize the service organization you name to act on your behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902). We will also use the information to identify any VA records that we may disclose to the service organization (38 U.S.C. 5701(b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FOR ALL **COMPENSATION** CLAIMS MAIL OR FAX THIS FORM TO THE FOLLOWING ADDRESS:

Mail your form to:  
 Department of Veterans Affairs  
 Claims Intake Center  
**P.O. Box 4444**  
 Janesville, WI 53547- 4444  
**Or** fax your form to:  
 Toll Free: (844) 531- 7818  
 Local: 248-524-4260

FOR **VETERANS PENSION** AND **SURVIVOR BENEFIT** CLAIMS MAIL OR FAX THIS FORM TO THE APPROPRIATE ADDRESS SHOWN BELOW:

Mail your form to:  
 Department of Veterans Affairs  
 Claims Intake Center  
**Attn: Milwaukee Pension Center**  
**P.O. Box 5192**  
 Janesville, WI 53547-5192  
**Or** fax your form to:  
 Toll Free: (844) 655-1604

**This Pension Center Serves The Following:**

Alabama	Arkansas	Illinois	Indiana
Kentucky	Louisiana	Michigan	Mississippi
Missouri	Ohio	Tennessee	Wisconsin

Mail your form to:  
 Department of Veterans Affairs  
 Claims Intake Center  
**Attn: Philadelphia Pension Center**  
**P.O. Box 5206**  
 Janesville, WI 53547-5206  
**Or** fax your form to:  
 Toll Free: (844) 655-1604

**This Pension Center Serves The Following:**

Connecticut	Delaware	Florida	Georgia
Maine	Maryland	Massachusetts	New Hampshire
New Jersey	New York	North Carolina	Pennsylvania
Rhode Island	South Carolina	Vermont	Virginia
West Virginia	District of Columbia	Puerto Rico	Canada
Countries outside of North, Central or South America			

Mail your form to:  
 Department of Veterans Affairs  
 Claims Intake Center  
**Attn: St. Paul Pension Center**  
**P.O. Box 5365**  
 Janesville, WI 53547-5365  
**Or** fax your form to:  
 Toll Free: (844) 655-1604

**This Pension Center Serves The Following:**

Alaska	Arizona	California	Colorado
Hawaii	Idaho	Iowa	Kansas
Minnesota	Montana	Nebraska	Nevada
New Mexico	North Dakota	Oklahoma	Oregon
South Dakota	Texas	Utah	Washington
Wyoming	Mexico	Central America	South America
Caribbean			

**DEPARTMENT OF VETERANS AFFAIRS  
Veterans Benefits Administration  
Regional Office**

**Henry Bocephis**

**VA File Number  
6Y09XX00**

**Rating Decision  
12/29/2017**

**INTRODUCTION**

The records reflect that you are a Veteran of the Gulf War Era. You served in the Navy from August 01, 2000, to July 31, 2012. You filed a claim for increase that was received on August 04, 2017. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

**DECISION**

1. Evaluation of cervical spine degenerative disc disease, which is currently 10 percent disabling, is increased to 30 percent effective July 23, 2017.
2. Service connection for glenohumeral joint dislocation, left shoulder is granted with an evaluation of 20 percent effective July 23, 2017.
3. Service connection for surgical scar, left shoulder is granted with an evaluation of 0 percent effective July 23, 2017.

Henry Bocephis

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### **EVIDENCE**

- DD Form 214, Certificate of Release or Discharge from Active Duty received November 25, 2012, for the period August 01, 2000, to July 31, 2012.
- Service treatment records received November 25, 2012, for the period August 01, 2000, to July 31, 2012.
- VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC, received July 23, 2017.
- VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, received August 04, 2017.
- Disability Benefits Questionnaire, Baltimore VAMC, conducted November 02, 2017.

### **REASONS FOR DECISION**

**1. Evaluation of cervical spine degenerative disc disease currently evaluated as 10 percent disabling.**

The evaluation of cervical spine degenerative disc disease is increased to 30 percent disabling effective July 23, 2017. (38 CFR 4.1, 38 CFR 3.155, 38 CFR 3.400)

Entitlement to an increased evaluation has been established from the date of receipt of intent to file.

We have assigned a 30 percent evaluation for your cervical spine degenerative disc disease based on:

- Forward flexion of the cervical spine 15 degrees or less

Additional symptom(s) include:

- X-ray evidence of traumatic arthritis
- With no incapacitating episodes during the past 12 months
- Combined range of motion of the cervical spine not greater than 170 degrees
- Guarding not resulting in abnormal gait or abnormal spinal contour
- Localized tenderness not resulting in abnormal gait or abnormal spinal contour
- Muscle spasm not resulting in abnormal gait or abnormal spinal contour
- Painful motion upon examination



Henry Bocephis

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The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki have been considered and are not warranted.

A higher evaluation of 40 percent is not warranted for intervertebral disc syndrome (IVDS) unless the evidence shows:

- Unfavorable ankylosis of the entire cervical spine. (38 CFR 4.71a)

Additionally, a higher evaluation of 40 percent is not warranted for intervertebral disc syndrome (IVDS) unless the evidence shows:

- Intervertebral disc syndrome (IVDS) with incapacitating episodes having a total duration of at least four weeks but less than six weeks during the past 12 months. (38 CFR 4.71a)

**2. Service connection for glenohumeral joint dislocation, left shoulder.**

Service connection for glenohumeral joint dislocation, left shoulder has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

An evaluation of 20 percent is assigned from July 23, 2017.

The effective date of this grant is the date of receipt of intent to file. (38 CFR 3.155, 38 CFR 3.400)

We have assigned a 20 percent evaluation for your glenohumeral joint dislocation based on:

- Recurrent dislocation of the scapulohumeral joint with frequent episodes and guarding of all arm movements.

A higher evaluation of 40 percent is not warranted for Other impairment of the humerus unless the evidence shows:

- Fibrous union of the humerus. (38 CFR 4.71a)

**3. Service connection for surgical scar, left shoulder as secondary to the service-connected disability of glenohumeral joint dislocation, left shoulder.**

Service connection for surgical scar, left shoulder has been established as related to the service-connected disability of glenohumeral joint dislocation, left shoulder. (38 CFR 3.310)

A noncompensable evaluation is assigned from July 23, 2017.

The effective date of this grant is the date of receipt of intent to file. (38 CFR 3.155, 38 CFR 3.400)

Henry Bocephis

6Y09XX00

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- Left upper extremity: area or areas less than 144 square inches (929 sq. cm.) (Not associated with underlying soft tissue damage)

Additional symptom(s) include:

- Scar 1 Location: Left upper extremity
- Scar 1 type: scar

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. {38 CFR §4.31}

Your first scar/area has a length of 0.5 cm and a width of 0.5 cm for a total area of 0.25 sq. cm.

An additional, separate compensable evaluation under Diagnostic Code 7804 is not warranted unless there is at least one scar that is painful or unstable. (38 CFR 4.118)

A higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage (left upper extremity) unless the evidence shows:

- Area or areas of 144 square inches (929 sq. cm.) or greater. (38 CFR 4.118)

Additionally, a higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are associated with underlying soft tissue damage (entire body) unless the evidence shows:

- Area or areas of at least 6 square inches (39 sq. cm.) but less than 12 square inches (77 sq. cm.). (38 CFR 4.118)

Additionally, a higher evaluation of 10 percent is not warranted for burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage (entire body) unless the evidence shows:

- Area or areas of 144 square inches (929 sq. cm.) or greater. (38 CFR 4.118)

## REFERENCES

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, [www.va.gov](http://www.va.gov).

<b>Rating Decision</b>	<i>Department of Veterans Affairs</i> <i>Veterans Benefits Administration</i>		Page 1 of 1 12/29/2017	
NAME OF VETERAN Henry Bocephis	VA FILE NUMBER 6Y09XX00	SOCIAL SECURITY NR TRA-25-5768	POA	COPY TO

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
08/01/2000	07/31/2012	Navy	Honorable

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CODE	FUTURE EXAM DATE
	1	6	None

JURISDICTION: Claim for Increase Received 08/04/2017

ASSOCIATED CLAIM(s): 020; Claim for Increase; 08/04/2017

**SUBJECT TO COMPENSATION (1.SC)**

5010 - 5243      CERVICAL SPINE DEGENERATIVE DISC DISEASE  
Service Connected, Gulf War, Incurred  
Static Disability  
10% from 08/01/2012  
30% from 07/23/2017

5202              GLENOHUMERAL JOINT DISLOCATION, LEFT SHOULDER  
Service Connected, Gulf War, Incurred  
Static Disability  
20% from 07/23/2017

5260              PATELLOFEMORAL SYNDROME, RIGHT KNEE  
Service Connected, Gulf War, Incurred  
Static Disability  
10% from 08/01/2012

7802              SURGICAL SCAR, LEFT SHOULDER ASSOCIATED WITH  
GLENOHUMERAL JOINT DISLOCATION, LEFT SHOULDER  
  
Service Connected, Gulf War, Secondary  
Static Disability  
0% from 07/23/2017

**COMBINED EVALUATION FOR COMPENSATION:**

20% from 08/01/2012  
50% from 07/23/2017

\_\_\_\_\_  
eSign: certified by VSCDENJOHNSD, RVSR

\_\_\_\_\_  
Reviewer