

 **Department of Veterans Affairs**

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

DECISION REVIEW REQUEST: HIGHER-LEVEL REVIEW

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 5. Use this form to request a Higher-Level Review of a decision you received. A Higher-Level Review is a new review of an issue(s) previously decided by VA based on the evidence of record at the time of the prior decision. For more information call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms.

SECTION I - VETERAN'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.

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

Jãñe

☐ Doé

2. SOCIAL SECURITY NUMBER

123-45-6789

3. VA FILE NUMBER (If applicable)

98765432

4. DATE OF BIRTH (MM/DD/YYYY)

12-31-1969

5. VA INSURANCE POLICY NUMBER (If applicable)

987654321123456789

6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)

No. & Street
123 Main St Suite #1200 Box 4

Apt./Unit Number

City
New York

State/Province
NY

Country
US

ZIP Code/Postal Code
30012

☒ I AM HOMELESS OR AT RISK OF HOMELESSNESS

7. TELEPHONE NUMBER (Include Area Code)

555-800-1111

Enter International Phone Number (If applicable) +34-555-800-1111 ex2

8. E-MAIL ADDRESS (Optional)

See attached page for veteran email

SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)

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

Betty

☐ Boop

10. SOCIAL SECURITY NUMBER (If applicable)

829-34-7561

11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)

05-08-1972

12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)

No. & Street
456 First St Apt 5 Box 1

Apt./Unit Number

City
Detroit

State/Province
MI

Country
US

ZIP Code/Postal Code
48070

13. TELEPHONE NUMBER (Include Area Code)

555-811-1100

Enter International Phone Number (If applicable)

14. E-MAIL ADDRESS (Optional)

See attached page for claimant email

SECTION III - BENEFIT TYPE

15. **SELECT ONLY ONE** (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.)

☐ COMPENSATION

☐ PENSION/SURVIVORS BENEFITS

☐ FIDUCIARY

☒ EDUCATION

☐ VETERANS HEALTH ADMINISTRATION

☐ VETERAN READINESS AND EMPLOYMENT

☐ LOAN GUARANTY

☐ LIFE INSURANCE

☐ NATIONAL CEMETERY ADMINISTRATION

VA FORM 20-0996
APR 2021

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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)	
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)
right knee	01 - 08 - 19 00
left foot	01 - 09 - 19 00
right foot	SOC/SSOC Date: 01-08-2021 01 - 10 - 19 00
left hand	01 - 11 - 19 00
right hand	01 - 12 - 19 00
fever	
Area of Disagreement: Service connection	01 - 13 - 19 00
SECTION VII - CERTIFICATION AND SIGNATURE	
NOTE: This section is MANDATORY and completion is required to process your claim unless accompanied by VA Form 21-0972, <i>Alternate Signer Certification</i> or Section VIII is completed.	
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.	
20A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink) Betty D Boop - Signed by digital authentication to api.va.gov	20B. DATE SIGNED 02 - 03 - 20 21
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE	
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.	
NOTE: A representative's signature will not be accepted unless at the time of submission of this request a valid VA Form 21-22, <i>Appointment of Veterans Service Organization as Claimant's Representative</i> , or VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> , indicating the appropriate representative is of record with VA or included with this application.	
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last) <div></div>	
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. DATE SIGNED <div></div>
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.	
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.	
RESPONDENT BURDEN: We need this information to determine entitlement to benefits (38 U.S.C. 501). 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 the 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 .	

Veteran Email:
1234567890123456789012345678901234567890123456789012345678901234567890
1234567890123456789_123456789012345678901234567890123456789012345678901234567890
123456789012345678901234567890123456789_12345678901234567890@bobbytablesemail.com

Claimant Email:
09845812017584936834751947843y6083475-
924709348156802374y698134y5984389347y8914hekjdnfjkdh8445678901234567890123456789012
34567890123451234567890123456789012345678901234567890123456789012345678901234567
890123456789_claimant@email.com

Representative Email:
9876543210987654321098765432109876543210987654321098765432109876543210
9876543210987654321_987654321098765432109876543210987654321098765432109876543210
987654321098765432109876543210987654321_98765432109876543210@hellohellenholly.com

Additional Issues

A. Specific Issue(s)	B. Area of Disagreement	C. Date of Decision	D. SOC/SSOC Date
lupus		1900-01-14	09-23-2020
cooties	Service connection	1900-01-15	