OMB Control No. 2900-0862 Respondent Burden: 15 minutes Expiration Date: 4/30/2024

Department of Veterans Affairs

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/yaforms.

VA DATE STAMP DO NOT WRITE IN THIS SPACE

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 or the to halp expected by the form. 1.VETERAN'S IAMAIE (First, Middle Intial, Last) 2. SOCIAL SECURITY NUMBER (I applicable) 2. SOCIAL SECURITY NUMBER (I applicable) 3. VA FILLE NUMBER (If applicable) 4. DATE OF BIRTH (IMMODITYYYY) 1. 2 - 3 1 - 1 9 6 9 9. VA INSURANCE POLICY NUMBER, If applicable) 9. VA INSURANCE POLICY NUMBER, If applicable, 9. VA INSURANCE POLICY NUMBER, If applicable, 12. SOME STORE TRISK OF HOMELESSNESS 7. TELEPHOVINE NUMBER (I applicable) 12. COUNTY 13. TELEPHOVE NUMBER (I applicable) 14. DATE OF BIRTH (IMMODITYYYY) 15. SOME TOWN 16. SOME TOWN 17. TELEPHOVE NUMBER (I applicable) 18. E-MAIL ADDRESS (Cytional) 19. SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than vetoran) 9. CLAIMANT'S NAME (First, Middle Intial, Last) 19. CLAIMANT'S NAME (First, Middle Intial, Last) 10. SOCIAL SECURITY NUMBER (II applicable) 11. DATE OF BIRTH (IMMODITYYYY) (II applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Telephove Number (II applicable) 11. DATE OF BIRTH (IMMODITYYYY) (II applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) 14. E-MAIL ADDRESS (Optional) 15. ELECTY ONLY ONLY (II applicable) 16. E-MAIL ADDRESS (Optional) 17. CAMPENDATION (II applicable) 18. SELECTY ONLY ONLY (II applicable) 19. SELECTY ONLY ONLY (II applicable) 19. SELECTY ONLY ONLY (II applicable) 10. SELECTY ONLY ONLY (II applicable) 11. LESS ONLY ONLY (II applicable) 12. CURRENT MAIL ADDRESS (Op	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 .
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SECTION IV - OPTIONAL INFORMAL CONFEREN	CE						
16. YOU OR YOUR AUTHORIZED REPRESENTATIVE MAY REQUEST AN INFORMAL CONFERENCE WITH THE HIGHER-LEVEL REVIEWER FOR THE SOLE PURPOSE OF POINTING OUT ERRORS OF FACT OR LAW IN THE PRIOR DECISION. (VA will only conduct one informal conference by telephonic communication associated with this request for Higher-Level Review.)							
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional and may delay a decision.							
16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to schedule the informal conference. Contact attempts will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE:							
Call me between 8:00 a.m 12:00 p.m. ET Call me between 12:00) p.m 4:30 p.m. ET						
Call my representative between 8:00 a.m 12:00 p.m. ET Call my representative	between 12:00 p.m 4:30 p.m. ET						
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTA	TIVE'S CONTACT INFORMATION BELOW.						
17A. REPRESENTATIVE'S NAME (First, Last)							
Helen							
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)							
	11						
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL	S SYSTEM						
18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A in their entir legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO C	ety, and any associated hearing requests, from the						
OPT-IN FROM SOC/SSOC							
NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.							
SECTION VI - ISSUES FOR HIGHER-LEVEL REVIE							
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. R issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional shee each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separa	ts, if necessary - include your name and file number on						
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)						
Example 1: Service connection for left knee	MM/DD/YYYY						
Example 2: Earlier effective date for hearing loss Example 3: Reimbursement for non-VA emergency care Example 4: Denial of entitlement to VR&E benefits and services Example 5: Entitlement to Service-Disabled Veterans Insurance	MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY						
tinnitus							
	SOC/SSOC Date: 08-01-2020						
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right knee	0 1 - 0 2 - 1 9 0 0						
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PTSD							
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Traumatic Brain Injury							
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right shoulder							
	0 1 - 0 6 - 1 9 0 0						

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SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)										
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19E	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)								
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SECTION VII - CERTIFICATION AND SIGNATURI	E									
NOTE: This section is MANDATORY and completion is required to process your claim unless accompanies or Section VIII is completed.	nied by \	VA F	orm	21-0	972,	Alte	rnate	Sign	ner	
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 Boop	20B. DA	ATE S	IGNE	ED						
- Signed by digital authentication to api.va.gov	0	2	_	0	3	<u>-</u> [2	0	2	1
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN	ATUR	E								
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 Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Cla	a valid V	/A Fo	orm 2	21-22 ntati	2, App	niod dica	tmen	t of V	etera	ans
appropriate representative is of record with VA or included with this application.	annant 3	πορ	7030	man	vC, III	uica	ung t	110		
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)										
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C. DA	TE S	IGNE	D		-				_
			_			-				
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s material fact, knowing it to be false.	submiss	ion c	of an	y sta	teme	nt oı	· evid	ence	of a	ı
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enfor epidemiological or research studies, the collection of money owed to the United States, litigation in which	rcement	t, cor	ngres	ssion	al co	mmı	unica	tions		

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.

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