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

VA DATE STAMP DO NOT WRITE IN THIS SPACE

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)						
Jäñe Ø Doé						
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)						
1 2 3 - 4 5 - 6 7 8 9 9 8 7 6 5 4 3 2 1 2 - 3 1 - 1 9 6 9						
5. VA INSURANCE POLICY NUMBER (If applicable)						
9 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 9						
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)						
No.& 123 Main St Suite #1200 Box 4						
Apt./Unit Number City New York						
State/Province NY Country US ZIP Code/Postal Code 30012 —						
State/Province NY Country US ZIP Code/Postal Code 30012 —						
I AM HOMELESS OR AT RISK OF HOMELESSNESS						
7. TELEPHONE NUMBER (Include Area Code)						
Enter International Phone Number (If applicable) +34-555-800-1111 ex2						
8. E-MAIL ADDRESS (Optional)						
bob@bobbytablesemail.com						
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)  11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)						
8 2 9 - 3 4 - 7 5 6 1						
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 M I Country U S ZIP Code/Postal Code 48070 -						
13. TELEPHONE NUMBER (Include Area Code)						
5 5 5 - 8 1 1 - 1 1 0 0 Enter International Phone Number (If applicable)						
14. E-MAIL ADDRESS (Optional)						
claimant@email.com						
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						
O VETERAN READINESS AND EMPLOYMENT OLOAN GUARANTY OLIFE INSURANCE NATIONAL CEMETERY ADMINISTRATION						

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SECTION IV - OPTIONAL INFORMAL CONFERENCE										
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.)								า		
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:							pts			
Call me between 8:00 a.m 12:00 p.m. ET	p.m	4:30	p.m. E	ΞT						
Call my representative between 8:00 a.m 12:00 p.m. ET	betwee	en 12:	00 p.r	n 4	:30 p.	.m. E	T			
17. IF YOU WOULD LIKE VA TO CONTACT YOUR REPRESENTATIVE, YOU MUST PROVIDE YOUR REPRESENTA	TIVE'S	CON	TACT	INFO	)RMA	ATIOI	N BE	LOW	-	
17A. REPRESENTATIVE'S NAME (First, Last)										
Helen Holly										
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)  5 5 5 - 8 0 0 - 1 1 1 1 1 x2  17C. REPRESENTATIVE'S E-MAIL ADDRESS										
holly@hellohellenholly.com										
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEALS	S SYS	STE	М							
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 entire legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO OI OPT-IN FROM SOC/SSOC NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.	ty, and	d any	assoc	iated	heari	ing re	eques	sts, fro	om the	è
SECTION VI - ISSUES FOR HIGHER-LEVEL REVIE	W									
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL REVIEW. Re issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheet										
each additional sheet. IMPORTANT: You may only list issues for the benefit type selected in Section III. A separat									IIIIII	
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19	9B. D	ATE (		A DEC				CATI	NC
Example 1: Service connection for left knee 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	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  MM/DD/YYYY  MM/DD/YYYY									
123456789	SOC	C/S	SOC	Da	ate	: (	)4-	30-	-20	20
Area of Disagreement: Rating	0	1	_	0	1	_[	1	9	0	0
left eyee					_		_			
Area of Disagreement: 123456789	0	1	_	0	2	_	1	9	0	0
right eye										
						Г		_	_	
	0	1	-	0	3	<u> </u>	1	9	0	0
left ear	SOC	7/5	SOC	D =	ate	: (	)5-	.15-	-20	1 9
			_							
Area of Disagreement: Rating	U	'	_	U	4			9	U	U
right ear										
Para S. D'anna and A. Dall'an	_	4	_	Λ	<b>E</b>		4	0	0	0
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mrgrariies										
Area of Disagreement: Rating	0	1	_	0	6	_[	1	9	0	0
left knee						L	-	-	-	
Area of Disagreement: Rating	0	1	_	0	7	_[	1	9	0	0

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Area of Disagreement: Rating  left foot  Area of Disagreement: Rating  right foot  Area of Disagreement: Rating  left hand  Area of Disagreement: Rating  Area of Disagreement: Rating  Area of Disagreement: Rating  Area of Disagreement: Rating  right hand  Area of Disagreement: Rating  Area of Disagreement: Rating  Rating  O 1 - 1 1 - 1 9 0 0  O 1 - 1 2 - 1 9 0 0	SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)						
Area of Disagreement: Rating  Betver  Area of Disagreement: Service connection  Betver  Area of Disagreement: Rating  Area of Disagreement: Rating  Betver  Area of Disagreement: Rating  Area of Disagreement: Rating  Betver  Boop Section VIII - 1 9 0 0  Area of Disagreement: Rating  Betver  Area of Disagreement: Rating  Betver  Boop Section VIII - 1 9 0 0  Area of Disagreement: Rating  Betver  Boop Section VIII - 1 9 0 0  Betver  Boop Section VIII - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 1 - 1 9 0 0  Boop Section VIII - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
Left foot  Area of Disagreement: Rating  Oll-O9-1900  SOC/SSOC Date: 01-08-2021  Area of Disagreement: Rating  Oll-I0-1900  Left hand  Area of Disagreement: Rating  Oll-I1-1900  Left hand  Area of Disagreement: Rating  Oll-I1-1900  Area of Disagreement: Rating  Oll-I1-1900  Tight hand  Area of Disagreement: Rating  Oll-I1-1900  Area of Disagreement: Rating  Oll-I1-1900  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. Alternate Signer Certification or Section VIII is completed.  20A. SIGNATURE OF VETERAN OR CLAIMANT (Sign in ink)  Estry D Boop  SECTION VIII-AUTHORIZED REPRESENTATIVE (Sign in ink)  SECTION VIII-AUTHORIZED REPRESENTATIVE (Sign in ink)  BECTION VIII-AUTHORIZED REPRESENTATIVE (Sign in ink)  21A. NAME OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)  21A. NAME OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)  21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)  21C. DATE SIGNED  PENALTY: The law provides severe penalties which included a fine, imprisonment, or both, for the willful submission of any statement or evidence of a	right knee						
Area of Disagreement: Rating    O   1   O   9   1   9   0	Area of Disagreement: Rating	0 1 - 0 8 - 1 9 0 0					
right foot  Area of Disagreement: Rating  Area of Disagreement: Service connection  BECTION VII - CERTIFICATION AND SIGNATURE  NOTE: This section is MANDATORY and completion is required to process your claim unless accompanied by VA Form 21-0972, Alternate Signer Certification or Section VIII is completed.  ICERTIFY 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  SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE  ICERTIFY 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, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative is appropriate representative is ignature will not be accepted unless at the time of submission of this request a valid VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Claimant's Representative, indicating the appropriate representative is ignature.  21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)  21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)  21C. DATE SIGNED  PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a	left foot						
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Left hand  Area of Disagreement: Rating  Oll-II-II-II-II-II-II-II-II-II-II-II-II-I	right foot	SOC/SSOC Date: 01-08-2021					
Area of Disagreement: Rating  Oll-II-II-II-II-II-II-II-II-II-II-II-II-I	Area of Disagreement: Rating	0 1 - 1 0 - 1 9 0 0					
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Area of Disagreement: Rating    O   1   1   2   1   9   0   0	Area of Disagreement: Rating	0 1 - 1 1 - 1 9 0 0					
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PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful submission of any statement or evidence of a							
	21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)						
		submission of any statement or evidence of a					

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 <a href="https://www.reginfo.gov/public/do/PRAMain.">www.reginfo.gov/public/do/PRAMain.</a>

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## **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	