



**Department of
Veterans Affairs**
EVIDENCE INTAKE CENTER
PO BOX 4444
JANESVILLE WI 53547-4444

April 30, 2024



CALL OR COMPLETE FORM TO PREVENT POTENTIAL OVERPAYMENT





The Department of Veterans Affairs (VA) pays you additional disability compensation for your dependent(s).

Please review the enclosed list of dependents for whom VA is currently paying you additional benefits. You must either confirm that the status of your dependents has not changed or notify us of any changes (for example: divorce, death, or other life event).

You have 60 days from the date of this letter to respond. After that period, we may propose action to reduce your benefits.

How do I confirm or update the status of my dependents?

 To confirm you are entitled to additional benefits for your dependent(s)	 To notify us of changes in the status of your dependent(s)
<ul style="list-style-type: none">• Call 1-800-827-1000*, or• Complete Sections I and V of the enclosed form and mark the first box in Section II	<ul style="list-style-type: none">• Call 1-800-827-1000*, or• Complete Sections I, III and/or IV, and Section V of the enclosed form

Please send your completed form to
Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

* The Telecommunications Device for the Deaf (TDD) federal number is 711.

Will my benefits change?

Debt from overpayment starts as soon as a dependent's status changes and goes unreported. If the status of your dependent(s) has not changed since you last reported it to VA, your benefits will not change. If the status of your dependent(s) has changed, we will adjust your benefits accordingly.

Veterans Service Center Manager

Enclosures: Dependent List
VA Form 21-0538

E13194

DEPENDENT LIST

If the information displayed below is accurate and no change in status has occurred, please certify in Section II of the enclosed form.

We are paying you for the following dependents:

First Name	Middle Name	Last Name	Date of Birth	Relation
██████	██████	██████████	██████	██████
██████	I	██████	██████	██████
██████████		██████	██████	██████
██████	█	██████	██████	██████

Note: *If VA is paying you additional benefits for more than 10 children, please list them on a blank piece of paper and attach it to the enclosed VA Form 21-0538 when you return the form to VA.*

11A. CHILD'S NAME

[illegible]

<input type="checkbox"/> DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ STEPCCHILD IS NO LONGER A MEMBER OF HOUSEHOLD LAST DATE STEPCCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY): - -

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<input type="checkbox"/> DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD

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<input type="checkbox"/> DEATH OF CHILD	DATE OF DEATH (MM/DD/YYYY):	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MARRIAGE OF CHILD	DATE OF MARRIAGE (MM/DD/YYYY):	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> ADOPTION OUT OF FAMILY	DATE OF ADOPTION (MM/DD/YYYY):	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD

I HEREBY CERTIFY THAT the information I have given on this form is true and correct to the best of my knowledge and belief.

14A. SIGNATURE OF VETERAN (REQUIRED)	14B. DATE SIGNED (MM/DD/YYYY) <div> <div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> <div></div> <div></div> </div> </div>
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RESPONDENT BURDEN: We need this information to determine continued eligibility for an additional allowance for your spouse and/or child(ren). 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 10 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. Valid OMB control numbers can be located on the OMB Internet page at www.reginfo.gov/public/do/PRAMain. If desired, you may call 1-800-827-1000 to get information on where to send comments or suggestions about this form.