OMB Control No. 2900-0862 Respondent Burden: 15 minutes

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/vaforms.

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 direct to help expected by the form. 1. YETERAN'S NANIE (First, Middle Initial, Last) 2. DOE 2. SOCIAL SECURITY NUMBER 1. 2 3 - 4 5 - 6 7 8 9 9 8 7 6 5 4 3 2 1 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 1 - 1 9 6 9 6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and 2IP Code and Country) No. 6 123 Main St Suite #1200 Box 4 Apt./Unit Number N. Y. Country U.S. ZIP Code/Postal Code 9. BAND ADDRESS (Optional) See attached page for veteran email 8. E-INAL ADDRESS (Optional) 9. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. 8. Street 1. DATE OF BIRTH (IMM/DDYYYY) 1. 1 2 3 1 - 1 9 6 9 9. R. T. TELEPHONE NUMBER (If explicable) 1. DATE OF BIRTH (IMM/DDYYYY) 1. 1 2 3 1 - 1 9 6 9 9. R. T. TELEPHONE NUMBER (Include Area Code) 1. Enter International Phone Number (If applicable) 9. SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran) 9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (IMM/DDYYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. 8. Street 13. TELEPHONE NUMBER (If applicable) 14. EMAIL ADDRESS (Optional) 15. SELECTONI VONE (If you life for multiple bornell year, you must complete a separate VA Form 20-0906 for each bonelli type.) 16. SELECTONI (IF you life for multiple bonelli year, you must complete a separate VA Form 20-0906 for each acho bonelli type.) 17. CURRENT AND (FIRST MONIS (FIRST MONIS (FIRST MONIS FIRST	for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms .										
New York State Province N Y Country U S Zi Code Postal Code Sag 28490 State Province N Y Country U S Zi Code Postal Code Sag 28490 Sag 34-555-800-1111 exc.	SECTION I - VETERAN'S IDENTIFICATION INFORMATION										
Z DOE											
2. SOCIAL SECURITY NUMBER	1. VETERAN'S NAME (First, Middle Initial, Last)										
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. 8 Street 123 Main St Suite #1200 Box 4 Apt/Unit Number	Jane Z Doe										
5. VAI 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. 8 123 Main St Suite #1200 Box 4 Apt/Unit Number City New York State/Province N Y Country U S ZIP Code/Postal Code 3928490	2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)										
5. VAI 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. 8 123 Main St Suite #1200 Box 4 Apt/Unit Number City New York State/Province N Y Country U S ZIP Code/Postal Code 3928490	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										
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 N Y County U S ZIP Code/Postal Code 3928490 - Enter International Phone Number (If applicable) SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran) 9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt/Unit Number City ZIP Code/Postal Code Code International Phone Number (If applicable) 13. TELEPHONE NUMBER (Include Area Code) 14. E-MAIL ADDRESS (Optional) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) Enter International Phone Number (If applicable) 15. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.)											
No. & 123 Main St Suite #1200 Box 4 Apt/Unit Number	9 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 9										
Street IZ3 MAIN Statte #1200 BOX 4 Apt/Unit Number	6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)										
State/Province N Y Country U S ZIP Code/Postal Code 3928490 - 1 AM HOMELESS OR AT RISK OF HOMELESSNESS 7. TELEPHONE NUMBER (Include Area Code) See attached page for veteran email Section II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran) 9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (Include Area Code) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. 8. Street Apt_Unit Number 13. TELEPHONE NUMBER (Include Area Code) 14. E-MAIL ADDRESS (Optional) Enter International Phone Number (If applicable) 15. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.)											
It. DATE OF BIRTH (MM/DD/YYYY) (if applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. 8. Street Apt/Unit Number Country ZIP Code/Postal Code Enter International Phone Number (if applicable) Enter International Phone Number (if applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (if applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. 8. Street Apt/Unit Number Country ZIP Code/Postal Code Enter International Phone Number (if applicable) 13. TELEPHONE NUMBER (include Area Code) Enter International Phone Number (if applicable) 14. E-MAIL ADDRESS (Optional) 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.)											
8. E-MAIL ADDRESS (Optional) See attached page for veteran email 9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt/Unit Number State/Province Country ZIP Code/Postal Code Enter International Phone Number (If applicable) 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	State/Province NY Country US ZIP Code/Postal Code 3928490 -										
8. E-MAIL ADDRESS (Optional) See attached page for veteran email 9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	I AM HOMELESS OR AT RISK OF HOMELESSNESS										
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) 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)											
SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran) 9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	Enter International Phone Number (If applicable) +34-555-800-1111 ex2										
9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	8. E-MAIL ADDRESS (Optional)										
9. CLAIMANT'S NAME (First, Middle Initial, Last) 10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	See attached page for veteran email										
10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable) 12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	SECTION II - CLAIMANT'S IDENTIFICATION INFORMATION (If other than veteran)										
12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	9. CLAIMANT'S NAME (First, Middle Initial, Last)										
12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street Apt./Unit Number City ZIP Code/Postal Code 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)											
No. & Street Apt./Unit Number State/Province Country ZIP Code/Postal Code	10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)										
No. & Street Apt./Unit Number State/Province Country ZIP Code/Postal Code											
Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)										
Apt./Unit Number City ZIP Code/Postal Code — 13. TELEPHONE NUMBER (Include Area Code) 14. E-MAIL ADDRESS (Optional) 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.)	No. &										
State/Province Country ZIP Code/Postal Code — 13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	Street										
13. TELEPHONE NUMBER (Include Area Code) Lenter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	Apt./Unit Number City										
Enter International Phone Number (If applicable) 14. E-MAIL ADDRESS (Optional) 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.)	State/Province Country ZIP Code/Postal Code — —										
14. E-MAIL ADDRESS (Optional) 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.)	13. TELEPHONE NUMBER (Include Area Code)										
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.)											
15. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.)	14. E-MAIL ADDRESS (Optional)										
15. SELECT ONLY ONE (If you file for multiple benefit types, you must complete a separate VA Form 20-0996 for each benefit type.)											
O VETERAN READINESS AND EMPLOYMENT O LOAN GUARANTY O LIFE INSURANCE O NATIONAL CEMETERY ADMINISTRATION	(•) COMPENSATION () PENSION/SURVIVORS BENEFITS () FIDUCIARY () EDUCATION () VETERANS HEALTH ADMINISTRATION										

VA FORM APR 2021 **20-0996** Page 3

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.)					
16A. I WOULD LIKE AN INFORMAL CONFERENCE. I understand electing an informal conference is optional and	d may delay a decision.				
16B. IF YOU SELECTED THE BOX ABOVE, VA will make two attempts to contact you OR your representative to will be between the hours of 8:00 a.m. and 4:30 p.m. Eastern Time. INDICATE ONE PREFERENCE:	schedule the informal conference. Contact attempts				
Call me between 8:00 a.m 12:00 p.m. ET Call me between 12:00) p.m 4:30 p.m. ET				
	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 17A. REPRESENTATIVE'S NAME (First, Last)	TIVE'S CONTACT INFORMATION BELOW.				
Helen Holly					
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code)					
5 5 5 - 8 0 0 - 1 1 1 1 x2 17C. REPRESENTATIVE'S E-MAIL ADDRESS					
See attached page for representative email					
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL					
18. By marking the circle below, I ELECT TO PARTICIPATE IN THE MODERNIZED REVIEW SYSTEM for the following issues decided in a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC). I am withdrawing the eligible appeal issues listed in 19A in their entirety, and any associated hearing requests, from the legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO OPT-IN, THE CIRCLE BELOW MUST BE MARKED. 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. Reissues. 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 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)				
nple 1: Service connection for left knee MM/DD/YYYY nple 2: Earlier effective date for hearing loss MM/DD/YYYY nple 3: Reimbursement for non-VA emergency care MM/DD/YYYY nple 4: Denial of entitlement to VR&E benefits and services MM/DD/YYYY nple 5: Entitlement to Service-Disabled Veterans Insurance MM/DD/YYYY					
	SOC/SSOC Date: 04-30-2020				
tinnitus	0 1 - 0 1 - 1 9 0 0				
left eye	0 1 - 0 2 - 1 9 0 0				
Tere eye					
right eye	0 1 - 0 3 - 1 9 0 0				
	SOC/SSOC Date: 05-15-2019				
left ear	0 1 - 0 4 - 1 9 0 0				
Terc ear					
right ear	0 1 - 0 5 - 1 9 0 0				
	0 1 - 0 6 - 1 9 0 0				
migraines	01-06-1900				
left knee	0 1 - 0 7 - 1 9 0 0				

VA FORM 20-0996, APR 2021 Page 4

SECTION VI - ISSUES FOR HIGHER-LEVEL REVIEW (Continued)											
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)										
	L			1			1				_
right knee		0	1	<u> </u>	0	8	_	1	9	0	0
	L			ı			1				
left foot	L	0	1	_	0	9	_	1	9	0	0
	,	S0(c / s	SSOC	ת י־	ate	-:	01.	-08	-20	21
	۱,	_		1			1				
right foot		0	1	_	1	0	<u> </u>	1	9	0	0
	l	_		7	4		7	4		•	
left hand		0	1		1	1		1	9	0	0
	l	_	4	1	4	2	7	4	0	0	•
right hand		0	1		1	2		1	9	0	0
form		0	1	1	1	3	1	1	9	0	0
fever	<u> </u>	<u> </u>	<u> </u>			<u> </u>	_		9	U	
SECTION VII - CERTIFICATION AND SIGNATUR		b.	١/٨	Farm	21.0	072	Λ /4	0 500	to Cie		
NOTE: This section is MANDATORY and completion is required to process your claim unless accompar <i>Certification</i> or Section VIII is completed.	ilea	Бу	VA	Form	21-0	J972,	, Alti	erna	ie Sig	ner	
I CERTIFY the statements on this form are true and correct to the best of my knowledge and belief.											
() /	20B	. D	ATE	SIGN	ED						
Jane Z Doe - Signed by digital authentication to api.va.gov		0	2	_	0	3	_	2	0	2	1
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGN	ΑT	UR	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										Veter	rans
Service Organization as Claimant's Representative, or VA Form 21-22a, Appointment of Individual as Cla appropriate representative is of record with VA or included with this application.	IIME	ants	s Re	orese	entati	ve, ii	паіс	aung	ıne		
21A. NAME OF VA AUTHORIZED REPRESENTATIVE (First, Last)											
						П					
21B. SIGNATURE OF VA AUTHORIZED REPRESENTATIVE (Sign in ink)	21C	. D	ATE S	SIGNE	ΕD						
				_			_				
PENALTY: The law provides severe penalties which include a fine, imprisonment, or both, for the willful s	subr	mis	sion	of an	y sta	item	ent o	or ev	idenc	e of a	а
material fact, knowing it to be false.											
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than	wha	at h	as b	een a	autho	orize	d un	der t	he Pr	ivacv	/

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.

VA FORM 20-0996, APR 2021 Page 5

Veteran Email:

Representative Email:

Additional Issues

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