

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 2. We use this form to determine continued eligibility to the additional allowance for dependents. For more information, contact us at Ask VA: <https://ask.va.gov/>, or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

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

2. SOCIAL SECURITY NUMBER <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div>	3. VA FILE NUMBER (If applicable) <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div>	4. DATE OF BIRTH (MM/DD/YYYY) <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 30px; height: 20px; margin: 2px;"></div>
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5. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

<p>6. TELEPHONE NUMBER (Include Area Code)</p> <div style="margin-bottom: 5px;"> - - </div> <p>Enter International Phone Number (If applicable)</p>	<p>7. E-MAIL ADDRESS <input type="checkbox"/> I agree to receive electronic correspondence from VA in regards to my claim.</p> <div style="margin-top: 5px;"> </div> <div style="margin-top: 5px;"> </div>
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8. HAS THE STATUS OF YOUR DEPENDENT(S) CHANGED? ☐ YES ☐ NO

- o If "Yes," complete the section below that refers to the dependent(s) whose status has changed.
- o If "No," sign this form (Section V) and disregard the remaining sections of this form.

NOTE: If you have additional dependents not listed on the letter attached to this form, complete and submit VA Form 21-686c, *Application Request to Add and/or Remove Dependents*, and if claiming a child aged 18-23 years and in school, complete VA Form 21-674, *Request for Approval of School Attendance*. VA forms are available at www.va.gov/vaforms.

9. HOW DID STATUS CHANGE?

<input type="checkbox"/> MARRIAGE ENDED	DATE ENDED (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>	REASON MARRIAGE ENDED <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE <input type="checkbox"/> DECLARED VOID
<input type="checkbox"/> DEATH	DATE OF DEATH (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>	

NOTE: If your child has been adopted out of your family, input the date the adoption was finalized. If you have more than four children whose status has changed, use a separate VA Form 21-0538.

10A. CHILD'S NAME																			

<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="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="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"/>	<input type="text"/>

NOTE: Do not fill in the next check box if you live apart from the stepchild but are still providing at least half of the child's support or if you live apart from the stepchild because of medical reasons or because you or the child are incarcerated, attending school, or fulfilling a military service obligation.

<input type="checkbox"/> STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (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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[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"/>

<input type="checkbox"/> STEPCHILD IS NO LONGER A MEMBER OF HOUSEHOLD	LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY): <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> </div>
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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 LAST DATE STEPCHILD 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 LAST DATE STEPCHILD WAS A MEMBER OF HOUSEHOLD (MM/DD/YYYY): - -

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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PRIVACY ACT NOTICE: The 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 5, Code of Federal Regulations 1.526 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, Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. You must give us your and your dependents SSN account information. Applicants are required to provide their SSN and the SSN of any dependents for whom benefits are claimed under Title 38 U.S.C. 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

Page 2