


VA



U.S. Department  
of Veterans Affairs

DECISION REVIEW REQUEST: SUPPLEMENTAL CLAIM

**IMPORTANT:** Please read the Privacy Act and Respondent Burden information on page 3 before completing the form. Use this form to submit a claim if you disagree with a decision you received. For more information you can contact us online through Ask VA: <https://ask.va.gov/> or call us toll-free at 1-800-698-2411 (TTY:711). If you prefer you may complete and submit the form online [by using the addresses and weblinks listed in the Instructions, Page 1 or 2.](#)

VA DATE STAMP  
(DO NOT WRITE IN THIS SPACE)

1. BENEFIT TYPE (PLEASE CHECK ONLY ONE BOX)  
Note: If you would like to file for multiple benefit types, you must complete a separate VA Form 20-0995 for each benefit type.

☒ COMPENSATION

☐ PENSION/DIC/SURVIVORS BENEFITS

☐ FIDUCIARY

☐ EDUCATION

☐ LOAN GUARANTY

☐ LIFE INSURANCE

☐ VETERAN READINESS AND EMPLOYMENT

☐ NATIONAL CEMETERY ADMINISTRATION

☐ VETERANS HEALTH ADMINISTRATION (NOTE: If checked, specify in the space provided below, which benefit type you are claiming for VHA. (e.g., Travel/Mileage Reimbursement, Medical Treatment Reimbursement, Health Care Eligibility, Clothing Allowance, etc.)

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 checkbox to help expedite processing of the form.

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

3. SOCIAL SECURITY NUMBER

4. VA FILE NUMBER (If applicable)

5. DATE OF BIRTH (MM/DD/YYYY)

6. SERVICE NUMBER (If applicable)

7. VA INSURANCE POLICY NUMBER (If applicable)

8. MAILING ADDRESS (Number, street or rural route, P.O. Box, City, State, ZIP Code and Country)

9. TELEPHONE NUMBER (Optional) (Include Area Code)

10. E-MAIL ADDRESS (Optional)

11. CLAIMANT'S NAME (First, Middle Initial, Last) (If other than veteran)

12. SOCIAL SECURITY NUMBER

13. VA FILE NUMBER (If applicable)

14. DATE OF BIRTH (MM/DD/YYYY)

15. VA INSURANCE POLICY NUMBER (If applicable)

16. RELATIONSHIP TO VETERAN (Check one)

17. MAILING ADDRESS (Number, street or rural route, P.O. Box, City, State, ZIP Code and Country)

18. TELEPHONE NUMBER (Optional) (Include Area Code)

19. E-MAIL ADDRESS (Optional)

VA FORM  
MAY 2024

20-0995

SUPERSEDES VA FORM 20-0995, SEP 2022.

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SECTION III: HOMELESS INFORMATION	
<b>IMPORTANT:</b> The following questions (Items 20A through 20D) should <b>ONLY</b> be completed if you are currently homeless or at risk of becoming homeless. If this item does not apply to you, skip to Section IV.	
20A. ARE YOU CURRENTLY HOMELESS OR AT RISK OF BECOMING HOMELESS? <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> YES (If "Yes," complete Items 20B through 20D regarding your living situation)                     </div> <div style="margin-top: 10px;"> <input type="checkbox"/> NO (If "No," skip to Item 21)                     </div>	20B. WHICH OF THESE STATEMENTS BEST DESCRIBES YOUR LIVING SITUATION? (Select all that apply) <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> I LIVE OR SLEEP IN A PLACE THAT IS NOT MEANT FOR REGULAR SLEEPING (e.g., a car, park, abandoned building, bus station, train station, airport or camp ground)                     </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> I LIVE IN A SHELTER (e.g., a hotel or motel that is meant for temporary stays)                     </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> I AM STAYING WITH A FRIEND OR FAMILY MEMBER, BECAUSE I AM UNABLE TO OWN A HOME RIGHT NOW                     </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> IN THE NEXT 30 DAYS, I WILL HAVE TO LEAVE A FACILITY, LIKE A HOMELESS SHELTER                     </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> IN THE NEXT 30 DAYS, I WILL LOSE MY HOME  <b>Note:</b> This selection includes any house, apartment, trailer, or other living space that you own, rent, or live in without paying rent, any hotels or motels that are meant for temporary stays, or a living space that you share with others.)                     </div> <div style="margin-top: 10px;"> <input type="checkbox"/> NONE OF THESE SITUATIONS APPLY TO ME                     </div> <div style="margin-top: 20px;"> <b>Note:</b> We understand that you may have other housing risks not listed here. If you feel comfortable sharing more about your situation, you can check 'other' and specify in the space provided. Or you can check 'other' and not include any details. We will use this information only to prioritize your request.                     </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> OTHER (Specify)                     <div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                          WWWWWW                     </div> </div>
20C. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you) <div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                          WWWWWW                     </div>	20D. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code) <div style="margin-top: 10px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         Enter International Phone Number (If applicable)                         <div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                             +WWW-                              WWWWWWxWWWWW                         </div> </div> </div>

SECTION IV: ISSUE(S) FOR SUPPLEMENTAL CLAIM	
21. YOU MUST LIST EACH ISSUE DECIDED BY VA THAT YOU WOULD LIKE VA TO REVIEW AS PART OF YOUR <b>SUPPLEMENTAL CLAIM</b> ( <b>Note:</b> Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's decision.)	
<b>If you are responding to a Statement of the Case (SOC) or a Supplemental Statement of the Case (SSOC):</b> By submitting this form, I agree to participate in the modernized review system for the following issues decided in a SOC or SSOC. I am withdrawing the eligible appeal issues listed in Item 21A 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.	
21A. SPECIFIC ISSUE(S)	21B. DATE OF VA DECISION NOTICE
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 04-30-2020                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 02-24-2021                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 04-30-2020                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 05-30-2016                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 01-02-2012                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 08-13-2019                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 11-19-2019                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 03-20-2021                     </div> </div>
<div style="border: 1px solid black; background-color: red; color: white; padding: 2px; display: inline-block; width: 100%;">                         WWWWWW                          WWWWWW                     </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-top: 5px;">                         SOC/SSOC Date: 08-24-2020                     </div> </div>

## SECTION V: NEW AND RELEVANT EVIDENCE

**IMPORTANT:** To complete your application, you must submit new and relevant evidence to VA or tell us about new and relevant evidence that VA can assist you in gathering in support of your **supplemental claim**. If you have records in your possession, attach the records to this form. List your name and file number on each page. If you would like VA to obtain non-Federal records, review your decision notification letter or read the instructions for this section on Page 3 that lists the appropriate forms to complete and submit those forms to VA with this request form. **Note:** Unless your **supplemental claim** is based on a change in law, you'll need to submit supporting evidence that's **new and relevant** for your application to be complete. You can also identify evidence you'd like us to gather for you.

22A. IDENTIFY WHERE YOU HAVE RECEIVED TREATMENT (Check all that apply)

- ☒ PRIVATE HEALTH CARE PROVIDER (including non-Federal records)

☒ VA VET CENTER

☒ COMMUNITY CARE (Paid for by VA)

☒ VA MEDICAL CENTER(S) (VAMC) AND COMMUNITY-BASED OUTPATIENT CLINICS (CBOC)

☒ DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITY(IES) (MTF)

☒ OTHER (Specify): \_\_\_\_\_

**Note:** VA has access to VAMC, CBOC, and MTF records. A consent form is not needed. However, if you would like VA to attempt to obtain your **private provider, (excluding community care (paid for by VA)) or VA Vet Center health records**, VA requires your consent by completing VA Forms 21-4142, *Authorization to Disclose Information to VA*, and 21-4142a, *General Release for Medical Provider Information to VA*. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

**Note:** If treatment began from 2005 to present, you **do not** need to provide in Item 22C the date(s) of treatment.

22B. NAME AND LOCATION OF THE TREATMENT FACILITY	22C. DATE(S) OF TREATMENT (Approximate dates are acceptable) (MM-YYYY)	22D. CHECK THE BOX IF YOU DO NOT HAVE DATE(S) OF TREATMENT
XX	04-2020 to 04-2020	<input type="checkbox"/> Don't have date
XX	01-2020 to 02-2020	
XX	02-2020 to 02-2020	
XX	02-2019 to 02-2020	
XX	02-2020 to 02-2020	<input type="checkbox"/> Don't have date
XX	02-2020 to 02-2020	
XX	04-2020 to 04-2020	<input type="checkbox"/> Don't have date

## SECTION VI: 5103 NOTICE OF ACKNOWLEDGMENT

(This section applies to Compensation, Pension, DIC, and Accrued benefit claims only.)

**Note: If we issued your decision within the past year, skip to Section VII**

23. FOR SPECIFIC EVIDENCE YOU NEED TO PROVIDE WITH YOUR CLAIM, VISIT ONE OF THESE PAGES ON [www.va.gov](http://www.va.gov).

- Evidence to support a claim for Veterans Disability Compensation and related Compensation benefits: <https://www.va.gov/disability/how-to-file-claim/evidence-needed/>.
- Evidence to support a claim for VA pension, DIC, or accrued benefits: <https://www.va.gov/resources/evidence-to-support-va-pension-dic-or-accrued-benefits-claims/>.

**I CERTIFY THAT I HAVE REVIEWED THE NOTICE OF EVIDENCE THAT RELATES TO MY CLAIM.**

- ☒ YES ☐ NO (If you check "No," VA will send the 5103 notice to you via mail.)

**SECTION VII: OPTION FOR VETERANS BENEFITS ADMINISTRATION (VBA) TO NOTIFY VETERANS HEALTH ADMINISTRATION (VHA) ABOUT CERTAIN UPCOMING EVENT(S) DURING THE CLAIM AND OR APPEAL PROCESS**

**IMPORTANT:** For information on VHA health care services, visit [www.va.gov/health-care/about-va-health-benefits](http://www.va.gov/health-care/about-va-health-benefits). To learn more about VHA health care services available related to military sexual trauma (MST), you can contact a VHA MST Coordinator. A list is available at [www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp](http://www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp) or you can contact your local VA medical facility and ask to speak to the MST Coordinator.

24. If you are filing a claim for compensation for a condition due to a personal traumatic event(s) involving MST and you are registered and/or enrolled for VHA health care, you have the option for VBA to electronically notify VHA about certain upcoming event(s) during your claim and/or appeal process. These event(s) are any scheduled compensation and pension (C&P) examination, hearing before the Board of Veterans' Appeals, and any decision notification. When notified, VHA will place an indicator in your medical record to alert VA health care providers that these event(s) are scheduled to occur. Notifications to VHA would only indicate the type of event(s) and potential time frame, not any details specific to your claim. The indicator in your medical record would not identify your claim as MST-related, but at this time, only claimants filing MST-related claims are provided this notification option. For this reason, providers may know that the indicator is in relation to an MST-related claim. The decision to **consent, not consent, or revoke prior consent** into the automatic notification system will not affect the status or outcome of your claim. **A response is not required.** If you do not respond, VBA will not send electronic notifications to VHA, nor will the outcome of your claim be impacted. If you would like VBA to send these electronic notifications to VHA, please indicate your consent by selecting a check box below.

- ☐ A. **I CONSENT** TO HAVE VBA NOTIFY VHA ABOUT CERTAIN UPCOMING EVENT(S) RELATED TO MY CLAIM AND/OR APPEAL (**Note:** I understand that an indicator for these event(s) will appear in my VHA medical record.)
- ☐ B. **I DO NOT CONSENT** TO HAVE VBA NOTIFY VHA ABOUT CERTAIN UPCOMING EVENT(S) RELATED TO MY CLAIM AND/OR APPEAL (**Note:** I understand that an indicator for these event(s) will not appear in my VHA medical record.)
- ☐ C. **I REVOKE PRIOR CONSENT** TO HAVE VBA NOTIFY VHA ABOUT CERTAIN UPCOMING EVENT(S) RELATED TO MY CLAIM AND/OR APPEAL (**Note:** I understand that in the future, notice of these event(s) will no longer appear in my VHA medical record.)
- ☐ D. **NOT APPLICABLE AND/OR NOT ENROLLED OR REGISTERED IN VHA HEALTH CARE**

**Note:** You have the option to modify your previous selection at any time. Mail your correspondence to: **Department of Veterans Affairs, Compensation Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.**

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digital authentication to api.va.gov