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 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

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)					
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW					
2. SOCIAL SECURITY NUMBER 3. VA FILE NUMBER (If applicable) 4. DATE OF BIRTH (MM/DD/YYYY)					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$					
5. VA INSURANCE POLICY NUMBER (If applicable)					
WWWWWWWWWWWWWWW					
6. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country) No. & Street WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW					
Apt./Unit Number City					
State/Province NY Country US ZIP Code/Postal Code WWWWWWWWWWWWW -					
I AM HOMELESS OR AT RISK OF HOMELESSNESS					
7. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) + WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW					
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)					
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW					
10. SOCIAL SECURITY NUMBER (If applicable) 11. DATE OF BIRTH (MM/DD/YYYY) (If applicable)					
W W W - W W W W W W W W W W W W W W W W					
12. CURRENT MAILING ADDRESS (Number, street or rural route, City or P.O. Box, State and ZIP Code and Country)					
No. & Street WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW					
Apt./Unit Number City					
State/Province M I Country U S ZIP Code/Postal Code WWWWWWWWWWWWWW -					
13. TELEPHONE NUMBER (Include Area Code) Enter International Phone Number (If applicable) +WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW					
14. E-MAIL ADDRESS (Optional)					
14. E-MAIL ADDRESS (Optional) See attached page for claimant email					
14. E-MAIL ADDRESS (Optional)					

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 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:				
Call me between 8:00 a.m 12:00 p.m. ET Call me between 12:00	0 p.m 4:30 p.m. ET			
Call my representative between 8:00 a.m 12:00 p.m. ET	e 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	ATIVE'S CONTACT INFORMATION BELOW.			
17A. REPRESENTATIVE'S NAME (First, Last)				
17B. REPRESENTATIVE'S TELEPHONE NUMBER (Include Area Code) +WWW-WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	иммиммижижимимимимимимимимимимимимимими			
See attached page for representative email				
SECTION V - SOC/SSOC OPT-IN FROM LEGACY APPEAL	S SYSTEM			
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 entir legacy appeals system. I understand I cannot return to the legacy appeals system for the issue(s) withdrawn. TO C OPT-IN FROM SOC/SSOC	ety, and any associated hearing requests, from the			
NOTE: Add the date of the SOC or SSOC in block 19B for all appeal issues being withdrawn.				
SECTION VI - ISSUES FOR HIGHER-LEVEL REVII	EW			
19. INDICATE EACH ISSUE DECIDED BY VA FOR WHICH YOU ARE REQUESTING A HIGHER-LEVEL. REVIEW. Refer to your decision notice(s) for a list of adjudicated issues. For each issue, identify the date of VA's most recent decision on the issue. You may attach additional sheets, if necessary - include your name and file number on each additional sheet. IMPORTANT : You may only list issues for the benefit type selected in Section III. A separate form is required for each benefit type.				
19A. SPECIFIC ISSUE(S) OF DISAGREEMENT (REQUIRED)	19B. DATE OF VA DECISION NOTIFICATION LETTER (REQUIRED)			
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	MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY			
123456789	SOC/SSOC Date: 04-30-2020			
Area of Disagreement: www.www.wwwwwwwwwwwwwwwwwwwwwwwwwwwww	w 0 1 - 0 1 - 1 9 0 0			
left eyee				
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	0 1 - 0 2 - 1 9 0 0			
right eye				
Area of Disagreement:	0 1 - 0 3 - 1 9 0 0			
left ear	SOC/SSOC Date: 05-15-2019			
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 0 4 - 1 9 0 0			
right ear				
Area of Disagreement:	W 0 1 - 0 5 - 1 9 0 0			
migraines				
Area of Disagreement:	0 1 - 0 6 - 1 9 0 0			
left knee				
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	W 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)					
right knee						
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 0 8 - 1 9 0 0					
left foot						
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 0 9 - 1 9 0 0					
right foot	SOC/SSOC Date: 01-08-2021					
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 1 0 - 1 9 0 0					
left hand						
Area of Disagreement: WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	0 1 - 1 1 - 1 9 0 0					
right hand						
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 1 2 - 1 9 0 0					
fever						
Area of Disagreement: wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	0 1 - 1 3 - 1 9 0 0					
SECTION VII - CERTIFICATION AND SIGNATURE						
NOTE: This section is MANDATORY and completion is required to process your claim unless accompan <i>Certification</i> or Section VIII is completed.	ied by VA Form 21-0972, Alternate Signer					
I CERTIFY 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) 20B. DATE SIGNED						
WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	0 2 - 0 3 - 2 0 2 1					
SECTION VIII - AUTHORIZED REPRESENTATIVE SIGNATURE						
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 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 of record with VA or included with this application.						
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 material fact, knowing it to be false.						
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enfor epidemiological or research studies, the collection of money owed to the United States, litigation in which interest, the administration of VA program and delivery of VA benefic verification of identity and states.	cement, congressional communications, the United States is a party or has an 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.

Page 5 VA FORM 20-0996, APR 2021

Veteran Email:

Claimant Email:

Representative Email:

Additional Issues

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