



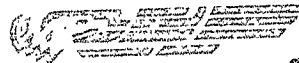
Department of Veterans Affairs

## REPORT OF GENERAL INFORMATION

<b>NOTE</b> - This form must be filled out in ink or on a typewriter or computer, as it becomes a permanent record in the veteran's folder.		1. VA OFFICE 330.	2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.) C-123456
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print) Smores - Jamie		4. DATE OF CONTACT (Month, day, year) 11/26/2018	
5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code) 123 Main Street, New York, New York, 10000		6A. TELEPHONE NUMBER OF VETERAN (Include Area Code) DAY 234-567-5678 EVENING	
		6B. E-MAIL ADDRESS (If applicable) 123@aol.com	
7. NAME OF PERSON CONTACTED Jamie Smith		8. TYPE OF CONTACT <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE	
9. ADDRESS OF PERSON CONTACTED 4569 Main Woods Dr, Main city, Maine 12345		10. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code) 123-456-5566	
<input checked="" type="checkbox"/> I certify that I properly identified my caller using the ID Protocol			
11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN: please send to pmc for update on expenses and income  Income SS-\$1397.00 Pension- \$133.22  expenses-room and board-\$1918.00			
Notification of Action <input checked="" type="checkbox"/> I read the following statement to the caller:  "I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."  cc: POA (If applicable):			
DIVISION OR SECTION 330		EXECUTED BY (Signature and title) paige s skadsen 271627 <small>Digitally signed by paige s skadsen 271627 Date: 2018.12.07 10:05:35 -06'00'</small>	
<b>PRIVACY ACT NOTICE:</b> 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 1.576 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, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.			
<b>RESPONDENT BURDEN:</b> We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on 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 <a href="http://www.reginfo.gov/public/do/PRAMain">http://www.reginfo.gov/public/do/PRAMain</a> . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.			



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Department of Veterans Affairs  
Claims Intake Center  
Attn: Milwaukee Pension Center  
PO Box 5192  
Janesville, WI 53547-5192