USE THIS COVER SHEET TO SEND CLAIM MATERIALS TO THE VA CLAIMS INTAKE CENTER *** EFFECTIVE JANUARY 2017 – PLEASE DO NOT USE PREVIOUS VERSIONS***



Other:

Centralized Intake Coversheet

To: Department of Veterans Affairs Claims Intake Center PO BOX 4444, Janesville, WI 53547-4444

Fax: 844-531-7818

| • CI | aim | ant Last Name: | | | | |
|---|---|-------------------------|--|-------|---|--|
| | | ant First Name: | | | | |
| • CI | aim | ant C-File #: | | | | |
| | | ant Zip Code: | | | | |
| | | Contact Email: | | | | |
| | | | | | | |
| | | | | | | |
| • Er | ner | gent Claim Categories (| if applicable) | | | |
| "TERM" Terminally ill claimants | | | "FPOW" Former prisoners of war and their survivors "HOME" Homeless Veterans | | "AGE" Greater than 85 years of age | |
| "SERW" Veterans seriously injured in service but not in receipt of benefits | | | | | "HONR" Awarded the Medal of Honor Visually Impaired Veteran | |
| "FINH" Claimants suffering from | | | "SUIC" Suicidal claimants | | | |
| extreme financial hardship | | <u>-</u> | "ALS" Diagnose with Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's Disease | | | |
| • Li | st F | orms Included: | | | | |
| 003 | 00381 VA 21-0781 Statement in Support Connection for Post-Traumatic Str 00295 VA 21-22 Appointment of Veteran | | | 00142 | VA 21-674 Request for Approval of School Attendance VA 21-686c Declaration of Status of Dependents | |
| 003 | | | , , | 00148 | | |
| | 111 VA 21-2680 Request for Aid and Attendance / | | | 00158 | VA 21-8940 Veteran's Application for Increased Compensation Based of Unemployability | |
| 00. | Housebound Status OO115 VA 21-4138 Statement In Support of Claim | | of Claim | 00173 | VA 572 Request for Change of Address / Cancellation | |
| | • | | | 00420 | DD 214 Certified Original - Certificate of Release | |
| | | | | 00025 | Birth Certificate | |
| | VA 21-526 Veterans Application for Compensation VA 21-526b, Veteran Supplemental Claim | | | 00091 | Divorce Decree | |
| | 00533 VA 21-526EZ, Fully Developed Claim (Compensation) | | | 00061 | Marriage Certificate / License | |
| | | | | | | |

IMPORTANT: Verify on Fax Confirmation Sheet the Claims Evidence is sent to 844-531-7818

Disclaimer: VA Directive 6609, "Mailing of Sensitive Personal Information," dated May 20, 2011 states that access to Veterans' records is limited to authorized persons only. Information may not be disclosed from this file unless permitted by all applicable legal authorities, enforced by 38 C.F.R. §§ 1.460 – 1.599 and 45 C.F.R. Parts 160 and 164. The Privacy Act contains provisions for criminal penalties for knowingly and willfully disclosing information from the Veterans' file unless properly authorized to do so.