

DON'T PANIC

The Hitchhiker's Guide to
the VA Benefits Galaxy



“Space is big. You just won't believe how vastly, hugely, mind-bogglingly big it is. I mean, you may think it's a long way down the road to the chemist's, but that's just peanuts to space.”

— Douglas Adams, [The Hitchhiker's Guide to the Galaxy](#)


The VA is also very, very big.



Scope of Presentation

Benefits are available to Veterans through both the Veterans' Benefits Administration (VBA) and the Veterans' Health Administration (VHA).

Because most practitioners represent Veterans (or their dependents) in claims for compensation or pension benefits before the VBA, this presentation will focus primarily on benefits available through the VBA.



Introduction: A Guide to the Guide

- **Eligibility for VBA Benefits**
- **Compensation Benefits**
- **Pension Benefits**
- **Vocational Benefits**
- **Other Benefits**



Eligibility for VBA Benefits

- **Veteran**

- “A person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.”

38 U.S.C. § 101(2)

- Duty Periods - 38 U.S.C. § 3.6

- Special Individuals/Groups - 38 U.S.C. § 3.7



Eligibility for VBA Benefits

- **Qualified Family Member**
 - **Surviving Spouse (38 U.S.C. § 3.50)**
 - **Surviving Child Under 18 (38 U.S.C. § 3.57(i))**
 - **Surviving Child Between 19-23 and Currently Attending School (38 U.S.C. § 3.57(iii))**
 - **“Helpless” Adult Child (38 U.S.C. § 3.57(ii))**
 - **Surviving Parents (38 U.S.C. § 3.59)**



Why Compensation Benefits?

- Monthly tax-free benefit
 - Disabilities are rated from 0% to 100%
 - Current compensation rates range from \$142.29 (10%) to \$3,106.04 (100%). This does not include extra \$\$ for dependents or Special Monthly Compensation (SMC)
- Rating helps establish “Priority Group” for VA medical care
- No offset with SSDI
- May establish entitlement to DIC benefits for survivors

A vibrant space-themed background featuring a large orange planet in the upper left, a purple planet in the center, and another orange planet in the upper right. The background is filled with stars, nebulae, and a glowing purple and blue ring-like structure on the right side.

Common Claims for Compensation Benefits

- Service Connection
- Increased Rating
- Total Disability Individual Unemployability (TDIU)
- Dependency and Indemnity Compensation (DIC)
- Accrued Benefits
- 38 C.F.R. § 1151



Service-Connected Compensation

- Direct Service Connection
- Secondary Service Connection
- Presumptive Service Connection



Service-Connected Compensation

- **Direct Service Connection**
 - **3 Elements:**
 - Current disability (physical injury, psychiatric condition, disease)
 - Medical or lay evidence of an in-service event, illness, or injury
 - Medical evidence of a nexus between the current disability and the in-service event



Service-Connected Compensation

- **Secondary Service Connection**
 - If a Veteran develops another physical or mental condition as a result of a service-connected condition, that later-developing condition will qualify for service-connected compensation.
 - 2 elements:
 - Current secondary disability
 - Evidence that the secondary condition was caused or aggravated by the service-connected condition



Service-Connected Compensation

- Presumptive Service Connection
 - VA presumes that certain disabilities were caused by military service because of the specific circumstances of a Veteran's military service. If a presumed condition is diagnosed in a Veteran in a certain designated group, they can be awarded disability compensation without proving nexus
 - There are both statutory (Congress) and regulatory (VA) presumptions




Hitchhiker's Travel Tip

- How to apply:
 - If the Veteran has never applied for service connection for a particular condition, complete and file VA Form 21-526EZ
 - Hand deliver to the RO or mail/fax to the VA
 - Claims Intake Center
PO Box 4444
Janesville, WI 53547-4444
 - (844) 531-7818 (fax)
 - OR, the Veteran can complete the application online through eBenefits
 - Or have an attorney/representative directly upload the application through CMP

Hitchhiker's Travel Tip

OMB Control No. 2900-0747
 Respondent Burden: 25 minutes
 Expiration Date: 09/30/2022

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
APPLICATION FOR DISABILITY COMPENSATION AND RELATED COMPENSATION BENEFITS			
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 12 before completing the form.			
1. SELECT THE TYPE OF CLAIM PROGRAM/PROCESS (Check the appropriate box) (See instruction pages 1-3 for definitions of the Fully Developed Claim (FDC) Program (Optional Expedited Process) or the Standard Claim Process. (See instruction page 5 for the definition of a Benefits Delivery at Discharge (BDD) Program Claim.)			
<input type="checkbox"/> FULLY DEVELOPED CLAIM (FDC) PROGRAM		<input type="checkbox"/> STANDARD CLAIM PROCESS	
<input type="checkbox"/> IDES (Select this option only if you have been referred to the IDES Program by your Military Service Department)			
<input type="checkbox"/> BDD Program Claim (Select this option only if you meet the criteria for the BDD Program specified on Instruction Page 5)			
NOTE: You may <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.			
SECTION I: IDENTIFICATION AND CLAIM INFORMATION <i>(If claim is not an original claim, only Section I, IV, and a signature are required)</i>			
2. VETERAN/SERVICE MEMBER NAME (First, Middle Initial, Last) <input type="text"/>			
3. VETERAN'S SOCIAL SECURITY NUMBER (SSN) <input type="text"/> - <input type="text"/> - <input type="text"/>		4. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," provide your file number in Item 5)</i>	5. VA FILE NUMBER <input type="text"/>
6. DATE OF BIRTH (MM,DD,YYYY) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		7. VETERAN'S SERVICE NUMBER (if applicable) <input type="text"/>	8. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
9. BDD CLAIMS ONLY: PROVIDE THE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE DUTY (MM,DD,YYYY) Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>		10. TELEPHONE NUMBER(S) (Optional) <i>(Include Area Code)</i> Daytime: <input type="text"/> Evening: <input type="text"/> Cell phone: <input type="text"/>	
11. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)			
No. & Street <input type="text"/>			
Apt./Unit Number <input type="text"/>		City <input type="text"/>	
State/Province <input type="text"/>		Country <input type="text"/>	
ZIP Code/Postal Code <input type="text"/> - <input type="text"/>			
12. EMAIL ADDRESS (Optional) <input type="text"/>			
<input type="checkbox"/> 13. IF YOU ARE CURRENTLY A VA EMPLOYEE, CHECK THE BOX (Includes Work Study/Internship)? (If you are not a VA employee skip to Section II, if applicable)			
SECTION II: CHANGE OF ADDRESS			
NOTE: If you are temporarily or permanently changing your address, complete Items 14A through 14C.			
14A. TYPE OF ADDRESS CHANGE (Complete if applicable) (Check only one box)			
<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> PERMANENT	
14B. NEW ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)			
No. & Street <input type="text"/>			



Hitchhiker's Travel Tip

- Should the Veteran file a Fully Developed Claim or use the Standard Claim Process?
 - With a FDC, the Veteran does the leg work of gathering evidence and submitting it. This is normally the VA's duty.
 - If the Veteran is in possession of all of the evidence to support his/her claim (other than a C&P exam), selecting the FDC option may result in a faster decision.
 - BUT, if the VA determines more evidence is needed, the claim will be changed to a standard claim.



Hitchhiker's Travel Tip

- For more information on filing a FDC through eBenefits and the type of evidence that should be submitted, see the VA checklist at:

<https://www.benefits.va.gov/FDC/checklist.asp>

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Increased Rating Claims

- If a Veteran wants a higher rating than is currently assigned, they can:
 - 1.) Appeal the rating, if the Veteran disagrees with the last rating
 - 2.) File a Supplemental Claim with new and relevant evidence showing the condition has worsened since the last rating was assigned
 - 3.) File for an increased rating



Hitchhiker's Travel Tip

- **Should the Veteran file a Supplemental Claim or a claim for an increased rating?**
 - **If the last Rating Decision is less than a year old, and the Veteran has new and relevant evidence showing that the condition has worsened since that decision, then a Supplemental Claim should be filed on VA Form 20-0995**
 - **If the last Rating Decision is more than a year old, then the Veteran should file a claim for increase on VA Form 21-526EZ**



TDIU Compensation Benefits

- Total Disability Individual Unemployability (TDIU)
- If a Veteran's service-connected disability prevents him/her from obtaining or maintaining *substantially gainful employment*, he/she is entitled to receive compensation benefits at the 100% pay rate even if the combination of his/her service-connected disabilities does not meet the 100% rating criteria.



TDIU Compensation Benefits

- In considering claims for TDIU, the VA will first determine if the Veteran meets the criteria in 38 C.F.R. § 4.16(a):
 - The Veteran must have one SC disability ratable at 60% or more, or, if there are two or more SC disabilities, at least one disability must be ratable at 40% or more, and additional disabilities must be rated sufficient to bring the combined rating to 70% or more.



TDIU Compensation Benefits

- If the criteria in 38 C.F.R. § 4.16(a) are met, and the Veteran can show that he/she is incapable of securing or maintaining substantial and gainful employment, then the Veteran is entitled to TDIU.
- Example:
 - A Veteran's overall rating is 70%. His PTSD is rated at 50%, he has a back condition rated at 20%, and a knee condition rated at 20%. There is also evidence in the record that he cannot sustain employment due to functional limitations caused by these service-connected conditions (and solely these conditions). He should be entitled to TDIU and paid at the 100% rate.



TDIU Compensation Benefits

- But what if the Veteran does not meet the ratings requirements of 38 C.F.R. § 4.16(a) and cannot work due to his/her SC disabilities?
- The Veteran may qualify for TDIU on an *extraschedular basis* under 38 C.F.R. § 4.16(b)

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TDIU Compensation Benefits

38 C.F.R. § 4.16(b) provides:

“It is the established policy of the Department of Veterans Affairs that all veterans who are unable to secure and follow a substantially gainful occupation by reason of service-connected disabilities shall be rated totally disabled. Therefore, rating boards should submit to the Director, Compensation Service, for extra-schedular consideration all cases of veterans who are unemployable by reason of service-connected disabilities, but who fail to meet the percentage standards set forth in [paragraph \(a\)](#) of this section. The rating board will include a full statement as to the veteran's service-connected disabilities, employment history, educational and vocational attainment and all other factors having a bearing on the issue.”



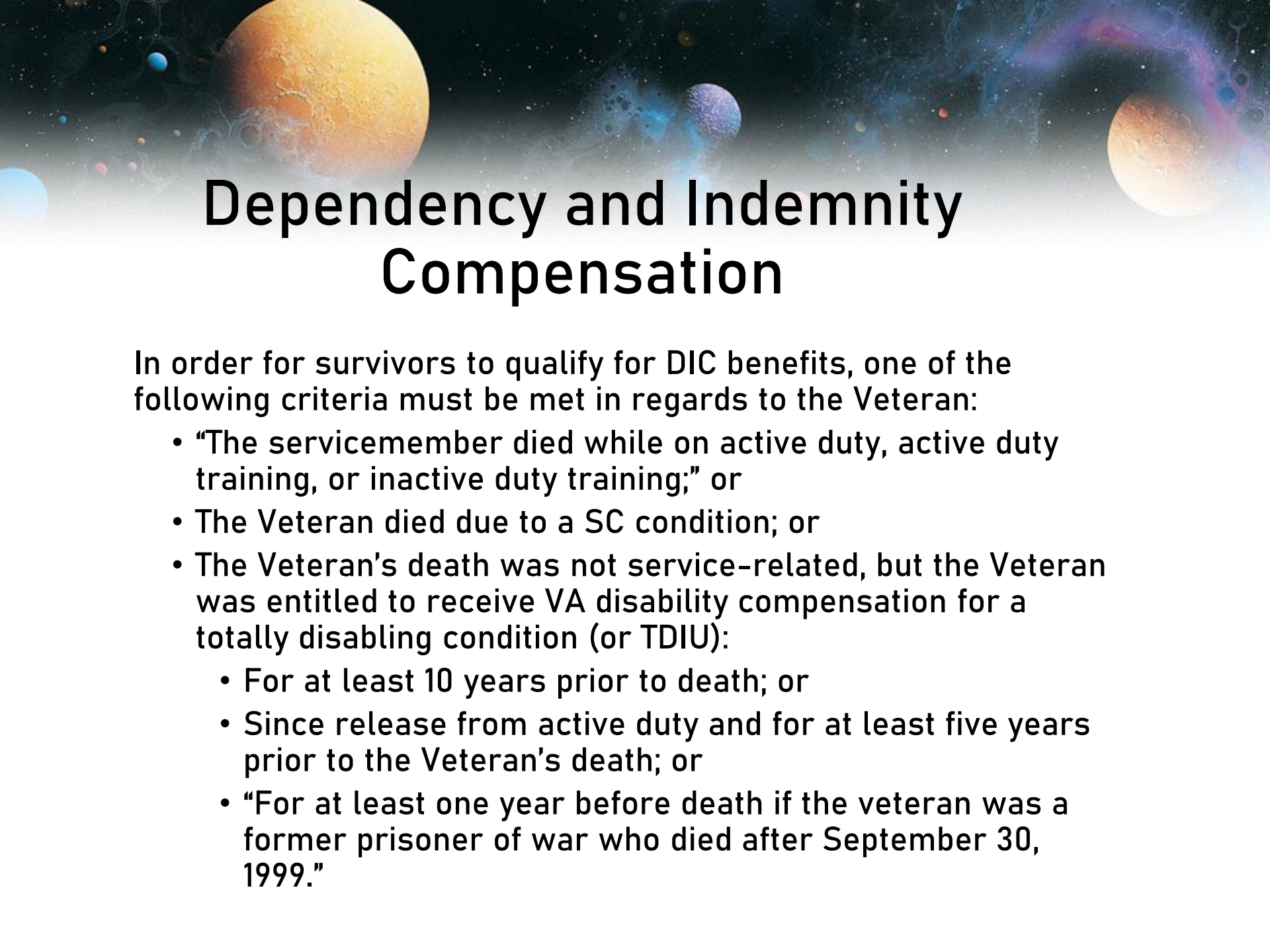
Hitchhiker's Travel Tip

- BUT, remember that under *Rice v. Shinseki*, 22 Vet. App. 447, 453-55 (2009), TDIU is an *issue* that is reasonably raised by the record with a Veteran's request for a higher disability rating, coupled with evidence indicating that the Veteran's ability to work was "significantly impaired" by his or her service connected conditions, regardless of whether it was explicitly claimed.



Hitchhiker's Travel Tip

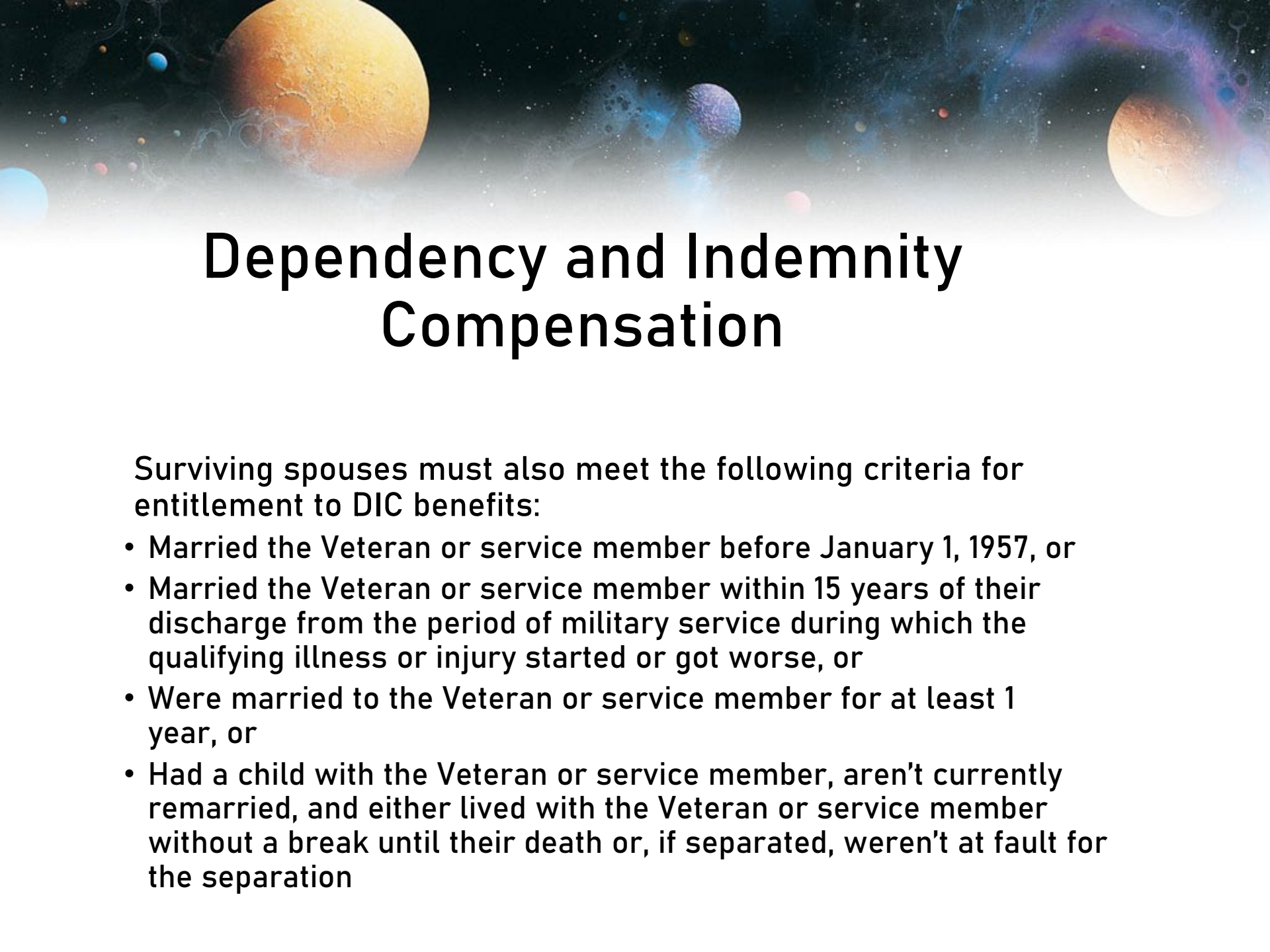
- The VA gets this wrong a lot. The VA often considers the submission of a VA Form 21-8940 to be a new claim, rather than part of a previously submitted increased rating claim. This can result in the wrong effective date.
- The correct effective date is the date it is factually ascertainable that the Veteran became unemployable due to his/her SC disabilities.
 - This can be up to 1 year prior to the date of claim for increase

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Dependency and Indemnity Compensation

In order for survivors to qualify for DIC benefits, one of the following criteria must be met in regards to the Veteran:

- “The servicemember died while on active duty, active duty training, or inactive duty training;” or
- The Veteran died due to a SC condition; or
- The Veteran’s death was not service-related, but the Veteran was entitled to receive VA disability compensation for a totally disabling condition (or TDIU):
 - For at least 10 years prior to death; or
 - Since release from active duty and for at least five years prior to the Veteran’s death; or
 - “For at least one year before death if the veteran was a former prisoner of war who died after September 30, 1999.”

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Dependency and Indemnity Compensation


Surviving spouses must also meet the following criteria for entitlement to DIC benefits:

- Married the Veteran or service member before January 1, 1957, or
- Married the Veteran or service member within 15 years of their discharge from the period of military service during which the qualifying illness or injury started or got worse, or
- Were married to the Veteran or service member for at least 1 year, or
- Had a child with the Veteran or service member, aren't currently remarried, and either lived with the Veteran or service member without a break until their death or, if separated, weren't at fault for the separation



Hitchhiker's Travel Tip

- The VA will recognize common law marriages for DIC entitlement as long as the couple met the state-specific requirements for such marriage
 - But see VAOPGCPREC 58-91 – governing jurisdictions that don't recognize common law marriage
- Beware the “continuous cohabitation” requirement of 38 C.F.R. § 3.53 (spouses married but living apart)



Dependency and Indemnity Compensation


Surviving children must also meet the following criteria for entitlement to DIC benefits:

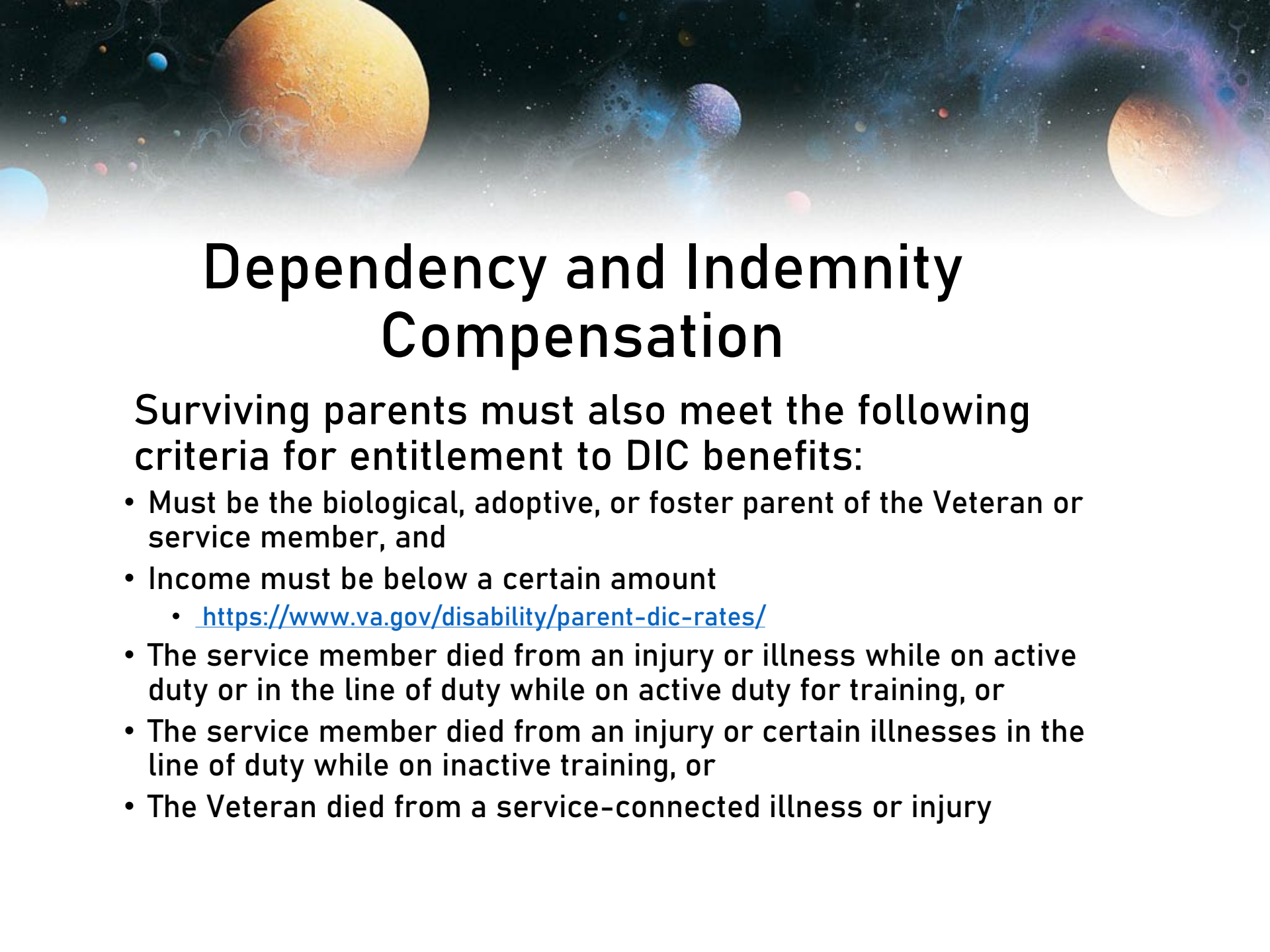
- Aren't married, and
- Aren't included on the surviving spouse's compensation, and
- Are under the age of 18 (or under the age of 23 if attending school)
 - Exception: "Helpless Child" –
 - 18 years of age or older
 - diagnosed with a mental/physical disability before the age of 18 that leaves them with a permanent incapacity for self-support

Hitchhiker's Travel Tip

- How do surviving spouses and children apply for DIC Benefits?
 - VA Form 21P-534EZ

Expiration Date: 10/31/2021

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
APPLICATION FOR DIC, SURVIVORS PENSION, AND/OR ACCRUED BENEFITS		
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 11 before completing the form.		
SECTION I: PERSONAL INFORMATION (MUST COMPLETE)		
1. VETERAN'S NAME (Last, first, middle)	2. VETERAN'S SOCIAL SECURITY NUMBER	3. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)
4. VETERAN'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	5. HAS THE VETERAN, SURVIVING SPOUSE, CHILD, OR PARENT EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide the file number in Item 6)	6. VA FILE NUMBER
7. DID THE VETERAN DIE WHILE ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. VETERAN'S SERVICE NUMBER	9. WHAT IS THE VETERAN'S DATE OF DEATH? (MM,DD,YYYY)
10. WHAT IS YOUR NAME? (First, middle, last name)	11. WHAT IS YOUR RELATIONSHIP TO THE VETERAN? (Check one) <input type="checkbox"/> SURVIVING SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> CUSTODIAN FILING FOR CHILD	
12. WHAT IS YOUR SOCIAL SECURITY NUMBER?	13. WHAT IS YOUR DATE OF BIRTH? (MM,DD,YYYY)	14. ARE YOU A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
15A. WHAT IS YOUR ADDRESS? Street address, rural route, or P.O. Box Apt. number City State ZIP Code Country		15B. YOUR TELEPHONE NUMBER(S) (include Area Code) DAYTIME () EVENING () CELL PHONE ()
16A. YOUR PREFERRED E-MAIL ADDRESS (if applicable)	16B. YOUR ALTERNATE E-MAIL ADDRESS (if applicable)	
17. WHAT ARE YOU CLAIMING? (Check all that apply) <input type="checkbox"/> DEPENDENCY AND INDEMNITY COMPENSATION (DIC) <input type="checkbox"/> SURVIVORS PENSION <input type="checkbox"/> ACCRUED BENEFITS		
SECTION II: VETERAN'S SERVICE INFORMATION (COMPLETE ONLY IF THE VETERAN WAS NOT RECEIVING VA COMPENSATION OR PENSION BENEFITS AT THE TIME OF DEATH) (Skip to Section III if the veteran was receiving VA compensation or pension benefits at the time of his or her death)		
18A. DID THE VETERAN SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Item 18B) (If "No," skip to Item 18C)	18B. PLEASE LIST OTHER NAME(S) THE VETERAN SERVED UNDER:	
18C. VETERAN ENTERED ACTIVE SERVICE ON (MM,DD,YYYY)	18D. BRANCH OF SERVICE	18E. RELEASE DATE FROM ACTIVE SERVICE (MM,DD,YYYY)

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Dependency and Indemnity Compensation


Surviving parents must also meet the following criteria for entitlement to DIC benefits:

- Must be the biological, adoptive, or foster parent of the Veteran or service member, and
- Income must be below a certain amount
 - <https://www.va.gov/disability/parent-dic-rates/>
- The service member died from an injury or illness while on active duty or in the line of duty while on active duty for training, or
- The service member died from an injury or certain illnesses in the line of duty while on inactive training, or
- The Veteran died from a service-connected illness or injury

Hitchhiker's Travel Tip

- How do surviving parents apply for DIC Benefits?
 - VA Form 21P-535

Expiration Date: 05/31/2021

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION BY PARENT(S) (Including Accrued Benefits and Death Compensation when Applicable)			
INSTRUCTIONS: Please read the attached "General Instructions" and the Privacy Act and Respondent Burden information before completing this form.			
SECTION I: VETERAN'S IDENTIFICATION INFORMATION			
NOTE: You can <i>either</i> complete the form online or by hand. Please print your information using blue or black ink, neatly and legibly to help process the form.			
1. VETERAN'S NAME (First, Middle Initial, Last)			
2. VETERAN'S SOCIAL SECURITY NUMBER			
3. VA FILE NUMBER (If applicable)		4. VETERAN'S DATE OF BIRTH Month Day Year	
5. VETERAN'S DATE OF DEATH? (Month, Day, Year) Month Day Year		6. VETERAN'S SERVICE NUMBER (If applicable)	
7. NAME OF PERSON FILING CLAIM? (First, Middle Initial, Last)			
8. WHAT IS YOUR RELATIONSHIP TO THE VETERAN?		9. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Item 10)	10. WHAT IS YOUR VA FILE NUMBER?
11. EMAIL ADDRESS (If applicable)		12. TELEPHONE NUMBER (Include Area Code)	
13A. DID THE VETERAN SERVE UNDER ANOTHER NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer Item 13B)		13B. LIST THE OTHER NAME(S) THE VETERAN SERVED UNDER:	
NOTE: Attach a copy of the death certificate unless the veteran died while serving in the Army, Navy, Air Force, Marine Corps, or Coast Guard, or as a commissioned officer in the National Oceanic and Atmospheric Administration, Coast and Geodetic Survey, Environmental Science Services Administration, or Public Health Service, or in a hospital or institution under the control of the U.S. government.			
SECTION II: VETERAN'S ACTIVE DUTY SERVICE			
NOTE: SKIP TO SECTION III IF THE VETERAN WAS RECEIVING VA COMPENSATION OR PENSION AT THE TIME OF HIS/HER DEATH. If the veteran never filed a claim with VA, attach the original DD214 or a certified copy for each period of service listed. We will return original documents to you. If more space is needed use Item 34, "Remarks."			
14A. VETERAN ENTERED ACTIVE SERVICE (Month, Day, Year)		14B. PLACE ENTERED ACTIVE SERVICE	14C. SERVICE NUMBER
14D. VETERAN LEFT ACTIVE SERVICE (Month, Day, Year)		14E. PLACE LEFT ACTIVE SERVICE	14F. BRANCH OF SERVICE
			14G. GRADE, RANK OR RATING
SECTION III: VETERAN'S PARENT(S) INFORMATION			

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Accrued Benefits

Accrued benefits are benefits that were due to the Veteran prior to death but that were not paid prior to death.

Generally, this benefit arises when :

- 1.) a claim for benefits was pending at the time of death
- 2.) a decision on the claim had been made but the appeal period had not expired at the time of the Veteran's death
- 3.) A claim for a recurring benefit had been allowed, but the beneficiary died before award



Accrued Benefits

Substitution -

If a claimant dies during a pending claim or appeal, someone eligible to receive accrued benefits can act as substitute to complete the claim.

VA must receive a substitution claim within one year of the original claimant's death. If the substitute dies, the next substitute has one year from the original substitute's death to file a claim.

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Accrued Benefits

Eligible substitutes:

- Surviving spouse
- Surviving children
- Surviving dependent parents

If there is not an eligible substitute, VA will reimburse the person who paid for or was responsible for the Veteran's last illness and burial expenses. VA Form 21P-601



Hitchhiker's Travel Tips

How do eligible parties apply for substitution on a pending claim/appeal?

- VA Form 21P-0847

How do eligible parties file a claim for accrued benefits?

- VA Form 21P-534EZ or
- VA Form 21P-535 (parents)

If you represented the Veteran under a 21-22a, you will need to execute a new 21-22a and fee agreement with the substitute party



38 C.F.R. § 1151 Benefits

Under 38 C.F.R. § 1151, Veterans receive compensation for qualifying additional disabilities as though they were service-connected under two circumstances:

1.) The additional disability was caused by hospital care, medical/surgical treatment, or examination furnished by the VA.

- The Veteran must show the VA failed to exercise the degree of care expected of a reasonable healthcare provider; or
- The VA furnished care, treatment, or examination without the Veteran's informed consent; or
- That the resulting disability was "not reasonably foreseeable" by a reasonable healthcare provider.



38 C.F.R. § 1151 Benefits

2.) The additional disability “was proximately caused by” the veteran’s participation in a Chapter 31 rehabilitation program or in a Section 1718 “compensated work therapy program.”

- does not require a showing of negligence or fault on the part of VA



Hitchhiker's Travel Tip

38 C.F.R. § 1151 claims may also be filed by a surviving spouse of eligible dependent if a Veteran dies as a result of an injury or disability that occurs due to one of the aforementioned conditions. The spouse or dependent would receive DIC benefits as a result.



Pension Benefits

VA pension benefits are often called “non-service connected (NSC) pension” because a Veteran’s entitlement to pension does not require the Veteran to have a SC condition

VA pension is needs-based and available to Veterans and qualifying survivors.

VA pension and compensation cannot be received simultaneously.



Pension Benefits

- **Eligibility**

- **Service**

- Did not receive a dishonorable discharge
 - Started on active duty before September 8, 1980, and you served at least 90 days on active duty with at least 1 day during wartime, or
 - Started on active duty as an enlisted person after September 7, 1980, and served at least 24 months or the full period for which you were called or ordered to active duty (with some exceptions) with at least 1 day during wartime, or
 - Were an officer and started on active duty after October 16, 1981, and you hadn't previously served on active duty for at least 24 months



Pension Benefits

- Eligibility, cont'd
 - Income
 - Yearly family income and net worth meet certain limits set by Congress. Net worth includes all personal property you own (except your house, your car, and most home furnishings), minus any debt you owe. Net worth includes the net worth of your spouse.
 - See <https://www.va.gov/pension/veterans-pension-rates/>



Pension Benefits

- Eligibility, cont'd
 - Age/Disability
 - Are at least 65 years old, or
 - Have a permanent and total disability, or
 - Are a patient in a nursing home for long-term care because of a disability, or
 - Are getting Social Security Disability Insurance or Supplemental Security Income

Hitchhiker's Travel Tip

How does a Veteran apply for VA pension?
 - VA Form 21P-527EZ

OMB Control No. 2900-0002
 Respondent Burden: 25 minutes
 Expiration Date: 10/31/2021

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
APPLICATION FOR VETERANS PENSION		
IMPORTANT: Please read the Privacy Act and Respondent Burden on page 9 before completing the form.		
SECTION I: VETERAN'S PERSONAL INFORMATION (MUST COMPLETE)		
1. VETERAN'S NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER	3. DATE OF BIRTH (MM.DD.YYYY)
4. HAVE YOU EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," provide your file number in item 5)		5. VA FILE NUMBER
6A. MAILING ADDRESS		6B. TELEPHONE NUMBERS (Include Area Code)
Street address, rural route, or P.O. Box Apt. number		DAYTIME ()
City State ZIP Code Country		EVENING ()
		CELL PHONE ()
7A. PREFERRED E-MAIL ADDRESS (if applicable)		7B. ALTERNATE E-MAIL ADDRESS (if applicable)
8. WHAT DISABILITY(IES) PREVENTS YOU FROM WORKING?		
A. DISABILITY(IES)		B. DATE DISABILITY(IES) BEGAN
9. LIST ANY VA MEDICAL CENTERS WHERE YOU RECEIVED TREATMENT FOR YOUR CLAIMED DISABILITY(IES) AND PROVIDE TREATMENT DATES		
A. NAME AND LOCATION OF VA MEDICAL CENTER		B. DATE(S) OF TREATMENT
SECTION II: VETERAN'S SERVICE INFORMATION (MUST COMPLETE)		
10A. DID YOU SERVE UNDER ANOTHER NAME? <input type="checkbox"/> YES (If "Yes," complete item 10B) <input type="checkbox"/> NO (If "No," skip to item 11A)		10B. PLEASE LIST THE OTHER NAME(S) YOU SERVED UNDER
11A. I ENTERED ACTIVE SERVICE ON (MM.DD.YYYY)	11B. BRANCH OF SERVICE	11C. RELEASE DATE FROM ACTIVE SERVICE
11D. SERVICE NUMBER	11E. PLACE OF LAST SEPARATION	
12A. HAVE YOU EVER BEEN A PRISONER OF WAR? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete item 12B) (If "No," skip to item 13A)		12B. DATES OF CONFINEMENT ON (MM.DD.YYYY) From: To:
SECTION III: VETERAN'S DISABILITY(IES) AND BACKGROUND (MUST COMPLETE)		
NOTE: You do not have to submit medical evidence or list disabilities if you are age 65 or older, unless you are housebound, or require the regular assistance of another person.		



Pension Benefits

- Survivor's Pension
 - Same application as for DIC benefits, 21-534EZ
 - Tax-free monetary benefit for qualified surviving spouses and dependent children
 - Yearly family income and net worth meet certain limits set by Congress.
 - See <https://www.va.gov/pension/survivors-pension-rates/>



Vocational Benefits


- Vocational Rehabilitation and Employment (VR&E or “Voc Rehab”)
 - Provides vocational counseling, training, help finding a job, post-secondary school programs
 - Entitlement -
 - A discharge that is other than dishonorable
 - A service-connected disability rating of at least 10% from VA
 - Ends 12 years from the date of separation from active military service; or
 - Ends 12 years from the date the Veteran was first notified by the VA of a service-connected disability rating

Hitchhiker's Travel Tip

How does a Veteran apply for VR&E?

- VA Form 28-1900
- Or, through eBenefits

OMB Approved No. 2900-0009
Respondent Burden: 15 minutes
Expiration Date: 11/30/2022

 Department of Veterans Affairs			DO NOT WRITE IN THIS SPACE (VA DATE STAMP)	
APPLICATION FOR VOCATIONAL REHABILITATION FOR CLAIMANTS WITH SERVICE-CONNECTED DISABILITIES (Chapter 31, Title 38, U.S.C.)				
<p>PURPOSE OF VOCATIONAL REHABILITATION: Vocational Rehabilitation and Employment provides services that will assist certain claimants with disabilities in obtaining and maintaining suitable employment. If employment is not an option because of the severity of the claimants' disability conditions, services to assist them to achieve maximum independence in their daily living activities may also be provided.</p> <p>IMPORTANT: To decide if you should fill out this form, please read the information on page 2 of this form.</p>				
1. FIRST, MIDDLE, LAST NAME OF CLAIMANT		2. SOCIAL SECURITY NO.	3. VA FILE NO. (If different from Item 2)	4. DATE OF BIRTH (Month, Day, Year)
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code. OR write "None," if no mailing address.)			6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.)	
7. E-MAIL ADDRESS OF CLAIMANT			8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.)	
9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS, PROVIDE US YOUR NEW ADDRESS			10. NUMBER OF YEARS OF EDUCATION	
<p>I HEREBY CERTIFY THAT the information I have entered on this form is true and complete to the best of my knowledge and belief. I realize that making willful false statements concerning a material fact in a claim of vocational rehabilitation benefits is a punishable offense that may result in a fine or imprisonment, or both. (Reference: 38 U.S.C. 3802(a))</p>				
11A. SIGNATURE OF CLAIMANT (Do not print) (Sign in ink)			11B. DATE SIGNED	

VA FORM NOV 2019 **28-1900** SUPERSEDES VA FORM 28-1900, SEP 2014, WHICH WILL NOT BE USED. Page 1



Hitchhiker's Travel Tip

Voc Rehab decisions and files can also be very helpful in pursuing TDIU claims.

- if the Veteran is unable to complete a voc rehab program due to his/her SC conditions, this can help support an award of TDIU

- BUT, success, *or even* participation, in a voc rehab program can also be used against a Veteran to deny TDIU benefits, even when the Veteran is never able to return to the workforce.



Other VBA Benefits

- Educational Benefits
- Home loans
- Automobiles/adaptive equipment
- Home modification grants
- Clothing allowances
- Life insurance
- See <https://benefits.va.gov/benefits/>



Questions?

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adam@gloverluck.com

(Unless your question is, “What is the answer to the ‘ultimate question of life, the universe, and everything,’” which is, as we all know, 42.)