

## Compensation Checklist

Veteran's Name \_\_\_\_\_ Claim Number \_\_\_\_\_ CSS \_\_\_\_\_

Veterans County \_\_\_\_\_ CVSO County \_\_\_\_\_

CVSO Submitting Claim \_\_\_\_\_ CVSO Phone Number \_\_\_\_\_

CVSO e-mail address \_\_\_\_\_ POA assigned \_\_\_\_\_

1	Has VA Form 21-526 been submitted and fully completed for an original claim or has VA Form 21-4138 or 21-526b been submitted for a Reopened/Increase/New Claim?	<input type="checkbox"/>
2	Is the name, Social Security number, claim number and Service number of the Veteran provided? Are these listed consistently without discrepancies throughout the application packet?	<input type="checkbox"/>
2a		<input type="checkbox"/>
3	Are the address and telephone number provided? Are these listed consistently without discrepancies throughout the application packet?	<input type="checkbox"/>
3a		<input type="checkbox"/>
4	Does the application provide complete information including "from" and "to" dates for ALL periods of service including Reserve and National Guard Duty?	<input type="checkbox"/>
5	Has a DD-214 or other separation document been provided for ALL periods of service?	<input type="checkbox"/>
6	Did the Veteran sign the application?	<input type="checkbox"/>
7	Does one of the following priority processing categories apply?  <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"><b>Homeless</b> <input type="checkbox"/></div> <div style="text-align: center;"><b>GWOT</b> (received Global War on Terrorism Medal) <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 5px;"> <div style="text-align: center;"><b>Terminally Ill</b> <input type="checkbox"/></div> <div style="text-align: center;"><b>POW</b> <input type="checkbox"/></div> <div style="text-align: center;"><b>MST Claim</b> <input type="checkbox"/></div> <div style="text-align: center;"><b>Fully Developed Claim</b> <input type="checkbox"/></div> </div>	
8	Is the claim for a specific disability and is it clearly identified? (ie. right knee arthritis vs. knee condition)?	<input type="checkbox"/>
9	Does the veteran have his or her original Service Treatment Records?	<input type="checkbox"/>
9a	If checked, have they been submitted to the Regional Office?	<input type="checkbox"/>
10	Has the Veteran been treated for the disability(ies) claimed by a VAMC and/or VA OPC?	<input type="checkbox"/>
10a	If checked, is the name of the facility provided in addition to the dates the Veteran was treated at the facility?	<input type="checkbox"/>
11	Has the Veteran been treated by a private hospital and/or doctor for the claimed disability(ies)?	<input type="checkbox"/>
11a	If checked, is there a completed and signed VA Form 21-4142 with the address and dates of treatment listed for each provider?	<input type="checkbox"/>
12	Are there any additional comments/remarks in regards to the claim? If checked, please refer them on a VA Form 21-4138.	<input type="checkbox"/>

If all information is not available, please submit what is available to protect the Veteran's effective date.

Please note that the VCAA letter is a legal requirement and must be sent to all claimants. In order to allow for the quickest processing of the claim, the claimants' VCAA reply should be returned to the VA as soon as possible.