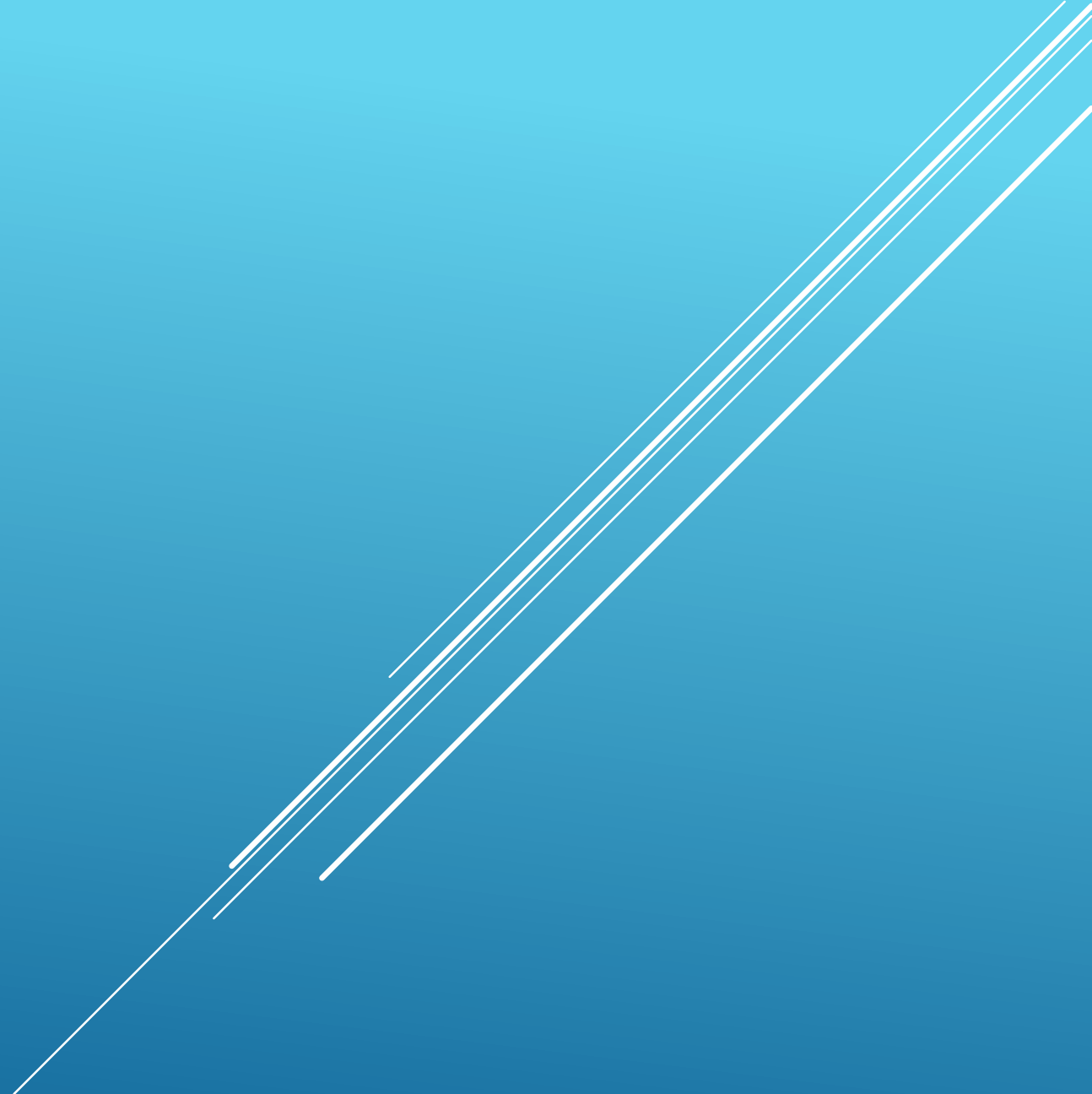


AMERICAN VETERANS

Service Officers





**APPOINTMENT OF VETERANS SERVICE ORGANIZATION
AS CLAIMANT'S REPRESENTATIVE**

NOTE - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual as Claimant's Representative." VA Forms are available at www.va.gov/vaforms.

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM.

1. LAST-FIRST-MIDDLE NAME OF VETERAN	2. VA FILE NUMBER <i>(Include prefix)</i>
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS <i>(See list on reverse side before selecting organization)</i>	
3B. NAME AND JOB TITLE OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 3A <i>(This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)</i>	
3C. E-MAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 3A	

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER (OR SERVICE NUMBER, IF NO SSN)	5. INSURANCE NUMBER(S) <i>(Include letter prefix)</i>	
6. NAME OF CLAIMANT <i>(If other than veteran)</i>	7. RELATIONSHIP TO VETERAN	
8. ADDRESS OF CLAIMANT <i>(No. and street or rural route, city or P.O., State and ZIP Code)</i>	9. CLAIMANT'S TELEPHONE NUMBERS <i>(Include Area Code)</i>	
	A. DAYTIME	B. EVENING
	10. E-MAIL ADDRESS <i>(If applicable)</i>	
11. DATE OF THIS APPOINTMENT		

12. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
 By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redislosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

13. LIMITATION OF CONSENT - I authorize disclosure of records related to treatment for all conditions listed in Item 12 except:

<input type="checkbox"/> DRUG ABUSE	<input type="checkbox"/> INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)
<input type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE	<input type="checkbox"/> SICKLE CELL ANEMIA

14. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 3A to act on my behalf to change my address in my VA records.

I authorize any official representative of the organization named in Item 3A to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 3A is not my appointed fiduciary.


I, the claimant named in Items 1 or 6, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 12 and 13), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match.* Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC


15. SIGNATURE OF VETERAN OR CLAIMANT <i>(Do Not Print)</i>	16. DATE SIGNED
17. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 3B <i>(Do Not Print)</i>	18. DATE SIGNED

VA USE ONLY	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED <i>(Date)</i>	REVOKED <i>(Reason and date)</i>
	<input type="checkbox"/> VR&E FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE			

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

- ▶ “The Secretary may recognize representatives of . . . organizations as the secretary may approve, in the preparation, presentation and and prosecution of claims under the laws administered by the secretary.”
 - ▶ 38USCS 5902(a)(1)
- 

RESPONSIBILITIES

- ▶ Claims
 - ▶ Appeals
 - ▶ Social Services
 - ▶ Health Care
 - ▶ Aid And Attendance
 - ▶ Grave stones and Funeral arrangements
 - ▶ Applying for Service Record or Treatment Records
 - ▶ Upgrading Discharge or changes to DD 214
 - ▶ Assisting with lunch
 - ▶ Assisting with bus tickets or gas home
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AGENT ORANGE

- ▶ **AL Amyloidosis**
A rare disease caused when an abnormal protein, amyloid, enters tissues or organs
- ▶ **Chronic B-cell Leukemias**
A type of cancer which affects white blood cells
- ▶ **Chloracne (or similar acneform disease)**
A skin condition that occurs soon after exposure to chemicals and looks like common forms of acne seen in teenagers. Under VA's rating regulations, it must be at least 10 percent disabling within one year of exposure to herbicides.
- ▶ **Diabetes Mellitus Type 2**
A disease characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin
- ▶ **Hodgkin's Disease**
A malignant lymphoma (cancer) characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia
- ▶ **Ischemic Heart Disease**
A disease characterized by a reduced supply of blood to the heart, that leads to chest pain
- ▶ **Multiple Myeloma**
A cancer of plasma cells, a type of white blood cell in bone marrow
- ▶ **Non-Hodgkin's Lymphoma**
A group of cancers that affect the lymph glands and other lymphatic tissue
- ▶ **Parkinson's Disease**
A progressive disorder of the nervous system that affects muscle movement
- ▶ **Peripheral Neuropathy, Early-Onset**
A nervous system condition that causes numbness, tingling, and motor weakness. Under VA's rating regulations, it must be at least 10 percent disabling within one year of herbicide exposure.
- ▶ **Porphyria Cutanea Tarda**
A disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas. Under VA's rating regulations, it must be at least 10 percent disabling within one year of exposure to herbicides.
- ▶ **Prostate Cancer**
Cancer of the prostate; one of the most common cancers among men
- ▶ **Respiratory Cancers (includes lung cancer)**
Cancers of the lung, larynx, trachea, and bronchus
- ▶ **Soft Tissue Sarcomas (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)**
A group of different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues

AGENT ORANGE EXPOSURE

- ▶ Boots on Ground from between January 9, 1962 and May 7, 1975
- ▶ Korean Demilitarized Zone between April 1, 1968 and August 31, 1971
- ▶ Thailand Bases and tasked to Perimeters between February 28, 1961 and May 7, 1975
- ▶ Stationed on board ships or boats operating in the tributaries of Vietnam or coast of Vietnam between January 9, 1962 and May 7, 1975
- ▶ Reservists that flew or maintained C-123 aircraft in specific squadrons.

GULF WAR SYNDROME

- ▶ Service in the Southwest Asia theater of military operations August 2, 1990 to present.
- ▶ VA presumes certain chronic, unexplained symptoms existing for 6 months or more are related to Gulf War service without regard to cause. These "presumptive" illnesses must have appeared during active duty in the Southwest Asia theater of military operations or by December 31, 2021, and be at least 10 percent disabling. These illnesses include:
 - ▶ **Chronic Fatigue Syndrome**, a condition of long-term and severe fatigue that is not relieved by rest and is not directly caused by other conditions.
 - ▶ **Fibromyalgia**, a condition characterized by widespread muscle pain. Other symptoms may include insomnia, morning stiffness, headache, and memory problems.
 - ▶ **Functional gastrointestinal disorders**, a group of conditions marked by chronic or recurrent symptoms related to any part of the gastrointestinal tract. Functional condition refers to an abnormal function of an organ, without a structural alteration in the tissues. Examples include irritable bowel syndrome (IBS), functional dyspepsia, and functional abdominal pain syndrome.
 - ▶ **Undiagnosed illnesses** with symptoms that may include but are not limited to: abnormal weight loss, fatigue, cardiovascular disease, muscle and joint pain, headache, menstrual disorders, neurological and psychological problems, skin conditions, respiratory disorders, and sleep disturbances.

GULF WAR INFECTIOUS DISEASES

- ▶ Southwest Asia theater of operations during the Gulf War August 2, 1990 to present and in Afghanistan on or after September 19, 2001.



Malaria

An infectious disease caused by a parasite transmitted by mosquitoes. Symptoms include chills, fever, and sweats. It must be at least 10 percent disabling within **one year** from the date of military separation or at a time when standard or accepted treatises indicate that the incubation period began during a qualifying period of military service.

- ▶ **Brucellosis**

A bacterial disease with symptoms such as profuse sweating and joint and muscle pain. The illness may be chronic and persist for years. It must be at least 10 percent disabling within **one year** from the date of military separation.

- ▶ **Campylobacter Jejuni**

A disease with symptoms such as abdominal pain, diarrhea, and fever. It must be at least 10 percent disabling within **one year** from the date of military separation.

- ▶ **Coxiella Burnetii (Q Fever)**

A bacterial disease with symptoms such as fever, severe headache, and gastrointestinal problems such as nausea and diarrhea. In chronic cases, the illness may cause inflammation of the heart. It must be at least 10 percent disabling within **one year** of the date of military separation.

- ▶ **Mycobacterium Tuberculosis**

An illness that primarily affects the lungs and causes symptoms such as chest pain, persistent cough (sometimes bloody), weight loss and fever.

- ▶ **Nontyphoid Salmonella**

A condition characterized by symptoms such as nausea, vomiting, and diarrhea. It must be at least 10 percent disabling within **one year** of the date of military separation.

- ▶ **Shigella**

A condition characterized by symptoms such as fever, nausea, vomiting, and diarrhea. It must be at least 10 percent disabling within **one year** of the date of military separation.


- ▶ **Visceral Leishmaniasis**

A parasitic disease characterized by symptoms such as fever, weight loss, enlargement of the spleen and liver, and anemia. The condition may be fatal if left untreated.

- ▶ **West Nile Virus**

A disease spread by mosquitoes characterized by symptoms such as fever, headache, muscle pain or weakness, nausea, and vomiting. Symptoms may range from mild to severe. It must be at least 10 percent disabling within **one year** from the date of military separation.

CAMP LEJEUNE

- ▶ Presumptive service connection for Veterans, Reservists, and National Guard members exposed to contaminants in the water supply at Camp Lejeune from August 1, 1953 through December 31, 1987 who later developed one of the following eight diseases:
 - ▶ Adult leukemia
 - ▶ Aplastic anemia and other myelodysplastic syndromes
 - ▶ Bladder cancer
 - ▶ Kidney cancer
 - ▶ Liver cancer
 - ▶ Multiple myeloma
 - ▶ Non-Hodgkin's lymphoma
 - ▶ Parkinson's disease
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CAMP LEJEUNE FAMILIES ACT OF 2012

Veterans' health care

In accordance with the 2012 Camp Lejeune health care law, VA provides cost-free health care for certain conditions to Veterans who served at least 30 days of active duty at Camp Lejeune from January 1, 1957 and December 31, 1987.

- Esophageal cancer
- Breast cancer
- Kidney cancer
- Multiple myeloma
- Renal toxicity
- Female infertility
- Scleroderma
- Non-Hodgkin's lymphoma
- Lung cancer
- Bladder cancer
- Leukemia
- Myelodysplastic syndromes
- Hepatic steatosis
- Miscarriage
- Neurobehavioral effects

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

- ▶ VA also presumes that amyotrophic lateral sclerosis (ALS) diagnosed in all Veterans with 90 days or more continuous active military service is related to their service. ALS, however, is not associated with a specific military exposure.


PENSION AND AID AND ATTENDANCE

- ▶ **Veterans Pension:** Tax-free monetary benefit payable to low-income wartime Veterans.
- ▶ **Survivors Pension:** Tax-free monetary benefit payable to a low-income, un-remarried surviving spouse and/or unmarried child(ren) of a deceased Veteran with wartime service.
- ▶ Veterans and survivors who are eligible for Pension benefits and are housebound or require the aid and attendance of another person may be eligible to receive additional monetary amounts


WAR TIME PERIODS

- ▶ Mexican Border Period (May 9, 1916 – April 5, 1917 for Veterans who served in Mexico, on its borders, or adjacent waters)
- ▶ World War I (April 6, 1917 – November 11, 1918)
- ▶ World War II (December 7, 1941 – December 31, 1946)
- ▶ Korean conflict (June 27, 1950 – January 31, 1955)
- ▶ Vietnam era (February 28, 1961 – May 7, 1975 for Veterans who served in the Republic of Vietnam during that period; otherwise August 5, 1964 – May 7, 1975)
- ▶ Gulf War (August 2, 1990 – through a future date to be set by law or Presidential Proclamation)

VA APPS

- ▶ 311 Vet
 - ▶ PTSD Coach
 - ▶ Mindfulness
 - ▶ Move Coach
 - ▶ PE Coach- Prolonged Exposure
 - ▶ CBT Coach – Cognitive Behavioral Therapy
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VA WEB SITES

- ▶ Ebenefits - ebenefits.va.gov – gateway to VA benefits and managing your health.
 - ▶ Myhealthvet - myhealth.va.gov– manage your health, contact your doctor and share your records.
 - ▶ VA.gov – Will answer all your questions and provide all of the forms you need.
- 

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