



VA DATE STAMP
 (DO NOT WRITE IN THIS SPACE)

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

IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization please complete VA Form 21-22a, *Appointment of Individual as Claimant's Representative*. When completed you can mail **or** fax this form to the appropriate intake center address shown on Page 4. VA forms are available at www.va.gov/vaforms.

SECTION I: VETERAN'S INFORMATION

NOTE: You can *either* 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.

1. VETERAN'S NAME (First, Middle Initial, Last)

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2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)

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3. VA FILE NUMBER

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4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

Month	-	Day	-	Year

5. VETERAN'S SERVICE NUMBER (If applicable)

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6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)

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7. VETERAN'S TELEPHONE NUMBER (Include Area Code)

8. VETERAN'S EMAIL ADDRESS (Optional)

SECTION II: CLAIMANT'S INFORMATION (If other than veteran)

9. CLAIMANT'S NAME (First, Middle Initial, Last)

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10. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street			
Apt./Unit Number		City	
State/Province		Country	
ZIP Code/Postal Code	-		

11. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)

12. CLAIMANT'S EMAIL ADDRESS (Optional)

13. RELATIONSHIP TO VETERAN

SECTION III: SERVICE ORGANIZATION INFORMATION

14. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)

15A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 14 (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)

15B. JOB TITLE OF PERSON NAMED IN ITEM 15A

16. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 14

17. DATE OF THIS APPOINTMENT (MM/DD/YYYY)

RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of national, regional, or local organizations recognized by the Secretary of Veterans Affairs in the preparation, presentation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association	National Association of County Veterans Service Officers, Inc.
American Legion	National Association for Black Veterans, Inc.
American Red Cross	National Veterans Legal Services Program
AMVETS	National Veterans Organization of America
American Ex-Prisoners of War, Inc.	Navy Mutual Aid Association
American GI Forum, National Veterans Outreach Program	Paralyzed Veterans of America, Inc.
Armed Forces Services Corporation	Polish Legion of American Veterans, U.S.A.
Army and Navy Union, USA	Swords to Plowshares, Veterans Rights Organization, Inc.
Associates of Vietnam Veterans of America	The Retired Enlisted Association
Blinded Veterans Association	The Veterans Assistance Foundation, Inc.
Catholic War Veterans of the U.S.A.	The Veterans of the Vietnam War, Inc. & The Veterans Coalition
Disabled American Veterans	United Spanish War Veterans of the United States
Fleet Reserve Association	United Spinal Association, Inc.
Gold Star Wives of America, Inc.	Veterans of Foreign Wars of the United States
Italian American War Veterans of the United States, Inc.	Veterans of World War I of the U.S.A., Inc.
Jewish War Veterans of the United States	Vietnam Era Veterans Association
Legion of Valor of the United States of America, Inc.	Vietnam Veterans of America
Marine Corps League	West Virginia Department of Veterans Assistance
Military Officers Association of America (MOAA)	Wounded Warrior Project
Military Order of the Purple Heart	
National Amputation Foundation, Inc.	

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims:

Alabama	Hawaii	Minnesota	North Dakota	Tennessee
American Samoa	Idaho	Mississippi	Northern Mariana Islands	Texas
Arizona	Illinois	Missouri	Ohio	Utah
Arkansas	Iowa	Montana	Oklahoma	Vermont
California	Kansas	Nebraska	Oregon	Virginia
Colorado	Kentucky	Nevada	Pennsylvania	Virgin Islands
Connecticut	Louisiana	New Hampshire	Puerto Rico	Washington
Delaware	Maine	New Jersey	Rhode Island	West Virginia
Florida	Maryland	New Mexico	South Carolina	Wisconsin
Georgia	Massachusetts	New York	South Dakota	Wyoming
Guam	Michigan	North Carolina		

PRIVACY ACT NOTICE: 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 38, 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, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. However, the requested information is considered relevant and necessary to recognize a service organization as your representative and/or identify disclosable records. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. 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.

RESPONDENT BURDEN: We need this information to recognize the service organization you name to act on your behalf in the preparation, presentation, and prosecution of claims for VA benefits (38 U.S.C. 5902). We will also use the information to identify any VA records that we may disclose to the service organization (38 U.S.C. 5701(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 review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FOR ALL **COMPENSATION** CLAIMS MAIL OR FAX THIS FORM TO THE FOLLOWING ADDRESS:

Mail your form to:
 Department of Veterans Affairs
 Claims Intake Center
P.O. Box 4444
 Janesville, WI 53547- 4444
Or fax your form to:
 Toll Free: (844) 531- 7818
 Local: 248-524-4260

FOR **VETERANS PENSION AND SURVIVOR BENEFIT** CLAIMS MAIL OR FAX THIS FORM TO THE APPROPRIATE ADDRESS SHOWN BELOW:

Mail your form to:
 Department of Veterans Affairs
 Claims Intake Center
Attn: Milwaukee Pension Center
P.O. Box 5192
 Janesville, WI 53547-5192
Or fax your form to:
 Toll Free: (844) 655-1604

This Pension Center Serves The Following:

Alabama	Arkansas	Illinois	Indiana
Kentucky	Louisiana	Michigan	Mississippi
Missouri	Ohio	Tennessee	Wisconsin

Mail your form to:
 Department of Veterans Affairs
 Claims Intake Center
Attn: St. Paul Pension Center
P.O. Box 5365
 Janesville, WI 53547-5365
Or fax your form to:
 Toll Free: (844) 655-1604

This Pension Center Serves The Following:

Alaska	Arizona	California	Colorado
Hawaii	Idaho	Iowa	Kansas
Minnesota	Montana	Nebraska	Nevada
New Mexico	North Dakota	Oklahoma	Oregon
South Dakota	Texas	Utah	Washington
Wyoming	Mexico	Central America	South America
Caribbean			

Mail your form to:
 Department of Veterans Affairs
 Claims Intake Center
Attn: Philadelphia Pension Center
P.O. Box 5206
 Janesville, WI 53547-5206
Or fax your form to:
 Toll Free: (844) 655-1604

This Pension Center Serves The Following:

Connecticut	Delaware	Florida	Georgia
Maine	Maryland	Massachusetts	New Hampshire
New Jersey	New York	North Carolina	Pennsylvania
Rhode Island	South Carolina	Vermont	Virginia
West Virginia	District of Columbia	Puerto Rico	Canada
Countries outside of North, Central or South America			