

W O R K S H E E T

SARPY COUNTY VETERANS SERVICES OFFICE
1261 GOLDEN GATE DRIVE, SUITE 5E
COURTHOUSE ANNEX EAST
PAPILLION, NE 68046-2884

SERVICE CONNECTED DISABILITY COMPENSATION
Please call 593-2203 if you need assistance completing this worksheet

Please have all of the following information completed, and bring all necessary documentation with you to your scheduled appointment.

The Veteran's Information

Full Name		Mailing Address	
SSN	Date of Birth	Place of Birth (City & State)	
Email Address	Daytime Phone Number	Evening Phone Number	Cell Phone Number

Claimed Service Connected Conditions

The most IMPORTANT part of your Application for Disability Compensation, is the listing of your current conditions, actual injuries, illnesses, diagnosed conditions, surgeries, etc., you wish to claim.

To establish an entitlement for disability compensation the evidence must show all three things:

1. You had an injury in military service OR chronic disease (condition) diagnosed during OR was made worse (aggravated) during military service OR an event in service that caused the injury OR chronic disease (condition).
2. You have a current physical OR mental disability. Current medical evidence shows you have a persistent condition or recurring symptom(s) of a disability (Current is in the past 12 months). **Bring all medical evidence with you so it can be submitted with your claim.**
3. Your medical records or doctors' opinions need to show there is a connection between your current disability and an injury, illness, chronic disease (condition) or event in your military service.

If a civilian physician has treated you for ANY of the injuries, illnesses, diagnosed conditions and surgeries you wish to claim, please request your medical records from your private physician to submit as evidence in support of your claim and provide those records when you file your claim.

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- Consider the following when completing your list of claimed conditions. Was the condition treated, diagnosed or caused during military service? Does current medical evidence exist of your claimed condition? Is there a link to some event/diagnosis/exposure during your military service that caused your condition?
- **This office does not review your service medical records. It is your responsibility to conduct a thorough review of your medical records prior to your appointment and list your claimed conditions and sources of treatment.**

List Disability(ies)	Date Began	Place of Treatment

Use additional sheet if necessary

Provide information if you have ever filed a claim for Veterans benefits, Social Security disability or workers compensation. Please indicate what disability(ies) for which you are receiving benefits.

Type of Claim Filed	When Filed	Disabilities Claimed

Are you receiving treatment at a Department of Veterans Affairs (DVA) Medical Facility? If so please list dates of treatment and name and address of DVA Medical Facility.

When did disability begin	When were you treated		Name/Address of DVA Medical Facility
	From	To	

Are you claiming disabilities related to any of the following exposures? If so, please list below.

Exposed To	List Related Diagnosed Condition(s)/Disability(ies)
Agent Orange	
Asbestos	
Mustard Gas	
Ionizing Radiation	
Environmental Hazard/Gulf War	

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Military Service Information

Please bring ORIGINAL or CERTIFIED copy/copies of your Separation/Discharge documents, (DD Form 214) for submission with your application.

ACTIVE DUTY SERVICE: Use additional sheet if necessary

Date Entered	Place of Entry	Date Discharged	Place of Discharge	Rank/Grade	Branch

RESERVE SERVICE/NATIONAL GUARD: Use additional sheet if necessary

Date Entered	Place of Entry	Date Discharged	Place of Discharge	Rank/Grade	Branch

If your disability occurred during active or inactive duty for training, please provide the following information.

National Guard Reserve Status	Name/Address/Phone Number of Unit	Branch
Active (Full Time)		
Inactive (Training)		
Reserve Obligation (Drills)		

Spouse/Dependent Information

Provide complete marriage information concerning your PRESENT marriage. Bring a copy of your marriage certificate (documents do not need to be originals or certified copies).

First Name/ MI/ Last Name (Maiden)	SSN	Date/Place of Birth	Date & Place of Marriage
		Date:	Date:
		Place:	Place:

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If either you or your spouse have been PREVIOUSLY married, complete all of the following. Copies of ALL previous marriages and divorce decrees ARE required so please Bring them with you to your appointment (documents do not need to be originals or certified copies).

VETERAN : **Use additional sheet if necessary**

Date and Place of Marriage	Who Married To	How Marriage Ended (Death, Divorce)	Date and Place Where Marriage Ended
Date:			Date:
Place:			Place:
Date:			Date:
Place:			Place:
Date:			Date:
Place:			Place:

CURRENT SPOUSE: **Use additional sheet if necessary**

Date and Place of Marriage	Who Married To	How Marriage Ended (Death, Divorce)	Date and Place Where Marriage Ended
Date:			Date:
Place:			Place:
Date:			Date:
Place:			Place:

Dependent Children

You may claim dependent children under age 18 OR who are in the custody of someone else and you are contributing to their monthly support OR children who are *between* the ages of 18-23, and **attending either high school or college full time.**

Provide copies of birth records, adoption papers or court orders and Social Security cards for your dependent children (documents -- do not need to be originals or certified copies).

List children who live in your household **Use additional sheet if necessary**

Child's Full Name	Date of Birth	Place of Birth (City & State)	SSN

List children who are in the custody of someone else (but you provide support) **Use additional sheet if necessary**

Name of Child/Social Security Number	Name of Person Who Has Custody	Address of Person Who Has Custody	Monthly Support Amount

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Contact Information

Provide information for someone (NOT in your household) you wish to list as your nearest living relative or other person that could be contacted if necessary (parent, child, brother, sister, etc.)

Full Name	Mailing Address	Telephone Number	Relationship (to you)

Direct Deposit Information

If benefits are awarded, the DVA requires your financial institution information to process your payments by Direct Deposit. All requested information is required to begin Direct Deposit.

Type of Account: Checking () Savings () Account Number: _____
Name of financial institution: _____
Routing or transit number (MUST BE 9 NUMBERS) _____ (9 digits in lower left corner of your check)

After you have gathered all the necessary information, call 593-2203 to schedule an appointment with one of our Veterans Service Officers to complete your application and file your claim.

Remarks/Continued

REMINDER . . . bring all necessary information/documentation with you to your scheduled appointment. This will help us help you obtain the maximum benefits for which you may be entitled from the United States Department of Veterans Affairs (DVA).

Call 593-2203 to schedule an appointment after completing this worksheet.

What the Evidence Must Show

What must the evidence show to establish entitlement to the benefit you want?

To establish entitlement for service connected compensation benefits, the evidence must show three things:

1. You had an injury in military service or disease that began in or was made worse during military service or an event in service causing injury or disease.
2. You have a current physical or mental disability. Medical evidence, including a VA examination will show this. Otherwise, we can use statements from you or others that show you have persistent or recurring symptoms of a disability.
3. There is a relationship between your current disability and an injury, disease or event in the military service. Medical records or medical opinions usually show this relationship. However, under any circumstance, VA may conclude that certain current disabilities were caused by service, even if there is no specific evidence proving this in your particular claim. The relationship is presumed for these certain Veterans who have certain diseases:
 - Former Prisoners of War
 - Veterans who have certain chronic or tropical diseases which become evident within a specific period of time.
 - Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service.
 - Veterans who served in Vietnam or in Southwest Asia during the Gulf War

Veterans who have certain kinds of service/disease combinations may qualify for an automatic presumption of service connection.

How will VA help you obtain evidence for your claim?

This letter tells you what records or evidence we need to grant the benefit you claimed. If they are needed for your claim, we're requesting all records held by Federal agencies to include your service medical records or other military records, and medical records at VA hospitals. We're making reasonable efforts to help you get private records or evidence necessary to support your claim. We'll tell you if we are unable to get records that we requested. We'll also assist you by providing a medical examination or getting a medical opinion if we decide it's necessary to make a decision on your claim.

We are requesting service medical records from the service department. These records will help us determine how your claimed disabilities are connected to your military service. You do not need to contact the service department yourself. If you have military medical records already in your possession, then please submit them. Original records are preferable to copies.

You may be able to furnish documents that can substitute for service medical records. Submit any original or certified copies of the following documents that you have that relate to your disability during service: (If you only have photocopies, send them.)

- Statements from military medical personnel (nurses, medics, corpsmen, doctors)
- “Buddy” certificates or affidavits – (a “buddy” certificate or affidavit is a statement by a person that knew you when you were in service and knows of any disability you had while on active duty. The statement should state the dates and places they saw the condition(s) and should describe what they saw. If the person making the statement was on active duty at the time, they should show their service and unit of assignment.)
- State or local accident and police reports
- Employment physical examinations
- Medical evidence from hospitals, clinics and private physicians by which or by whom you have been treated after separation
- Letters written during service
- Photographs taken during service
- Pharmacy prescription records
- Insurance examinations



FULLY DEVELOPED CLAIM (FDC) PROGRAM

Want your claim processed faster? The FDC program is the **fastest** way to get your claim processed and there is no risk to participate! There are a few simple requirements though:

- You must submit all relevant evidence in your possession, i.e.
 - Original/Certified DD214 – Separation from military service
 - Private medical evidence/Medical Opinion Letter
 - Medical evidence from 55th Med Group, Ehrling Bergquist Clinic
 - Guard/Reserve: All Service Treatment Records in the custody of your unit
- VA will retrieve relevant records from a Federal facility such as a VA Medical Center.
(Please provide names of facility and approx date(s) of treatment)

To participate in the FDC program, all evidence will need to be submitted at the time of application. Any evidence sent to the Regional Office after submission of your claim or any evidence that you request the Regional Office obtain on your behalf will disqualify your claim from consideration under this program and it will be moved to the Standard Claim process.

Please feel free to contact the Sarpy County Veterans Service office with any questions you may have regarding this program at 402-593-2203.