

Type of claim

- | | |
|---|---|
| <input type="checkbox"/> 010 Initial Comp 8 or more | <input type="checkbox"/> 110 initial Comp 7 or less |
| <input type="checkbox"/> 020 Reopened Claim | <input type="checkbox"/> 170 Appeal Documents |
| <input type="checkbox"/> 020 Adding new issue | <input type="checkbox"/> 180 Initial Disability Pension |
| <input type="checkbox"/> 020 Requesting increase | <input type="checkbox"/> 190 Initial Death Pension |
| <input type="checkbox"/> 120 Reopened Claim – Pension | <input type="checkbox"/> Other |
| <input type="checkbox"/> 140 Initial Death Comp | <input type="checkbox"/> Documents in support |
| <input type="checkbox"/> 160 Plot & Burial Benefits | <input type="checkbox"/> OIF/ OEF |
| | <input type="checkbox"/> Homeless Veteran |

Forms

- | | |
|---|--|
| <input type="checkbox"/> 21-526 Comp & Pension | <input type="checkbox"/> 21-527 Net worth income pen |
| <input type="checkbox"/> 21-4142 Doctors | <input type="checkbox"/> 21-534 surviving spouse |
| <input type="checkbox"/> 21-8940 Unemployability | <input type="checkbox"/> 21-530 burial benefits |
| <input type="checkbox"/> 21-2680 housebound A & A | <input type="checkbox"/> 21-0781 S/C statement PTSD |
| <input type="checkbox"/> 21-686C Dependants | <input type="checkbox"/> 21-4140-1 Employment question |
| <input type="checkbox"/> 21-8416 medical expense | <input type="checkbox"/> Form 9 Appeal |
| <input type="checkbox"/> 21-4138 Statement forms | <input type="checkbox"/> DD214 Discharge |
| <input type="checkbox"/> 21-22 POA | <input type="checkbox"/> 0779 Aid & attendance |

Supporting Documents

- | | |
|--|---|
| <input type="checkbox"/> Social Security Documents | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Stressor Details | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Funeral Expenses | <input type="checkbox"/> VCAA Response |
| <input type="checkbox"/> Death Certificate | <input type="checkbox"/> Lay Statement |
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> De Novo Election |
| <input type="checkbox"/> Doctor's Statement | <input type="checkbox"/> Financial Records |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Veterans Statement |
| <input type="checkbox"/> NOD | <input type="checkbox"/> E-Benefits Worksheet |
| <input type="checkbox"/> WDVA-055 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Change of Address | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> DSHS | |

Please be sure that this coversheet becomes a permanent part of the Veterans file.