



## DPA Monthly Post Service Officer Report

Please forward this report to me monthly to show Department Leaders the significant contributions you and your programs make in your community every day.

(Due NLT the 5<sup>th</sup> of each month.)

Post No:	
Veterans Assisted:	
Number of VFW Members Recruited:	
Claims Forwarded to ADSO:	
Claims Filed by Claimant:	

Report Period:	
Widows & Dependents Assisted:	
Claims Forwarded to DSO:	
Referred to NON-VFW Claims Agent:	

Please indicate next to the VA Form number how many forms you assisted in filing out this month.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>VA FORM 21-22</b></td> <td style="width: 20%;"></td> </tr> <tr> <td>Appointment of VSO as Claimant's Representative</td> <td></td> </tr> <tr> <td><b>VA FORM 21-4142</b></td> <td></td> </tr> <tr> <td>Authorization to Disclose Information to the VA</td> <td></td> </tr> <tr> <td><b>VA FORM 21-526EZ</b></td> <td></td> </tr> <tr> <td>Application for Disability Compensation Benefits</td> <td></td> </tr> <tr> <td><b>VA FORM 21P-530EZ</b></td> <td></td> </tr> <tr> <td>Apply for burial benefits</td> <td></td> </tr> <tr> <td><b>VA FORM 21-4138</b></td> <td></td> </tr> <tr> <td>Statement in Support of Claim</td> <td></td> </tr> <tr> <td><b>VA FORM 21-0781</b></td> <td></td> </tr> <tr> <td>Statement in Support of Claim for Service Connection for PTSD</td> <td></td> </tr> <tr> <td><b>VA FORM 21-686c</b></td> <td></td> </tr> <tr> <td>Application Request to Add and/or Remove Dependents</td> <td></td> </tr> <tr> <td><b>VA FORM 10182</b></td> <td></td> </tr> <tr> <td>Decision Review Request: Board Appeal (Notice of Disagreement)</td> <td></td> </tr> <tr> <td><b>VA FORM 20-0996</b></td> <td></td> </tr> <tr> <td>Decision Review Request: Higher-Level Review</td> <td></td> </tr> <tr> <td><b>VA FORM 40-10007</b></td> <td></td> </tr> <tr> <td>Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery</td> <td></td> </tr> </table>	<b>VA FORM 21-22</b>		Appointment of VSO as Claimant's Representative		<b>VA FORM 21-4142</b>		Authorization to Disclose Information to the VA		<b>VA FORM 21-526EZ</b>		Application for Disability Compensation Benefits		<b>VA FORM 21P-530EZ</b>		Apply for burial benefits		<b>VA FORM 21-4138</b>		Statement in Support of Claim		<b>VA FORM 21-0781</b>		Statement in Support of Claim for Service Connection for PTSD		<b>VA FORM 21-686c</b>		Application Request to Add and/or Remove Dependents		<b>VA FORM 10182</b>		Decision Review Request: Board Appeal (Notice of Disagreement)		<b>VA FORM 20-0996</b>		Decision Review Request: Higher-Level Review		<b>VA FORM 40-10007</b>		Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>VA FORM 21-0966</b></td> <td style="width: 20%;"></td> </tr> <tr> <td>Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC</td> <td></td> </tr> <tr> <td><b>VA FORM 21-4142a</b></td> <td></td> </tr> <tr> <td>General Release for Medical Provider Information to the Department of Veterans Affairs</td> <td></td> </tr> <tr> <td><b>VA FORM 21P-527EZ</b></td> <td></td> </tr> <tr> <td>Application for Veterans Pension</td> <td></td> </tr> <tr> <td><b>VA FORM 21P-534EZ</b></td> <td></td> </tr> <tr> <td>Application for DIC, Survivors Pension, and/or Accrued Benefits</td> <td></td> </tr> <tr> <td><b>VA FORM 21-2680</b></td> <td></td> </tr> <tr> <td>Examination for Housebound Status or Permanent Need for Regular Aid and Attendance</td> <td></td> </tr> <tr> <td><b>VA FORM 21-0781a</b></td> <td></td> </tr> <tr> <td>Statement ISO Claim for Service Connection for PTSD Secondary to Personal Assault</td> <td></td> </tr> <tr> <td><b>VA FORM 21-674</b></td> <td></td> </tr> <tr> <td>Request for Approval of School Attendance</td> <td></td> </tr> <tr> <td><b>VA FORM 20-0995</b></td> <td></td> </tr> <tr> <td>Decision Review Request: Supplemental Claim</td> <td></td> </tr> <tr> <td><b>VA FORM 10-10ez</b></td> <td></td> </tr> <tr> <td>Instructions and Enrollment Application for Health Benefits</td> <td></td> </tr> <tr> <td><b>VA FORM 20-10208</b></td> <td></td> </tr> <tr> <td>Document Evidence Submission</td> <td></td> </tr> </table>	<b>VA FORM 21-0966</b>		Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC		<b>VA FORM 21-4142a</b>		General Release for Medical Provider Information to the Department of Veterans Affairs		<b>VA FORM 21P-527EZ</b>		Application for Veterans Pension		<b>VA FORM 21P-534EZ</b>		Application for DIC, Survivors Pension, and/or Accrued Benefits		<b>VA FORM 21-2680</b>		Examination for Housebound Status or Permanent Need for Regular Aid and Attendance		<b>VA FORM 21-0781a</b>		Statement ISO Claim for Service Connection for PTSD Secondary to Personal Assault		<b>VA FORM 21-674</b>		Request for Approval of School Attendance		<b>VA FORM 20-0995</b>		Decision Review Request: Supplemental Claim		<b>VA FORM 10-10ez</b>		Instructions and Enrollment Application for Health Benefits		<b>VA FORM 20-10208</b>		Document Evidence Submission	
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Send report to [DSODPA@VFWPACIFIC.ORG](mailto:DSODPA@VFWPACIFIC.ORG) and CC your District Service Officers.