



**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.

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| 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

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| 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. Redisclosure 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:

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| <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

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| 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 |

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|----------------------------|--|-----------|-------------------------------|----------------------------------|
| 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.

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.

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

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

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

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.