



Contact Brief

W.R. Hold Chapter 147
Killeen, TX 76541
1-254-781-2031

DAV National HQ
800Dolwick Drive
Erlanger, KY 41018
1-877-426-2938

DAV Legislative HQ
807 Maine Avenue SW
Washington, DC 20024
1-202-554-3501

Select One:

- ☒ Department/Chapter Service Officer ☐ Hospital Coordinator ☐ Job Fair
☐ National Service Officer ☐ Transition Officer ☐ Information Seminar

Name: _____ Date: _____

Address: _____ Home or Cell Phone: _____

City: _____ State: _____ ZIP: _____ Email: _____

SS# _____ Date of Birth: ____/____/____ VA Claim# _____

DAV Member ☐ YES ☐ NO If Yes, Membership # _____ % of Disability(s) _____

☐ Army ☐ Marine Corp ☐ Navy ☐ Coast Guard

EAD: ____/____/____ RAD: ____/____/____

Enter Active Duty

Released Active Duty

☐ Air Force ☐ Space Force Male ☐ Female ☐

Do you wish to be added to our email news letter Yes ☐ No ☐

Action Desired: _____

-----DO NOT FILL BELOW THIS LINE FOR DAV USE ONLY-----

Action Taken: _____

Which Nation Service Office received information/forms _____

How were they sent? Email Fax Mail CMS Other _____

How did you receive confirmation that the NSO office received all documents/requests? _____

VA Forms:

☐ 21-22 ☐ DAV SOP ☐ 21-0966 ITF (By Phone) ☐ DD-214 (4) ☐ 21-526EZ ☐ 21-4142/4142a ☐ 21-4138 ☐ 21-10210

☐ 21-0781 ☐ 21-686c ☐ 20-0995 ☐ 20-996 ☐ 21-2680 SMC ☐ 10182 (BOA) _____

Prepared & Submitted By:

Received & Reviewed By:

Name and Title

Name and Title

Instructions: Send the original with any necessary documentation to the DAV National Service Office located at the VA office where the veteran service records are maintained. This form should be completed in all cases where a service inquiry is taken and referred to the DAV Nation Service Office.

DAV.ORG

404103 (2/22))

CL ☐

Over ☐



KEEPING OUR PROMISE TO
AMERICA'S VETERANS

Statement of Policy for Representation

Thank you so much for choosing DAV to assist you with your Department of Veterans Affairs benefits. DAV has a long history of providing claims assistance to veterans and their dependents and survivors. You can be sure that our national service officers and our transition service officers have been trained to assist you through the process. We provide our personnel with training and ongoing education so they can provide you with the help you need to navigate the sometimes-confusing process. Please note that DAV—not a specific person at DAV—is assisting you. We will review relevant portions of your file (when we have access), discuss possible strategies with you, prepare the necessary submissions and get them filed. Please remember that although we may be able to access your VA file, we do not “own” that file in accordance with VA regulations. As a result, we do not maintain copies of VA records or any medical records in our system. You must request copies of such records directly from the VA.

YOU SHOULD	YOU SHOULDN'T
Be truthful with DAV and the VA at all times.	Try to submit a fraudulent claim (we won't submit it if we have good reason to think it's false).
Respond promptly to requests for information (and be on time for medical exams).	Submit evidence, information or other “stuff” directly to the VA.
Submit information to the VA through our office.	Fail to cooperate with your service officer.
Notify us if anything changes (your name, address or phone number).	Be abusive or harassing to any of our employees or anyone else you meet in our offices.

DAV will assist you through the VA process, and you can make our job much easier if you remember three important things:

1. You know your own claim better than anyone else. If something is really important, call it to your service officer's attention. (Example: If you have an Intent to File pending at the VA, let us know.)
2. DAV normally does not file anything unless you ask us to do so. This is also true of appeals. If you get a VA decision that you believe is incorrect, call or visit your national service office. Don't assume that we will automatically try to “fix” a less-than-perfect outcome. Be sure that you read everything the VA sends you, including notices about deadlines.
3. Don't wait until the last minute to contact your service officer. DAV is not the VA, and we have no authority to extend filing deadlines. As such, you will need to provide the DAV with a reasonable amount of time in order to forward your documents to the VA. It is your responsibility to provide documents to DAV at least five (5) business days prior to the due date in order for us to review and present them to the VA. A late filing can negatively affect your claim, so be proactive!

Although we hope that you're with DAV for good, it is only right to tell you that you may elect a new organization to assist you at any time. You should also know that on rare occasions, we may have to withdraw our representation if, for instance, a conflict of interest develops or if circumstances arise that impact our ability to assist you. Rest assured, even if we withdraw our assistance, you can be sure that we will send you instructions on how to appoint a new representative.

If you have any questions about this statement, don't hesitate to ask. We have purposely written it in a way that we hope makes it clear what DAV will do for you and what we expect you to do for us. DAV's representation is always provided absolutely free of charge, and without regard to membership in our organization.

By appointing Disabled American Veterans as your representative before the VA, you have authorized DAV to access your VA records and to take the necessary actions to prepare, present and prosecute your claims for any and all benefits from the VA as outlined in VA Form 21-22. To enable DAV to properly represent you, we store and manage notes and copies of correspondence and legal documents regarding your claim(s) electronically on a case management system. By signing below, you acknowledge DAV has informed you that your data may be stored electronically to assist DAV in prosecuting your VA claim(s).

To Reiterate, DAV does not store VA records on its system.

DAV looks forward to assisting you and your family.

Name _____

VA# _____

Signature _____

Date _____



DAV Chapter 147

W.R. Hold

Killeen, TX 76541

Name: _____

SYMPTOMS CHART



W.R. Hold Chapter 147
Killeen, TX 76541

Care Civilian/ Military Medical History

This form is to be used to list all Military and Civilian Medical facilities. This information will later be used to fill out various VA Forms.

Approximate Date: _____

Notes:

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____

Notes:

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____

Notes:

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

Approximate Date: _____

Notes:

Name of Doctor or Facility: _____

Address: _____

Contact Number: _____

Email: _____

POC: _____

W.R. Hold DAV 147 Medical Check List for VA Claims

Condition	In Service Event		Current Diagnosis		Nexus	
	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
Cardiovascular						
Artery and Vein Condition						
Varicose Veins						
Cold Injuries						
Hypertension						
Restricted Blood Flow						
Heart						
Hypertension						
Digestive System						
Bowel Incontinence						
IBS						
GERD						
Gall Bladder						
Liver						
IBD						
Esophageal Conditions						
Peritoneal Adhesions						
Ulcers						
Ear, Nose & Throat						
Sinusitis						
Tinnitus						
Rhinitis						
Asthma						
Balance Disorders						
Loss of Taste & Smell						
Duty MOS List						
Endocrinological						
Diabetes Mellitas						
Thyroid Parathyroid						
Genitourinary System						
Penis & Testes						
Erectile Dysfunction						
Kidney						
Urinary Frequency						

This list is from the 38 CFR and is used to help a client understand what they are filing for and the information needed.

See Presumptive List for items that maybe service connected under certain conditions

W.R. Hold DAV 147 Medical Check List for VA Claims						
In Service Event		Current Diagnosis		Nexus		
Condition	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
Gynecological and Disorder of the Breast						
Uterus						
Female Sexual Arousal Disorder (FSAD)						
Infectious Disease, Immune Disorder & Nutritional Deficiencies						
Chronic Fatigue Syndrome						
Musculoskeletal						
Degenerative Arthritis						
Ankle Conditions						
Back Conditions						
Mid/Lower Back						
Low/Mid Back Sprain						
Elbow & Forearm						
Foot Pain						
Flat Feet						
Hip & Thigh Condition						
Hip & Thigh						
Total/Partial Hip Replace						
Knee & Lower Leg Condit						
Limitation of Knee						
Knee to much motion						
Shin Splits						
Total Knee Replacement						
Shoulder & Arm Condit						
Neck Condition						
Wrist Conditions						
Notes:						

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See Presumptive List for items that maybe service connected under certain conditions

W.R Hold DAV Chapter 147 Medical Checklist for VA Claims						
In Service Event			Current Diagnosis			
Condition	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
Neurological Conditions						
Headaches (Including Migraines)						
Fibromyalgia						
Seizure Disorder						
Essential Tremors						
Peripheral Nerves						
Carpal Tunnel						
Sciatic Nerve & Neuropathy						
Traumatic Brain Injury						
ALS (Lou Gehrig's Disease)						
Multiple Sclerosis						
Parkinson Disease						
Parkinson Disease & Secondary						
Secondary Condition Parkinson Disease						
Psychological/Mental						
Eating Disorder						
Mental Disorder						

Notes:

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See Presumptive List for items that maybe service connected under certain conditions