

**W.R. Hold Chapter**  
**147 702 East Ave E. Killeen, TX**  
**254-781-2031**  
Email: [Commander@DAV147.org](mailto:Commander@DAV147.org)  
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[Claims@DAV147.org](mailto:Claims@DAV147.org)

**Note From DAV 147 Chapter Commander & Sr. Vice Commander**

Good day, Thank you for choosing the Disabled American Veterans in assistance with your claim or other VA programs. Our mission is to help veterans with their paperwork that one needs to submit to the VA. We do not charge for our service. Our volunteers have attended classes and received training as DAV certified Claims Service Officers. Our service to you is free! We do not receive any monetary rewards from the government or grants.

Once we begin, we will spend time providing guidance to you in developing your claim. At times you may think what we tell you is an impossible task. Rest assured that we are not giving you busy work. These are tried and proven methods. We want our fellow veterans to receive what they deserve.

If you do not have all items ready to submit a claim, we will file a 21-0966 Intent to File a Claim. You will have one year from the date it is received by the VA to submit your claim. We strongly suggest that you do not delay in submitting your claim. We have found that by waiting until the last minute the veteran misses items and our schedule does not always match their urgency.

Once your paperwork has been submitted through the Case Management System (CMS). Our office will not receive any notification or status of your claim. If you Do Not Receive a Letter from the VA or DAV Regional Office at the end of two weeks contact us. Again, we will not receive any information on your claim. If you have any questions, it is best if you send us an email at [Claims@DAV147.org](mailto:Claims@DAV147.org) or call us at [254-781-2031](tel:254-781-2031) or come in.

You will be confident knowing we have given you our best effort. We also know that others will tell you how they got their claim done quicker. Before you decide to follow their path, we ask that you give us a chance to address your concern. This is your claim, and we understand that you have the right to choose another veteran's organization or person. However, if you leave us and return later, you will be required to redo all DAV Forms and maybe required to wait until you can be fitted into our schedule.

If you feel the service provided was not up to par, please contact the Commander or the Sr. Vice Commander. We take pride in our chapter and in our Claim Service Officers.

Michael. J. McClafferty  
Commander Chapter 147

Peter Nieves III  
Sr. Vice Commander Chapter 147



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 \_\_\_\_\_





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
<b>Cardiovascular</b>						
Artery and Vein Condition						
Varicose Veins						
Cold Injuries						
Hypertension						
Restricted Blood Flow						
Heart						
Hypertension						
<b>Digestive System</b>						
Bowel Incontinence						
IBS						
GERD						
Gall Bladder						
Liver						
IBD						
Esophageal Conditions						
Peritoneal Adhesions						
Ulcers						
<b>Ear, Nose &amp; Throat</b>						
Sinusitis						
Tinnitus						
Rhinitis						
Asthma						
Balance Disorders						
Loss of Taste & Smell						
Duty MOS List						
<b>Endocrinological</b>						
Diabetes Mellitas						
Thyroid Parathyroid						
<b>Genitourinary System</b>						
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						
Condition	In Service Event		Current Diagnosis		Nexus	
	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
<b>Gynecological and Disorder of the Breast</b>						
Uterus						
Female Sexual Arousal Disorder (FSAD)						
<b>Infectious Disease, Immune Disorder &amp; Nutritional Deficiencies</b>						
Chronic Fatigue Syndrome						
<b>Musculoskeletal</b>						
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						
<b>Notes:</b>						

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 Chapter 147 Medical Checklist for VA Claims

Condition	In Service Event		Current Diagnosis			
	STR	Explain when symptoms where notice or event occurred	VHA	Private	Medical Opinion	DBQ
<b>Neurological Conditions</b>						
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						
<b>Psychological/Mental</b>						
Eating Disorder						
Mental Disorder						

Notes:

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