

PRIORITY PROCESSING REQUEST INSTRUCTIONS

Please complete the attached form to submit a request for priority processing of a claim due to certain circumstances or status as described below along with any supporting information or evidence.

If you are	Then submit the following evidence if available or not already on file with VA
 Experiencing extreme financial hardship 	 Documentation showing extreme financial hardship, including but not limited to the following: Copy of an eviction notice or statement of foreclosure Copy of notices of past-due utility bills Copy of collection notices from creditors
• Terminally ill	 Copy of medical evidence showing illness that is terminal in nature, and/or If you want VA to get your private treatment records, submit a completed VA Form 21-4142, <i>Authorization to Disclose Information to the Department of Veterans Affairs</i>, and VA Form 21-4142a, <i>General Release for Medical Provider Information to the Department of Veterans</i> Affairs. NOTE: VA Forms are available at: <u>www.va.gov/vaforms</u>
 Diagnosed with Amyotrophic Lateral Sclerosis (ALS) also known as Lou Gehrig's disease 	 Copy of medical evidence showing ALS also known as Lou Gehrig's disease diagnosis, and/or If you want VA to get your private treatment records, submit a completed VA Form 21-4142 and VA Form 21-4142a
• Very Seriously Injured/Ill or Seriously Injured/Ill during military operations (Defined as a disability resulting from a military operation that will likely result in discharge from military service.)	 Copy of military personnel records, such as a determination from the Department of Defense (DOD), and Medical evidence showing severe disability or injury, and/or If you want VA to get your private treatment records, submit a completed VA Form 21-4142 and VA Form 21-4142a
• Age 85 or older	• Date of birth
Former Prisoner of War	 Copy of military personnel records such as DD Form 214, <i>Certificate of Release or Discharge from Active Duty</i>, or Information such as service number, branch and dates of service, dates and location of internment, detaining power, or any other information relevant to the detainment
 Medal of Honor or Purple Heart Award recipient 	 Copy of military personnel records such as DD Form 214, or Information showing receipt of Medal of Honor or Purple Heart Award

WHERE TO SEND INFORMATION AND EVIDENCE:

The time it takes your response to reach VA affects how long it takes us to process your request. We recommend calling our National Call Center at 1-800-827-1000 for immediate assistance whenever possible. If you are not a claimant or representative, we recommend mailing the information.

Note: You may designate one person or organization as a third-party representative to act on your behalf. A third-party may be a family member or other designated person who is not a Power of Attorney (POA), agent, or fiduciary. If you designate a third-party to represent you, a VA Form 21-0845, *Authorization to Disclose Personal Information to a Third-Party*, must be attached or of record.

The **fastest** way to respond to VA is to contact us at 1-800-827-1000.

If you need to mail your correspondence, identify the benefit type; then, use the corresponding mailing address below:

MAILING ADDRESSES			
Compensation Claims	Pension & Survivors Benefit Claims		
Department of Veterans Affairs	Department of Veterans Affairs		
Compensation Intake Center	Pension Intake Center		
P.O. Box 4444	P.O. Box 5365		
Janesville, WI 53547-4444	Janesville, WI 53547-5365		
Board of Veterans' Appeals	<u>Fiduciary</u>		
Department of Veterans Affairs	Department of Veterans Affairs		
Board of Veterans' Appeals	Fiduciary Intake Center		
P.O. Box 27063	P.O. Box 95211		
Washington, DC 20038	Lakeland, FL 33804-5211		

These addresses serve all United States and foreign locations.

Attention: If you are currently receiving GI Bill Education benefits and are experiencing any of the reasons listed within Section III: Reason(s) for Request, please call the 1-888-GIBILL1 (1-888-442-4551) or send an email through Ask A Question at <u>www.gibill.va.gov</u> for immediate assistance.

IMPORTANT

If you or someone you know is in crisis, call the Veterans Crisis Line at 1-800-273-8255 and press 1,

or visit https://www.VeteransCrisis/line.net/ to chat online, or send a text message to 838255

to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

Support for <u>deaf and hard of hearing</u> individuals is available.

OMB Approved No. 2900-0877 Respondent Burden: 7 Minutes Expiration Date: 10/31/2023

PRIORITY PROCESSING REQUEST INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 5. Use this form to request priority processing of a claim due to cartain status or dicumstances. For more information, contact us at https://tic.cuthelpux.ego.co/ ccal us to the end + 1-800-82/*1000 / you use a 1 these-charmonications. Derived for the Deaf (TDD), the Federal relay number is 711. VA forms are available at <u>sovex.vtl.gov/vtforms</u> . SECTION I - VETERAN'S DENTIFICATION INFORMATION (This information is required to processory gour request) NECTION I - VETERAN'S DENTIFICATION INFORMATION (This information is required to processory gour request) NOTE You can either complete the form on-fine or by hand. If completed by hand, priot the information is required to processory gour request) INTERANS NAME (First, Mudde Intel, Las)	Department of Veterans Affa	(DO NOT WRITE IN THIS SPACE) (VA DATE STAMP)		
form to request priority processing of a claim due to certain status or circumstances. For more information, contact us at this sufficience at 1-800-422-1000. If you use a Telecommunications Device for the Deaf (TDD), the Pederal relay number is 711. VA forms are available at work valge dov/datorms. SECTION I - VETERAN'S IDENTIFICATION INFORMATION (This information is required to process your request) NOTE: You can after complete the form on-line or by hand, from the information requested in ints, nearly, and legibly and completely fill in each circumstation gravested in ints, nearly, and legibly and completely fill in each circumstation are used to the information requested in ints, nearly, and legibly and completely fill in each circumstation gravested in the information requested in ints, nearly, and legibly and completely fill in each circumstation gravested in the information requested in the information is requested in	PRIORITY			
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O item 16B regarding your living situation) O skip to item 16C) O 16A. ARE YOU CURRENTLY HOMELESS? Radio button. YES O THER O THER (Specify)	16A. ARE YOU CURRENTLY HOMELESS? YES (If "YES," complete NO (If "NO," item 16B regarding your skip to item	16B. CHECK THE BOX THAT APPLIES TO YOU IVING IN A HOMELESS SHELTER 16A. ARE YOU CURRENTLY	JR LIVING SITUATION TAYING WITH NOTHER PERSON THER	T CURRENTLY IN A SHELTERED VIRONMENT (e.g. living in a car or tent)

VA FORM 20-10207

VETERAN'S SSN	1					
16C. ARE YOU (CURRENTLY A	T RISK OF BECOMING HOMELESS?	16D. CHECK TH	E BOX THAT APPL		
YES (If "YES," complete item 16D regarding your living situation)		NO (If "NO," skip to item 17)	C HOUSING WILL BE LOST IN C LEAV 30 DAYS		C LEAV	/ING PUBLICLY FUNDED SYSTEM OF CARE IN AYS OR LESS (e.g. homeless shelter)
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SECTION V - CERTIFICATION AND SIGNATURE				
I CERTIFY THAT I have completed this form and it is true and corre				
	18B. DATE SIGNED (MM-DD-YYYY)			
18A.SIGNATURE OF REQUESTER (REQUIRED)				
SECTION VI - THIRD	PARTY SIGNATURE			
(Only required if requester h	has an authorized third party)			
I CERTIFY THAT the veteran/claimant has authorized me as the undersigne	d representative and certifies that the information contained in this document is			
true and complete to the best of the veteran/claimant's knowledge.				
NOTE : A third-party signature <i>will not</i> be accepted unless a valid VA Form 2	21-0845. Authorization to Disclose Personal Information to a Third-Party, is of			
record or attached to this request. A third-party may be a family member or other designated person who is not a Power of Attorney, agent, or fiduciary.				
19A. THIRD-PARTY SIGNATURE (REQUIRED)	19B. DATE SIGNED (MM-DD-YYYY)			
SECTION VII - POWER OF ATTORNEY (POA) SIGNATURE				
	an authorized POA representation)			
I CERTIFY THAT the veteran/claimant has authorized me as the undersigne	ed representative and certifies that the information contained in this document			
is true and complete to the best of the veteran/claimant's knowledge.				
NOTE: A POA's signature will not be accepted unless a valid VA Form 21-22, Appointment of Veterans Service Organization as Claimant's				
Representative, or VA Form 21-22a, Appointment of Individual as Claimant's	<i>Representative,</i> is of record or attached to this request.			
20A. POWER OF ATTORNEY (POA) SIGNATURE (REQUIRED)	20B. DATE SIGNED (MM-DD-YYYY)			
PENALTY: The law provides severe penalties (including fine and/or imprisonment)	for willfully submitting any statement or evidence of a material fact you know to be			
false, or for fraudulent receipt of any document you are not entitled to.				
PRIVACY ACT NOTICE: VA will not disclose information collected c	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.				

RESPONDENT BURDEN: This information will let us help you in support of or response to your claim. Title 38, United States Code, allows us to ask for this information. It should take you about 7 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid Office of Management and Budget (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.