Department Of Veterans Affairs
3333 North Central Ave
Phoenix, AZ 85012

April 25, 2018

[redacted]

In Reply Refer To: [redacted]

[redacted]

In response to the request received in our office, we have provided your records for the following:

Veteran requested a copy of the notification letter that was sent on 04/11/2018. Privacy Act request processed and requested copy was faxed to 224-610-3489.

Please be advised, if applicable, we have provided you with the best copy available from our Center. If you have questions or concerns regarding your request for records under the Privacy Act or Freedom of Information Act, please contact our agency using the contact information below. Please refer to the assigned case number so we may easily locate your information.

Do You Have Questions or Need Assistance?

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	For Compensation, call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 711. For Pension, call us at 1-877-294-6380.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov.
Write	Put your full name and VA file number on the letter. Please send all correspondence to the address below: Department of Veterans Affairs Intake Center PO Box 4444 Janesville, WI 53547-4444 Toll Free Fax: 1-844-531-7818 DID : 248-524-4260

With sincere regard for the Veteran's service,

RO Director
VA Regional Office

To email us visit https://iris.va.gov

April 11, 2018

[redacted]K
[redacted]
[redacted]

We made a decision on your VA benefits.

[redacted],

This letter will guide you through the information you should know and steps you may take now that VA has made a decision about your benefits.

Your benefit information:

- Service connection for adjustment disorder with mixed anxiety and depressed mood (claimed as feeling depressed) is granted with an evaluation of 70 percent effective October 16, 2017.

Your combined rating evaluation is:

Combined Rating Evaluation	Effective Date
10%	Dec 13, 2010
10%	Dec 16, 2010
100%	Oct 22, 2012
10%	Dec 1, 2012
80%	Oct 16, 2017

How VA Combines Percentages

If you have more than one condition, VA will combine percentages to determine your overall disability rating. The percentages assigned for each of your conditions may not always add up to your combined rating evaluation. The following website has additional information about how VA combines percentages: http://www.benefits.va.gov/compensation/rates-index.asp#howcalc.

We have included with this letter:

1. Explanation of Payment
2. Additional Benefits
3. Rating Decision
4. Where to Send Written Correspondence
5. VA Form 4107
6. VA Form 21-0958

Contact information:

Web: www.vets.gov
Phone: 1-800-827-1000
TDD: 711
To send questions online: visit https://iris.va.gov

Social Media:

Twitter: @VAVetBenefits
Facebook: www.facebook.com/VeteransBenefits

Your representative:

You appointed VETERANS OF FOREIGN WARS OF THE US as your accredited representative. They have also received a copy of this letter.

They can help you with any questions you have about your claim.

[redacted]

If you agree with our decision:

There is no need to do anything other than ensure that if your banking and contact information changes, that you promptly notify us so there is no disruption to your benefit.

Thank you for your service,

Regional Office Director

cc: VETERANS OF FOREIGN WARS OF THE US
DVA Chicago Regional Office
Attn Support Services Division
2122 W Taylor ST
Chicago IL 60612

[redacted]

Explanation of Payment

We are currently paying you as a single Veteran with no dependents.

Your combined evaluation is 30 percent or more disabling; therefore, you may be eligible for additional benefits based on dependency. We may be able to pay you retroactive benefits for your dependents if you submit your dependency claim within a year from the date of this letter. If you wish to notify us of your dependents, please do so through eBenefits, an electronic resource in a self-service environment. Use of these resources often helps us serve you faster! Just visit www.eBenefits.va.gov to enroll and submit your dependency information.

Please Take Action: What Things Affect Your Right to Payment?

Please notify VA ***immediately*** if there is a change in any condition affecting your right to continued payments. If you don't notify us of these changes immediately, you may have to return any overpayments. Those changes include:

Evidence received shows a change is warranted.
Military Pay or Worker's Compensation: Your payments may be affected by the following, which you must bring to our attention: • Reentrance into active military or naval service. • Receipt of armed forces service retirement pay, unless your retirement pay has already been reduced because of award of disability compensation. • Receipt of benefits from the Office of Federal Employees Compensation. • Receipt of active duty or drill pay as a reservist or member of the National Guard.
Dependents: If you have a disability rating of 30 percent or more, you must advise VA of any change with your spouse or children.
Hospitalization: If your award includes Aid and Attendance benefits, we may reduce this additional allowance if you are admitted to a hospital, nursing home, or domiciliary care at VA expense.
Incarceration: Benefits will be reduced if you are incarcerated in a federal, state, or local penal institution for more than 60 days for conviction of a felony.
Lack of Cooperation: We may stop monthly payments if you: • fail to submit evidence we requested, • fail to attend a VA examination when requested, or • Submit false or fraudulent evidence to VA, or cause false or fraudulent evidence to be submitted to VA.
Fraud/Lying to Government: The law provides severe penalties, which include fines, imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled. We may verify information you submit through computer-matching programs with

[redacted]

letter.

State Benefits:

- State Benefits: For more information, please visit www.va.gov/statedva.htm.

DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Regional Office

[redacted]

Represented By:
VETERANS OF FOREIGN WARS OF THE US
Rating Decision
04/06/2018

INTRODUCTION

The records reflect that you are a veteran of the Gulf War Era and Peacetime. You served in the Army from August 30, 1988, to October 30, 1996. You filed a claim for increased evaluation that was received on October 23, 2017. Based on a review of the evidence listed below, we have made the following decision on your claim.

DECISION

Service connection for adjustment disorder with mixed anxiety and depressed mood (claimed as feeling depressed) is granted with an evaluation of 70 percent effective October 16, 2017.

EVIDENCE

- VA Form 21-0966, Intent To File A Claim For Compensation and/or Pension, or Survivors Pension and/or DIC, received October 16, 2017
- VA Form 21-526 EZ: Application for Disability Compensation and Related Compensation Benefits, October 23, 2017
- Private Treatment Records, Captain James A. Lovell Federal Health Care Center, dated

[redacted]
[redacted]

- Disturbances of motivation and mood
- Retention of only highly learned material
- Forgetting recent events
- Forgetting to complete tasks
- Panic attacks more than once a week
- Obsessional rituals which interfere with routine activities
- Impaired abstract thinking
- Panic attacks (weekly)
- Difficulty in adapting to stressful circumstances
- Neglect of personal appearance and hygiene
- Anxiety
- Difficulty in establishing and maintaining effective work and social relationships
- Forgetting directions

The overall evidentiary record shows that the severity of your disability most closely approximates the criteria for a 70 percent disability evaluation.

A higher evaluation of 100 percent is not warranted for major depressive disorder unless the evidence shows total occupational and social impairment, due to such symptoms as:
- gross impairment in thought processes or communication
- persistent delusions or hallucinations
- grossly inappropriate behavior
- persistent danger of hurting self or others
- intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene)
- disorientation to time or place
- memory loss for names of close relatives, own occupation, or own name.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our website, www.va.gov.

Where to Send Your Written Correspondence

In order to properly determine where to send your written correspondence, please first identify your benefit type (Compensation, Veterans Pension, or Survivor Benefits); then, locate the corresponding address based on your location of residence.

For correspondence relating to all **Compensation** claims:

Location of Residence	Address
All United States and Foreign Locations *Note: For foreign Veterans Pension and Survivor Benefits please refer to the below addresses.	Department Of Veterans Affairs Evidence Intake Center **P.O. Box 4444** Janesville, WI, 53547-4444 Or fax your information to: Toll Free: 844-531-7818 Local: 248-524-4260

For correspondence relating to all **Veterans Pension** and **Survivor Benefit** claims:

Location of Residence			Address
Alabama Arkansas Illinois Indiana	Kentucky Louisiana Michigan Mississippi	Missouri Ohio Tennessee Wisconsin	Department Of Veterans Affairs Claims Intake Center Attention: Milwaukee Pension Center **P.O. Box 5192** Janesville, WI 53547-5192 Or fax your information to: Toll Free: (844) 655-1604
Alaska Arizona California Colorado Hawaii Idaho Iowa Kansas Minnesota	Montana Nebraska Nevada New Mexico North Dakota Oklahoma Oregon South Dakota	Texas Utah Washington Wyoming Mexico Central America South America Caribbean	Department Of Veterans Affairs Claims Intake Center Attention: St. Paul Pension Center **P.O. Box 5365** Janesville, WI 53547-5365 Or fax your information to: Toll Free: (844) 655-1604
Connecticut Delaware Florida Georgia Maine Maryland Massachusetts	New Hampshire New Jersey New York North Carolina Pennsylvania Rhode Island	South Carolina Vermont Virginia West Virginia District of Columbia Puerto Rico Canada	Department Of Veterans Affairs Claims Intake Center Attention: Philadelphia Pension Center **P.O. Box 5206** Janesville, WI 53547-5206 Or fax your information to: Toll Free: (844) 655-1604
Countries outside of North, Central or South America			

Department of Veterans Affairs

YOUR RIGHTS TO APPEAL OUR DECISION

After careful and compassionate consideration, a decision has been reached on your claim. If we were not able to grant some or all of the VA benefits you asked for, this form will explain what you can do if you disagree with our decision. If you do not agree with our decision, you may:

- Start an appeal by submitting a Notice of Disagreement.
- Give us evidence we do not already have that may lead us to change our decision.

This form will tell you how to appeal and how to send us more evidence. You can do either one or both of these things.

HOW CAN I APPEAL THE DECISION?

How do I start my appeal? To begin your appeal, you **must** submit VA Form 21-0958, "Notice of Disagreement," if that form was provided to you in connection with our decision. If we denied more than one claim for a benefit (for example, if you claimed compensation for three disabilities and we denied two of them), please tell us in Part IV of VA Form 21-0958 each of the claims you are appealing. A filed VA Form 21-0958 is considered your Notice of Disagreement. If you did not receive VA Form 21-0958 in connection with our decision, then write us a letter telling us you disagree with our decision or enter your disagreement on VA Form 21-0958 in questions 11 or 12A. If you did not receive VA Form 21-0958 in connection with our decision, then either your statement or VA Form 21-0958 is considered your Notice of Disagreement. ***Send your Notice of Disagreement to the address included on our decision notice letter.***

How long do I have to start my appeal? You have one year to start an appeal of our decision. ***Your*** Notice of Disagreement must be postmarked (or received by us) within one year from the date of ***our*** letter denying you the benefit. In most cases, you cannot appeal a decision after this one-year period has ended.

What happens if I do not start my appeal on time? If you do not start your appeal on time, our decision will become final. Once our decision is final, you cannot get the VA benefit we denied unless you either:

- Show that we were clearly wrong to deny the benefit ***or***
- Send us new evidence that relates to the reason we denied your claim.

What happens after VA receives my Notice of Disagreement? We will either grant your claim or send you a Statement of the Case. A Statement of the Case describes the facts, laws, regulations, and reasons that we used to make our decision. We will also send you a VA Form 9, "Appeal to Board of Veterans' Appeals," with the Statement of the Case. If you want to continue your appeal to the Board of Veterans' Appeals (Board) after receiving a Statement of the Case, you must complete and return the VA Form 9 within one year from the date of our letter denying you the benefit ***or*** within 60 days from the date that we mailed the Statement of the Case to you, ***whichever is later***. If you decide to complete an appeal by filing a VA Form 9, you have the option to request a Board hearing. Hearings often increase wait time for a Board decision. It is not necessary for you to have a hearing for the Board to decide your appeal. It is your choice.

Where can I find out more about the VA appeals process?

- You can find a "plain language" pamphlet called "How Do I Appeal," on the Internet at: http://www.bva.va.gov/How_Do_I_Appeal.asp.
- You can find the formal rules for the VA appeals process in title 38, Code of Federal Regulations, Part 20. You can find the complete Code of Federal Regulations on the Internet at: http://www.ecfr.gov. A printed copy of the Code of Federal Regulations may be available at your local law library.

YOUR RIGHT TO REPRESENTATION

Can I get someone to help me with my appeal? Yes. You can have a Veterans Service Organization representative, an attorney-at-law, or an "agent" help you with your appeal. You are not required to have someone represent you. It is your choice.

- Representatives who work for accredited Veterans Service Organizations know how to prepare and present claims and will represent you. You can find a listing of these organizations on the Internet at: http://www.va.gov/vso.

(Please continue reading on page 2)

Department of Veterans Affairs

INFORMATION AND INSTRUCTIONS FOR COMPLETING NOTICE OF DISAGREEMENT (NOD)

IMPORTANT: Please read the information below carefully to help you complete this form quickly and accurately. Some parts of the form also contain notes or specific instructions for completing that part.

The use of this form is *mandatory* to initiate an appeal from the decision on disability compensation claims you received. This form has several key components, which, when filled out completely and accurately, will decrease the amount of time it takes to process your NOD.

FREQUENTLY ASKED QUESTIONS

How do I use this standard Notice of Disagreement (NOD) form?
You ***must*** use this form if you wish to indicate that you disagree with a decision you received regarding your claim for disability compensation. Examples of these decisions may include entitlement to service connection, percentage of evaluation assigned, and effective date among other things. This form is the only way that you can initiate an appeal from a decision on your claim for disability compensation.

Should I fill out this form?
You ***must*** fill out this form if you disagree with a decision issued by the VA regional office (RO) about your disability compensation claim. This includes an initial decision, a decision for an increased rating, or any other decision with which you disagree. Only those issues that you list on this NOD will be considered on appeal. For those issues you do not list on this NOD, you will still have one year from the date of the decision notification letter to file an appeal for those issues.

Where can I get help?
You can ask the Department of Veterans Affairs (VA) to help you fill out the form by contacting us at 1-800-827-1000. Before you contact us, please make sure you gather the necessary information and materials, and complete as much of the form as you can.

You can also contact your representative, if applicable, for assistance with completing this form. If you do not already have a representative, you can find a list of approved Veterans Service Organizations at www.va.gov/vso. You can be represented by a Veterans Service Organization representative, an attorney-at-law, or "agent". Contact your local RO for assistance with appointing a representative or visit www.ebenefits.va.gov.

What should I do when I have finished my NOD?
You should provide your signature in Item 13A and the date signed in Item 13B. Be sure to sign every form you fill out before you send it to us. If you don't sign the form, VA will return it for you to sign, and it will take longer to process.

Attach any materials that support and explain your NOD.

Mail your NOD to the address included on the VA decision notice letter or take your NOD to your local RO.

Do I need to keep a copy of this NOD form?
It is important that you keep a copy of all completed forms and materials you give to VA.

What constitutes a complete NOD form?
Generally, VA will consider your NOD "complete" if the following information is provided on the form:

(1) Part I - Information to identify the claimant such as name, Social Security Number, or VA claim number.
Please note that it would assist VA if you provide all the personal information in Part I. However, if you provide certain information specific to the claimant such as the claimant's last name and Social Security Number or VA file number, VA will be able to identify the claimant in our system and would not necessarily consider this NOD incomplete if other information in Part I, such as the claimant's address and telephone number, is excluded.

(2) Part IV - Information to identify the specific nature of the disagreement.
Please list the issues or conditions for which you seek appellate review in Item 11 of Part IV. At a minimum, please indicate the specific issue of disagreement in Item 11A such as "right knee disability" or "Post Traumatic Stress Disorder (PTSD)" and indicate the area of disagreement in Item 11B by checking the appropriate box. If you disagree with an evaluation of a disability, you may tell us what percentage evaluation you seek in Item 11C; however, you are not required to indicate the percentage of evaluation sought in Item 11C in order to complete this form.

(3) Part V - Claimant's signature.
Please be sure to sign the NOD, certifying that the statements on the form are true and correct to the best of the claimant's knowledge and belief.

IMPORTANT: If you do not provide the above information on this NOD, VA will consider your form incomplete and will request clarification from you. You must respond to this request for clarification either ***60*** days from the date of VA's request for clarification or ***one year*** from the date of mailing of the notice of decision of the RO, whichever is later. If you do not provide VA with a completed form within that time frame, the decision will become final, and you will have to file a new claim.

OMB Approved No. 2900-0791
Respondent Burden: 30 minutes
Expiration Date: 09/30/2018

Department of Veterans Affairs

NOTICE OF DISAGREEMENT

A CLAIMANT OR HIS OR HER DULY APPOINTED REPRESENTATIVE MAY FILE NOTICE EXPRESSING THEIR DISSATISFACTION OR DISAGREEMENT WITH AN ADJUDICATIVE DETERMINATION BY THE VA REGIONAL OFFICE. A DESIRE TO CONTEST THE RESULT WILL CONSTITUTE A NOTICE OF DISAGREEMENT (NOD.) WHILE SPECIAL WORDING IS NOT REQUIRED, THE NOD MUST BE IN TERMS WHICH CAN BE REASONABLY CONSTRUED AS DISAGREEMENT WITH THAT DETERMINATION AND A DESIRE FOR APPELLATE REVIEW. (AUTHORITY: 38 U.S.C. 7105)

TO FILE A VALID NOD, THERE IS A TIME LIMIT OF *ONE* YEAR FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT. FOR CONTESTED CLAIMS INCLUDING CLAIMS OF APPORTIONMENT, THIS TIME LIMIT IS *60* DAYS FROM THE DATE VA MAILED THE NOTIFICATION OF THE DECISION TO THE CLAIMANT.

(DO NOT WRITE IN THIS SPACE)
(VA DATE STAMP)

NOTE: You can *either* complete the form online or by hand. Please print information using blue or black ink, neatly, and legibly to help process the form.

PART I - PERSONAL INFORMATION

1. VETERAN'S NAME *(First, middle initial, last)*

2. VETERAN'S SOCIAL SECURITY NUMBER ___ – __ – ____

3. VA FILE NUMBER C/CSS -

CLAIMANT'S PERSONAL INFORMATION

4. CLAIMANT'S NAME *(First, middle initial, last)*

5. CURRENT MAILING ADDRESS *(Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)*

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code –

6. PREFERRED TELEPHONE NUMBER *(Include Area Code)* ___ – ___ – ____

7. PREFERRED E-MAIL ADDRESS

PART II - TELEPHONE CONTACT

8. WOULD YOU LIKE TO RECEIVE A TELEPHONE CALL OR E-MAIL FROM A REPRESENTATIVE AT YOUR LOCAL REGIONAL OFFICE REGARDING YOUR NOD?

☐ YES ☐ NO

(If you answered "Yes," VA will make up to two attempts to call you between 8:00 a.m. and 4:30 p.m. local time at the telephone number and time period you select below. Please select up to two time periods you are available to receive a phone call.)

☐ 8:00 a.m. - 10:00 a.m. ☐ 10:00 a.m. - 12:30 p.m. ☐ 12:30 p.m. - 2:00 p.m. ☐ 2:00 p.m. - 4:30 p.m.

Phone number I can be reached at the above checked time: _____

PART III - APPEAL PROCESS ELECTION

9. SELECT ONE OF THE APPEALS PROCESSING METHODS BELOW (See *Specific Instructions, Page 2, Part III* for additional information)

☐ Decision Review Officer (DRO) Review Process

☐ Traditional Appellate Review Process