OMB Approved No. 2900-0404
Respondent Burden: 45 minutes

Department of Veterans Affairs

VETERAN'S APPLICATION FOR INCREASED COMPENSATION BASED ON UNEMPLOYABILITY

NOTE: This is a claim for compensation benefits based on unemployability. When you complete this form you are claiming total disability because of a service-connected disability(ies) which has/have prevented you from securing or following any substantially gainful occupation. Answer all questions fully and accurately.

1. VA FILE NUMBER	2. VETERAN'S SOCIAL SECURITY NUMBER	3. DATE OF BIRTH
[redacted]	[redacted]	6 OCT 1958

4. NAME OF VETERAN (First, Middle, Last) (Type or Print)	5. ADDRESS OF CLAIMANT (No and street or rural route, city or P.O., State and ZIP Code)
[redacted]	[redacted] NC [redacted]-6367

SECTION I - DISABILITY AND MEDICAL TREATMENT

6. WHAT SERVICE-CONNECTED DISABILITY PREVENTS YOU FROM SECURING OR FOLLOWING ANY SUBSTANTIALLY GAINFUL OCCUPATION?	7. HAVE YOU BEEN UNDER A DOCTOR'S CARE AND/OR HOSPITALIZED WITHIN THE PAST 12 MONTHS?	8. DATE(S) OF TREATMENT BY DOCTOR(S)
SEE ATTACHED SHEET	YES	SEE ATTACHED SHEET
9. NAME AND ADDRESS OF DOCTOR(S)	**10. NAME AND ADDRESS OF HOSPITAL**	**11. DATE(S) OF HOSPITALIZATION**
SEE ATTACHED SHEET	DURHAM VAMC 508 FULTON STREET DURHAM, NC 27705	N/A

SECTION II - EMPLOYMENT STATEMENT

12. DATE YOUR DISABILITY AFFECTED FULL TIME EMPLOYMENT	13. DATE YOU LAST WORKED FULL TIME	14. DATE YOU BECAME TOO DISABLED TO WORK
SEE ATTACHED SHEET	JUNE 2000	JUNE 2000
15A. WHAT IS THE MOST YOU EVER EARNED IN ONE YEAR?	**15B. WHAT YEAR?**	**15C. OCCUPATION DURING THAT YEAR**
$ 57,066	1999	COMPUTER PROGRAMMER

16. LIST ALL YOUR EMPLOYMENT INCLUDING SELF-EMPLOYMENT FOR THE LAST FIVE YEARS YOU WORKED

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. HOURS PER WEEK	D. DATES OF EMPLOYMENT FROM	D. DATES OF EMPLOYMENT TO	E. TIME LOST FROM ILLNESS	F. HIGHEST GROSS EARNINGS PER MONTH
LABCORP, INC BURLINGTON, NC	COMPUTER PROGRAMMER	40+	OCT 1997	JUNE 2000	days - CANT REMEMBER HOW MANY	4755
LOWE'S COMPANIES, INC N. WILKESBORO, NC	COMPUTER PROGRAMMER	40+	JULY 1991	OCT 1997	DAYS - CANT REMEMBER HOW MANY	3750

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G. INDICATE YOUR TOTAL EARNED INCOME FOR THE PAST 12 MONTHS	H. IF PRESENTLY EMPLOYED, INDICATE YOUR CURRENT MONTHLY EARNED INCOME
$ 0	$ 0

17. DID YOU LEAVE YOUR LAST JOB/SELF-EMPLOYMENT BECAUSE OF YOUR DISABILITY?	18. DO YOU RECEIVE/EXPECT TO RECEIVE DISABILITY RETIREMENT BENEFITS?	19. DO YOU RECEIVE/EXPECT TO RECEIVE WORKERS COMPENSATION BENEFITS?
☑ YES ☐ NO (If "Yes," give the facts in Item 24)	☐ YES ☑ NO	☐ YES ☑ NO

20. HAVE YOU TRIED TO OBTAIN EMPLOYMENT SINCE YOU BECAME TOO DISABLED TO WORK?
☐ YES ☑ NO (If "Yes," complete Items A, B, and C)

A. NAME AND ADDRESS OF EMPLOYER	B. TYPE OF WORK	C. DATE APPLIED

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SECTION III - SCHOOLING AND OTHER TRAINING

21. EDUCATION *(Circle highest year completed)*

GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4

22A. DID YOU HAVE ANY OTHER EDUCATION AND TRAINING BEFORE YOU WERE TOO DISABLED TO WORK?

☐ YES ☑ NO *(If "Yes," complete Items 22B and 22C)*

22B. TYPE OF EDUCATION OR TRAINING	22C. DATES OF TRAINING	
	BEGINNING	COMPLETION

23A. HAVE YOU HAD ANY EDUCATION AND TRAINING SINCE YOU BECAME TOO DISABLED TO WORK?

☐ YES ☑ NO *(If "Yes," complete Items 23B and 23C)*

23B. TYPE OF EDUCATION OR TRAINING	23C. DATES OF TRAINING	
	BEGINNING	COMPLETION

24. REMARKS

SEE ATTACHED SHEET

SECTION IV - AUTHORIZATION, CERTIFICATION, AND SIGNATURE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: I consent that any physician, surgeon, dentist, or hospital that has treated or examined me for any purpose or that I have consulted professionally may furnish to VA any information about myself and I waive any privilege which makes this information confidential.

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION: I consent that any employer that has employed me for the past five years may furnish to VA any information about myself and I waive any privilege which makes this information confidential.

CERTIFICATION OF STATEMENTS: I CERTIFY THAT as a result of my service connected disabilities, I am unable to secure or follow *any* substantially gainful occupation and that the statements in this application are true and complete to the best of my knowledge and belief and understand that these statements will be considered in determining my eligibility for VA benefits based on unemployability because of service-connected disability.

I UNDERSTAND THAT IF I AM GRANTED SERVICE-CONNECTED TOTAL DISABILITY BENEFITS BASED ON MY UNEMPLOYABILITY, THAT I MUST IMMEDIATELY INFORM VA IF I RETURN TO WORK. I ALSO UNDERSTAND THAT TOTAL DISABILITY BENEFITS PAID TO ME AFTER I BEGIN WORK MAY BE CONSIDERED AN OVERPAYMENT REQUIRING REPAYMENT TO VA.

25. SIGNATURE OF CLAIMANT	26. DATE SIGNED	27. TELEPHONE NUMBER(S) *(Include Area Code)*	
		A. DAYTIME	B. NIGHTTIME
[redacted]	9 April 03	[redacted]	[redacted]

WITNESS TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK. NOTE: Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known and the signature and address of such witnesses must be shown below.

28A. SIGNATURE OF WITNESS	28B. ADDRESS OF WITNESS
29A. SIGNATURE OF WITNESS	**29B. ADDRESS OF WITNESS**

PENALTY: The law provides severe penalties which include fine or imprisonment or both for the willful submission of any statement or evidence of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: The responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.

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[redacted] SSN – [redacted] DOB 6 [redacted]

6. What service-connected disability prevents you from securing or following any substantially gainful occupation?

I am applying for increased compensation based on unemployability because of the multitude of problems I suffer from. The chronic back problem makes it very difficult to sit or stand for very long. The neck problem only increases this problem making deskwork or other sedentary work extremely difficult. The right shoulder/arm problem makes writing or using a computer mouse very painful after a while. My headaches always increased when I was working on things and hurting from the other problems. I can't do manual work so I don't know what other kind of work I can do. All of these problems and the fact I have had them for nearly twenty years is very depressing.

8. Date(s) of treatment by doctor(s).

Since I have not worked since June 2000 I am using the VA health care system exclusively. I have been treated at the Durham VA Medical Center a lot for my conditions. My VA records for disability show a continuous record of treatment from the time I was in the army to the present.

9. Name and address of doctor(s).

My VA records show all the doctors I have seen since the time I was in the army.
Dr. Wall is my primary care physician. I see him every six months. He is at the Durham VA Medical Center.
I have been going to the Durham VA Medical Center pain clinic every six months. The last time they moved it up to four months.

12. Date your disability affected full time employment.

My conditions have affected my employment continuously from the time that I was in injured in the army. I was on profile a lot in the army that affected my reviews. I missed work a lot to go to the doctor. As I became progressively worse I became more and more irritable. This did not help my standing with my coworkers or supervisors. As the years went by I became depressed about the condition I was in. I have progressively gotten worse over the years until now I do not feel like I will ever be able to work again.

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[redacted] SSN – [redacted] DOB 6 [redacted]

24. Remarks.

I applied for disability when I left the army. I received a letter from the VA dated 23 December, 1985 and post marked 24 December, 1985. It was to tell me that I did indeed have disability but it was less than ten percent. What a Christmas present this turned out to be on my first Christmas out of the military. I assumed the doctors knew more than I did. I thought I would get better when I quit running on pavement everyday and found a good chiropractor to get my back straight. I have now spent a small fortune trying to get better. I have pretty much given up any hope of getting better. Now I am just trying to manage my pain on a day to day basis.

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