Form Approved
OMB No. 76-R0335

VETERANS ADMINISTRATION

STATEMENT IN SUPPORT OF CLAIM

SOCIAL SECURITY NO. [redacted]

VA FILE NO. C- [redacted]

PRIVACY ACT INFORMATION: The information furnished on this form is authorized by existing law (38 U.S.C. 210 (C)(1)) and is considered relevant and necessary to determine entitlement to maximum benefits applied for under the law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

FIRST NAME-MIDDLE NAME-LAST NAME OF VETERAN *(Type or print)*

LEMUEL C. BRAY

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I request consideration for additional compensation benefits based on my employability situation which prevents me from substantially gainful employment.

Because My traumatic Brain Disease (injury) causes me to be too slow at administrative tasks although I retain my verbal skills to maintain substantial employment - I am presently employed part time for a CPA who has two Autistic children and understands my problem. He is subsidizing me with 1 ext. days work per week to accomplish his 3 day/week job.

My prior employment history shows that this has been a continuing problem since my discharge from the Navy in 1974.

VETERANS SERVICES DIVISION (27)

JUN 24 1987

VA REGIONAL OFFICE
LOS ANGELES, CA 90024

KEEP THIS COPY ATTACHED to VA form 28-1900 (Vocational Rehab application)

(CONTINUE ON REVERSE)

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

DATE SIGNED 6/24/87

SIGNATURE Lemuel C Bray

ADDRESS P.O. Box 3007 Terminal Annex, Los Angeles, CA 90051

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.

VA FORM FEB 1978 21-4138

EXISTING STOCKS OF VA FORM 21-4138, JUL 1977 WILL BE USED.

★ U.S.G.P.O.: 1986-491-867/56297