[redacted]

~~343~~ 344

Veterans Administration

ORIGINATING FACILITY	Complete this section if file numer is not available	
ANN-11C	BRANCH OF SERVICE	SERVICE NUMBER
	LAST PERIOD OF SERVICE FROM: TO:	DATE OF BIRTH
	FOR RO USE ONLY →	FILE NUMBER

(Imprint from Patient Data Card, or type or print Name, File Number, Social Security No. and address)

PART I—PURPOSE *(Check appropriate box and complete)*

ADMISSION NOTICE — 1. REPORT *(Check one)* ☐ INITIAL ☐ SUPPLEMENTAL

2. STATUS *(Check one)* ☐ VA HOSPITAL PATIENT ☐ NON-VA HOSPITAL PATIENT ☐ DOMICILIARY PATIENT ☐ STATE HOME PATIENT

3. PATIENT *(Check all that apply)* ☐ INCOMPETENT ☐ WAS ADMITTED OR READMITTED FOLLOWING AN IRREGULAR DISCHARGE

4. IF COMMITTED, ENTER COURT, LOCATION AND DATE COMMITTED

5. REQUEST FOR INFORMATION/ADJUSTMENT ACTION

☐ A. FILE NO. ☐ B. VERIFY MILITARY SERVICE INFORMATION SHOWN ABOVE, SHOW CORRECTIONS IN REMARKS SECTION PART II ☐ C. SERVICE CONNECTION ☐ D. DATES AND TYPE OF DISCHARGE FROM MOST RECENT HOSPITAL OR DOMICILIARY CARE ☐ E. MONETARY BENEFITS INFORMATION ☐ DECISION ON OTHER THAN HONORABLE DISCHARGE

☐ G. SPECIFY WHETHER VETERAN IS ENTITLED TO *(not pension or additional compensation based on need for regular aid and attendance or by reason of being permanently house bound)*

☐ H. ADJUDICATIVE ACTION *(When this is checked include in Item 6, data for determination of service connection, i.e., disease, injury or dental condition, name and location of hospital, clinic, first aid station where applicant states he received treatment during military service; dates or treatment and condition treated.)*

DROP FILE

6. REMARKS

admitted 9.27.91

7. ADMISSION DIAGNOSIS

Major Depression

MILITARY SERVICE VERIFIED ☐ YES ☐ NO

☐ ACTIVE RESERVE

☐ INACTIVE RESERVE

☐ SEPARATED

PART II—EXTRACT FROM CLAIM FOLDER

INITIALS AND DATE

1. NO MONETARY BENEFITS ☐

2. ACTION ☐ COMPETENT ☐ INCOMPETENT ☐ BY VA ☐ BY COURT

3. COMPENSATION $

4. PENSION $

5. RETIREMENT PAY $

5A. BY WHOM PAID

6. VETERAN HAS ENTITLEMENT FOR: A. AID AND ATTENDANCE ☐ YES ☐ NO B. HOUSEBOUND ☐ YES ☐ NO

7. APPORTIONMENT — VETERAN $ — OTHER PAYEE $ — NAME AND ADDRESS OF OTHER PAYEE

8. GUARDIAN — NAME AND ADDRESS — CHECK ONE ☐ PERSON ☐ ESTATE

RECEIVED OCT 2 1991 Receipt & Dispatch 69 V.A. Reg. Office Los Angeles, Ca.

9. SERVICE-CONNECTED CONDITIONS *(Complete when information on monetary benefits is requested, even if only 0%)*

DIAG CODES	%	DIAGNOSIS

10. REMARKS

PART III—REQUEST *(Check)*

☐ 1. VA FORM 10-7132

☐ 2. HOSPITAL SUMMARY

☐ 3. 21 DAY CERTIFICATE

☐ 4. EXAMINATION OF CONDITIONS LISTED IN REMARKS

☐ 5. SPECIAL REPORT *(Explain in Remarks)*

☐ 6 COMPETENCY REPORT

☐ 7. VA FORM 21-2680

☐ 8. ASSET INFORMATION

☐ 9. ADMISSION REPORT

☐ 10. OUTPATIENT TREATMENT REPORT FROM TO

☐ 11. BEGINNING DATE OF CARE UNDER CHAPTER 17 REHABILITATION PROGRAM

FACILITY NAME AND NUMBER	SIGNATURE	DATE

VA FORM AUG. 1983 **10-7131**

EXISTING STOCKS OF VA FORM 10-7131, OCT. 1978, WILL BE USED.

EXCHANGE OF BENEFICIARY INFORMATION AND REQUEST FOR ADMINISTRATIVE AND ADJUDICATIVE ACTION