

War Periods

How do I know if I served under an eligible wartime period?

Under current law, we recognize the following wartime periods to decide eligibility for VA pension benefits:

- Mexican Border period (May 9, 1916, to April 5, 1917, for Veterans who served in Mexico, on its borders, or in adjacent waters)
- World War I (April 6, 1917, to November 11, 1918)
- World War II (December 7, 1941, to December 31, 1946)
- Korean conflict (June 27, 1950, to January 31, 1955)
- Vietnam War era (February 28, 1961, to May 7, 1975, for Veterans who served in the Republic of Vietnam during that period. August 5, 1964, to May 7, 1975, for Veterans who served outside the Republic of Vietnam.)
- Gulf War (August 2, 1990, through a future date to be set by law or presidential proclamation)

2023 Rate Schedule VA

- Surviving Spouse \$20,509 or \$1709 mo
 - Vet alone \$26,752 or \$2229 mo
 - Vet married \$31,714 or \$2642 mo
-
- 8.7 % increase over prior
year

Am I Eligible?

Am I eligible for Veterans Pension benefits?

You may be eligible for the Veterans Pension program if you meet the requirements listed below.

Both of these must be true:

- You didn't receive a dishonorable discharge, **and**
- Your yearly family income and net worth meet certain limits set by Congress. Your net worth includes all personal property you own (except your house, your car, and most home furnishings), minus any debt you owe. Your net worth includes the net worth of your spouse.

[Find out about Veterans Pension rates](#)

And at least one of these must be true about your service. You:

- Started on active duty before September 8, 1980, and you served at least 90 days on active duty with at least 1 day during wartime, **or**
- Started on active duty as an enlisted person after September 7, 1980, and served at least 24 months or the full period for which you were called or ordered to active duty (with some exceptions) with at least 1 day during wartime, **or**
- Were an officer and started on active duty after October 16, 1981, and you hadn't previously served on active duty for at least 24 months

And at least one of these must be true. You:

- Are at least 65 years old, **or**
- Have a permanent and total disability, **or**
- Are a patient in a nursing home for long-term care because of a disability, **or**
- Are getting Social Security Disability Insurance or Supplemental Security Income

Request DD214 record

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

DD Form 214 or equivalent. This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. Check the appropriate box below to specify a deleted or undeleted copy. When was the DD Form(s) 214 issued? YEAR(S):

UNDELETED: Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.

DELETED: The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

All Documents in Official Military Personnel File (OMPF)

Medical Records (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, provide facility name and date for each admission:

Other (Specify):

2. **PURPOSE:** (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal

Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:** (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

Military service member or veteran identified in Section I, above Legal guardian (Must submit copy of court appointment.)

Next of kin of deceased veteran (Must provide proof of death.) Other (specify)

Show relationship: _____
(See item 2a on accompanying instructions.)

2. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 4 on accompanying instructions.)

Name _____
Street _____ Apt. _____
City _____ State _____ Zip Code _____

3. **AUTHORIZATION SIGNATURE REQUIRED** (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.


Signature Required - Do not print _____
() _____
Date of this request _____ Daytime phone _____
Email address _____

*This form is available at <http://www.archives.gov/research/order/standard-form-180.pdf> on the National Archives and Records Administration (NARA) web site. *

RESET

Intent to File

OMB Control No. 2900-0036
 Respondent Burden: 15 minutes
 Expiration Date: 05/31/2021

 Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC (This Form is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)		
NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.		
SECTION I: CLAIMANT/VETERAN IDENTIFICATION		
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.		
1. CLAIMANT'S NAME (First, Middle Initial, Last)		
2. CLAIMANT'S SOCIAL SECURITY NUMBER		
3. VA FILE NUMBER (if applicable)		
4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY) Month - Day - Year		
5. VETERAN'S NAME (First, Middle Initial, Last) (if different from claimant)		
6. VETERAN'S SOCIAL SECURITY NUMBER		
7. VETERAN'S SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
8. VETERAN'S SERVICE NUMBER (if applicable)		
9. 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		
10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. TELEPHONE NUMBER (Include Area Code)		
12. EMAIL ADDRESS (if applicable)		
SECTION II: GENERAL BENEFIT ELECTION		
IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you <u>do not</u> select one or more of the general benefits listed below.		
13. I intend to file for the general benefit(s) checked below: (Choose all that apply)		
<input type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION		
<input type="checkbox"/> SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)		
NOTE: Only check the box below if you are a surviving dependent of the veteran.		
IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online at www.va.gov . If you give VA a completed application for the selected general benefit within one year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.		
SECTION III: DECLARATION OF INTENT		
By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is not a claim for benefits ; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.		
14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE		14B. DATE SIGNED (MM,DD,YYYY)
15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print) (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)		
PRIVACY ACT NOTICE: VA will not disclose information collected 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 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 required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine the appropriate application and provide it to the claimant.		
RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102), Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if it does not display a valid OMB control number. You can locate the OMB Internet Page at www.reginfo.gov/public/default.do?PS=Main . If desired, you can call 1-800-421-1000 to get information on when to send comments or suggestions about this form.		
VA FORM 21-0966 AUG 2018		SUPERSEDES VA FORM 21-0066, MAR 2017.

Other Rules

- Asset Testing \$150,538.
- Allow car and house excluded generally
- If receiving partial disability rating then those dollars would be subtracted or netted.
- Can not pay spouse but all others allowed.

Complex and Many Are Denied

- About 1500 pages to VA Manual and almost 800 pages are related to Improved Pension Benefit.
- Forms for nearly everything and it must be done on VA forms. Example name personal representative.
- Three Year Look Back Rule when over assets
- Guidance along the changes

Scott Thomas

- My cell is 407-340-4070
- Next step is call to discuss your situation
- If complex due to assets we are here to assist
- If simple claim we direct you to non-profit partner to assist you now.