

All

109p

1969 June 3 DD214

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME O'CONNELL, ANTHONY MINER		2. SERVICE NUMBER 681709		3. SOCIAL SECURITY NUMBER [REDACTED]		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS NAVY - USNR		5a. GRADE, RATE OR RANK LT	b. PAY GRADE O-3	6. DATE OF RANK 01 DEC 1967	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	8. PLACE OF BIRTH (City and State or Country) WASHINGTON, D.C.		9. DATE OF BIRTH 25 OCT 1941				
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER -- -- -- --		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE FAIRFAX COURT HOUSE FAIRFAX COUNTY, VIRGINIA			c. DATE INDUCTED NOT APPLICABLE	
	11a. TYPE OF TRANSFER OR DISCHARGE RELEASED FROM ACTIVE DUTY		b. STATION OR INSTALLATION AT WHICH EFFECTED EODGRULANT, FORT STORY, VIRGINIA				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY BUPERS ORDER 163240-502 - COMPLETION OF REQUIRED SERVICE			d. EFFECTIVE DATE 03 JUN 1969	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND EODGRULANT, FORT STORY, VIRGINIA		
	13a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED SEE REMARKS			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND 21905			15. REENLISTMENT CODE NOT APPLICABLE			
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR -- -- --			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER COMMISSIONED 6 JUNE 1964			
SERVICE DATA	18. PRIOR REGULAR ENLISTMENTS NONE		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC ENSIGN		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) CHARLOTTESVILLE, VIRGINIA		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 6012 FRANCONIA ROAD SPRINGFIELD, VIRGINIA 22150		22. STATEMENT OF SERVICE				
	23a. SPECIALTY NUMBER & TITLE 9230 - EOD		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 694 - RENOVATION PLANT FOREMAN		c. DATE OF ENTRY DAY MONTH YEAR 06 JUN 1964		
					24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED		
					25. EDUCATION AND TRAINING COMPLETED		
					26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NONE		
			b. DAYS ACCRUED LEAVE PAID 60		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
			28. VA CLAIM NUMBER C.		b. AMOUNT OF ALLOTMENT \$ NA		
					c. MONTH ALLOTMENT DISCONTINUED NA		
					29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		
REMARKS	30. REMARKS GRAMMAR SCHOOL - 8 HIGH SCHOOL - 4 COLLEGE - 4 BLOCK 13b CONTINUED: NO DISCHARGE CERTIFICATE ISSUED AT TIME OF SEPARATION						
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 6541 FRANCONIA ROAD SPRINGFIELD, VIRGINIA 22150						
AUTHENTICATION	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R. P. ABENANTE, CWO2, ADMINISTRATIVE OFFICER			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Anthony M. O'Connell</i> ANTHONY M. O'CONNELL			
				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>			

DD FORM 214N
1 JUL 66

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. S/N-D101-800-4301

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1

MailMan message for KILMER,CATHERINE J PROGRAM SUPPORT ASSISTANT

Printed at PRESCOTT.MED.VA.GOV 01/17/12@09:59

Subj: HINQ response for /requested by KILMER,CATHERINE J [#7952397] 01/17/12@09:58 33 lines

From: POSTMASTER (ISSL) In 'WASTE' basket. Page 1

VBA name = AMOCONN Verified Svc-Data
Name = ANTHONY M OCONNELL
Address =
ZIP =
Sex = MALE
Date of Birth = OCT 25, 1941
Claim Number = 25163990
Service Number = 00681709
Folder Location = 359 - HONOLULU-RO
POW = Not applicable
Total Active Svc = 4 yr 11 mo 27 days
INDICATORS(Active Duty Training NO Homeless Veteran NO)

Service data - VBA

Svc Branch: Navy
EOD: JUN 6,1964
RAD: JUN 3,1969
Char of Svc: Honorable
Type Benefit:
DISABILITIES
Combined %=0 Disab. in Record=0 Eff. Date of Comb. Eval.=

Vet married Vet = No spouse or not eligible


Check Amount= '\$0.0' Net Award= '\$0.0'

SC 90

NSC, VA Pension

~~\$985/mo~~

720/mo





Department of Veterans Affairs

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS
CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM

1. LAST-FIRST-MIDDLE NAME OF VETERAN OConnell Anthony M	2. VA FILE NUMBER (Include prefix) 25 163 990
3A. NAME OF THE SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) 045 - Arizona Department of Veterans Services	
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Any accredited representative	

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER [REDACTED]	5. INSURANCE NUMBER(S) (Include letter prefix)
6A. SERVICE NUMBER(S)	6B. BRANCH OF SERVICE Navy
7. NAME OF CLAIMANT (If other than veteran)	8. RELATIONSHIP (If other than veteran) Veteran
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 439 S Vista Del Rio Green Valley AZ 85614	10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code) A. DAYTIME () None B. EVENING () None
	11. E-MAIL ADDRESS anthonymineroconnell@gmail.com
	12. DATE OF THIS APPOINTMENT 01-17-2012

13. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.

Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

14. LIMITATION OF CONSENT - My consent in Item 13 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:
No Limitations

I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 13 and 14), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.506. Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF CLAIMANT (Do Not Print) 	16. DATE SIGNED 01-17-2012
VA FORM 21-221 SENT TO: CER FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> INSURANCE FILE <input type="checkbox"/> CH. 30 <input type="checkbox"/> DEA FILE <input type="checkbox"/> LG FILE <input type="checkbox"/>	DATE SENT ACKNOWLEDGED (Date) REVOKED (Reason and date)

NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.



Department of Veterans Affairs

VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION

IMPORTANT - Read information and instructions carefully before completing the form. Type, print, or write plainly.

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

PART I - VETERAN'S INFORMATION

1. FOR WHAT BENEFIT ARE YOU APPLYING?

☐ Compensation ☐ Pension ☒ Compensation and Pension

2. HAVE YOU PREVIOUSLY APPLIED FOR ANY VA BENEFIT(S)? (Check applicable box)

☐ Pension ☐ Compensation ☒ Other (Specify) GI Bill3. FIRST, MIDDLE, LAST NAME OF VETERAN **Anthony M OConnell**

4A. VETERAN'S SOCIAL SECURITY

NO

4B. VA FILE NUMBER (If applicable)

25 163 990

4C. SPOUSE'S SOCIAL

SECURITY NO.

4D. IF YOU SERVED UNDER ANOTHER NAME, GIVE NAME AND PERIOD DURING WHICH YOU SERVED AND SERVICE NO.

5. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

439 S Vista Del Rio Green Valley, AZ 85614

6. TELEPHONE NUMBER(S) (Include Area Code)

A. DAYTIME

None

B. EVENING

None

C. CELL

None

7. E - MAIL ADDRESS (If applicable)

anthonymlneroconnell@gmail.com

8A. DATE OF BIRTH (Month, day, year)

10-25-1941

8B. PLACE OF BIRTH

Washington DC

9. SEX

☒ Male☐ Female

10A. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF WORKERS' COMPENSATION PROGRAMS? (Formerly the U.S. Bureau of Employees Compensation)

☐ YES ☒ NO (If "YES," complete Items 10B & 10C)

10B. WHEN WAS THE CLAIM FILED? (Mo., day, yr.)

10C. FOR WHAT DISABILITY ARE YOU RECEIVING BENEFITS?

PART II - NATURE AND HISTORY OF SERVICE-RELATED DISABILITY(IES) - If you need more space please use Item 45, "Remarks"

11. PLEASE PROVIDE NATURE OF SICKNESS, DISEASE, OR INJURIES FOR WHICH THIS CLAIM IS MADE; DATE EACH BEGAN; AND PLACE OF TREATMENT

A. LIST DISABILITY(IES)

B. DATE BEGAN

C. PLACE OF TREATMENT

Skin Cancer

UVA Hospital, Charlottesville, VA

12A. ARE YOU NOW OR HAVE YOU RECEIVED TREATMENT OR DOMICILIARY CARE AT A VA MEDICAL FACILITY?

☐ YES ☒ NO (If "YES," complete Items 12B & 12C)

12B. DATES OF TREATMENT/CARE

Month Day Year

12C. NAME AND ADDRESS OF VA MEDICAL FACILITY (If you need more space use Item 45, "Remarks")

13A. HAVE YOU EVER BEEN A PRISONER OF WAR?

☐ YES ☒ NO (If "YES," answer Items 13B and 13C)

13B. NAME OF COUNTRY

13C. DATES OF CONFINEMENT

FROM

TO

14. ARE YOU CLAIMING A DISABILITY RELATED TO AGENT ORANGE OR OTHER HERBICIDE EXPOSURE? (If "YES," list disability(ies) below)

☒ YES ☐ NO Skin Cancer

15. ARE YOU CLAIMING A DISABILITY RELATED TO ASBESTOS EXPOSURE? (If "YES," list disability(ies) below)

☐ YES ☒ NO

16. ARE YOU CLAIMING A DISABILITY RELATED TO MUSTARD GAS EXPOSURE? (If "YES," list disability(ies) below)

☐ YES ☒ NO

17. ARE YOU CLAIMING A DISABILITY RELATED TO IONIZING RADIATION EXPOSURE? (If "YES," list disability(ies) below)

☐ YES ☒ NO

18. ARE YOU CLAIMING A DISABILITY RELATED TO AN ENVIRONMENTAL HAZARD EXPOSURE DURING THE GULF WAR? (If "YES," list disability(ies) below)

☐ YES ☒ NO

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART III ACTIVE DUTY SERVICE INFORMATION

NOTE: Please complete the information for each period of active duty. Attach DD214 or other separation papers for all periods of active duty. If you do not have your DD214 form or other separation papers, check the box.

19A. ENTERED INTO SERVICE		19B. SERVICE NUMBER	19C. SEPARATED FROM SERVICE		19D. BRANCH OF SERVICE	19E. GRADE, RANK OR RATING, ORGANIZATION
DATE	PLACE		DATE	PLACE		
06-06-1964	Charlottesville, VA	00681709	06-03-1969	MA	Navy	O3/LT

PART IV - RESERVE AND NATIONAL GUARD SERVICE INFORMATION

NOTE: Enter complete information for each period of Reserves and National Guard service. Attach any separation papers you have.

20A. ENTERED INTO SERVICE		20B. SERVICE NUMBER	20C. SEPARATED FROM SERVICE		20D. SERVICE STATUS (Reserve, National Guard)	20E. GRADE, RANK OR RATING, ORGANIZATION
DATE	PLACE		DATE	PLACE		
06-04-1969						O3/LT

21. IF DISABILITY OCCURRED DURING ACTIVE OR INACTIVE DUTY FOR TRAINING, GIVE BRANCH OF SERVICE AND DATE OF OCCURRENCE	22A. ARE YOU NOW A MEMBER OF THE RESERVES OR NATIONAL GUARD? IF SO, GIVE THE BRANCH OF SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	22B. RESERVE STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVE OBLIGATION <input type="checkbox"/> INACTIVE
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22C. NAME, ADDRESS AND PHONE NO. OF RESERVE OR NATIONAL GUARD UNIT (If additional space is needed, use Item 45 "Remarks")

PART V - MILITARY RETIRED/SEVERANCE PAY

IMPORTANT - Unless you check the box in Item 25 below, you are telling us that you are choosing to receive VA compensation instead of military retired pay, if it is determined you are entitled to both benefits. If you are awarded military retired pay prior to compensation, we will reduce your retired pay by the amount of any compensation that you are awarded. VA will notify the Military Retired Pay Center of all benefit changes. If you receive both military retired pay and VA compensation, some of the amount you receive may be recouped by VA, or, in the case of Voluntary Separation Incentive (VSI), by the Department of Defense.

23A. ARE YOU RECEIVING MILITARY RETIRED PAY? (If "YES," complete Items 23C & 23D) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE? (If "YES," explain, i.e. Future Reserve/National Guard Retirement, Pending MEB/PEB) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23C. BRANCH OF SERVICE	23D. MONTHLY AMOUNT \$
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24. RETIRED STATUS <input type="checkbox"/> RETIRED <input type="checkbox"/> TEMPORARY DISABILITY RETIRED LIST <input type="checkbox"/> DISABLED RETIRED LIST	25. NO, I DO NOT WANT VA COMPENSATION IN LIEU OF MILITARY RETIRED PAY (Check box, if applicable)
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26. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE/SEPARATION PAY, OR ANY OTHER LUMP SUM PAYMENT FROM THE ARMED FORCES? (If "YES," list type, amount, date it was received, and the branch of service below)

☐ YES ☒ NO

PART VI - MARITAL AND DEPENDENCY INFORMATION

27A. MARITAL STATUS (If married, complete Items 27B thru 29D) <input type="checkbox"/> Married <input type="checkbox"/> Surviving Spouse <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married			27B. SPOUSES'S BIRTHDATE (Mo., day, yr.) 0-0-
27C. NUMBER OF TIMES YOU HAVE BEEN MARRIED (To include current marriage)	27D. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED (To include current marriage)	27E. IS YOUR SPOUSE ALSO A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	27F. SPOUSE'S VA FILE NUMBER (If any) C-
27G. DO YOU LIVE TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," complete Items 27H thru 27J)		27H. REASON FOR SEPARATION (For example, marital problems, job requirements, health, etc.)	
27J. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S MONTHLY SUPPORT \$		27K. HOW WERE YOU MARRIED? <input type="checkbox"/> Ceremony by a clergyman or other authorized public official <input type="checkbox"/> Tribal <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Common-law <input type="checkbox"/> Proxy	

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART VI - MARITAL AND DEPENDENCY INFORMATION - CONTINUED (If you need additional space, use Item 45 "Remarks")					
FURNISH THE FOLLOWING INFORMATION ABOUT EACH OF YOUR MARRIAGES (IF NOT APPLICABLE, WRITE "N/A")					
28A. DATE AND PLACE OF MARRIAGE		28B. TO WHOM MARRIED	28C. TERMINATED (Death, Divorce)	28D. DATE AND PLACE TERMINATED	
MONTH, YEAR	CITY, STATE			MONTH, YEAR	CITY, STATE

FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE (IF NOT APPLICABLE, WRITE "N/A")					
29A. DATE AND PLACE OF MARRIAGE		29B. TO WHOM MARRIED	29C. TERMINATED (Death, Divorce)	29D. DATE AND PLACE TERMINATED	
MONTH, YEAR	CITY, STATE			MONTH, YEAR	CITY, STATE

DEPENDENCY - Dependent Children Information (If you need additional space, use Item 45 "Remarks")								
FURNISH THE FOLLOWING INFORMATION FOR EACH OF YOUR DEPENDENT CHILDREN								
30A. NAME OF CHILD <i>(First, middle initial, last)</i>	30B. DATE & PLACE OF BIRTH <i>(City, state or country)</i>	30C. SOCIAL SECURITY NUMBER	30D. CHECK EACH APPLICABLE CATEGORY					
			BIOLOGICAL	ADOPTED	STEPCHILD	18-23 YRS. OLD AND IN SCHOOL	SERIOUSLY DISABLED BEFORE AGE 18	CHILD PREVIOUSLY MARRIED
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FURNISH THE FOLLOWING INFORMATION FOR EACH OF YOUR DEPENDENT CHILDREN WHO DO NOT LIVE WITH YOU		
31A. NAME(S) OF ANY CHILD(REN) NOT IN YOUR CUSTODY	31B. NAME AND ADDRESS OF PERSON HAVING CUSTODY	31C. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
	Name: Address:	\$
	Name: Address:	\$

PART VII - NON-SERVICE CONNECTED PENSION (If you need additional space use Item 45 "Remarks")	
NOTE: You do not have to submit medical evidence or list disabilities if you are age 65 or older, unless you are housebound, or require the regular assistance of another person.	
32. WHAT DISABILITIES PREVENT YOU FROM WORKING? <i>(List below)</i> Over 65	33. DO YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON OR ARE YOU GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES? <div style="text-align: center;"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div>

NURSING HOME INFORMATION		
NOTE: You may submit a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability. The statement should include the monthly charge you are paying out-of-pocket for your care.		
34A. ARE YOU NOW IN A NURSING HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "YES," complete Items 34B thru 34D)</i>	34B. NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY	34C. HAVE YOU APPLIED FOR MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO
34D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS OR HAVE YOU APPLIED AND NOT RECEIVED A DECISION? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED - NOT RECEIVED DECISION </div>	34E. ARE YOU RECEIVING SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI) OR HAVE YOU APPLIED FOR SSI BUT NO DECISION HAS BEEN MADE? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED - NOT RECEIVED DECISION </div>	

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART VIII - INCOME INFORMATION (Provide the income you received from all sources)

NOTE: Report the total income before deductions for taxes, insurance, etc. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid. Payments from any source will be counted, unless the law says that they don't need to be counted.

MONTHLY INCOME - Provide the income that you and your dependents receive every month. For items 35A -35F, if none, write "0" or "NONE." Do not leave blank spaces.

ITEM NO.	SOURCES OF RECURRING MONTHLY INCOME	VETERAN	SPOUSE	CHILD(REN) (Provide the first, middle initial, and last name)		
				NAME	NAME	NAME
35A.	Social Security	523				
35B.	U.S. Civil Service	0				
35C.	U.S. Railroad Retirement	0				
35D.	Military Retired Pay	0				
35E.	Black Lung Benefits	0				
35F.	Other (Interest, dividends, or one-time payments)	0				
36A. WILL YOU RECEIVE ANY INCOME FROM RENTAL PROPERTY OR FROM THE OPERATION OF A BUSINESS WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No		36B. WILL YOU RECEIVE ANY INCOME FROM THE OPERATION OF A FARM WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No		36C. DO YOU THINK YOUR INCOME WILL CHANGE IN THE NEXT 12 MONTHS? (If "Yes," explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART IX - NET WORTH (Provide specific information about the net worth of you and your dependents)

NET WORTH is the market value of all interest and rights in any kind of property after subtracting any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal items such as your vehicle, clothing, and furniture.

NOTE: For items 37A-37F provide amounts. If none, write "0" OR "NONE." Do not leave blank spaces.

ITEM NO.	SOURCE	VETERAN	SPOUSE	CHILD(REN) (Provide the first, middle initial, and last name)		
				NAME	NAME	NAME
37A.	Cash, non-interest bearing bank accounts	300				
37B.	Interest bearing bank accounts, certificates of deposit (CDs)	0				
37C.	Retirement accounts (IRAs, Keogh Plans, etc.)	0				
37D.	Stocks, bonds, mutual funds	0				
37E.	Value of business assets	0				
37F.	Real property (not your home)	0				

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART X - MEDICAL, LEGAL, OR OTHER EXPENSES

IMPORTANT - Complete items 38A through 38E only if you are applying for nonservice connected pension.

MEDICAL, LEGAL OR OTHER EXPENSES - Family medical expenses you actually paid (out-of-pocket) may be deducted from your income. Show the amount of unreimbursed medical expenses you paid for dependents you are under an obligation to support. Also, show medical, legal, or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to increase benefits for the year in which the expenses are paid. Do not include any expenses for which you were reimbursed. Be sure to include the Medicare deduction. If more space is needed, you may use Item 45, "Remarks" or attach a separate sheet.

38A. AMOUNT YOU PAID	38B. DATE PAID (Month, year)	38C. PURPOSE (Doctor's fees, hospital charges, attorney fees, etc.)	38D. PAID TO (Name of doctor, hospital, pharmacy, Attorney, etc.)	38E. PERSON FOR WHOM EXPENSE PAID (Self, spouse, child)

PART XI - DIRECT DEPOSIT

Generally, all Federal payments are required to be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 39, 40, and 41 to enroll in direct deposit. If you do not have a bank account you can receive a waiver from direct deposit, by checking the box below in Item 39. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in direct deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee, OK 74401-7004, and give us a brief description of why you do not wish to participate in direct deposit.

39. ACCOUNT NUMBER (Please check the appropriate box and provide the account number, if applicable)

☐ Checking

(Account number)

☒ I certify that I **do not** have an account with a financial institution or certified payment agent.

☐ Savings

(Account number)

40. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit to go)

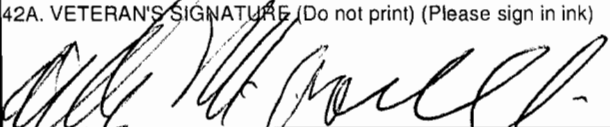
41. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check or savings deposit slip)

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART XII - CERTIFICATION, AUTHORIZATION, AND SIGNATURE(S)

I certify that the statements in this document are true and complete to the best of my knowledge and belief. I authorize any person or entity, including but not limited to any organization, service provider, employer or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

IMPORTANT - If you sign with an "X", then you must have 2 people witness your signature. They must then print their names and addresses and sign the form.

42A. VETERAN'S SIGNATURE (Do not print) (Please sign in ink) 	42B. VETERAN'S PRINTED NAME Anthony M OConnell	42C. DATE SIGNED 01-17-2012
43A. SIGNATURE OF WITNESS (Do not print)	43B. PRINTED NAME AND ADDRESS OF WITNESS	
44A. SIGNATURE OF WITNESS (Do not print)	44B. PRINTED NAME AND ADDRESS OF WITNESS	

PART XIII - REMARKS (*Use this space for any additional statements that you would like to make concerning your application for Compensation and/or Pension*)

45. REMARKS (If you need more space you may attach a separate sheet of paper)

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.

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON THIS PAGE.



**Department of
Veterans Affairs**

2012 January24 Jeffery McAdams to veteran

45 January 24, 2012

**3333 N CENTRAL AVE
PHOENIX AZ 85012**

In Reply Refer To:

ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614

File Number:
25-163-990
PAYEE NO 00
A M OCONN

Point A

We have received your application for benefits. It is our sincere desire to decide your case promptly. However, as we have a great number of claims, action on yours may be delayed. We are now in the process of deciding whether additional evidence or information is needed. If we need anything else from you, we will contact you, so there is no need to contact us in the meantime. If you do write us, be sure to show YOUR file number and full name, or have it at hand if you call.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

Enclosed is additional information about VA benefits and services. If you reside in the Continental United States, Alaska, Hawaii, Guam, the Northern Marianas, or Puerto Rico, you may contact VA with questions and receive free help by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833). From American Samoa you may dial toll free 684-699-3730. You can send us an e-mail through our web site www.va.gov by clicking "Contact Us".

Note: TDD phone number 1-800-829-4833 does not work for callers residing in Guam and the Northern Marianas.

J. MCADAMS

VETERANS SERVICE CENTER MANAGER

Enclosures: 21-0760



DEPARTMENT OF VETERANS AFFAIRS

Regional Office
P.O. Box 34790
Phoenix AZ 85067-4790

2012 January24 Jeffery McAdams to veteran, 10p

January 24, 2012

MR. ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614-2415

In reply, refer to:
345/PD2/GW
File Number: 25 163 990
Anthony M. OConnell

IMPORTANT -- reply needed

Dear Mr. Oconnell:

Trail 2

We are working on your claim for:

- skin cancer
- NSC Pension

This letter tells you what we will do with your claim and what you can do to help us. Please read the enclosure to this letter entitled, "Veteran Claims Assistance Act (VCAA)." The enclosure explains how we obtain evidence related to your claim and the legal requirements for supporting your claim.

What Do We Still Need from You?

We need additional evidence from you. *Please put your VA file number on the first page of every document you send us.*

- On your application, you indicated that you received treatment from UVA Hospital.

Complete and return an enclosed VA Form 21-4142, Authorization and Consent to Release Information, for each health care provider so that we can obtain treatment information. You may want to obtain and send us the information yourself.

- We need evidence showing that the following condition(s) existed from military service to the present time:

skin cancer

- Send any treatment records pertinent to your claimed condition(s), especially those which are recent (within the last 12 months). This includes reports or statements from doctors, hospitals, laboratories, medical facilities, mental health clinics, x-rays, physical therapy records, surgical reports, etc. These should include the dates of treatment, findings, and diagnoses.

File Number: 25 163 990

Anthony M. Oconnell

- We are requesting your service treatment records from the service department. You do not need to contact the service department yourself. If you have your service treatment records already in your possession, please submit them. Original records are preferable to copies.
- Additional information concerning your expenses is needed. Please fill out Sections I through V of the enclosed VA Form 21-8049, Request for Details of Expenses, and return the form to the address at the top of this letter.
- You reported that you paid some medical expenses during the past year. These medical expenses could increase the amount of your VA check. However, more information is needed before we are able to adjust your award.
Please complete and return the enclosed VA Form 21-8416, Medical Expense Report. You should check to be sure you include all your past year's medical expenses.
- In support of your claim for pension, we need (1) evidence showing that you have qualifying active duty service (at least 90 days of active duty, one of which was during a period of war), (2) evidence showing you have qualifying income and net worth, and (3) medical evidence showing that you are unable to work because of your disabilities.
- Please provide medical evidence of your permanent inability to obtain or maintain substantially gainful employment due to disability.
- If you served aboard a US Navy or Coast Guard ship on the offshore "blue waters" of Vietnam, VA will presume Agent Orange exposure if your service included duty or visitation within the country of Vietnam itself, or on its inland waterways, between January 9, 1962, and May 7, 1975. We need evidence that your ship entered Vietnam's inland waterways while you were aboard or that you went ashore while the ship was docked or at anchorage. Please provide us with the name of your ship and the approximate dates, to the best of your recollection, when your ship entered the inland waterways, docked, or otherwise sent you ashore. If your ship docked, you must state whether or not you went ashore. If you went ashore from a ship at anchorage, you must explain the circumstances. Agent Orange exposure will not be presumed if your ship just anchored temporarily in an open deep-water harbor such as Da Nang, Cam Ranh Bay, or Vung Tau, and you remained on the ship.

Some Veterans served on smaller, shallow draft vessels operating primarily on the inland waterways or "brown waters" of Vietnam's rivers, canals, estuaries, and delta areas, where herbicide exposure is presumed to have occurred. Please tell us if you are one of these Veterans and provide the name of your vessel and dates of service in Vietnam.

File Number: 25 163 990

Anthony M. Oconnell

- In order for VA to acknowledge that you were exposed to Agent Orange, please send evidence that: (1) you physically served within or visited the country of Vietnam, or its inland waterways, between January 9, 1962 and May 7, 1975. If you were stationed aboard a ship, we need the ship's name and evidence that it entered Vietnam's inland waterways or that you went ashore; (2) you served in a unit stationed along the Korean demilitarized zone between April 1, 1968 and August 31, 1971; or (3) you were exposed to Agent Orange in some other manner, with an explanation of when, where, and how you were exposed. You may include statements of persons who know of your exposure. Any person making a statement should provide as much description of the exposure as possible, and include his or her name, service number (or social security number), unit assignment, and dates of service.
- Send us medical evidence that shows the diagnosis and earliest symptoms for each disability below that resulted from your exposure to herbicides (Agent Orange):

skin cancer

If you are claiming a skin condition, we need medical evidence that shows your skin condition was present during the first year after your last service in Vietnam.

- If you have had a herbicide examination or have been treated for herbicide exposure at a VA health-care facility, send us a copy of the medical report with exposure history. If you do not have a copy, tell us the name of the VA facility serving you and the date of VA examination or treatment so we can obtain a copy for you.
- Send us any treatment records related to your claimed condition(s). This includes reports or statements from doctors, hospitals, laboratories, medical facilities, mental health clinics, x-rays, physical therapy records, surgical reports, etc. These should include the dates of treatment, findings, and diagnoses. If you want us to try to obtain any doctor, hospital or medical reports on your behalf, please complete and return the attached *VA Form 21-4142, Authorization and Consent to Release Information*.
- If you have received treatment at a Department of Veterans Affairs (VA) facility or treatment authorized by VA, please tell us the dates and places of treatment. We will then get the necessary records if you give us enough information to locate them.
- You may also send us your own statement, or statements from people who have witnessed how your claimed disabilities affect you. All statements submitted on your behalf should conclude with the following certification: "I hereby certify that the information I have given is true to the best of my knowledge and belief."
- **We have enclosed a "VCAA Notice Response." We encourage you to return this document, as it may expedite a decision on your claim.**

File Number: 25 163 990
Anthony M. Oconnell

Where Should You Send What We Need?

Please send what we need to this address:

Department of Veterans Affairs
Regional Office
P.O. Box 34790
Phoenix AZ 85067-4790

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days. However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What Have We Received?

- Your claim for benefits, which we received on January 20, 2012.

What Have We Done?

- Requested service treatment records.
- Requested dates of service in the country of Vietnam.

Important Information

VA provides free examinations for veterans who may have been exposed to herbicides (Agent Orange) while in Vietnam.

If you have not had a herbicide examination, you should contact the nearest VA health-care facility for more information.

If you have had a herbicide examination or have been treated for herbicide exposure at a VA health-care facility, send us a copy of the medical report with exposure history. If you do not have a copy, tell us the name of the VA facility serving you and the date of VA examination or treatment so we can obtain a copy for you.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at <http://www.va.gov>. Otherwise, you can contact us in several ways. Please give us your VA file number, **25 163 990**, when you do contact us.

File Number: 25 163 990

Anthony M. Oconnell

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Send us an inquiry using the Internet at <https://iris.va.gov>.
- Write to us at the address at the top of this letter.

We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

Jeffrey McAdams

Jeffrey McAdams

Veterans Service Center Manager

Enclosures: VA Form 21-8049
 VA Form 21-8416
 VA Form 21-4142 (3)
 VA Form 21-4138
 Veterans Claims Assistance Act (VCAA)
 What the Evidence Must Show - NSC Live Pension
 What the Evidence Must Show - Service connected comp
 VA Form 21-527
 VCAA Notice Response

cc: ARIZONA DEPARTMENT OF VETERANS' SERVICES

File Number: 25 163 990

Anthony M. Oconnell

Veterans Claims Assistance Act (VCAA)

What the Evidence Must Show for Nonservice-Connected Pension Benefits

To support your claim for nonservice-connected pension, the evidence must show:

1. You met certain minimum requirements regarding active military service during a period of war. Generally, those requirements involve:

- 90 days of consecutive service, at least one day of which was during a period of war; **OR**
- 90 days of combined service during at least one period of war;

(Note: If your service began after September 7, 1980, additional length-of-service requirements may apply, typically requiring two years of continuous service or completion of active-duty obligation.)

- **OR** any length of active military service with a discharge due to a service-connected disability.

2. You are age 65 or older or are permanently and totally disabled. You are considered permanently and totally disabled if medical evidence shows you are:

- A patient in a nursing home for long-term care; **OR**
- Receiving Social Security disability benefits; **OR**
- Unemployable due to a disability reasonably certain to continue throughout your lifetime; **OR**
- Suffering from a permanent disability that would make it impossible for an average person to follow a substantially gainful occupation; **OR**
- Suffering from a disease or disorder that VA determines causes persons who have that disease or disorder to be permanently and totally disabled.

3. Your net worth and income do not exceed certain requirements.
-

File Number: 25 163 990
Anthony M. Oconnell

What the Evidence Must Show for Service Connection

To support your claim for service-connection, the evidence must show:

1. You had an injury in military service, or a disease that began in or was made permanently worse during military service, or there was an event in service that caused an injury or disease; **AND**
2. You have a current physical or mental disability. This may be shown by medical evidence or by lay evidence of persistent and recurrent symptoms of disability that are visible or observable; **AND**
3. A relationship exists between your current disability and an injury, disease, or event in military service. Medical records or medical opinions are generally required to establish this relationship. However, under certain circumstances, VA may presume that certain current disabilities were caused by service, even if there is no specific evidence proving this in your particular claim. The cause of a disability is presumed for the following veterans who have certain diseases:
 - Former prisoners of war;
 - Veterans who have certain chronic or tropical diseases that become evident within a specific period of time after discharge from service;
 - Veterans who were exposed to ionizing radiation, mustard gas, or Lewisite while in service;
 - Veterans who were exposed to certain herbicides, such as by serving in Vietnam; or
 - Veterans who served in the Southwest Asia theater of operations during the Gulf War.

VA is Responsible for Getting the Following Evidence:

- Relevant records that you adequately identify and authorize VA to obtain from any Federal agency. These may include records from the military, VA medical centers (including private facilities where VA authorized treatment), or the Social Security Administration.
- VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your compensation claim.

On Your Behalf, VA Will Make Reasonable Efforts to Get the Following Evidence:

Relevant records not held by a Federal agency that you adequately identify and authorize VA to obtain. These may include records from State or local governments, private doctors and hospitals, or current or former employers.

File Number: 25 163 990
Anthony M. Oconnell

How Can You Help: If you have any information or evidence that you have not previously told us about or given to us, please tell us or give us that evidence now. If the evidence is not in your possession, you must give us enough information about the evidence so that we can request it from the person or agency that has it. If the holder of the evidence declines to give it to us, asks for a fee to provide it, or VA otherwise cannot get the evidence, we will notify you. *It is your responsibility to make sure we receive all requested records that are not in the possession of a Federal department or agency.*

How VA Determines the Disability Rating: When we find disabilities to be service connected, we assign a disability rating. That rating can be changed if there are changes in your condition. Depending on the disability involved, we will assign a rating from 0 percent to as much as 100 percent. VA uses a schedule for evaluating disabilities that is published as title 38, Code of Federal Regulations, Part 4. In rare cases, we can assign a disability level other than the levels found in the schedule for a specific condition if your impairment is not adequately covered by the schedule.

Higher levels of nonservice-connected pension may be assigned for disabilities that affect your ability to perform certain activities of daily living or the ability to leave your home.

We consider evidence of the following in determining the disability rating:

- Nature and symptoms of the condition;
- Severity and duration of the symptoms; and
- Impact of the condition and symptoms on employment.

File Number: 25 163 990
Anthony M. Oconnell

Examples of evidence that you should tell us about or give to us that may affect how we assign a disability evaluation include the following:

- Information about on-going treatment records, including VA or other Federal treatment records, you have not previously told us about;
- Recent Social Security determinations;
- Statements from employers as to job performance, lost time, or other information regarding how your condition(s) affect your ability to work; or
- Statements discussing your disability symptoms from people who have witnessed how they affect you.

How VA Determines the Effective Date: If we grant your claim, the beginning date of your entitlement or increased entitlement to benefits will generally be based on the following factors:

- When we received your claim; or
- When the evidence shows a level of disability that supports a certain rating under the rating schedule; or
- When medical evidence first shows entitlement to a higher level of pension.

If VA received your claim within one year of your separation from the military, entitlement will be from the day following the date of your separation.

Examples of evidence that are relevant to determining the effective date of any benefits we award include the following:

- Information about continuous treatment or when treatment began;
- Service treatment records in your possession that you may not have sent us; or
- Reports of treatment for your condition while attending training in the Guard or Reserve.

File Number: 25 163 990
Anthony M. Oconnell

VCAA NOTICE RESPONSE

Date of Claim: January 20, 2012

We provided a notice to you about the evidence and information VA needs to support your claim for benefits. At this time, you may choose to indicate whether you intend to submit additional information or evidence that would help support your claim.

Your signed response will let us know whether to decide your claim without waiting 30 days, or whether we should give you the full 30 days from the date of the letter sent with this notice response before deciding your claim.

Your signature on this response will not affect:

- Whether or not you are entitled to VA benefits;
- The amount of benefits to which you may be entitled;
- The assistance VA will provide you in obtaining evidence to support your claim; or
- The date any benefits will begin if your claim is granted.

RESPONSE

I elect *one* of the following: (Whichever box you check, you have one year from the date of the notice to give VA any other information or evidence you think will support your claim.)

☐ I have enclosed all the remaining information or evidence that will support my claim, or I have no other information or evidence to give VA to support my claim. Please decide my claim as soon as possible.

☐ I will send more information or evidence to VA to support my claim. VA will wait the full 30 days from the date of the letter sent with this notice response before deciding my claim.

Claimant/Representative Signature

Date

Jan28 (10:15am) Veteran to Brian O'Neil



Anthony OConnell <anthonymineroconnell@gmail.com>

VA economic pension; please drop skin cancer compension part of application

5 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Sat, Jan 28, 2012 at 10:15 AM

To: boneil@azdvs.gov

Cc: Anthony OConnell <anthonymineroconnell@gmail.com>

From:

Anthony M. OConnell

439 S. Vista Del Rio

Green Valley, AZ 85614

No telephone

anthonymineroconnell@gmail.com

VA File Number 25 163 990 (From VA Form 21-526 signed on January 17, 2012)

Information from the Phoenix VA:

In reply, refer to:

345 PD2/GW

File number: 25 163 990

Anthony M. OConnell.

Trail 1

Brian O'Neill,

I admire your tolerance in filling out an application for someone who doesn't know the answers. I can do better. I would like to continue to use the Prescott office instead of switching to the Tucson office. You all are great

I received the Phoenix VA's letter of January 24, 2012, with instructions and forms. I would like to continue to do the pension part of my application but I would like to drop the agent orange/skin cancer compensation part of my application. Does that mean I just have to fill out the 8 page VA Form 21-527? But I see that this form has questions about disability. What forms from the Phoenix VA should I fill out? Should I restart the application process or modify what has already been submitted?

Thank you,

Anthony O'Connell 7637

Drop skin cancer part of application

Attached are copies of:

1- My DD214

2- 2010 IRS Form 1040, individual tax return

3- 2011 Form SSA-1099- social security benefit statement

4- Bank statement (only one bank)

5- Phoenix VA's letter January 24, 2012 18p

6- Phoenix VA's Form 21-527 10p



Anthony O'Connell <anthonymineroconnell@gmail.com>

Anthony O'Connell

3 messages

Anthony O'Connell <anthonymineroconnell@gmail.com>

Sat, Jan 28, 2012 at 10:09 PM

To: boneil@azdvs.gov

Cc: Anthony O'Connell <anthonymineroconnell@gmail.com>

Anthony M. O'Connell

439 S. Vista Del Rio

Green Valley, AZ 85614

No telephone

anthonymineroconnell@gmail.com

VA File Number 25 163 990 (From VA Form 21-526 signed on January 17, 2012)

Information from the Phoenix VA:

"In reply, refer to:

345 PD2/GW

File number: 25 163 990

Anthony M. O'Connell

Jan28 (10:09pm) Veteran to Brian O'Neil

To: Brian O'Neil,

Cc:

Would you please add my attached credit card statement to my financial disclosure documents?

I don't know what credit card companies do when the credit card debit reaches it's limit. In general, do you know?

Thank you again,

Anthony O'Connell 7637

**9-credit-card-bill.pdf**

93K

Brian O'Neil <boneil@azdvs.gov>

Tue, Jan 31, 2012 at 8:02 AM

To: Anthony O'Connell <anthonymineroconnell@gmail.com>

I don't know what they do. Why are we submitting the credit card statement? What is the relevance of what is shown on it?

Brian O'Neil

Arizona Department of Veterans' Services

Veterans Services Division

Veterans Benefits Counselor

Jan31 (8:02am) Brian O'Neil to Veteran

Office (928) 443-0167

Fax (928) 443-1894

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]
Sent: Saturday, January 28, 2012 10:09 PM
To: Brian O'Neil
Cc: Anthony OConnell
Subject: Anthony O'Connell

[Quoted text hidden]

Anthony OConnell <anthonymineroconnell@gmail.com>
To: Brian O'Neil <boneil@azdvs.gov>

Tue, Jan 31, 2012 at 8:33 AM

Jan31 (8:33am) Veteran to Brian O'Neil

Brian O'Neil,

Thanks for asking. I was thinking that the credit card statement would show that I was broke and need the pension. If you don't think it's relevant or a good idea to include it, please don't include it.

Anthony M. O'Connell 7637

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

VA economic pension; please drop skin cancer compension part of application

5 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Sat, Jan 28, 2012 at 10:15 AM

To: boneil@azdvs.gov

Cc: Anthony OConnell <anthonymineroconnell@gmail.com>

From:

Anthony M. OConnell

439 S. Vista Del Rio

Green Valley, AZ 85614

No telephone

anthonymineroconnell@gmail.com

VA File Number 25 163 990 (From VA Form 21-526 signed on January 17, 2012)

Jan28 (10:15am) Veteran to Brian O'Neil

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In reply, refer to:

345 PD2/GW

File number: 25 163 990

Anthony M. OConnell:

Trail 1

Brian O'Neill,

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I received the Phoenix VA's letter of January 24, 2012, with instructions and forms. I would like to continue to do the pension part of my application but I would like to drop the agent orange/skin cancer compensation part of my application. Does that mean I just have to fill out the 8 page VA Form 21-527? But I see that this form has questions about disability. What forms from the Phoenix VA should I fill out? Should I restart the application process or modify what has already been submitted?

Thank you,

Anthony O'Connell 7637

Drop skin cancer part of application

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1- My DD214

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3- 2011 Form SSA-1099- social security benefit statement

4- Bank statement (only one bank)

5- Phoenix VA's letter January 24, 2012 18p

6- Phoenix VA's Form 21-527 10p

7-VA Form 21-526 Jan17 6p

8-VA Form 21-22 Jan17

as looks at weeks
Test for mark k-d
1/2 of 1 and

8 attachments

- 1-DD214.pdf
33K
- 2-2010 IRS Form 1040.pdf
65K
- 3-2011 Form-SSA-1099.pdf
22K
- 4-bank-statement.pdf
23K
- 5-PhoenixVA-letter-Jan24 18p.pdf
202K
- 6-PhonixVA Jan24 form21-527 10p.pdf
109K
- 7-VA Form 21-526 Jan17 6p.pdf
133K
- 8-VA Form 21-22 Jan17.pdf
32K

do in my VA letter
all the way

Brian O'Neil <boneil@azdvs.gov>

Tue, Jan 31, 2012 at 9:34 AM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

Anthony,

Jan31 (9:34am) Brian O'Neill to Veteran

The 21-526 that was already submitted should suffice, a 21-527 should not need to be submitted. I consulted with my colleagues here in the office, and it does not at this time make sense why the VA would have sent you the form in the first place, especially since the 21-526 addresses all the same issues. The process does not need to be restarted.

The 21-8049 is used to bring down your countable income, as is the 21-8416. Just fill them out with the applicable information, sign them, and send them to me. As they are financial forms, I cannot sign them on your behalf.

Once they are filled out, we can submit the VCAA Notice Response as well stating that you have no more information to submit.

Who hand-wrote in "Combat Action Medal" on your DD 214? This seems out of place as only the Air Force has a Combat Action Medal. The Navy, Coast Guard and Marine Corps have a Combat Action Ribbon.

For right now, I will submit a 21-4138 stating that you request that the compensation claim be withdrawn, and request the VA move forward on pension only. Since we are withdrawing the claim for compensation, the 21-4142 no longer needs to be completed.

Brian O'Neil
Arizona Department of Veterans' Services
Veterans Services Division

Veterans Benefits Counselor

Office (928) 443-0167

Fax (928) 443-1894

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Saturday, January 28, 2012 10:16 AM

To: Brian O'Neil

Cc: Anthony OConnell

Subject: VA economic pension; please drop skin cancer compension part of application

[Quoted text hidden]

Anthony OConnell <anthonymineroconnell@gmail.com>

Tue, Jan 31, 2012 at 12:34 PM

To: Brian O'Neil <boneil@azdvs.gov>

Brian O'Neil,

Jan31 (12:34pm) Veteran to Brian O'Neil

Thank you!

I wrote the "combat action medal amo" [amo = Anthony Miner O'Connell]" on my DD214 not realizing that the "Navy commendation medal with combat "V" means that. (I know, how could I not realize that)

Anthony O'Connell 7637

[Quoted text hidden]

Anthony OConnell <anthonymineroconnell@gmail.com>

Tue, Jan 31, 2012 at 12:51 PM

To: Brian O'Neil <boneil@azdvs.gov>

Brian O'Neal,

Jan31 (12:51pm) Veteran to Brian O'Neil

I hope this isn't important but my DD214, block 4 of my personal date, says "NAVY - USNR". I think it should say "NAVY - USN". I had a regular commission; not a reserve commission. I had an NROTC scholarship to the University of Virginia and was a midshipman with the same status as the midshipman at the Naval Academy. I can send you documentation if you like.

Anthony O'Connell 7637

[Quoted text hidden]

Brian O'Neil <boneil@azdvs.gov>

Tue, Jan 31, 2012 at 1:31 PM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

Antony,

Jan31 (1:31pm) Brian O'Neill to Veteran

The VA will have to submit to NPRC for your records anyhow, so that should be reflected. The record from the VAMC reflects that you were Navy. Since there is already a claim folder in Honolulu for you, they should already have a DD 214 on file. We have also submitted to NPRC for your records, so you should receive a copy.

In the future, do not write information onto your official paperwork, as it invalidates the paperwork, and may actually be illegal. Veterans do not have the authority to adjust their own paperwork. If your DD 214 is missing something, then you have to submit a request to your branch of service to have a DD 215, which is a correction to the DD 214, generated. If you don't have the orders to show the award of a Combat Action Ribbon, and it is not annotated

on your DD 214, then you are not authorized to wear or claim the Combat Action Ribbon. This is something that is very important, the last time I saw a veteran submit an altered DD 214 to the VA, the VA Inspector General launched an investigation of them, believing that the claimant was not the veteran, but instead stealing their identity. If you add something to your original paperwork, the VA has to presume the entire document is invalid. So if it was the one piece of paper that could prove your claim, they would not be able to use it, and could result in a denial. If you feel the need to clarify documents, we can do so seperately.

When you receive the records from NPRC, you can go into the Arizona Department of Veterans Services office that is closest to you, and they can make you certified true copies, and submit certified true copies of the NPRC records to the VA on your behalf. Or if you are up this way and would like to bring them in, I can do it for you.

Brian O'Neil
Arizona Department of Veterans' Services
Veterans Services Division
Veterans Benefits Counselor

Office (928) 443-0167
Fax (928) 443-1894

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Tuesday, January 31, 2012 12:52 PM

To: Brian O'Neil

Subject: Re: VA economic pension; please drop skin cancer compension part of application

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Anthony O'Connell, application

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, Feb 1, 2012 at 1:04 PM

To: Brian O'Neil <boneil@azdvs.gov>

Feb1 (1:04pm) Veteran to Brian O'Neil

Brian O'Neil,

Attached are copies of my DD214 before I wrote in the "Combat action medal amo". One copy is of the original before I wrote it in, and one copy is of a carbon copy where I never wrote it in. I don't think any agency has a copy of the DD214 with the "Combat action medal amo" written in, but I am not sure.

I am not interested in going through the process of changing the USNR to USN on my DD214 at this time, but thanks for answering my questions about it.

On VA Form 21-8416, where it says "Report medical expenses for the period _____ thru _____", How far back can I go, or is it just for one year? Are there instructions on line on how to fill out this form? Do I do forms every year for the pension?

Thanks again, especially for your email of January 31, 2012, at 2102, which saved me from a potential ton of grief.

Anthony M. O'Connell 7637

To:

2 attachments DD214 copy of original before memo 1p.pdf
247K DD214 copy of carbon copy of original 1p.pdf
83K**Brian O'Neil** <boneil@azdvs.gov>

Wed, Feb 1, 2012 at 1:53 PM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

Feb1 (1:53pm) Brian O'Neill to Veteran

Spoke to a Navy individual, he told me that all officers in the US Navy are considered to be in the Navy Reserve for their first year. I don't know if that has something to do with it.

I will submit the DD 214 to the VA, though since I haven't seen the original, I cannot stamp it as being certified true. But as I stated yesterday, we have in the record request to NPRC for them to send certified true copies to you. Since you have filed a claim previously, as shown by you being in the system, they may not even need the DD 214.

For the medical expenses, you generally go a year back.

I am here to assist, let me know if there is anything else.

Brian O'Neil
Arizona Department of Veterans' Services
Veterans Services Division

Veterans Benefits Counselor

Office (928) 443-0167

Fax (928) 443-1894

From: Anthony O'Connell [mailto:anthonymineroconnell@gmail.com]

Sent: Wednesday, February 01, 2012 1:04 PM

To: Brian O'Neil

Subject: Anthony O'Connell, application

[Quoted text hidden]

February 7

Trail 2

Missing document referred to as:

“We have received your typed statement **on February 7**, 2012, stating that you wish to withdraw your claim for *Skin cancer”
Jeffrey McAdams, May 10, 2012

“VA withdrew your request for compensation of skin cancer, based on a typed statement that they received on **February 7**, 2012.”
Brian O’Neil, May 14, 2012

“Statement submitted on **February 7**, 2012 that you would like to withdraw claim for skin cancer.”
Brian O’Neil, May 17, 2012

“*VA Form 21-4138, Statement in Support of claim, received **February 7**, 2012”
T. A. Olson, May 25, 2012

Questions

- (1) Why would the first mention of a document received on February 7 be made on May 10?
- (2) What is the document trail?
- (3) Who sent it?
- (4) Who appears accountable?
- (5) Why can't the veteran get a copy?

03/02/2012
07637

Trail 2



ANTHONY MINER OCONNELL
439 SOUTH VISTA DEL RIO
GREEN VALLEY AZ 85614

Dear Mr. Anthony Miner Oconnell,

This is a reminder of the following appointment:

THURSDAY MAR 22, 2012 10:20 AM PHX-DERM REARDON (TURQ) Clinic

*** ATTENTION: Please bring any of the following changes with you:

1. mailing address
2. home telephone number
3. next of kin information
4. health insurance coverage

If you are unable to keep the above appointment you can call:

VA Help Line
Monday - Friday, 8:00 am to 4:00 pm
(602) 222-6550
1-800-554-7174 outside of Maricopa County

If you have urgent Dermatology concerns before your appointment, nurses are available during clinic hours:

Dermatology Clinic
Monday - Friday, 8:00 am to 4:00 pm
(602) 277-5551 ext. 6989

Sincerely,
The Staff of the Phoenix VA Medical Center
650 E Indian School Rd
Phoenix, AZ 85012



Anthony OConnell <anthonymineroconnell@gmail.com>

Pension status

Messages

Anthony OConnell <anthonymineroconnell@gmail.com>
To: boneil@azdvs.gov

Wed, Mar 14, 2012 at 6:26 AM

Brian O'Neil,

March 14 (6:26am) Veteran to Brian O'Neil

Can you tell me the status of my pension request?

If and when it comes through, would I get a letter or a check or what?
Can I arrange a direct deposit to my checking account?

Thank you,

Anthony O'Connell 7637

Brian O'Neil <boneil@azdvs.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>


Wed, Mar 14, 2012 at 8:46 AM

March 14 (8:46am) Brian O'Neill to VeteranThey are waiting on your records being sent to them, from the previous regional office that had your claim folder.
They also put in a request to NPRC for your records, and are awaiting them.

If they do not have your bank information, then they would send a check. If you would like to receive direct deposit, then you would need to provide the VA with your bank information using VA form 24-0296. I have attached that form, so if you would like, fill it out, sign it, and snail mail it to me, and I will submit it to the VA.

Brian

[Quoted text hidden]

 **VBA-24-0296-ARE.pdf**
448K

Anthony OConnell <anthonymineroconnell@gmail.com>
To: Brian O'Neil <boneil@azdvs.gov>

Wed, Mar 14, 2012 at 3:00 PM

Brian O'Neil.

March 14 (3:00pm) Veteran to Brian O'Neil

Thank you for your response and for the form 24-0296.

I don't understand their "They are waiting on your records being sent to them, from the previous regional office that had your claim folder. They also put in a request to NPRC for your records, and are awaiting them".

My claim started with your office and never changed. Which is their regional office and which is "the pervious regional office"?

Thank you.

Anthony O'Connell 7637

[Quoted text hidden]

Brian O'Neil <boneil@azdvs.gov>

Wed, Mar 14, 2012 at 5:09 PM

To: Anthony O'Connell <anthonymineroconnell@gmail.com>

March14 (5:09pm) Brian O'Neil to Veteran

If you recall when you came in, we went over the piece of paper from eligibility, which stated on it your claim folder was in Honolulu, in the regional office there. At some point in time, before you came to see me, you put in a claim for something from the VA. It might have been education, or a home loan. But they generated a claim folder on you. There is only one claim folder per veteran.

As far as NPRC, that is the governments repository for all paperwork. When you were discharged from the military, NPRC took possession of your service records. Any time a claim is made to the VA, they request those records, so they can verify military service, and the particulars of that service.

Both are normal, and nothing to be worried about.

Brian

-----Original Message-----

From: Anthony O'Connell [mailto:anthonymineroconnell@gmail.com]

Sent: Wednesday, March 14, 2012 3:01 PM

To: Brian O'Neil

[Quoted text hidden]

Anthony O'Connell <anthonymineroconnell@gmail.com>

Wed, Mar 14, 2012 at 5:38 PM

To: Brian O'Neil <boneil@azdvs.gov>

March14 (5:38pm) Veteran to Brian O'Neil

Brian O'Neil,

I'm glad you know the system.

So, for starters for sure, my claim folder was originally in Honolulu?

The only previous clam I made to the VA was for the GI bill for the University of Massachusetts for 1969 to 1971, and for the State University of New York for 1972 until my eligibility ran out in 1973 or 1974.

What does NPRC stand for?

I'm going to hold on the direct deposit thing; I don't want to add any complications until after I, hopefully, get a check. What's your best guess as to when that might be?

Thanks again.

Anthony O'Connell 7637

[Quoted text hidden]

Brian O'Neil <boneil@azdvs.gov>

Wed, Mar 14, 2012 at 5:56 PM

To: Anthony O'Connell <anthonymineroconnell@gmail.com>

March14 (5:56pm) Brian O'Neil to Veteran

Where you are, in some cases has nothing to do with where your claim folder is. The VA can send a folder to any

number of offices to be worked on. When I went to school in Massachusetts, my claim folder was in Muskogee, Oklahoma. Honolulu may have been where they sent your folder to be worked at that time. Or, the VA may have sent it there for any number of reasons. But since you are in Arizona now, they will try to work the claim out of the Phoenix Regional Office, though they can delegate it out to another Regional Office if their claim load is too high.

NPRC is the National Personnel Records Center. It is the central repository for military personnel records.

I don't give time frames, any time I do the VA makes a liar out of me. I can tell you that people in my family have had their claim in since March of 2010. Yet I know other people who get their claim decided much faster. In the history of the VA, the year they had their most claims filed, last year they had double that amount. The VA has an incredible workload at the moment, without the infrastructure to support it. That means claims that used to take three months can now take over a year. Basically, be prepared to wait. It is an unfortunate reality that we are all suffering through right now, myself included.

Adding direct deposit doesn't complicate the claim in the slightest. I would actually suggest submitting it, to keep the VA from writing you again on it. But that is your choice. They will want it eventually, as they are being mandated to move to direct deposit to get rid of checks.

If you have any other questions, feel free to ask. I prefer getting reminders from clients every once in a while, so that I know to keep tabs on them. With thousands of veterans in our area, my memory isn't good enough to check on all of them every day. So any time you want to know what is up, just drop a line and I will get back with you as quickly as possible.

Brian

-----Original Message-----

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

[Quoted text hidden]

Anthony OConnell <anthonymineroconnell@gmail.com>

Thu, Mar 15, 2012 at 4:38 AM

To: Brian O'Neil <boneil@azdvs.gov>

March 15 (4:38am) Veteran to Brian O'Neil

Brian O'Neil,

Thanks for your message.

I don't understand the "my folder" concept in this electronic age but do understand that there is nothing I can do about it.

Enjoy your day. It's starting to get hot down here.

Anthony O'Connell 7637

[Quoted text hidden]

Anthony O'Connell <anthonymineroconnell@gmail.com>

Status of pension, Anthony O'Connell 7637

1 of 1 page

Anthony O'Connell <anthonymineroconnell@gmail.com>

Thu, Mar 15, 2012 at 6:39 AM

To: jlouis@azdvs.gov

March 15 (6:39pm) Veteran to Brian O'Neil

James Louis,

It was a pleasure to visit your office, I believe it was about three weeks ago. And thank you for catching me in the parking lot and returning my paper work that I left in your office.

It's been about a month since I applied for a VA economic pension. Can you tell me the status of my application and what your best guess is as to how long it would take for the VA to decide?

Anthony O'Connell 7637



Anthony O'Connell <anthonymineroconnell@gmail.com>

pension status

1 message

Anthony O'Connell <anthonymineroconnell@gmail.com>

To: jlouis@azdvs.gov

Mon, Mar 19, 2012 at 1:21 PM

March 19 (1:21pm) Veteran to Brian O'Neil

James Louis,

It was a please to visit your office, I believe it was about three weeks ago. And thank you for catching me in the parking lot and returning my paper work that I left in your office.

It's been about a month since I applied for a VA economic pension. Can you tell me the status of my application and what your best guess is as to how long it would take for the VA to decide?

Did you receive my email of March 15, 2012?

Anthony O'Connell 7637

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March20 (fax cover sheet, 12:45pm) James Louis to 345/Triage/ ,
faxing VA Form 21-4138 "Statement in support of claim"

Fax Header Information

AZDVS
5202074961
20-Mar-2012 12:47 PM

Job	Date/Time	Type	Identification	Duration	Pgs	Result
2644	20-Mar-2012 12:45 PM	Send	16026273039	1:02	2	Success



ARIZONA DEPARTMENT OF VETERAN SERVICES (ADVS)-45
VETERAN SERVICES DIVISION (VSD)

Date: MARCH 20, 2012
Veteran: OCONNELL, ANTHONY
VA Claim #: C 25 163 990
Alert Code: 50

TO: 345 / Triage/

FROM: Arizona Department of Veterans' Services
1661 N. Swan Road Suite 128
Tucson, AZ 85712
520-207-4960 x 102

VA Form 21-4138, STATEMENT IN SUPPORT OF CLAIM / WITHDRAW COMPENSATION CLAIM
POA HELD BY ADVS

Trail 1

PLEASE EXPEDITE
ADJUDICATION OF NSC PENSION
DUE TO HARDSHIP

Drop skin cancer part of application

JAMES T. LOUIS, JR. Veterans Benefit Counselor
ADVS Revised May, 2007



STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The 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 VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). 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 this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN

(Type or print)

OConnell Anthony M

SOCIAL SECURITY
NUMBERVA FILE NO. 25 163 990
C/CSS -

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

IN RESPONSE TO PHX VARO LETTER DATED JANUARY 24, 2012, THE VETERAN IS WITHDRAWING THE COMPENSATION CLAIM FOR SKIN CANCER

PLEASE EXPEDITE THE ADJUDICATION OF HIS NON-SERVICE CONNECTED PENSION BASED ON ELIGIBILITY - AGE 65 STATUS

THE VETERAN IS AGE 70 AND CURRENTLY RECEIVES \$538.00 PER MONTH FROM SOCIAL SECURITY

THANK YOU FOR YOUR IMMEDIATE ASSISTANCE

POA HELD BY ADVS

March20 (VA Form 21-4138 Statement in support of claim)

THE VETERAN DOES NOT HAVE A TELEPHONE. IF THERE IS A NEED TO CONTACT HIM, PLEASE CALL (520) 207-4960 EXT AND SPEAK WITH JAMES LOUIS (POA / ADVS)

Trail 1

Drop skin cancer part of application

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

SIGNATURE

James Louis Pat

DATE SIGNED
03-20-2012

ADDRESS

439 S Vista Del Rio Green Valley AZ, 85614

TELEPHONE NUMBER (Include Area Code)

DAYTIME
NoneEVENING
None

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.



**Department of
Veterans Affairs**

**3333 N CENTRAL AVE
PHOENIX AZ 85012**

45

March 20, 2012

In Reply Refer To:

March20 (regular mail) Jeffrey McAdams to Veteran

ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614

File Number:
25 - 163 - 990
PAYEE NO 00
A M OCONN

Trail 2

We are still processing your application for COMPENSATION. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

If you reside in the Continental United States, Alaska, Hawaii, Guam, the Northern Marianas, or Puerto Rico, you may contact VA with questions and receive free help by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833). From American Samoa you may dial toll free 684-699-3730.

Note: TDD phone number 1-800-829-4833 does not work for callers residing in Guam and the Northern Marianas.

J. MCADAMS

VETERANS SERVICE CENTER MANAGER

**Drop skin cancer instructions
not recognized**

Trail 2



ANTHONY MINER OCONNELL
439 SOUTH VISTA DEL RIO
GREEN VALLEY AZ 85614

Dear Mr. Anthony Miner Oconnell,

This is a reminder of the following appointment:

THURSDAY MAR 22, 2012 10:20 AM PHX-DERM REARDON (TURQ) Clinic

*** ATTENTION: Please bring any of the following changes with you:

1. mailing address
2. home telephone number
3. next of kin information
4. health insurance coverage

If you are unable to keep the above appointment you can call:

VA Help Line
Monday - Friday, 8:00 am to 4:00 pm
(602) 222-6550
1-800-554-7174 outside of Maricopa County

If you have urgent Dermatology concerns before your appointment, nurses are available during clinic hours:

Dermatology Clinic
Monday - Friday, 8:00 am to 4:00 pm
(602) 277-5551 ext. 6989

Sincerely,
The Staff of the Phoenix VA Medical Center
650 E Indian School Rd
Phoenix, AZ 85012



Anthony OConnell <anthonymineroconnell@gmail.com>

April 11 (10:55pm) Veteran to James Louis

Status of Anthony O'Connell's application

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, Apr 11, 2012 at 10:55 PM

To: jlouis@azdvs.gov

Tubbee Louis,

Thanks for all you did when I saw you last on March 20, 2012.

Would you be willing to check the status of my NSC pension application again? Is there is an identifiable problem?

Anthony M. O'Connell 7637

Status

Anthony

To:

April 11, 2012

View

Print

Print

Print

Print

Print

Print



Anthony OConnell <anthonymineroconnell@gmail.com>

pension status

May1 (2:37pm) Veteran to James Louis

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Tue, May 1, 2012 at 2:37 PM

To: "James Louis\\"" <jlouis@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Mr. Tub-bee' Jones,

May I ask you some questions about the economic pension status?

- (1) Is an application like mine; for an economic pension for a veteran over 65, automatic or is it adjudicated?
- (2) How long does it normally take?
- (3) How long after it normally takes before something like a tracer is done?
- (4) Can the trail of my application dated January 17, 2012, be followed?
- (5) If there is a problem can it be identified?

Realize that the Arizona Department of Veteran's Services and the VA are two separate entities and that the Arizona Department of Veteran's Services has little if any control over the VA. This is a request for information and not a complaint. Thank you for your excellent service.

Anthony O'Connell 7637

VA file number 25 163 990

**May10 (1:08pm) Veteran to James Louis**

Anthony O'Connell <anthonymineroconnell@gmail.com>

Status of Jan 17, 2012, economic pension application

1 message

Anthony O'Connell <anthonymineroconnell@gmail.com>

Thu, May 10, 2012 at 1:08 PM

To: James Louis <jlouis@azdvs.gov>

Bcc: Anthony O'Connell <anthonymineroconnell@gmail.com>

Mr. Tub-bee' Louis
Arizona Department of Veterans' Services
1661 North Swan, Suite 128
Tucson, Arizona 85712

Dear Mr. Louis,

Please correct me if I'm wrong; I understand that an application for an economic pension by a veteran over 65 is automatic; no adjudication necessary, and that it takes about 4 - 6 weeks. Would you please track my application of January 17, 2012? I'm told that the VA file number 25 163 990.

This is a request for information, not a complaint.

Thank you,

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614

DEPARTMENT OF VETERANS AFFAIRS

Regional Office
P.O. Box 34790
Phoenix AZ 85067-4790



May10 (regular mail, mailed May11) Jeffery McAdams to Veteran

May 10, 2012

ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614-2415

In reply, refer to:
345/PD2/TAS
File Number: 25 163 990
Anthony M. Oconnell

IMPORTANT -- reply needed

Dear Mr. Oconnell:

Important Information

We have received your typed statement on February 7, 2012 stating that you wish to withdraw your claim for:

- **Skin cancer**

We have withdrawn your pending claim at this time. No further action will be taken on your claim.

If you decide to reopen your claim, just state so on the enclosed VA Form 21-4138. If we do not receive this form in the Department of Veterans Affairs within one year from the date of this letter, benefits, if entitlement is established, may not be paid prior to the date of its receipt.

The Pension Management Center will address your claim for Non-Service Connected Pension.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at <http://www.va.gov>. Otherwise, you can contact us in several ways. Please give us your VA file number, **25 163 990**, when you do contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Send us an inquiry using the Internet at <https://iris.va.gov>.
- Write to us at the address at the top of this letter.

Trail 2

Page 2

File Number: 25 163 990
Anthony M. Oconnell

We look forward to resolving your claim in a fair and timely manner.

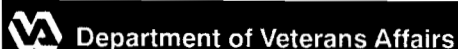
Sincerely yours,

Jeffrey McAdams

Jeffrey McAdams
Veterans Service Center Manager

Enclosures: VA Form 21-4138

cc: ARIZONA DEPARTMENT OF VETERANS' SERVICES



Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The 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 VA 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 to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The 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 maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). 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 this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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

SOCIAL SECURITY NO.

VA FILE NO.

Anthony M Oconnell

C/CSS - 25 163 990

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

VA Form 21-4138 "Statement
in support of claim"

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

SIGNATURE

DATE SIGNED

ADDRESS

TELEPHONE NUMBERS (*Include Area Code*)

DAYTIME

EVENING

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.

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



Anthony OConnell <anthonymineroconnell@gmail.com>

Please ask the VA to track my application

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 11, 2012 at 8:56 AM

To: James Louis <jlouis@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

James Tub-bee' Louis
Arizona Department of Veterans' Services
1661 North Swan, Suite 128
Tucson, Arizona 85712

May11 (8:56am) Veteran to James Louis

This is a request for information, not a complaint. I don't have the luxury of waiting anymore and need some answers from the VA. Would you please ask the VA to track my VA economic pension application?

(1) I was told early on that an application for a VA economic pension by a veteran over 65 is automatic; no adjudication necessary, and that it normally takes about 4 - 6 weeks. Is this true or not true?

(2) Is the VA's letter to me of January 24, 2012, the start date for tracking my application?

Bcc:

(3) If so, where did it go after that?

(4) Where is it now?

(5) What is the VA's best estimate of when I may receive a "yes" or a "no" from them?

Thank you,

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
VA file number 25 163 990

VA Pension9p.pdf
144K

James Louis <jlouis@azdvs.gov>

Fri, May 11, 2012 at 2:38 PM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

May11 (2:38pm) James Louis to Veteran

Mr. OConnell

I'm not sure who informed you of VA processing times but all claims must be reviewed and processed. There is no established time frame for a claim to be completed. Your claim for pension currently located at the Phoenix

Regional Office and is fairly new as it was established on March 20, 2012 and. The claims location is due to the compensation claim you filed. All claims for compensation and pension are processed in Phoenix. Pension only claims are forwarded to the Pension Management Center in St. Paul, MN. As you may recall when we submitted the claim, I requested your claim be expedited due to financial hardship. I will inquire the Regional Office for status. Please let me know if you need anything else.

TUB-BEE' Louis

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Date of Claim correction

4 messages

James Louis <jlouis@azdvs.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 11, 2012 at 4:17 PM

Sir

May11 (4:17pm) James Louis to Veteran

I was wrong. The date of your claim is January 20, 2012.

Anthony OConnell <anthonymineroconnell@gmail.com>
To: James Louis <jlouis@azdvs.gov>

Fri, May 11, 2012 at 4:26 PM

Thanks James!

[Quoted text hidden]

May11 (4:26pm) Veteran to James Louis

James Louis <jlouis@azdvs.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 11, 2012 at 4:28 PM

Sir

May11 (4:28pm) James Louis to Veteran

Do you have access to a phone yet?

[Quoted text hidden]

Anthony OConnell <anthonymineroconnell@gmail.com>
To: James Louis <jlouis@azdvs.gov>
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 11, 2012 at 8:27 PM

Mr. James Louis,

May11 (8:27pm) Veteran to James Louis

I don't have a telephone. I do have email. Please communicate with me by email.

Anthony O'Connell

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Confusion in VA Phoenix's letter of May 10, 2012

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Sun, May 13, 2012 at 10:41 AM

To: James Louis <jlouis@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

James Tub-bee' Louis
1661 North Swan, Suite 128
Tucson, Arizona 85712

May13 (10:41am/10:42am) Veteran to James Louis

Mr. Tub-bee' Louis,

This is not a complaint but a request for information.

I received VA Phoenix's letter of May 10, 2012, and am concerned that the information VA Phoenix has in their file is different from the information that I thought was sent to them. Would you please ask VA Phoenix to send you and me a copy of all the information that they have in their file 25 163 990?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

Transcription of VA Phoenix's May 10, 2012, letter follows:

*Department of Veterans Affairs
Regional Office
2004 Test Drive User
P. O. Box 34790
Phoenix AZ 85607-4790*

May 10, 2012

ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614-2415

IN REPLY,
REFER TO:
345/PD22/TAS
File Number: 25
163 990
Anthony M.

Oconnell

IMPORTANT – reply needed

Dear Mr. Oconnell:

Important Information

We have received your typed statement on February 7, 2012, stating that you wish to withdraw your claim for

- Skin cancer

We have withdrawn your pending claim at this time. No further action will be taken on your claim.

If you decide to reopen your claim at this time, just state so on the enclosed VA Form 21-4138. If we do not receive this form in the Department of Veterans Affairs with one year of the date of this letter, benefits, if entitlement is established, may not be paid prior to the date of this receipt.

The Pension Management Center will address your claim for Non-Service Connected Pension.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our website at <http://www.va.gov>. Otherwise you can contact us in several ways. Please give us your VA file number **25 163 990**, when you do contact us.

- Call us at 1-800-827-1000. If you use a telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Send us an inquiry using the internet at <https://iris.va.gov>.
- Write to us at the address at the top of this letter.


We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

Jeffrey McAdams (seal)
Jeffrey McAdams
Veterans Service Center Manager

Enclosures: VA Form 21-4138

cc: ARIZONA DEPARTMENT OF VETERANS' SERVICES

 **VA PhoenixMay10.pdf**
45K



Anthony OConnell <anthonymineroconnell@gmail.com>

Reference: VA economic pension; please drop skin cancer compensation part of application

3 messages

Anthony OConnell <anthonymineroconnell@gmail.com>
To: Brian O'Neil <boneil@azdvs.gov>
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Sun, May 13, 2012 at 10:12 PM

May13 (10:12pm) Veteran to Brian O'Neil

Mr. Brian O'Neil,

This is not a complaint but a request for information.

My application for an economic pension has gotten confusing. Would you please send me a copy of what you sent to the Phoenix VA to ask them to drop the skin cancer compensation part of my application? Please send me any and all information you have concerning this application. Please see the attachment.

Thank you

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
File number 25 163 990

 DropSkinCancer4p.pdf
75K

Brian O'Neil <boneil@azdvs.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>

Mon, May 14, 2012 at 9:21 AM

May15 (1:12am) Veteran to Brian O'Neil

VA withdrew your request for compensation of skin cancer, based on a typed statement that they received on February 7, 2012.

On March 20, 2012, per your request a VA 21-4138 was submitted to the VA. My system shows that two 21-4138's were filled out.

The first stated the following:

To: 345/Triage

From: ARIZONA DEPARTMENT OF VETERANS SERVICES, 240 S Montezuma Street, Suite 208, Prescott
AZ 86303

Subject: Withdrawal of compensation claim for skin cancer.

The veteran wishes to withdraw his claim for compensation for skin cancer.

This does not affect the veterans claim for Non-Service Connected Pension. Please move forward with the veterans claim for Non-Service Connected Pension.

On the VA 21-526, questions 36A, 36B. and 36C were not checked, the answer for each was "No".

Thank you.

The second one stated the following, and you were provided a copy of it by James Louis, the counselor you saw:

IN RESPONSE TO PHX VARO LETTER DATED JANUARY 24, 2012, THE VETERAN IS
WITHDRAWING THE COMPENSATION CLAIM FOR SKIN CANCER

PLEASE EXPEDITE THE ADJUDICATION OF HIS NON-SERVICE CONNECTED PENSION BASED
ON ELIGIBILITY - AGE 65 STATUS

THE VETERAN IS AGE 70 AND CURRENTLY RECEIVES \$538.00 PER MONTH FROM SOCIAL
SECURITY

THANK YOU FOR YOUR IMMEDIATE ASSISTANCE

POA HELD BY ADVS

THE VETERAN DOES NOT HAVE A TELEPHONE. IF THERE IS A NEED TO CONTACT HIM,
PLEASE CALL (520) 207-4960 EXT AND SPEAK WITH JAMES LOUIS (POA / ADVS)

On March 20, 2012 the VA system shows they received the Cover Sheet and 21-4138.

As this is now a pension claim, the Phoenix VA Regional Office has closed out the compensation claim as requested, and mailing the claim to the Pension Management Center (PMC) to process the pension. I called the PMC this morning and they have not as yet received it. Once they receive it, they will begin processing it.

I hope this answers your questions.

Brian

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Sunday, May 13, 2012 10:13 PM

To: Brian O'Neil

Subject: Reference: VA economic pension; please drop skin cancer compensation part of application

[Quoted text hidden]

Anthony OConnell <anthonymineroconnell@gmail.com>

Tue, May 15, 2012 at 1:12 AM

To: Brian O'Neil <boneil@azdvs.gov>

Brian,

May15 (1:12am) Veteran to Brian O'Neil

Thank you.

Tony

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Tracking my economic pension application initialed on January 24, 2012

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Tue, May 15, 2012 at 9:03 AM

To: Brian O'Neil <boneil@azdvs.gov>

Bcc: Anthony O'Connell <anthonymineroconnell@gmail.com>

May15 (9:03am) Veteran to Brian O'Neil

Brian O'Neil,

In trying to track my economic pension application initialed on January 24, 2012, the following from your email of May 14, 2012, is a treasure of information. A treasure:

"As this is now a pension claim, the Phoenix VA Regional Office has closed out the compensation claim as requested, and mailing the claim to the Pension Management Center (PMC) to process the pension. I called the PMC this morning and they have not as yet received it. Once they receive it, they will begin processing it."

Can you give me contacts and email addresses in the Pension Management Center (PMC) so I can contact them myself?

Anthony O'Connell

To:

Bcc:

Anthony O'Connell 7637

439 South Vista Del Rio

Green Valley, Arizona 85614

anthonymineroconnell@gmail.com

(No telephone)

345 PD2/GW

File number 25 163 990



Anthony OConnell <anthonymineroconnell@gmail.com>

Application of January 24, 2012, for economic pension

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, May 16, 2012 at 6:13 AM

To: Jeffrey McAdams <jeffrey.mcadams@va.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

May16 (6:13am) Veteran to Jeffery McAdams

Jeffrey McAdams
Veterans Service Center Manager
Department of Veterans Affairs
Regional Office
3333 North Central Avenue
Phoenix, Arizona 85012

Dear Mr. McAdams,

This is not a complaint but a request for information.

I received your letter of May 10, 2012, with it's enclosure VA Form 21- 4138, but I don't understand it. Perhaps there is a misunderstanding; perhaps the information you have in your file is different from the information I have. Would you please send me copies of what you have in your file, and any other information you have concerning this?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 990



Anthony OConnell <anthonymineroconnell@gmail.com>

Tracking my economic pension application initialed on January 24, 2012

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Tue, May 15, 2012 at 9:03 AM

To: Brian O'Neil <boneil@azdvs.gov>

Bcc: Anthony O'Connell <anthonymineroconnell@gmail.com>

Brian O'Neil,

In trying to track my economic pension application initialed on January 24, 2012, the following from your email of May 14, 2012, is a treasure of information. A treasure: ✓

"As this is now a pension claim, the Phoenix VA Regional Office has closed out the compensation claim as requested, and mailing the claim to the Pension Management Center (PMC) to process the pension. I called the PMC this morning and they have not as yet received it. Once they receive it, they will begin processing it."

Can you give me contacts and email addresses in the Pension Management Center (PMC) so I can contact them myself?

A: Tony O'Connell

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
File number 25 163 990

Brian O'Neil <boneil@azdvs.gov>

Wed, May 16, 2012 at 8:45 AM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

May16 (8:45am) Brian O'Neil to Veteran

The VA only gives out the standard 1-800-827-1000 number for contacting them. And they do not release names to the public. I already contacted them the other day, and they do not have it in their possession as yet, or processing. So I am not sure why you are anxious to contact them, as it will not expedite your claim. While I understand you are trying to track your claim, you will never get better information through them, as you will through us on it. If you are anxious to track it, you can always enroll on eBenefits. You create a basic account online, then if you verify your information in person with the VA, your account is upgraded. One of the features it gives, is the ability to track claims. ✓

Looking over everything though, it appears as though you are contacting our office near you, myself, and the VA. This may result in too many people trying to work towards the same goal, stepping on each others toes,

working from different angles, all the while. This is a process that unfortunately, takes time. The VA system has been overloaded for some time now, and pension claims are taking on average over six months.

Brian

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Tuesday, May 15, 2012 9:04 AM

To: Brian O'Neil

Subject: Tracking my economic pension application initialed on January 24, 2012

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Confusion in VA Phoenix's letter of May 10, 2012

3 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Sun, May 13, 2012 at 10:41 AM

To: James Louis <jlouis@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

James Tub-bee' Louis
1661 North Swan, Suite 128
Tucson, Arizona 85712

Mr. Tub-bee' Louis,

This is not a complaint but a request for information.

I received VA Phoenix's letter of May 10, 2012, and am concerned that the information VA Phoenix has in their file is different from the information that I thought was sent to them. Would you please ask VA Phoenix to send you and me a copy of all the information that they have in their file 25 163 990?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

Transcription of VA Phoenix's May 10, 2012, letter follows:

*Department of Veterans Affairs
Regional Office
2004 Test Drive User
P. O. Box 34790
Phoenix AZ 85607-4790*

May 10, 2012

ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614-2415

IN REPLY,
REFER TO:
345/PD22/TAS
File Number: 25
163 990
Anthony M.

Oconnell

IMPORTANT – reply needed

Dear Mr. Oconnell:

Important Information

We have received your typed statement on February 7, 2012, stating that you wish to withdraw your claim for

- Skin cancer

We have withdrawn your pending claim at this time. No further action will be taken on your claim.

If you decide to reopen your claim at this time, just state so on the enclosed VA Form 21-4138. If we do not receive this form in the Department of Veterans Affairs with one year of the date of this letter, benefits if entitlement is established, may not be paid prior to the date of this receipt.

The Pension Management Center will address your claim for Non-Service Connected Pension.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our website at <http://www.va.gov>. Otherwise you can contact us in several ways. Please give us your VA file number **25 163 990**, when you do contact us.

- Call us at 1-800-827-1000. If you use a telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Send us an inquiry using the internet at <https://iris.va.gov>.
- Write to us at the address at the top of this letter.

We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

Jeffrey McAdams (seal)
Jeffrey McAdams
Veterans Service Center Manager

Enclosures: VA Form 21-4138

cc: ARIZONA DEPARTMENT OF VETERANS' SERVICES

 VA PhoenixMay10.pdf
45K

James Louis <jlouis@azdvs.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, May 16, 2012 at 11:15 AM

Mr. O'Connell

May16 (11:15am) James Louis to Veteran

The Phoenix Regional Office has transferred your pension claim to St. Paul, MN for processing. I will initiate

a follow-up this Friday. I hope all is well.

TUB-BEE' Louis

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Sunday, May 13, 2012 10:42 AM

To: James Louis

Subject: Confusion in VA Phoenix's letter of May 10, 2012

[Quoted text hidden]

Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, May 16, 2012 at 1:30 PM

Draft To: James Louis <jlouis@azdvs.gov>

[Quoted text hidden]



**Department of
Veterans Affairs**

45

May 17, 2012

**1 FEDERAL DR
ST PAUL MN 55111**

In Reply Refer To:

ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614

File Number:
25 - 163 - 990
PAYEE NO 00
A M OCONN

May17 (postal mail) K L
Anderson to Veteran

We are still processing your application for PENSION. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

If you reside in the Continental United States, Alaska, Hawaii, Guam, the Northern Marianas, or Puerto Rico, you may contact VA with questions and receive free help by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833). From American Samoa you may dial toll free 684-699-3730.

Note: TDD phone number 1-800-829-4833 does not work for callers residing in Guam and the Northern Marianas.

K. L. ANDERSON

VETERANS SERVICE CENTER MANAGER



Anthony OConnell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Thu, May 17, 2012 at 2:33 AM

To: Jeffrey McAdams <jeffrey.mcadams@va.gov>

Jeffrey McAdams
Veterans Service Center Manager
Department of Veterans Affairs
Regional Office
3333 North Central Avenue
Phoenix, Arizona 85012

May17 (2:33am) Veteran to Jeffery
McAdams (1of1, p15in part 1)

Dear Mr. McAdams,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

As I mentioned before, I don't understand your letter of May 10, 2012, with it's enclosure VA Form 21- 4138.

Perhaps there is a misunderstanding; perhaps the information you have in your file is different from the information I have. Would you please send me copies of what you have in your file, and any other information you have concerning this?

Did you, on May 15, transfer the January 24, 2012, economic pension application to Saint Paul, Minnesota for processing? If so, why, why on May 15, and what information did you transfer?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 99



Anthony OConnell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Thu, May 17, 2012 at 3:41 AM

To: James Louis <jlouis@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

James Tub-bee' Louis
1661 North Swan, Suite 128
Tucson, Arizona 85712

May17 (3:41am) Veteran to James
Louis (1of1, p16in part 1

Dear Mr. Louis,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

As I mentioned before, I don't understand the Phoenix VA's letter of May 10, 2012. If you understand it, would you please explain it? If you don't understand it, would you please ask the sender to explain it?

Thank you for telling me that the application was transferred to Saint Paul, Minnesota, on May 15 for processing. If so, why was it transferred, why on May 15, and what information was transferred?

Thank you again.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 99

VA PhoenixMay10.pdf
45K View Download



Anthony O'Connell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

1 message

Anthony O'Connell <anthonymineroconnell@gmail.com>

Thu, May 17, 2012 at 4:22 AM

To: Brian O'Neil <boneil@azdvs.gov>

Bcc: Anthony O'Connell <anthonymineroconnell@gmail.com>

Brian O'Neil
240 South Montezuma Street, Suite 208
Prescott, Arizona 86303

May17 (4:22am) Veteran to Brian
O'Neil (1of1) p19in part1

Dear Mr. O'Neil,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

What is the average process time for an economic pension application from a veteran over 65? Is it automatic? If it is not automatic, what part of it is judged?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 99



Anthony OConnell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>
To: James Louis <jlouis@azdvs.gov>
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Thu, May 17, 2012 at 3:41 AM

James Tub-bee' Louis
1661 North Swan, Suite 128
Tucson, Arizona 85712

Dear Mr. Louis,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

As I mentioned before, I don't understand the Phoenix VA's letter of May 10, 2012. If you understand it, would you please explain it? If you don't understand it, would you please ask the sender to explain it?

Thank you for telling me that the application was transferred to Saint Paul, Minnesota, on May 15 for processing. If so, why was it transferred, why on May 15, and what information was transferred?

Thank you again.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 99

**VA PhoenixMay10.pdf**

45K View Download

James Louis <jlouis@azdvs.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>

Thu, May 17, 2012 at 8:40 AM

Hello

May17 (8:40am) James Louis to Veteran (1of2)
p17and18 in part 1, 3:41am and 8:40am on printout.

The recent correspondence you received was to inform you that the compensation (disability) claim for skin

cancer was withdrawn (per your request). It also stated the claim was being transferred to ST. Paul MN for processing. Here's a brief overview of what determines where a claim is processed.

- 1) If a veteran in Arizona files a compensation claim, it is normally processed at the Phoenix Regional Office (VARO).
- 2) If a veteran in Arizona files a pension claim, it is normally processed by the Pension Management Center (PMC) in St Paul, MN
- 3) If a veteran in Arizona files a claim for compensation and pension, the VARO will process the claim/s.

This being the case, it is normally more advantageous for a pension claim to be processed at PMC, especially in a case like yours when the claim is based on age.

Your claim file was transferred to St Paul because it is now a pension "only" claim. The file would contain all of the documentation provided with your initial application. I hope this answered your question/s. have a wonderful day

TUB-BEE' Louis

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Thursday, May 17, 2012 3:42 AM

To: James Louis

Subject: Can the document trail of the January 24, 2012, economic pension application be exposed?

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>

Thu, May 17, 2012 at 4:22 AM

To: Brian O'Neil <boneil@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Brian O'Neil
240 South Montezuma Street, Suite 208
Prescott, Arizona 86303

Dear Mr. O'Neil,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

What is the average process time for an economic pension application from a veteran over 65? Is it automatic? If it is not automatic, what part of it is judged?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 99

Brian O'Neil <boneil@azdvs.gov>

Thu, May 17, 2012 at 9:05 AM

To: Anthony OConnell <anthonymineroconnell@gmail.com>

May17 (9:05am) Brian O'Neil to Veteran (1 of 2,
20-21 in part1, (contains 4:22 am and 9:05am)

I am not sure what you mean by "exposed".

On January 17, 2012, you came to my office and we filled out your claim. It was mailed to the VA, and it was received by them on January 20, 2012. Shortly thereafter, they requested your claim folder from the location it was being stored at, and that it be sent to the Phoenix VARO.

Statement submitted on February 7, 2012 that you would like to withdraw claim for skin cancer.

On May 7, 2012, your folder was received at the Phoenix VARO from its previous location

VA Letter sent to you on May 10, 2012 that your claim for compensation is withdrawn, and that your claim for pension will be processed at the Pension Management Center.

On May 14, 2012, I contacted to Pension Management Center in regards to your claim. They had not yet received your claim, but stated once they did they will begin working on it.

I looked in the VA system today, your claim folder is still at the Phoenix VARO, waiting to be shipped out. The VA has opened your pension claim, but no work has begun on it.

The average process time for a pension is six to nine months from when the VA starts working on it. It looks at wartime service, income, assets, and whether a veteran is too disabled to work. Being over 65 for VA purposes, is considered a disability. Being over 65 means the VA doesn't have to develop for medical conditions, which means "over 65" claims should not take as long as those who are too disabled to work due to a physical disability. They verify through a request for records from the National Archives, if they don't already have the information in a claim folder, the veterans wartime service, and that they were honorably discharged. They can perform a data match with Social Security, and other sources to confirm that the income and assets that are reported are in fact correct. However, all information is verified to ensure eligibility for the pension, and this does take time.

The VA is currently handling a higher workload than it has ever handled in its history, and unfortunately, they cannot just hire people and throw them in the positions that need to be filled in order for the process to return to the speed that it had a few years ago. The job requires training and experience, which means claims take longer than before. The VA is trying to defray that extra time as much as possible, but it still takes time. While the VA average time is six to nine months for pension claims, they can also take over a year. When the PMC receives your claim, they will send you out a letter, typically in the first month, of what they need from you, if anything. The claim is a process, and there are people who submitted claims before you that the VA has to work through before they get to yours.

I hope this answers your questions.

Brian

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Thursday, May 17, 2012 4:23 AM

To: Brian O'Neil

Subject: Can the document trail of the January 24, 2012, economic pension application be exposed?

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>
To: Brian O'Neil <boneil@azdvs.gov>
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 18, 2012 at 3:05 AM

Brian O'Neil
Veteran Benefits Counselor
Arizona Department of Veteran's Services
240 South Montezuma Street, Suite 208
Prescott, Arizona 86303

May18 (3:05am) Veteran to Brian O'Neil
(1 message on 2 pages, P22-23 in pt1)

Dear Mr. O'Neil,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

I don't understand the Phoenix VA's letter of May 10, 2012. If you understand it, would you please explain it? If you don't understand it, would you please ask the sender to explain it?

"IMPORTANT - reply needed

Dear Mr. Oconnell:

Important Information

We have received your typed statement on February 7, 2012, stating that you wish to withdraw your claim for

*Skin cancer

We have withdrawn your pending claim at this time. No further action will be taken on your claim.

If you decide to reopen your claim at this time, just state so on the enclosed VA Form 21-4138. If we do not receive this form in the Department of Veterans Affairs with one year of the date of this letter, benefits, if entitlement is established, may not be paid prior to the date of this receipt.

The Pension Management Center will address your claim for Non-Service Connected Pension.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our website at <http://www.va.gov>. Otherwise you can contact us in several ways. Please give us your VA file number 25 163 990, when you do contact us.

*Call us at 1-800-827-1000. If you use a telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

*Send us an inquiry using the internet at <https://iris.va.gov>.

*Write to us at the address at the top of this letter.

We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

Jeffrey McAdams

Veterans Service Center Manager

Enclosures: VA Form 21-4138

cc: ARIZONA DEPARTMENT OF VETERANS SERVICES"

(See attached copy in pdf)

If the Phoenix VA sent the economic pension application to the Saint Paul, Minnesota, PMC, on May 15, 2012, please send me copies of what information was sent.

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 99

 **VA PhoenixMay10.pdf**
45K



Anthony OConnell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

2 messages

Anthony OConnell <anthonymineroconnell@gmail.com>
To: Brian O'Neil <boneil@azdvs.gov>
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 18, 2012 at 3:05 AM

Brian O'Neil
Veteran Benefits Counselor
Arizona Department of Veteran's Services
240 South Montezuma Street, Suite 208
Prescott, Arizona 86303

Dear Mr. O'Neil,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

I don't understand the Phoenix VA's letter of May 10, 2012. If you understand it, would you please explain it? If you don't understand it, would you please ask the sender to explain it?

"IMPORTANT - reply needed

Dear Mr. Oconnell:

Important Information

We have received your typed statement on February 7, 2012, stating that you wish to withdraw your claim for

**Skin cancer*

We have withdrawn your pending claim at this time. No further action will be taken on your claim.

If you decide to reopen your claim at this time, just state so on the enclosed VA Form 21-4138. If we do not receive this form in the Department of Veterans Affairs with one year of the date of this letter, benefits, if entitlement is established, may not be paid prior to the date of this receipt.

The Pension Management Center will address your claim for Non-Service Connected Pension.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our website at <http://www.va.gov>. Otherwise you can contact us in several ways. Please give us your VA file number 25 163 990, when you do contact us.

**Call us at 1-800-827-1000. If you use a telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.*

**Send us an inquiry using the internet at <https://iris.va.gov>.*

**Write to us at the address at the top of this letter.*

We look forward to resolving your claim in a fair and timely manner.

Sincerely yours,

Jeffrey McAdams

Veterans Service Center Manager

Enclosures: VA Form 21-4138

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(See attached copy in pdf)



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please send me copies of what information was sent.

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 99

 VA PhoenixMay10.pdf
45K

Brian O'Neil <boneil@azdvs.gov>
To: Anthony O'Connell <anthonymineroconnell@gmail.com>

Fri, May 18, 2012 at 8:27 AM

Anthony,

May18 (8:27am) Brian O'Neil to Veteran (on
page 2 of 3 page print out), p24-p26 in prt 1

It is a standard letter, there is nothing that obscure about it, and there is no hidden meaning in it. You are over-thinking this.

You had submitted for compensation, and pension.

Compensation claims are typically worked on at the VA Regional Office (VARO) in your state, in this case the Phoenix VARO.

Pension claims are typically worked on at the Saint Paul, Minnesota VARO.

Compensation and pension do not get worked on at the same time typically. They process the compensation, then they process the pension typically.

When you withdrew your compensation claim, for skin cancer, your compensation claim was closed at the Phoenix VARO, so that your pension claim can be sent to the Saint Paul VARO.

Even though you closed your compensation claim, the VA still gives you the option to reopen it at a later date, to keep the original date of claim, as long as you do it within the specified time period.

However, for now, just the pension claim is moving forward as you requested. And the work on it will be

done at the Saint Paul VARO

As far as what the Phoenix VARO is sending to Saint Paul, it should be your entire claim folder (which I cannot see on the computer to print the contents of), which includes everything that we have submitted.

Brian

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Friday, May 18, 2012 3:05 AM

To: Brian O'Neil

Subject: Can the document trail of the January 24, 2012, economic pension application be exposed?

[Quoted text hidden]



Anthony OConnell <anthonymineroconnell@gmail.com>

Can the document trail of the January 24, 2012, economic pension application be exposed?

1 message

Anthony OConnell <anthonymineroconnell@gmail.com>

Fri, May 18, 2012 at 9:34 AM

To: Brian O'Neil <boneil@azdvs.gov>

Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Brian O'Neil
Veteran Benefits Counselor
Arizona Department of Veteran's Services
240 South Montezuma Street, Suite 208
Prescott, Arizona 86303

May18 (9:34am) Veteran
to Brian O'Neil

Dear Mr. O'Neil,

This is not a complaint but a request for information. Can the document trail of the January 24, 2012, economic pension application be exposed?

Please send me copies of everything you sent to the Phoenix VA, and everything you have in your file, and any other information you may have about this.

Thank you and enjoy your weekend.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 9



**Department of
Veterans Affairs**

**1 FEDERAL DR
ST PAUL MN 55111**

45

May 21, 2012

In Reply Refer To:

ANTHONY M OCONNELL
439 S VISTA DEL RIO
GREEN VALLEY AZ 85614

File Number:
25 - 163 - 990
PAYEE NO 00
A M OCONN

May21 (Regular mail) K L Anderson to Veteran

We are still processing your application for PENSION. We apologize for the delay. You will be notified upon completion of processing. If you need to contact us, be sure to show the file number and full name of the veteran.

If your mailing address is different than that shown above, please advise us of your new mailing address. You should notify us immediately of any changes in your mailing address.

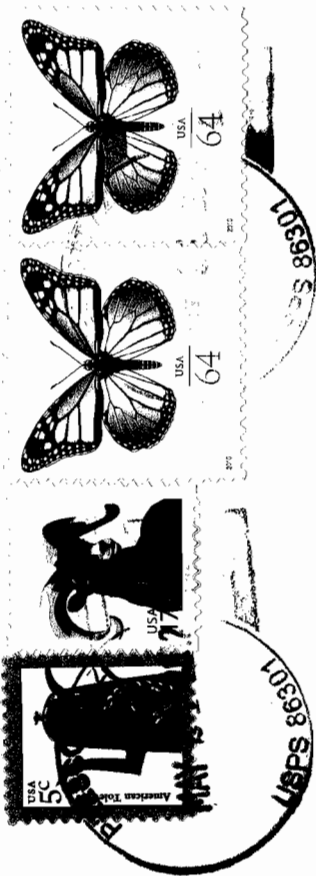
If you reside in the Continental United States, Alaska, Hawaii, Guam, the Northern Marianas, or Puerto Rico, you may contact VA with questions and receive free help by calling our toll-free number 1-800-827-1000 (for hearing impaired TDD 1-800-829-4833). From American Samoa you may dial toll free 684-699-3730.

Note: TDD phone number 1-800-829-4833 does not work for callers residing in Guam and the Northern Marianas.

K. L. ANDERSON

VETERANS SERVICE CENTER MANAGER

ARIZONA DEPARTMENT OF VETERANS' SERVICES
240 S. MONTEZUMA STREET, SUITE 208
PRESCOTT, AZ 86303



May21 (postal mail, envelope)
Brian O'Neil to Veteran

Anthony O'Connell
439 S Vista Del Rio
Green Valley AZ 85614

Fax Call Report

HP LaserJet M5035 MFP Series

Page 1

Fax Header Information

Arizona Dept of Veterans Svcs
928-443-1894
2012-Jan-17 11:21 AM

2012 January 17 fax transmission
cover (items not identified?)

Job	Date/Time	Type	Identification	Duration	Pgs	Result
6001	2012-Jan-17 11:19 AM	Send	13148019049	0:48	1	Success

2012 January 17 OMB Form 180
Request pertaining to military records

Standard Form 180 (Rev. 9/08) (Page 1)
Prescribed by NARA (36 CFR 1228.168(b))

Authorized for local reproduction
Previous edition unusable

OMB No. 3095-0029 Expires 10/31/2011

REQUEST PERTAINING TO MILITARY RECORDS

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

* 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.)

1. NAME USED DURING SERVICE (last, first, and middle) O'Connell Anthony M	2. SOCIAL SECURITY NO. [REDACTED]	3. DATE OF BIRTH 10 25 1941	4. PLACE OF BIRTH Washington DC			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)			SERVICE NUMBER (If unknown, write "unknown")			
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
a. ACTIVE COMPONENT	Navy	06 06 1964	06 03 1969	<input checked="" type="checkbox"/>	<input type="checkbox"/>	00681709
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE COMPONENT				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
c. NATIONAL GUARD				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input checked="" 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

☐ Next of kin of deceased veteran (Must provide proof of death)

☐ Legal guardian (must submit copy of court appointment)

☐ Other (specify)

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

2. SEND INFORMATION/DOCUMENTS TO:

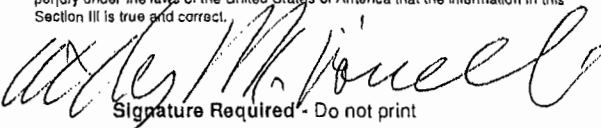
(Please print or type. See item 4 on accompanying instructions)

Anthony M O'Connell
Name

439 S Vista Del Rio
Street Apt.

Green Valley AZ 85614
City State Zip Code

3. AUTHORIZATION SIGNATURE REQUIRED (See item 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

01-17-2012 (one)
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. **



ARIZONA DEPARTMENT OF VETERAN SERVICES (ADVS) 45
VETERAN SERVICES DIVISION (VSD)

Date: 17 January 2012
Veteran: Anthony M O'Connell
Claim: 25 163 990

2012 January 17 Submission cover sheet

To: 345/Triage

From: Arizona Department of Veterans' Services
240 South Montezuma Street, Suite 208
Prescott AZ 86303

The following is submitted for Appropriate Action:

- VA 21-22 Appointment of ADVS as POA
- VA 21-526 Initial Claim for Compensation and Pension

Remarks:

Veterans claims folder is currently 359 Honolulu Regional Office, please transfer to Phoenix. A SF 180 has been submitted to NPRC, when the veteran receives them, a copy will be submitted to the VA.

Please process accordingly, thank you.

Veteran's Benefits Counselor

Brian O'Neil - (928) 443-0167 ext 1

Prescott
40

2012 January 17 VA Form 21-22
Appointment of ADVS as POA

OMB Approved No. 2900-0321
Respondent Burden: 5 Mins.



Department of Veterans Affairs

APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS
CLAIMANT'S REPRESENTATIVE

Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."

IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM

1. LAST-FIRST-MIDDLE NAME OF VETERAN OConnell Anthony M	2. VA FILE NUMBER (Include prefix) 25 163 990
3A. NAME OF THE SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) 045 - Arizona Department of Veterans Services	
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Any accredited representative	

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER [REDACTED]	5. INSURANCE NUMBER(S) (Include letter prefix) [REDACTED]
6A. SERVICE NUMBER(S)	6B. BRANCH OF SERVICE Navy
7. NAME OF CLAIMANT (If other than veteran)	8. RELATIONSHIP (If other than veteran) Veteran
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 439 S Vista Del Rio Green Valley AZ 85614	10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)
	A. DAYTIME () None
	B. EVENING () None
	11. E-MAIL ADDRESS anthonymineroconnell@gmail.com
12. DATE OF THIS APPOINTMENT 01-17-2012	

13. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.
Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

☒ I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.

14. LIMITATION OF CONSENT - My consent in Item 13 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows:
No Limitations

I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 13 and 14), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.

THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

15. SIGNATURE OF CLAIMANT (Do Not Print) [Signature]		16. DATE SIGNED 01-17-2012	
VA USE ONLY	VA FORM 21-221 SENT TO: CER FILE EDU FILE INSURANCE FILE CH. 30 DEA FILE LG FILE	DATE SENT	ACKNOWLEDGED (Date) 1/23/12
REVOKED (Reason and date)			

NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

VA FORM
JUN 2009

21-22

EXISTING STOCKS OF VA FORM 21-22, NOV 2005,
WILL BE USED.



Department of Veterans Affairs

VETERAN'S APPLICATION FOR COMPENSATION AND/OR PENSION

IMPORTANT - Read information and instructions carefully before completing the form. Type, print, or write plainly.

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

PART I - VETERAN'S INFORMATION

1. FOR WHAT BENEFIT ARE YOU APPLYING?

☐ Compensation ☐ Pension ☒ Compensation and Pension

2. HAVE YOU PREVIOUSLY APPLIED FOR ANY VA BENEFIT(S)? (Check applicable box)

☐ Pension ☐ Compensation ☒ Other (Specify) GI Bill

3. FIRST, MIDDLE, LAST NAME OF VETERAN **Anthony M OConnell**

4A. VETERAN'S SOCIAL SECURITY
NO.

4B. VA FILE NUMBER (If applicable)
25 163 990

4C. SPOUSE'S SOCIAL
SECURITY NO.

4D. IF YOU SERVED UNDER ANOTHER NAME GIVE NAME AND PERIOD DURING WHICH YOU SERVED AND
SERVICE NO.

5. MAILING ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)

439 S Vista Del Rio Green Valley, AZ 85614

6. TELEPHONE NUMBER(S) (Include Area Code)

A. DAYTIME
None

B. EVENING
None

C. CELL
None

7. E-MAIL ADDRESS (If applicable)

anthonymineroconnell@gmail.com

8A. DATE OF BIRTH (Month, day, year)
10-25-1941

8B. PLACE OF BIRTH
Washington DC

9. SEX
☒ Male ☐ Female

10A. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION
FROM THE OFFICE OF WORKERS' COMPENSATION
PROGRAMS? (Formerly the U.S. Bureau of Employees
Compensation)
☐ YES ☒ NO (If "YES," complete Items 10B & 10C)

10B. WHEN WAS THE CLAIM
FILED? (Mo., day, yr.)

10C. FOR WHAT DISABILITY ARE YOU
RECEIVING BENEFITS?

PART II - NATURE AND HISTORY OF SERVICE-RELATED DISABILITY(IES) - If you need more space please use Item 45, "Remarks"

11. PLEASE PROVIDE NATURE OF SICKNESS, DISEASE, OR INJURIES FOR WHICH THIS CLAIM IS MADE; DATE EACH BEGAN; AND PLACE OF
TREATMENT

A. LIST DISABILITY(IES)	B. DATE BEGAN	C. PLACE OF TREATMENT
Skin Cancer		UVA Hospital, Charlottesville, VA

12A. ARE YOU NOW OR HAVE YOU RECEIVED
TREATMENT OR DOMICILIARY CARE AT A VA MEDICAL
FACILITY?
☐ YES ☒ NO (If "YES," complete Items 12B
& 12C)

12B. DATES OF TREATMENT/CARE
Month Day Year

12C. NAME AND ADDRESS OF VA MEDICAL
FACILITY (If you need more space use Item 45,
"Remarks",

13A. HAVE YOU EVER BEEN A PRISONER OF WAR?
☐ YES ☒ NO (If "YES," answer Items 13B and 13C)

13B. NAME OF COUNTRY

13C. DATES OF CONFINEMENT
FROM TO

14. ARE YOU CLAIMING A DISABILITY RELATED TO AGENT ORANGE
OR OTHER HERBICIDE EXPOSURE? (If "YES," list disability(ies) below)
☒ YES ☐ NO **Skin Cancer**

15. ARE YOU CLAIMING A DISABILITY RELATED TO ASBESTOS
EXPOSURE? (If "YES," list disability(ies) below)
☐ YES ☒ NO

16. ARE YOU CLAIMING A DISABILITY RELATED TO MUSTARD GAS
EXPOSURE? (If "YES," list disability(ies) below)
☐ YES ☒ NO

17. ARE YOU CLAIMING A DISABILITY RELATED TO IONIZING
RADIATION EXPOSURE? (If "YES," list disability(ies) below)
☐ YES ☒ NO

18. ARE YOU CLAIMING A DISABILITY RELATED TO AN ENVIRONMENTAL HAZARD EXPOSURE DURING THE GULF WAR? (If "YES," list
disability(ies) below)
☐ YES ☒ NO

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART III ACTIVE DUTY SERVICE INFORMATION

NOTE: Please complete the information for each period of active duty. Attach DD214 or other separation papers for all periods of active duty. If you do not have your DD214 form or other separation papers, check the box.

19A. ENTERED INTO SERVICE		19B. SERVICE NUMBER	19C. SEPARATED FROM SERVICE		19D. BRANCH OF SERVICE	19E. GRADE, RANK OR RATING, ORGANIZATION
DATE	PLACE		DATE	PLACE		
06-06-1964	Charlottesville, VA	00681709	06-03-1969	MA	Navy	O3/LT

PART IV - RESERVE AND NATIONAL GUARD SERVICE INFORMATION

NOTE: Enter complete information for each period of Reserves and National Guard service. Attach any separation papers you have.

20A. ENTERED INTO SERVICE		20B. SERVICE NUMBER	20C. SEPARATED FROM SERVICE		20D. SERVICE STATUS (Reserve, National Guard)	20E. GRADE, RANK OR RATING, ORGANIZATION
DATE	PLACE		DATE	PLACE		
06-04-1969					Reserve	O3/LT

21. IF DISABILITY OCCURRED DURING ACTIVE OR INACTIVE DUTY FOR TRAINING, GIVE BRANCH OF SERVICE AND DATE OF OCCURRENCE

22A. ARE YOU NOW A MEMBER OF THE RESERVES OR NATIONAL GUARD? IF SO, GIVE THE BRANCH OF SERVICE
☐ YES ☒ NO

22B. RESERVE STATUS

☐ ACTIVE ☐ RESERVE OBLIGATION
☐ INACTIVE

22C. NAME, ADDRESS AND PHONE NO. OF RESERVE OR NATIONAL GUARD UNIT (If additional space is needed, use Item 45 "Remarks")

PART V - MILITARY RETIRED/SEVERANCE PAY

IMPORTANT - Unless you check the box in Item 25 below, you are telling us that you are choosing to receive VA compensation instead of military retired pay, if it is determined you are entitled to both benefits. If you are awarded military retired pay prior to compensation, we will reduce your retired pay by the amount of any compensation that you are awarded. VA will notify the Military Retired Pay Center of all benefit changes. If you receive both military retired pay and VA compensation, some of the amount you receive may be recouped by VA, or, in the case of Voluntary Separation Incentive (VSI), by the Department of Defense.

23A. ARE YOU RECEIVING MILITARY RETIRED PAY? (If "YES," complete Items 23C & 23D)

☐ YES ☒ NO

23B. WILL YOU RECEIVE MILITARY RETIRED PAY IN THE FUTURE? (If "YES," explain, i.e. Future Reserve/National Guard Retirement, Pending MEB/PEB)

☐ YES ☒ NO

23C. BRANCH OF SERVICE

23D. MONTHLY AMOUNT \$

24. RETIRED STATUS

☐ RETIRED ☐ TEMPORARY DISABILITY RETIRED LIST ☐ DISABLED RETIRED LIST

25. NO. I DO NOT WANT VA COMPENSATION IN LIEU OF MILITARY RETIRED PAY

(Check box, if applicable)

26. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE/SEPARATION PAY, OR ANY OTHER LUMP SUM PAYMENT FROM THE ARMED FORCES? (If "YES," list type, amount, date it was received, and the branch of service below)

☐ YES ☒ NO

PART VI - MARITAL AND DEPENDENCY INFORMATION

27A. MARITAL STATUS (If married, complete Items 27B thru 27J)

☐ Married ☐ Surviving Spouse ☒ Divorced ☐ Never married

27B. SPOUSE'S BIRTHDATE (Mo., day, yr.)
0-0-

27C. NUMBER OF TIMES YOU HAVE BEEN MARRIED (To include current marriage)

27D. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED (To include current marriage)

27E. IS YOUR SPOUSE ALSO A VETERAN?

☐ YES ☐ NO

27F. SPOUSE'S VA FILE NUMBER (If any)
C-

27G. DO YOU LIVE TOGETHER?

☐ YES ☐ NO (If "NO," complete Items 27H thru 27J)

27H. REASON FOR SEPARATION

(For example, marital problems, job requirements, health, etc.)

27I. PRESENT ADDRESS OF SPOUSE

439 S Vista Del Rio
Green Valley AZ 85614

27J. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S MONTHLY SUPPORT
\$

27K. HOW WERE YOU MARRIED?

☐ Ceremony by a clergyman or other authorized public official
☐ Common-law

☐ Tribal ☐ Other (Explain)
☐ Proxy

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART VI - MARITAL AND DEPENDENCY INFORMATION - CONTINUED (If you need additional space, use Item 45 "Remarks")					
FURNISH THE FOLLOWING INFORMATION ABOUT EACH OF YOUR MARRIAGES (If NOT APPLICABLE, WRITE "N/A")					
28A. DATE AND PLACE OF MARRIAGE		28B. TO WHOM MARRIED	28C. TERMINATED (Death, Divorce)	28D. DATE AND PLACE TERMINATED	
MONTH, YEAR	CITY, STATE			MONTH, YEAR	CITY, STATE

FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE (If NOT APPLICABLE, WRITE "N/A")					
29A. DATE AND PLACE OF MARRIAGE		29B. TO WHOM MARRIED	29C. TERMINATED (Death, Divorce)	29D. DATE AND PLACE TERMINATED	
MONTH, YEAR	CITY, STATE			MONTH, YEAR	CITY, STATE

DEPENDENCY - Dependent Children Information (If you need additional space, use Item 45 "Remarks")								
FURNISH THE FOLLOWING INFORMATION FOR EACH OF YOUR DEPENDENT CHILDREN								
30A. NAME OF CHILD (First, middle initial, last)	30B. DATE & PLACE OF BIRTH (City, state or country)	30C. SOCIAL SECURITY NUMBER	30D. CHECK EACH APPLICABLE CATEGORY					
			BIOLOGICAL	ADOPTED	STEPCHILD	18-23 YRS. OLD AND IN SCHOOL	SERIOUSLY DISABLED BEFORE AGE 18	CHILD PREVIOUSLY MARRIED
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FURNISH THE FOLLOWING INFORMATION FOR EACH OF YOUR DEPENDENT CHILDREN WHO DO NOT LIVE WITH YOU		
31A. NAME(S) OF ANY CHILD(REN) NOT IN YOUR CUSTODY	31B. NAME AND ADDRESS OF PERSON HAVING CUSTODY	31C. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT
	Name: Address:	\$
	Name: Address:	\$

PART VII - NON-SERVICE CONNECTED PENSION (If you need additional space use Item 45 "Remarks")	
NOTE: You do not have to submit medical evidence or list disabilities if you are age 65 or older, unless you are housebound, or require the regular assistance of another person.	
32. WHAT DISABILITIES PREVENT YOU FROM WORKING? (List below) Over 65	33. DO YOU NEED THE REGULAR ASSISTANCE OF ANOTHER PERSON OR ARE YOU GENERALLY CONFINED TO YOUR IMMEDIATE PREMISES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

NURSING HOME INFORMATION		
NOTE: You may submit a statement by an official of the nursing home that tells us that you are a patient in the nursing home because of a physical or mental disability. The statement should include the monthly charge you are paying out-of-pocket for your care.		
34A. ARE YOU NOW IN A NURSING HOME? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (If "YES," complete Items 34B thru 34D)	34B. NAME AND COMPLETE MAILING ADDRESS OF THE FACILITY	34C. HAVE YOU APPLIED FOR MEDICAID? YES <input type="checkbox"/> NO <input type="checkbox"/>
34D. DOES MEDICAID COVER ALL OR PART OF YOUR NURSING HOME COSTS OR HAVE YOU APPLIED AND NOT RECEIVED A DECISION? YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED - NOT RECEIVED DECISION	34E. ARE YOU RECEIVING SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI) OR HAVE YOU APPLIED FOR SSI BUT NO DECISION HAS BEEN MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> APPLIED - NOT RECEIVED DECISION	

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.
--

PART VIII - INCOME INFORMATION (Provide the income you received from all sources)

NOTE: Report the total income before deductions for taxes, insurance, etc. If you do not receive any payments from one of the sources that we list, write "0" or "None" in the space. If you are receiving monthly benefits, give us a copy of your most recent award letter. This will help us determine the amount of benefits you should be paid. Payments from any source will be counted, unless the law says that they don't need to be counted.

MONTHLY INCOME - Provide the income that you and your dependents receive every month. For items 35A -35F, if none, write "0" or "NONE." Do not leave blank spaces.

ITEM NO.	SOURCES OF RECURRING MONTHLY INCOME	VETERAN	SPOUSE	CHILD(REN) (Provide the first, middle initial, and last name)			
				NAME	NAME	NAME	
35A.	Social Security	523	/				
35B.	U.S. Civil Service	0					
35C.	U.S. Railroad Retirement	0					
35D.	Military Retired Pay	0					
35E.	Black Lung Benefits	0					
35F.	Other (Interest, dividends, or one-time payments)	0					
36A. WILL YOU RECEIVE ANY INCOME FROM RENTAL PROPERTY OR FROM THE OPERATION OF A BUSINESS WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No			36B. WILL YOU RECEIVE ANY INCOME FROM THE OPERATION OF A FARM WITHIN 12 MONTHS OF THE DAY YOU SIGN THIS FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No			36C. DO YOU THINK YOUR INCOME WILL CHANGE IN THE NEXT 12 MONTHS? (If "Yes," explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART IX - NET WORTH (Provide specific information about the net worth of you and your dependents)

NET WORTH is the market value of all interest and rights in any kind of property after subtracting any mortgages or other claims against the property. However, net worth does not include the house you live in or a reasonable area of land it sits on. Net worth also does not include the value of personal items such as your vehicle, clothing, and furniture.

NOTE: For items 37A-37F provide amounts. If none, write "0" OR "NONE." Do not leave blank spaces.

ITEM NO.	SOURCE	VETERAN	SPOUSE	CHILD(REN) (Provide the first, middle initial, and last name)		
				NAME	NAME	NAME
37A.	Cash, non-interest bearing bank accounts	300	/			
37B.	Interest bearing bank accounts, certificates of deposit (CDs)	0				
37C.	Retirement accounts (IRAs, Keogh Plans, etc.)	0				
37D.	Stocks, bonds, mutual funds	0				
37E.	Value of business assets	0				
37F.	Real property (not your home)	0				

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART X - MEDICAL, LEGAL, OR OTHER EXPENSES**IMPORTANT** - Complete items 38A through 38E only if you are applying for nonservice connected pension.

MEDICAL, LEGAL OR OTHER EXPENSES - Family medical expenses you actually paid (out-of-pocket) may be deducted from your income. Show the amount of unreimbursed medical expenses you paid for dependents you are under an obligation to support. Also, show medical, legal, or other expenses you paid because of a disability for which civilian disability benefits have been awarded. When determining your income, we may be able to increase benefits for the year in which the expenses are paid. Do not include any expenses for which you were reimbursed. Be sure to include the Medicare deduction. If more space is needed, you may use Item 45, "Remarks" or attach a separate sheet.

38A. AMOUNT YOU PAID	38B. DATE PAID (Month, year)	38C. PURPOSE (Doctor's fees, hospital charges, attorney fees, etc.)	38D. PAID TO (Name of doctor, hospital, pharmacy, Attorney, etc.)	38E. PERSON FOR WHOM EXPENSE PAID (Self, spouse, child)

PART XI - DIRECT DEPOSIT

Generally, all Federal payments are required to be made by electronic funds transfer (EFT), also called direct deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 39, 40, and 41 to enroll in direct deposit. If you do not have a bank account you can receive a waiver from direct deposit, by checking the box below in Item 39. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in direct deposit. You can write to: Department of Veterans Affairs, 125 S. Main Street Suite B, Muskogee, OK 74401-7004, and give us a brief description of why you do not wish to participate in direct deposit.

39. ACCOUNT NUMBER (Please check the appropriate box and provide the account number, if applicable)

☐ Checking

(Account number)

☒ I certify that I **do not** have an account with a financial institution or certified payment agent.☐ Savings

(Account number)

40. NAME OF FINANCIAL INSTITUTION (Please provide the name of the bank where you want your direct deposit to go)

41. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check or savings deposit slip)

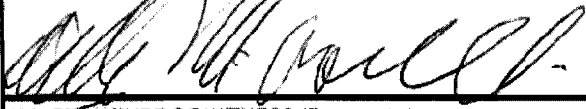
YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON PAGE 10.

PART XII - CERTIFICATION, AUTHORIZATION, AND SIGNATURE(S)

I certify that the statements in this document are true and complete to the best of my knowledge and belief. I authorize any person or entity, including but not limited to any organization, service provider, employer or government agency, to give the Department of Veterans Affairs any information about me except protected health information, and I waive any privilege which makes the information confidential.

IMPORTANT - If you sign with an "X", then you must have 2 people witness your signature. They must then print their names and addresses and sign the form.

42A. VETERAN'S SIGNATURE (Do not print) (Please sign in ink)



42B. VETERAN'S PRINTED NAME

Anthony M OConnell

42C. DATE SIGNED

01-17-2012

43A. SIGNATURE OF WITNESS (Do not print)

43B. PRINTED NAME AND ADDRESS OF WITNESS

44A. SIGNATURE OF WITNESS (Do not print)

44B. PRINTED NAME AND ADDRESS OF WITNESS

PART XIII - REMARKS (Use this space for any additional statements that you would like to make concerning your application for Compensation and/or Pension)

45. REMARKS (If you need more space you may attach a separate sheet of paper)

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.

YOU MUST SIGN AND PRINT YOUR NAME AND DATE THIS FORM IN ITEMS 42A THRU 42C ON THIS PAGE.



**ARIZONA DEPARTMENT OF VETERAN SERVICES (ADVS) 45
THE AMERICAN LEGION 74
VETERAN SERVICES DIVISION (VSD)**

Date: 22 February 2012
Veteran: Anthony M. O'Connell
Claim: 25 163 990

2012 February22 Submission cover sheet

To: 345/PD2/GW

From: Arizona Department of Veterans' Services
240 South Montezuma Street, Suite 208
Prescott AZ 86303

The following is submitted for Appropriate Action:

- VA 21-8416 Medical Expense Report
- VA 21-8049 Request For Details Of Expenses

Remarks:

Please process accordingly, thank you.

Veteran's Benefits Counselor

A handwritten signature in black ink, appearing to read "Brian O'Neil", is written over a horizontal line.

Brian O'Neil - (928) 443-0167 ext 1



MEDICAL EXPENSE REPORT

1. NAME OF VETERAN (First, middle, last) Anthony M Oconnell		2. VA FILE NUMBER 25 163 990
3A. NAME AND ADDRESS OF CLAIMANT ANTHONY M. O'CONNELL 439 S. VISTA DEL RIO GREEN VALLEY, AZ 85614	3B. CHANGE OF ADDRESS (Check box if address in item 3A is different from last address furnished to VA) <input type="checkbox"/>	3C. E-MAIL ADDRESS (if applicable) ANTHONY.M.O'CONNELL@GMAIL.COM
4. VETERAN'S SOCIAL SECURITY NO. [REDACTED]		

NOTE: Family medical expenses actually paid by you may be deductible from your income. Report the actual amount of unreimbursed medical expenses you paid for yourself or relatives who are members of your household. Do not report any expenses you did not pay or expenses for which you were or will be reimbursed. Any expenses reasonably related to medical or dental care may be allowed as medical expenses. Examples of allowable medical expenses include the following: hospital expenses, office visits, drugs and medicines, eyeglasses, dental fees, medical insurance premiums (including the Medicare deduction), hearing aids, nursing home fees, home health services, and transportation for medical purposes (41.5 cents per mile, plus parking and tolls or fares for taxis, buses, etc.). If you are not sure whether a particular expense can be allowed, furnish a complete description of the purpose of the payment. We will let you know if an expense cannot be allowed. If more space is needed, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

You may be asked to verify the amounts you actually paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of the claimed medical expenses when asked to do so by VA, your benefits will be retroactively reduced or terminated.

Report medical expenses for the period thru . If no dates appear on this line, refer to the accompanying letter or Eligibility Verification Report for the dates your medical expense report should cover.

5. ITEMIZATION OF MEDICAL EXPENSES

[illegible]

IMPORTANT: Be sure to sign this form in Item 7A on the reverse side. Unsigned reports will be returned.

5. ITEMIZATION OF MEDICAL EXPENSES (Continued)

NO MEDICAL EXPENSES

Certification: I have not and will not receive reimbursement for these expenses. I certify that the above information is true.

6A. DAYTIME TELEPHONE NO. (Include Area Code)

NO TELEPHONE

8B. EVENING TELEPHONE NO. (Include Area Code)

NO TELEPHONE

7A. SIGNATURE OF CLAIMANT (Do NOT print)

Anthony M. O'Connell

7B. DATE

FEB 10, 2012

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 is false, or fraudulent acceptance of any payment to which you are not entitled.

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 VA 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 Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under law. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine whether medical expenses you paid may be used to reduce the amount of income we count in determining eligibility to benefits (38 U.S.C. 1503). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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 this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



REQUEST FOR DETAILS OF EXPENSES

INSTRUCTIONS - We need additional information to determine whether you are entitled to benefits. Please complete all items. If an answer is "none" or "0" write that. For additional space, use Item 12, "Remarks," or attach a separate sheet indicating the item number to which the answers apply. If you have any questions or need assistance, please call 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833).

1. NAME AND ADDRESS OF CLAIMANT

ANTHONY M. O'CONNELL
439 S. VISTA DEL RIO
GREEN VALLEY, AZ 85614

2. NAME OF VETERAN (First-middle-last)

Anthony M Oconnell

3. VA FILE NUMBER

25 163 990

SECTION I - DEPENDENTS NOT LIVING WITH YOU (List ONLY persons you support who DO NOT live with you)

4A. NAME	4B. AGE	4C. RELATIONSHIP	4D. AMOUNT YOU CONTRIBUTE TO SUPPORT
NONE			\$
			\$
			\$
			\$
			\$

SECTION II - DEPENDENTS LIVING WITH YOU (List ONLY persons you support who DO live with you)

5A. NAME	5B. AGE	5C. RELATIONSHIP

SECTION III - MONTHLY EXPENSES (EXCEPT MEDICAL) FOR YOU AND THOSE LISTED ABOVE AS LIVING WITH YOU

6A. ITEM	6B. AMOUNT	6A. ITEM (Cont'd)	6B. AMOUNT (Cont'd)
HOUSING	\$ 45	UTILITIES	\$ 375
FOOD	\$ 275	EDUCATION OF CHILDREN	\$ NONE
TAXES	\$ 185	OTHER (Specify)	\$
INTEREST	\$ 49		\$
CLOTHING	\$ 35		\$

SECTION IV - HOSPITAL AND MEDICAL EXPENSES				
7A. DO YOU HAVE OR EXPECT TO HAVE ANY LARGE OR UNUSUAL HOSPITAL OR MEDICAL EXPENSES FOR YOURSELF AND OTHERS YOU SUPPORT AND LIVE WITH? <input type="checkbox"/> YES <input type="checkbox"/> NO				7B. ESTIMATED COST PER YEAR \$
7C. EXPLANATION <div style="text-align: center; font-size: 2em; font-family: cursive;">NONE</div>				
SECTION V - EDUCATIONAL EXPENSES				
8. DO YOU EXPECT TO MAKE PROVISIONS FOR YOUR CHILDREN'S EDUCATIONAL NEEDS, INCLUDING ADVANCED TECHNICAL OR COLLEGE EDUCATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
SECTION VI - EXPENSES OF LAST ILLNESS AND BURIAL OF VETERAN, SPOUSE, OR CHILD AND JUST DEBTS OF DECEASED VETERAN OR PARENT'S SPOUSE				
9A. NAME OF DECEASED PERSON (First-middle-last)		9B. RELATIONSHIP TO YOU <input type="checkbox"/> WIFE <input type="checkbox"/> HUSBAND <input type="checkbox"/> CHILD		9C. DATE OF DEATH
EXPENDITURES FOR ABOVE-NAMED PERSON				
NOTE - Furnish information concerning unreimbursed expense as follows: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A VETERAN - For his/her spouse's or child's last illness and burial. A CHILD - For veteran's last illness, burial and just debts. A PARENT - For his/her spouse's or veteran's last illness and burial and for his/her spouse's just debts. </div> <div style="width: 48%;"> A SPOUSE - For the last illness and burial of veteran's child. A WIDOW(ER) - For veteran's last illness, (paid before or after the veteran's death), burial and just debts and for the last illness and burial of veteran's child. </div> </div>				
10A. NAME AND ADDRESS OF PERSON TO WHOM PAID	10B. NATURE OF EXPENSES OR DEBT	10C. TOTAL AMOUNT OF EXPENSES OR DEBT	10D. AMOUNT PAID BY YOU	10E. DATE PAID
NONE		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
SECTION VII - COMMERCIAL LIFE INSURANCE PAYMENTS				
PAYMENTS			AMOUNT	
11A.	TOTAL RECEIVED OR EXPECTED BY CLAIMANT		\$	
11B.	EXPECTED OR ACTUAL DATE OF RECEIPT (If paid by installments, explain payment schedule in Item 12, Remarks)		NONE	
12. REMARKS <div style="text-align: center; font-size: 2em; font-family: cursive;">NONE</div>				
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.				
I CERTIFY THAT the foregoing statement(s) are true and correct to the best of my knowledge and belief.				
13. SIGNATURE OF CLAIMANT (Do not print, sign in ink)		14. DATE	15. TELEPHONE NUMBER(S) (Include Area Code)	
<div style="font-family: cursive; font-size: 1.2em;">[Signature]</div>		FEB 2012	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">A. DAYTIME NO TELEPHONE</div> <div style="width: 48%;">B. EVENING NO TELEPHONE</div> </div>	
<p>Privacy Act Information: The 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 VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine entitlement to benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</p> <p>Respondent Burden: We need this information to determine entitlement to pension or parent's dependency and indemnity compensation (38 U.S.C. 1503 and 1315). 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 this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBIN.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>				



DEPARTMENT OF VETERANS AFFAIRS
Regional Office
Pension Management Center (335/21P)
Bishop Henry Whipple Fed. Bldg.
P O Box 11000
St. Paul MN 55111-0000

MAY 25 2012

In Reply Refer To: 335/21P
C 25 163 990
O'CONNELL, Anthony M

ANTHONY M O'CONNELL
439 S VISTA DEL RIO
GREEN VALLEY, AZ 85614

Point B

Dear Mr. O'Connell:

We made a decision on your claim received January 20, 2012.

This letter tells you about your entitlement amount, payment start date, what we decided, and how we calculated your benefits. It also tells you of your responsibilities as a veteran in receipt of disability pension, what to do if you disagree with our decision, and who to contact if you have questions or need assistance.

Your Award Amount and Payment Start Date

Your monthly entitlement amount is shown below:

Monthly Entitlement Amount	Payment Start Date	Reason For Change
\$482.00	Feb 1, 2012	Original Award

We are paying you as a single veteran with no dependents.

You Can Expect Payment

Your payment begins the first day of the month following your effective date. You will receive a payment covering the initial amount due under this award, minus any withholdings, in approximately 15 days. Payment will then be made at the beginning of each month for the prior month. For example, benefits due for May are paid on or about June 1.

What We Decided

We granted disability pension benefits effective January 20, 2012.

Decision



C 25 163 990
Oconnell, Anthony M

We enclosed a VA Form 21-8768, "Disability Pension Award Attachment" which explains important factors concerning your benefits.

How Did We Make Our Decision?

We granted pension benefits because you are:

- Age 65 or older, *or*
- A patient in a nursing home, *or*
- In receipt of disability Social Security benefits.

Evidence Used to Decide Your Claim

In making our decision, in addition to the evidence in the attached rating, we used the following evidence:

- VA Form 21-526, Application for Compensation and/or Pension received January 20, 2012
- VA Form 21-4138, Statement in Support of claim, received February 7, 2012
- Information data match with Social Security Administration (SSA)

What Income And Expenses Did We Use?

We used your total family income as shown below to award your pension benefit from February 1, 2012.

Income We Counted

	Annual Earnings	Annual Social Security	Annual Retirement	Annual Other Sources
Yourself	\$0	\$6,468.00	\$0.00	\$0

On your application, you reported you receive \$523.00 per month in Social Security. A data exchange with the Social Security Administration showed that you received a gross monthly amount of \$839.00 effective December 2011. Therefore, we used that amount to calculate you income for VA purposes effective December 1, 2011. If this is incorrect, please send us a copy of your most recent Social Security benefit statement.

C 25 163 990
Oconnell, Anthony M

How Can You Claim Family Medical Expenses?

To claim family medical expenses, complete the enclosed VA Form 21-8416, "Medical Expense Report," and return it to this office *no later than* December 31, 2014. We may consider family medical expenses you paid after January 20, 2012. A few examples are listed below. More examples are shown on the enclosed Medical Expense Report form.

- Medicare/Health Insurance Premiums
- Prescriptions
- Medical/Dental expenses

*Don't include unpaid medical bills,
any paid bill that will be reimbursed, or
bills that aren't for health expenses.*

What Are Your Responsibilities?

You are responsible to tell us right away if:

- your income or the income of your dependents changes (e.g., earnings, Social Security benefits, lottery and gambling winnings)
- your net worth increases (e.g., bank accounts, investments, real estate)
- your continuing medical expenses are reduced
- you gain or lose a dependent
- your address or phone number changes

How Do You Start Direct Deposit?

- Your money may be deposited directly into your checking or savings account. This is the safest and most reliable way to get your money. For more information about Direct Deposit, please call us toll free by dialing 1-877-838-2778.
- The Treasury Department has mandated (31 CFR Part 208) that all Federal benefits be released via electronic funds transfer or Direct Express® Debit MasterCard® issued by Comerica Bank.
- You did not provide us with your banking information to allow your federal benefits to be sent directly to your bank. Although you will receive your initial VA benefit in the form of a paper check, this will only occur for an interim period. You need to contact the Treasury

C 25 163 990

Oconnell, Anthony M

Department within 3 months from the date of your first check payment to discuss how to receive future payments at 1-800-333-1795.

- If you choose to continue to receive paper checks you will need to request a waiver from the Treasury Department by calling 1-888-224-2950.
- If you choose to have your federal benefits electronically transferred to your designated financial institution (e.g. bank) please call VA at 1-800-827-1000 with your banking information.
- If you choose to have your federal benefits issued through Direct Express®, which is a MasterCard® issued by Comerica Bank, please call 1-800-333-1795.

Are You Entitled to Additional Benefits?

You should contact your State office of veteran's affairs for information on any tax, license, or fee-related benefits for which you may be eligible as a veteran (or surviving dependent of a veteran). State offices of veteran's affairs are available at <http://www.va.gov/statedva.htm>.

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision*. The enclosed *VA Form 4107, "Your Rights to Appeal Our Decision,"* explains your right to appeal.

If 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	Call us at 1-877-294-6380. If you use a Telecommunications Device for the Deaf (TDD), the number is 711.
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 at the top of this letter.

In all cases, be sure to refer to your VA file number 25 163 990.

5

C 25 163 990
Oconnell, Anthony M

If you are looking for general information about benefits and eligibility, you should visit our website at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.va.gov>.

We sent a copy of this letter to your representative, Arizona Department of Veterans' Services, whom you can also contact if you have questions or need assistance.

Sincerely yours,

T. A. OLSON
Pension Management Center Manager

Contact us at: <https://iris.va.gov>

Enclosure(s): VA Form 21-8768
VA Form 21-8416
VA Form 4107

cc: Arizona Department of Veterans' Services

21P/reg/145

3990amc

DISABILITY PENSION AWARD ATTACHMENT

Information concerning Department of Veterans Affairs, Federal, State or local benefits may be obtained from your nearest VA office or any national service organization representative. You may call VA toll-free at 1-800-827-1000 (Hearing Impaired TDD line 1-800-829-4833) or contact VA by Internet at <https://iris.va.gov>.

WHEN IS YOUR VA CHECK DELIVERED?

A check covering the initial amount due under this award will be mailed within 15 days. Thereafter, checks will be delivered at the beginning of each month for the prior month.

HOW CAN YOU RECEIVE ADDITIONAL BENEFITS FOR DEPENDENTS?

You may be entitled to additional benefits for your unmarried children if the children are under age 18 or under 23 if attending an approved school, or if, prior to age 18, the child has become permanently incapable of self-support because of mental or physical defect. You may contact VA as shown above for information on applying for this benefit.

HOW CAN YOU RECEIVE AID AND ATTENDANCE OR HOUSEBOUND BENEFITS?

VA may pay a higher rate of pension to a veteran who is blind, a patient in a nursing home, otherwise needs regular aid and attendance, or who is permanently confined to his or her home because of a disability. You may contact VA as shown above for information on applying for this benefit.

HOW CAN YOU RECEIVE HOSPITALIZATION AND OUTPATIENT TREATMENT?

Veterans who are entitled to pension and/or special monthly pension (aid and attendance or housebound benefits) as determined by the Veterans Benefits Administration are eligible for medical care through the VA health care system. If you are interested in obtaining VA medical care, you may contact your nearest VA health care facility or the VA Health Benefits Service Center at 1-877-222-8387.

HOW CAN CERTAIN EXPENSES INCREASE YOUR RATE OF IMPROVED PENSION?

Family medical expenses and educational or vocational rehabilitation expenses actually paid by you may be used to increase your rate of pension. Family medical expenses are amounts paid by you for medical expenses for yourself and relatives you are under an obligation to support, including premiums paid for health insurance. VA will deduct the amount you paid for medical expenses from your countable income if the expenses qualify for exclusion under the formula provided by law. Educational or vocational rehabilitation expenses are amounts paid for courses of education, including tuition, fees, and materials, and may be deducted from the income of a veteran or the earned income of a child, if the child is pursuing a course of postsecondary education or vocational rehabilitation or training. Keep track of the unreimbursed amounts you pay. Normally these expenses are reported at the end of the year with an Eligibility Verification Report. Family maintenance (hardship) expenses may also be used to increase your rate of pension. VA can exclude all or part of your dependent child's income if it is not reasonably available to you or if it would cause hardship to consider this income in determining your rate of pension. If VA is not currently excluding your children's income and you feel that it should be, contact the nearest VA office and complete VA Form 21-0571, *Application for Exclusion of Children's Income*.

HOW CAN YOU RECEIVE INFORMATION ABOUT GOVERNMENT LIFE INSURANCE?

If you are paying premiums of Government life insurance (GI insurance) and are unable to work, you may be entitled to certain benefits as provided in your policy. For complete information about GI Insurance, contact the Department of Veterans Affairs Insurance Center at 1-800-669-8477 or visit our website at <http://www.insurance.va.gov>.

ARE YOUR BENEFITS EXEMPT FROM CLAIMS OF CREDITORS?

VA pension payments are exempt from claims of creditors. With certain exceptions, the payments are not assignable and are not subject to attachment, levy, or seizure except as to claims of the United States.

HOW DO YOU REPORT A CHANGE OF ADDRESS?

Please notify this office immediately of any change of address.

WHAT CONDITIONS AFFECT RIGHT TO PAYMENTS?

1. Your rate of pension depends upon the amount of family income and the number of dependents. Your benefits may be affected by any changes in the amount of family income and marital or dependency status of you or your dependents.

a. Change in family income and net worth: You are required to report the total amounts and sources of all income and net worth for you and your dependents for whom you have been awarded benefits. Some income is not countable. If you report such income, VA will exclude it when computing your income for VA purposes. Benefit rates and income limits change frequently; however, you can find out what the current income limitations and rates of benefits are by contacting VA as shown above.

b. Change in marital or dependency status. You or your survivors must notify us of any change in marital or dependency status or upon death. Examples of changes in marital or dependency status include the death of a dependent, the marriage of you or your dependent child, and discontinuance of a child's school attendance.

2. Your benefits may be reduced as shown below if you have no dependents and are furnished hospital, VA domiciliary or nursing home care at government expense. If you are receiving the aid and attendance allowance, your rate may also be reduced to the housebound rate as of the first day of the second calendar month following the month of admission. Benefits at the full rate may be resumed the date of discharge.

Veterans receiving Old Law Pension (pension awarded under the law in effect prior to July 1, 1960): If you have no dependents and are furnished hospital, VA domiciliary or nursing home care at government expense for six months or more, your pension may be reduced to \$30.00 or half of the monthly amount payable, whichever is greater, as of the first day of the seventh calendar month following the month of admission. We will pay you the withheld amount after an approved discharge by the institution authorities. If the discharge is for disciplinary reasons or against medical advice, the withheld amount will not be paid for six months from the date of discharge. If you are readmitted within six months of a prior period of such care and the prior discharge was not approved, the new period of care is considered a continuation of the previous period. Benefits will be reduced the first day of the seventh calendar month following the prior admission or the date of readmission, whichever is the later date.

Veterans receiving Section 306 Pension (pension awarded under laws in effect from July 1, 1960, and prior to January 1, 1979): If you have no dependents and are furnished hospital, VA domiciliary or nursing home care at government expense, your rate of pension may not exceed \$50.00 as of the first day of the third calendar month following the month of admission. If you are readmitted for such care within six months of a prior period of care that lasted two or more full calendar months, the rate of pension may not exceed \$50.00 as of the date of readmission.

Veterans receiving Improved Pension (pension awarded under laws in effect from January 1, 1979): If you have no dependents and are furnished VA domiciliary or nursing home care at government expense, your rate of pension may not exceed \$90.00 as of the first day of the fourth calendar month following the month of admission. If you are readmitted for such care within six months of the prior period of care, your rate of pension may not exceed \$90.00 as of the first day of the month following readmission.

3. If your award includes aid and attendance benefits based on nursing home patient status, you must immediately notify us when you are no longer a nursing home patient.

4. Your benefits will be discontinued effective the 61st day of incarceration in a Federal, State or local penal institution following conviction for a felony or misdemeanor. Your spouse or dependent children may be entitled to benefits at the death pension rate from the date your benefits are discontinued if a claim is received within one year after we notify you of discontinuance of benefits. Any payments made to your spouse or child will continue until we receive notice that the incarceration has ended.

5. Monthly payments of your award may be stopped if you fail to furnish evidence as requested or if you furnish VA, or cause to be furnished, any false or fraudulent evidence.

6. Information submitted, including income information, is subject to verification through computer matching programs with other agencies.

7. The law provides severe penalties which include fine or imprisonment, or both, for the fraudulent acceptance of any payment to which you are not entitled.

IMPORTANT

Notify us immediately if there is a change in any condition affecting your right to continued payments. Failure to notify us of these changes immediately will result in an overpayment which is subject to recovery.

FOR VA USE ONLY

1. FIRST NAME OF VETERAN Anthony	2. MIDDLE NAME OF VETERAN M	3. LAST NAME OF VETERAN OCONNELL	4. SUFFIX NAME OF VETERAN
5. VETERAN'S SOCIAL SECURITY NO.			6. VA FILE NUMBER
7. FIRST NAME OF CLAIMANT	8. MIDDLE NAME OF CLAIMANT	9. LAST NAME OF CLAIMANT	10. SUFFIX NAME OF CLAIMANT
11. STREET ADDRESS OF CLAIMANT			12. APT. NO.
13. CITY		14. STATE	15. ZIP CODE
16. DAYTIME TELEPHONE NO. OF CLAIMANT <i>(Include Area Code)</i>		17. EVENING TELEPHONE NO. OF CLAIMANT <i>(Include Area Code)</i>	
18. CHANGE OF ADDRESS <i>(Check box if address in Items 11-15 is different from last address furnished to VA)</i> <input type="checkbox"/>		19. E-MAIL ADDRESS OF CLAIMANT <i>(If applicable)</i>	

[illegible]

21. ITEMIZATION OF MEDICAL EXPENSES
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A. MEDICAL EXPENSE <i>(Physician or Hospital Charges, Eyeglasses, Oxygen Rental, Medical Insurance, etc.)</i>	B. AMOUNT PAID BY YOU	C. DATE PAID <i>(Month/Day/Year)</i>	D. NAME OF PROVIDER <i>(Name of doctor, dentist, hospital, lab, etc.)</i>	E. FOR WHOM PAID <i>(Self, spouse, child)</i>
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[illegible][illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1001-1005.



**Department of
Veterans Affairs**

INSTRUCTIONS FOR MEDICAL EXPENSE REPORT

VA may be able to pay you at a higher rate if you identify expenses VA considers allowable. Medical and dental expenses paid by you may be deductible from the income VA counts when determining your benefit entitlement.

In Items 20 and 21 below, identify any medical or dental expenses that you paid for a member of your household (self, spouse, child, etc.) for which you were not reimbursed. Below are examples of expenses you should include, if applicable:

- Hospital expenses
- Doctor's office fees
- Dental fees
- Prescription/non-prescription drug costs
- Vision care costs
- Medical insurance premiums
- Monthly Medicare deduction
- Nursing home costs
- Hearing aid costs
- Dental fees
- Home health service expenses
- Expenses related to transportation to a hospital, doctor, or other medical facility

IMPORTANT NOTES

- Do not include any expenses for which you were reimbursed. If you receive reimbursement after you have filed this claim, promptly notify the VA office handling your claim.
- If you are not sure whether a particular expense can be allowed, furnish a complete description of the purposes of the payment. We will let you know if an expense cannot be allowed.
- You may be asked to verify the amounts you actually paid, so keep all receipts or other documentation of payments for at least 3 years after we make a decision on your medical expense claim. If you are unable to provide documentation of the claimed medical expenses when asked to do so by VA, your benefits may be retroactively reduced or terminated.
- If more space is needed to report expenses, attach a separate sheet of paper with columns corresponding to those on this form. Be sure to write your VA file number on any attachments.

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 VA 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 Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The requested information is considered relevant and necessary to determine maximum benefits provided under law. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to determine whether medical expenses you paid may be used to reduce the amount of income we count in determining eligibility to benefits (38 U.S.C. 1503). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 30 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 this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



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:

- appeal to the Board of Veterans' Appeals (the Board) by telling us you disagree with our decision
- give us evidence we do not already have that may lead us to change our decision

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

NOTE: *Please direct all new evidence to the address at the top of our letter. Do not send evidence directly to the Board until you receive written notice from the Board that they received your appeal.*

WHAT IS AN APPEAL TO THE BOARD OF VETERANS' APPEALS?

An appeal is your formal request that the Board review the evidence in your VA file and review the law that applies to your appeal. The Board can either agree with our decision or change it. The Board can also send your file back to us for more processing before the Board makes its decision.

HOW CAN I APPEAL THE DECISION?

How do I start my appeal? To begin your appeal, write us a letter telling us you disagree with our decision. This letter is called your "Notice of Disagreement." 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 your letter which claims you are appealing. ***Send your Notice of Disagreement to the address at the top of our letter.***

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. You must complete this VA Form 9 and return it to us if you want to continue your appeal.

How long do I have to start my appeal? You have one year to appeal our decision. ***Your*** letter saying that you disagree with our decision 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

Can I get a hearing with the Board? Yes. If you decide to appeal, the Board will give you a hearing if you want one. The VA Form 9 we will send you with the Statement of the Case has complete information about the kinds of hearings the Board offers and convenient check boxes for requesting a Board hearing. The Board does not require you to have a hearing. It is your choice.

Where can I find out more about appealing to the Board?

- You can find a "plain language" booklet called "How Do I Appeal," on the Internet at: <http://www.va.gov/vbs/bva/pamphlet.htm>. The booklet also may be requested by writing to: Mail Processing Section (014), Board of Veterans' Appeals, 810 Vermont Avenue, NW, Washington, DC 20420.
- You can find the formal rules for appealing to the Board in the Board's Rules of Practice at title 38, Code of Federal Regulations, Part 20. You can find the complete Code of Federal Regulations on the Internet at: <http://www.gpoaccess.gov/cfr/index.html>. A printed copy of the Code of Federal Regulations may be available at your local law library.

Can I get someone to help me with my appeal to the Board? Yes. You can have a veterans' service organization representative, an attorney-at-law, or an "agent" help you with your appeal. But 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>.
- A private attorney or an "agent" can also represent you. If applicable, your local bar association may be able to refer you to an attorney with experience in veterans' law. VA only recognizes attorneys who are licensed to practice in the United States or in one of its territories or possessions. An agent is a person who is not a lawyer, but who VA recognizes as being knowledgeable about veterans' law. Contact us if you would like to know if there is a VA accredited agent in your area.

Do I have to pay someone to help me with my appeal to the Board? It depends on who helps you. The following explains the differences.

- Veterans' service organizations will represent you for free.
- Attorneys or agents can charge you for helping you under some circumstances. Paying their fees for helping you with your appeal to the Board is your responsibility. If you do hire an attorney or agent to represent you, one of you must send a copy of any fee agreement to the following address within 30 days from the date the agreement is executed: Office of the General Counsel (022D), 810 Vermont Avenue, NW, Washington, DC 20420. See 38 C.F.R. 14.636(g). If the fee agreement provides for the direct payment of fees out of past-due benefits, a copy of the agreement must also be filed with us at the address at the top of our letter. See 38 C.F.R. 14.636(h)(4).

CAN I GIVE VA ADDITIONAL EVIDENCE?

Yes. You can send us more evidence to support a claim whether or not you appeal to the Board. **If you want to appeal, though, do not forget the one-year time limit!**

If you have more evidence to support a claim, it is in your best interest to give us that evidence as soon as you can. We will consider your evidence and let you know whether it changes our decision. Please keep in mind that we can only consider new evidence that: (1) we have not already seen and (2) relates to your claim. You may give us this evidence either in writing or at a personal hearing.

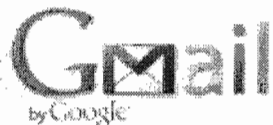
In writing. To support your claim, you may send documents and written statements to us at the address on the top of our letter. Tell us in a letter how these documents and statements should change our earlier decision.

At a personal hearing. You may request a local hearing with us at any time. This hearing is separate from any Board hearing you might ask for later if you appeal. We do not require you to have one. It is your choice. At this hearing, you may speak, bring witnesses to speak on your behalf, and hand us written evidence. If you want a hearing, send us a letter asking for a hearing. Use the address at the top of our letter. We will then:

- arrange a time and place for the hearing
- provide a room for the hearing
- assign someone to hear your evidence
- make a written record of the hearing

WHAT HAPPENS AFTER I GIVE VA EVIDENCE?

We will review the record of the hearing and other new evidence, together with the evidence we already have. We will then decide if we can grant your claim. If we cannot grant your claim and you appeal, we will send the new evidence and the record of any local hearing to the Board.



Anthony OConnell <anthonymineroconnell@gmail.com>

Application of January 24, 2012, for economic pension

2 images

Anthony OConnell <anthonymineroconnell@gmail.com>
To: Jeffrey McAdams <jeffrey.mcadams@va.gov>
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, May 16, 2012 at 6:13 AM

Jeffrey Mcadams
Veterans Service Center Manager
Department of Veterans Affairs
Regional Office
3333 North Central Avenue
Phoenix, Arizona 85012

Dear Mr. McAdams,

This is not a complaint but a request for information.

I received your letter of May 10, 2012, with it's enclosure VA Form 21- 4138, but I don't understand it. Perhaps there is a misunderstanding; perhaps the information you have in your file is different from the information I have. Would you please send me copies of what you have in your file, and any other information you have concerning this?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 990

McAdams, Jeffrey I., VBAPHNX <Jeffrey.McAdams@va.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>
Cc: "RAMSEY, CHRISTINA, VBAPHNX" <christina.ramsey1@va.gov>

Sun, Jun 10, 2012 at 9:48 PM

Mr. O'Connell,

June10 (9:48pm) Jeffrey McAdams to Veteran

I don't know if you forwarded your request to anybody else, but I will be out of the office for one more week.

Please let Ms. Ramsey know.

Thank you,

Jeff

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]

Sent: Wednesday, May 16, 2012 6:13 AM

To: McAdams, Jeffrey I., VBAPHNX

Subject: Application of January 24, 2012, for economic pension

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