



**MEMBER**

**NSO Contact Form**

**Disabled American Veterans**

AG Tricentennial | VFW Post 5220 9514 S 52nd Ave, Oak Lawn, IL 60453

**NAME:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**EMAIL:** \_\_\_\_\_

**CLAIM #:** \_\_\_\_\_

**\*SSN#:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**Do you have access to EBenefits?** Circle One YES or NO

**Do you have ANY changes to the following?**

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Reason for Visit (Check mark all that apply):**

- Status of Claim    Status of Appeal    Claim ***New Condition***
- Increase rating for an ***existing SC condition***    Add/Remove Dependent
- Discuss Rating    Discuss Letter from VA/DAV    File NOD/Appeal
- Add Evidence to existing claim/appeal    Reopen claim    Pay/Debt Issue
- Other/Questions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_