



GUEST

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: _____

