



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	2. VA FILE NUMBER (Include prefix)
3A. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization)	
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF	

INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES

4. SOCIAL SECURITY NUMBER	5. INSURANCE NUMBER(S) (Include letter prefix)
6A. SERVICE NUMBER(S)	6B. BRANCH OF SERVICE
7. NAME OF CLAIMANT (If other than veteran)	8. RELATIONSHIP (If other than veteran)
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code)	10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)
	A. DAYTIME B. EVENING
	11. DATE OF THIS APPOINTMENT

12. 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.

13. LIMITATION OF CONSENT - My consent in Item 12 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:

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 12 and 13), 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 C.F.R. § 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

14. SIGNATURE OF CLAIMANT (Do Not Print)	15. DATE SIGNED
--	-----------------

VA USE ONLY	VA FORM 21-22-1 SENT TO:	DATE SENT	ACKNOWLEDGED (Date)	REVOKED (Reason and date)
	<input type="checkbox"/> 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			

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.

RECOGNIZED SERVICE ORGANIZATIONS

Membership in an organization is not a prerequisite to appointment of the organization as claimant's representative.

The following is a listing of National Organizations recognized by the Secretary in the preparation, and prosecution of claims under laws administered by the Department of Veterans Affairs.

African American PTSD Association	Marine Corps League
American Legion	Military Order of the Purple Heart
American Red Cross	National Amputation Foundation, Inc.
American Veterans Committee	National Association of County Veterans Service Officers, Inc.
AMVETS	National Veterans Legal Services Program
American Ex-Prisoners of War, Inc.	National Veterans Organization of America
American Defenders of Bataan and Corregidor, Inc.	Non-Commissioned Officers Association of the USA
American GI Forum, National Veterans Outreach Program	Navy Mutual Aid Association
Army and Navy Union, USA	Paralyzed Veterans of America, Inc.
Army and Air Force Mutual Aid Association	Polish Legion of American Veterans, U.S.A.
Blinded Veterans Association	Swords to Plowshares, Veterans Rights Organization
Catholic War Veterans of the U.S.A.	The Retired Enlisted Association
Disabled American Veterans	United Spanish War Veterans of the United States
Eastern Paralyzed Veterans Association	Veterans of Foreign Wars of the United States
Fleet Reserve Association	Veterans of World War I of the U.S.A., Inc.
Gold Star Wives of America, Inc.	Veterans of the Vietnam War, Inc.
Italian American War Veterans of the United States, Inc.	Vietnam Era Veterans Association
Jewish War Veterans of the United States	Vietnam Veterans of America
Legion of Valor of the United States of America, Inc.	

Although agency titles vary, the following States and possessions maintain veterans service agencies which are recognized to present claims.

Alabama	Illinois	Nevada	Puerto Rico
American Samoa	Kansas	New Hampshire	Rhode Island
Arizona	Kentucky	New Jersey	South Carolina
Arkansas	Louisiana	New Mexico	South Dakota
California	Maine	New York	Tennessee
Colorado	Maryland	North Carolina	Texas
Connecticut	Massachusetts	North Dakota	Utah
Delaware	Minnesota	Northern Mariana Islands	Vermont
Florida	Mississippi	Ohio	Virginia
Georgia	Missouri	Oklahoma	Virgin Islands
Guam	Montana	Oregon	Washington
Hawaii	Nebraska	Pennsylvania	West Virginia
Idaho			Wisconsin

PRIVACY ACT INFORMATION: The information requested on this form is solicited under 38 U.S.C. 5902, which authorizes VA to recognize representatives of certain organizations for the preparation, presentation, and prosecution of claims for VA benefits. We will use the information to recognize the service organization you named to act on your behalf and to identify any VA records which VA may disclose to the service organization under 38 U.S.C. 5701(b). Except for information protected by 38 U.S.C. 7332, the service organization is not prohibited from redisclosing records. Provision of the requested information is voluntary, but your failure to provide us the information could impede the recognition of the service organization as your representative and/or the identification of disclosable records. The Privacy Act authorizes VA to disclose the requested information outside VA for certain routine uses, which have been published in the Federal Register with reference to a VA system of records entitled, "Compensation, Pension, Education, and Rehabilitation Records-VA (58VA21/22). Such routine uses include debt collection, civil or criminal law enforcement, communications with members of Congress or other representatives, benefits delivery, program administration, and personnel administration.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-800-827-1000 for mailing information on where to send your comments.