

DSO/CSO

DAV

# Case Management System(CMS) Training Course



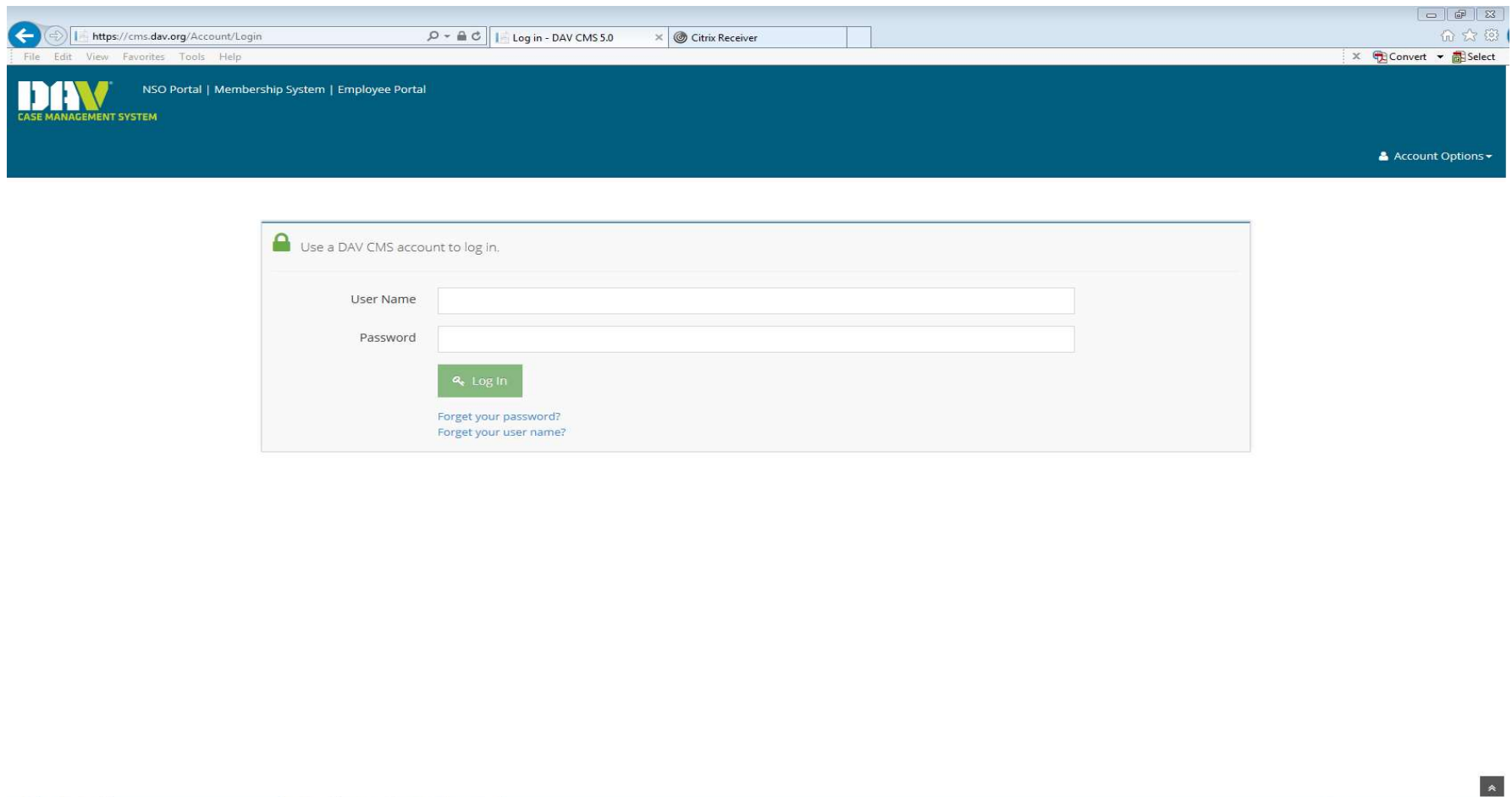
# Welcome and Introductions



## Logging into CMS 4.0

- You can access the DAV CMS 4.0 at the following website:
- <https://cms.dav.org/Account/Login>

# Log in Screen



The screenshot shows a web browser window with the address bar displaying <https://cms.dav.org/Account/Login>. The browser tabs include "Log in - DAV CMS 5.0" and "Citrix Receiver". The page header is a dark blue bar with the DAV logo (a stylized 'DAV' in green and yellow) and the text "CASE MANAGEMENT SYSTEM". To the right of the logo are links for "NSO Portal", "Membership System", and "Employee Portal". On the far right of the header is a link for "Account Options" with a dropdown arrow.

The main content area is a light gray box with a lock icon and the text "Use a DAV CMS account to log in." Below this are two input fields: "User Name" and "Password". A green "Log In" button is positioned below the password field. Below the button are two links: "Forgot your password?" and "Forgot your user name?".

# Dashboard

DAV  
CASE MANAGEMENT SYSTEM

Resource Links | NSO Portal | Membership System | Employee Portal

Claimant ▾ Meetings ▾ Reports ▾ Dashboard ▾ Human Interest Story ▾ Outreach ▾ Admin ▾ Welcome, Justin.A.Kane@va.gov ▾

Working on behalf of  
Nashville VA Regional Office ▾  
Outreach Select Outreach ▾  
Facility Select Facility ▾

Dashboard

Office \* Nashville VA Regional Office x ▾

Appellant Brief Queue

	Received Date	Due Date	Claimant Name	Requesting NSO Office	Assigned to NSO	Status
--	---------------	----------	---------------	-----------------------	-----------------	--------

Submittal Queue

	Submittal Start Date	Date Sent For Review	Source	Claimant Name	Submittal Type	Reviewer	Task Status	Form Status
<a href="#">View</a>	11/29/2018	11/29/2018	Britnee Reid	Marlon C Jordan	Claims		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Britnee Reid	John H Carroll	Claims		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Akyra Elliot	Bobby J. Allen	Claims		Not Started	Uploaded

Support Staff Work Queue

	Submittal Date	Claimant Name	Credit To	Status	Special Instructions
--	----------------	---------------	-----------	--------	----------------------

Phone Queue

	Task Creation Date	Created By	Claimant Name	Original Topic	Assigned To	Task Status
<a href="#">Update</a>   <a href="#">Respond</a>	11/28/2018 15:31:11	Akyra Elliot	James Anthony Ransom	Return Call Requested/Home/AE	Donald L Samuels	Picked Up

## Finding a veteran or spouse

https://cms.dav.org/Dashboard Dashboard - DAV CMS 5.0 Citrix Receiver

File Edit View Favorites Tools Help

**DAV** CASE MANAGEMENT SYSTEM

Resource Links | NSO Portal | Membership System | Employee Portal

Claimant Meetings Reports Dashboard Human Interest Story Outreach Admin Welcome, Justin.A.Kane@va.gov

Find Claimant Add Claimant

Working on behalf of  
Nashville VA Regional Office  
Outreach Select Outreach  
Facility Select Facility

### Dashboard

Office \* Nashville VA Regional Office

#### Appellant Brief Queue

	Received Date	Due Date	Claimant Name	Requesting NSO Office	Assigned to NSO	Status
--	---------------	----------	---------------	-----------------------	-----------------	--------

#### Submittal Queue

	Submittal Start Date	Date Sent For Review	Source	Claimant Name	Submittal Type	Reviewer	Task Status	Form Status
<a href="#">View</a>	11/29/2018	11/29/2018	Britnee Reid	Marlon C Jordan	Claims		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Britnee Reid	John H Carroll	Claims		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Akyra Elliot	Bobby J. Allen	Claims		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Akyra Elliot	Manepawn A. Siliphanyo	Claims		Not Started	Uploaded

#### Support Staff Work Queue

	Submittal Date	Claimant Name	Credit To	Status	Special Instructions
--	----------------	---------------	-----------	--------	----------------------

#### Phone Queue

	Task Creation Date	Created By	Claimant Name	Original Topic	Assigned To	Task Status
--	--------------------	------------	---------------	----------------	-------------	-------------

# Searching for a veteran or spouse

The screenshot shows a web browser window with the URL <https://cms.dav.org/Claimants/FindClaimant/Index>. The browser tabs include "Profile - DAV CMS 5.0" and "Citrix Receiver". The page header features the DAV logo and navigation links: "Resource Links", "NSO Portal", "Membership System", and "Employee Portal". A dark blue navigation bar contains buttons for "Claimant", "Meetings", "Reports", "Dashboard", "Human Interest Story", "Outreach", and "Admin". A welcome message "Welcome, Justin.A.Kane@va.gov" is displayed. On the right, a green sidebar shows "Working on behalf of" with a dropdown for "Nashville VA Regional Office", and "Outreach" and "Facility" sections with "Select" buttons. Below the navigation bar is a search bar with a magnifying glass icon.

**Search Criteria**

SSN

Claim Number

Email

Phone Type

Foreign ☐ Phone

Prefix

First Name

Last Name

# Search options

- Once you are logged into the system you will see a navigation bar on your left. This allows you to search for claimants by SSN, Claim Number, First Name, Last Name, email address, phone number or Reference ID

# Adding a Claimant

- Before adding a claimant, make sure that you have searched by SSN and Claim Number to even include a name search to avoid any duplicate CMS files being made. This system is designed to send you a warning if the information you are inputting matches a record that is already of existence.

Type in social security number or claim number

Profile

Search Criteria

SSN  
111-11-1111

Claim Number

Email

Phone Type

Foreign ☐ Phone

Prefix

First Name

Last Name

Date of Birth

State

Country

Click the search button on bottom of page

SSN  
[777-77-7777]

Claim Number  
[ ]

Email  
[ ]

Phone Type  
[ ]

Foreign ☐ Phone  
[ ]

Prefix  
[ ]

First Name  
[ ]

Last Name  
[ ]

Date of Birth  
[ ]

State  
[ ]

Country  
[ ]

Reference ID  
[ ]

Clear Search

Click view once you find the veteran or spouse

Browser address bar: <https://cms.dav.org/Claimants/FindClaimant/Index>

Page Title: Profile

Search Criteria

SSN: 777-77-7777

Claim Number:

Email:

Phone Type:

Foreign ☐ Phone:

Prefix:

First Name:

Last Name:

Date of Birth:

State:

Country:

	First Name	Last Name	Date Of Birth	City	State	Country	Veteran?
<a href="#">View</a> <a href="#">Details</a>	Luke	Skywalker	1/1/1968	Degobah	WA	US	true

Clear Filter

Page 1 of 1

View 1 - 1 of 1

This is the profile of the person you are searching for.

Browser address bar: <https://cms.dav.org/Claimants/Claimant/ContactInfo/612901>

Browser tabs: Claimant Profile - DAV CM... Citrix Receiver

Menu: File Edit View Favorites Tools Help

Left sidebar menu:

- Activities
- Appeals
- Appearances
- Correspondence
- Dependents
- Human Interest
- POA
- Rating Decision
- Submittals
- View All
- General Request
- POA Only (21-22)
- ITF (21-0966)
- Claims
- Evidence Only
- Case History

### Claimant Profile » Luke Skywalker; 77777777; SS77777777; lsky@theforce.com

Cancel Save Continue

Is Veteran? ☒

SSN 777-77-7777

Verify SSN 777-77-7777

Claim Number SS 77777777

Email lsky@theforce.com

Office of Jurisdiction \* Nashville VA Regional Office

Designation

#### VETERAN

Prefix \* Mr.

First Name \* Luke

Middle Name Sasperilla

Last Name \* Skywalker

Suffix

Professional Suffixes

Gender \* Male

Date of Birth 01/01/1968

Deceased Date

Marital Status Single

Reference ID \* 612901

#### Phone Numbers

Primary Number

Foreign Home Phone

Foreign Work Phone Extension

Foreign Mobile Phone

#### Addresses

Address 1 Add Address

Line 1 12 Parsite Kessel Dr

Add Line Remove Line

City Degobah

State Washington

Zip 98100

# Adding a veteran or spouse into CMS

https://cms.dav.org/Dashboard Dashboard - DAV CMS 5.0 Citrix Receiver

File Edit View Favorites Tools Help

**DAV** CASE MANAGEMENT SYSTEM

Resource Links | NSO Portal | Membership System | Employee Portal

Claimant Meetings Reports Dashboard Human Interest Story Outreach Admin Welcome, Justin.A.Kane@va.gov

Find Claimant Add Claimant

Working on behalf of Nashville VA Regional Office

Outreach Select Outreach Facility Select Facility

## Dashboard

Office \* Nashville VA Regional Office

### Appellant Brief Queue

	Received Date	Due Date	Claimant Name	Requesting NSO Office	Assigned to NSO	Status

### Submittal Queue

	Submittal Start Date	Date Sent For Review	Source	Claimant Name	Submittal Type	Reviewer	Task Status	Form Status
<a href="#">View</a>	11/29/2018	11/29/2018	Lisa Mae Newman' Daniel	Joe Alex Strother	POA Only		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Britnee Reid	Gary Bush	Claims		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Akyra Elliot	Martin L. Sissom	Claims		Not Started	Uploaded
<a href="#">View</a>	11/29/2018	11/29/2018	Akyra Elliot	Manepawn A. Siliphanyo	Claims	Franklin E. Budd	In Review	Uploaded

### Support Staff Work Queue

	Submittal Date	Claimant Name	Credit To	Status	Special Instructions

### Phone Queue

	Task Creation Date	Created By	Claimant Name	Original Topic	Assigned To	Task Status
<a href="#">Update</a>   <a href="#">Respond</a>	11/28/2018 15:31:11	Akyra Elliot	James Anthony Ransom	Return Call Requested/Home/AE	Donald L Samuels	Picked Up

# Input the new veteran or spouses information

Browser address bar: <https://cms.dav.org/Claimants/AddClaimant/Index>

Browser tabs: Create Claimant - DAV CM... Citrix Receiver

File Edit View Favorites Tools Help

**DAV**  
CASE MANAGEMENT SYSTEM

Resource Links | NSO Portal | Membership System | Employee Portal

Claimant - Meetings - Reports - Dashboard - Human Interest Story - Outreach - Admin - Welcome, Justin.A.Kane@va.gov

Working on behalf of  
Nashville VA Regional Office

Outreach Select Outreach

Facility Select Facility

**Create Claimant**

**Personal Information**

Claim Number and SSN: ☐ ☐

First Name \*

Last Name \*

State

Country

Date of Birth

Continue →

# All fields completed.

The screenshot shows a web browser window with the URL <https://cms.dav.org/Claimants/AddClaimant/Index>. The browser's address bar also shows 'Create Claimant - DAV CM...' and 'Citrix Receiver'. The page header includes the DAV Case Management System logo and navigation links: Resource Links, NSO Portal, Membership System, and Employee Portal. A dark blue navigation bar contains buttons for Claimant, Meetings, Reports, Dashboard, Human Interest Story, Outreach, and Admin. A user welcome message 'Welcome, Justin.A.Kane@va.gov' is displayed. On the right, a sidebar shows 'Working on behalf of' (Nashville VA Regional Office), 'Outreach' (Select Outreach), and 'Facility' (Select Facility). The main content area is titled 'Create Claimant' and features a 'Personal Information' section. This section includes a 'Claim Number and SSN' toggle (currently off), and input fields for 'First Name' (Luke), 'Last Name' (Skywalker), 'State' (Tennessee), 'Country' (United States), and 'Date of Birth' (08/06/1954). A green 'Continue' button with a right arrow is located at the bottom of the form.

https://cms.dav.org/Claimants/AddClaimant/Index

Create Claimant - DAV CM... Citrix Receiver

File Edit View Favorites Tools Help

**DAV**  
CASE MANAGEMENT SYSTEM

Resource Links | NSO Portal | Membership System | Employee Portal

Claimant Meetings Reports Dashboard Human Interest Story Outreach Admin Welcome, Justin.A.Kane@va.gov

Working on behalf of  
Nashville VA Regional Office

Outreach Select Outreach

Facility Select Facility

**Create Claimant**

**Personal Information**

Claim Number and SSN: ☐

First Name \* Luke

Last Name \* Skywalker

State Tennessee

Country United States

Date of Birth 08/06/1954

Continue →

Click continue after adding all information required for the new veteran or spouse

Browser address bar: <https://cms.dav.org/Claimants/AddClaimant/Index>

Browser tabs: Create Claimant - DAV CM..., Citrix Receiver

DAV CASE MANAGEMENT SYSTEM

Resource Links | NSO Portal | Membership System | Employee Portal

Claimant | Meetings | Reports | Dashboard | Human Interest Story | Outreach | Admin | Welcome, Justin.A.Kane@va.gov

Working on behalf of: Nashville VA Regional Office

Outreach: Select Outreach

Facility: Select Facility

### Create Claimant

#### Personal Information

Claim Number and SSN: ☐ ☒

First Name \*

Last Name \*

State

Country

Date of Birth

## Complete all highlighted fields

Browser: <https://cms.dav.org/Claimants/Claimant/Create/null/null> | Claimant Profile - DAV CM... | Citrix Receiver

File Edit View Favorites Tools Help

Is Veteran? ☒

SSN [REDACTED]

Verify SSN [REDACTED]

Claim Number [v] [REDACTED]

Email [REDACTED]

Office of Jurisdiction \* [REDACTED]

Designation [REDACTED]

### VETERAN

Prefix \* [REDACTED]

First Name \* Luke

Middle Name [REDACTED]

Last Name \* Skywalker

Suffix [REDACTED]

Professional Suffixes [REDACTED]

Gender \* [REDACTED]

Date of Birth 08/06/1954

Deceased Date [REDACTED]

Marital Status [REDACTED]

Reference ID \* 0

RH Insured ☐

DAV Member ID [REDACTED]

DAVA Member ID [REDACTED]

### Phone Numbers

Primary Number [REDACTED]

Foreign ☐ Home Phone [REDACTED]

Foreign ☐ Work Phone [REDACTED] Extension [REDACTED]

Foreign ☐ Mobile Phone [REDACTED]

### Addresses

Add Address [REDACTED]

No addresses currently set.

Cancel Save

Click address 1

## Addresses

Add Address ▾

Address 1

Address 2

Other

set.

Complete all fields

## Addresses



Address 1 

Add Address 

Line 1

Add Line 

Remove Line 

City

State



Zip


Country


United States



Clients with apartments, please click the add line button and type in APT and apartment number (example APT 105)


 Addresses 


Address 1 

Add Address 

Line 1

APT 105

Add Line 



Remove Line 

City

State

Zip

Country

United States  

After all fields required are completed, click on the save button on the top right or bottom left (both save buttons perform the same function).

The screenshot displays a web application interface for creating a claimant profile. The browser address bar shows the URL: <https://cms.dav.org/Claimants/Claimant/Create/null/null>. The page title is "Claimant Profile - DAV CM...".

**Top Left:** A "Cancel" button is visible.

**Form Fields:**

- Is Veteran?** ☒
- SSN:** 999-99-9999
- Verify SSN:** 999-99-9999
- Claim Number:**
- Office of Jurisdiction:** Nashville VA Regional Office
- Designation:**
- Primary Number:** Mobile
- Home Phone:**
- Work Phone:**
- Extension:**
- Mobile Phone:**
- Address 1:** 320 Glen Cove Ln, APT 105, Nashville, Tennessee, 37211, United States

**Bottom Left:** A "Save" button is highlighted with a yellow box.

After the file is built, this is the final product of a fully built profile

Browser: <https://cms.dav.org/Claimants/Claimant/ContactInfo/612901> | Claimant Profile - DAV CM... | Citrix Receiver

Quick Actions: File | Note | Communication

### Claimant Profile » Luke Skywalker; 77777777; SS77777777; lsky@theforce.com

Cancel | Save | Continue

**Contact Info** | Military Service | Disabilities | Conflict/War Record | Treatment Record | Special Case

Is Veteran? ☒

SSN: 777-77-7777

Verify SSN: 777-77-7777

Claim Number: SS 77777777

Email: lsky@theforce.com

Office of Jurisdiction: Nashville VA Regional Office

Designation:

#### VETERAN

Prefix: Mr.

First Name: Luke

Middle Name: Sasperilla

Last Name: Skywalker

Suffix:

Professional Suffixes:

Gender: Male

Date of Birth: 01/01/1968

Deceased Date:

Marital Status: Single

#### Phone Numbers

Primary Number: [Dropdown]

Foreign: ☐ Home Phone: [Text]

Foreign: ☐ Work Phone: [Text] Extension: [Text]

Foreign: ☐ Mobile Phone: [Text]

#### Addresses

Address 1: Add Address

Line 1: 12 Parsite Kessel Dr

Add Line | Remove Line

City: Degobah

## DIC Claims

Claimant Profile » [REDACTED]

Email

Contact Info

Military Service

Disabilities

Conflict/War Record

Treatment Record

Special Case

Cancel ↺

Is Veteran?



SSN

Offi

Verify SSN

Claim Number

C



## DIC

-Update the drop box indicated as “claimants name” as the veteran and place the claimants (surviving spouse, child, etc) to the “Veteran’s Name”. This will auto generate the letters addressing the claimant, instead of the veteran.

**Claimant Profile »** [Redacted]  
*Email*



Contact Info Military Service Disabilities Conflict/War Record Treatment Record Special Case


Cancel ↺


Is Veteran? ☒




SSN [Redacted]


Verify SSN [Redacted]

Claim Number  XC  [Redacted] "change to XC or XCSS"


Claimant Name  Dan Knabe "becomes veteran's name"


**VETERAN** 

Prefix \* Ms.   

First Name \* Jessica 

Middle Name "becomes surviving spouse's information"

Last Name \* Alba 

Suffix 

### Logging a Phone Call/Interview

First search the veteran by file number or social. (try typing the social in the file number if it doesn't retrieve a file typed in the SSN box)

Once the file is received you will see a screen as such indicating the veteran's name, date of birth, state, country and gender. Select view to access the file.

Profile

Search Criteria ▾

SSN  
[REDACTED]

Claim Number  
[REDACTED]

Email  
[REDACTED]

Phone Type \*  
Cell ▾

First Name	Last Name	Date Of Birth	State	Country	Gender
[REDACTED]	[REDACTED]	6/6/1953	MO	United States	M

[View Details](#)

Clear Filter

Page 1 of 1 | 20 ▾

View 1 - 1 of 1

# Logging a Phone Call/Interview

- The next screen will reveal what information we have on the veteran and give the DSO/CSO several navigation options. When you take a phone call or a interview you will want to select “COMMUNICATIONS” AND THEN “ADD NEW”. This will give you seven options at this point: Interview-In Person, Interview-Phone, Interview-other Video, Phone Call Requested, Email, Fax, and Other. Select the option that you have completed.

# Logging a Phone Call/Interview

Quick Actions: [File](#) [Note](#) [Communication](#)

Activities

Communications

View All

Add New

Notes

Files Reviewed

Appeals

Dependents

Human Interest

POA

Rating Decision

Submittals

Case History

Claimant Profile » [REDACTED]

Email

Contact Info

Military Service

Disabilities

Conflict/War Record

Treatment Record

Special Case

Cancel

Save

Continue

SSN [REDACTED]

Verify SSN [REDACTED]

Claim Number C [REDACTED]

Email [REDACTED]

Office of Jurisdiction \* St. Louis National Service Office

Designation [REDACTED]

VETERAN

Prefix \* Mr.

First Name \* [REDACTED]

Middle Name [REDACTED]

Last Name \* [REDACTED]

Suffix [REDACTED]

Professional Suffixes [REDACTED]

Phone Numbers

Primary Number Home

Foreign Home Phone (417) 399-9331

Foreign Work Phone Extension

Foreign Cell Phone

Addresses

# Logging a Phone Call/Interview

Communications » [REDACTED]  
Email

<b>DOB</b> 6/7/1953	<b>Address 1</b> 310 N Washington Ave Walnut Grove MO 65770-8128	<b>Phone</b> ★ Home [REDACTED]	<b>Special Cases</b> n/a
<b>Reference ID</b> 392848			

Cancel ↺

Communication Type \*

- ☐ Interview - In Person
- ☐ Interview - Phone
- ☐ Interview - Over Video
- ☐ Phone Call Requested
- ☐ Email
- ☐ Fax
- ☐ Other

Credit To

Files Reviewed

☐

Topic \*

Summary \*

Also please select Franklin Budd on the “CREDIT TO” drop down box. Once the interview is complete put the “TOPIC” that you discussed with the veteran and the summary of the actions that were completed into the “SUMMARY” box and select “SAVE”. (Ex: Interview-In-person, Credit to: Franklin Budd, Topic: New Claim, Summary: The veteran came in to file a claim for Prostate Cancer due to Agent Orange exposure)  
The summary needs to have a detailed summary in one or two paragraphs.

Cancel ↺

Communication Type \*

☒ Interview - In Person

☐ Interview - Phone

☐ Interview - Over Video

☐ Phone Call Requested

☐ Email

☐ Fax

☐ Other

Credit To

Andrew J Edwards

✕ ▼

Files Reviewed

☐

Interview Type

VA

▼

Save ✓

Cancel ↺

Topic \*

New Claim Prostate Cancer

Summary \*

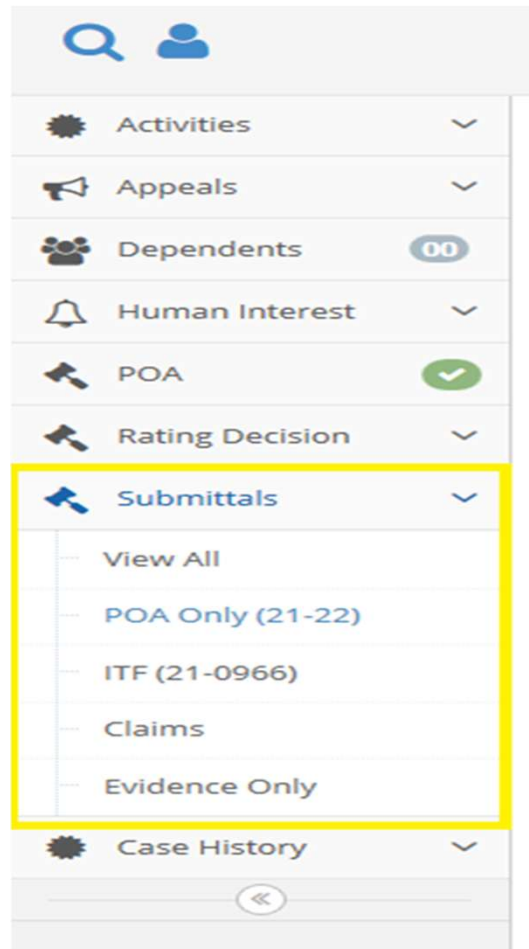
Veteran came into the office to establish a claim for prostate cancer due to agent orange exposure. The veteran has been clinically diagnosed by the VAMC with confirmation of service in Vietnam. Claim submitted to the RO for finalization.

Save ✓

# Submittals

- Create a file on your desktop and label it as “Submittals”. This is where you where scan the claims, evidence and other correspondence to be submitted to the Regional Office. Once the submittal has been finalized delete the items out of the file so you are in guidelines with the Statement of Policy.
- While in your interview, CMS can draft the certain applications for you while you are preparing the submittal. Most all VA forms will allow you to do an auto draft while completing through CMS.
- Start by selecting the tab on the left hand side of your screen indicated as “SUBMITTALS”. Select what you are submitting. If it’s just a POA select the POA only, if it’s just an intent to file a claim then select the ITF, if it is a claim select claims, and if it is evidence only then select evidence.

# Submittals



## POA submittals

- Select POA only (21-22)
- (This form will be the PDF format with Franklin Budd's signature on it)  
Once you fill in the veteran's information and have them sign it, scan this to your file indicated as Submittals.
- Once you select POA only you will see this screen.

Make sure the Source is indicated as “DSO”, “Source Name” is indicated as yourself and the “Credit To” is indicated as Franklin Budd. Scroll down below that and you will see this on the same screen and select “REVIEW SUBMISSION”.

Submission Contact Info » [REDACTED]  
Email

Type **POA Only**

Status **In Progress**

ITF Effective Date

Method \* Print [v] ☒ Include POA?

Days Left **No ITF on file**

Source DSO [v]

Source Name [REDACTED] x [v]

Credit To Andrew J Edwards x [v]

Send to VA Department of Veterans Affairs (VA) [v]

Section \*

VA Forms: 21-22

☒ 21-22 Power of Attorney

☐ 21-0966 Intent to File

☐ 21-526EZ Compensation Claim

☐ 21-686C Declaration of Status of Dependents\*

☐ 21-67A Request for Approval of School Attendance\*

☐ 21-4140 Employment Questionnaire\*

☐ 21-4142 Authorization to Disclose Information to the VA\*

☐ 28-1900 Disabled Veterans Vocational Rehabilitation\*

☐ 22-0848 Rural Relocation Benefit\*

☐ 22-5190 Survivors and Dependents Educational Assistance\*

Once you have select “REVIEW SUBMISSION” you then need to select “FORM UPLOAD” then you need to remove the auto drafted copy by selecting remove.

Cancel Save Continue

Claimant Name - SSN [REDACTED] Claim Number [REDACTED]

Prefix \* Mr. First Name \* [REDACTED] Middle Name P. Last Name \* [REDACTED] Suffix

Gender \* Male DOB 06/07/1953 Designation

**Phone Numbers**

Primary Number Home

Foreign ☐ Home Phone [REDACTED] Type Evening

Foreign ☐ Work Phone [REDACTED] Ext. [REDACTED] Type Daytime

Foreign ☐ Cell Phone [REDACTED] Type Cell

Email Address [REDACTED]

**Addresses**

Current Forwarding

Homeless? ☐

Type Address 1

Line 1 \* 310 N Washington Ave Add Line Remove Line

City \* Walnut Grove

State \* Missouri

Zip \* 65770-8128

Country \* United States

Cancel Save Continue

Review Submission

**NOTE:** POA submittal doesn't allow any evidence to be attached, so if the veteran has a DD 214 or any other documentation to submit, scan this with the POA before uploading. This will prevent the DSO/CSO from creating two separate submittals.

VA Forms: 21-22

Contact Info

Veteran Info

POA

Form Upload

Correspondence

Signatures

Submit

Submission Confirmation Page

Please verify the summary below, then click one of the buttons below. You can also go back to a previous section and make any changes necessary.

- **Submission #:** 116226
- **Status:** In Progress
- **Claimant:** Mr. Michael P. Walker
- **To:** Department of Veterans Affairs (VA)
- **Attachment(s):**
- **Form(s):**
  - 21-22 Power of Attorney
- **# Claims Filed:** 0
- **Submittal Letter:** Included

Send For Review - All Paper Uploaded

Send For Review - Paper Mailed/Faxed to Office

Once the auto generated POA is removed it will give you an option to “ATTACH CLAIM”. Select the “ATTACH CLAIM” button and upload the POA that is signed by the veteran from your file indicated as submittals on your desktop. Then select “REVIEW SUBMISSION”.

21-22 - Power of Attorney

21-22.20170427113155807.pdf

This file was automatically generated on 4/23/2017 at 11:31:56 AM using information provided on this submission. To replace it, click "Remove", then attach a claim PDF. To re-generate a new version, click "Remove", then Save without attaching a new PDF.

Remove

Save ✓ Continue ↗

Delete Submittal

Review Submission ↗

Once the screen switches to the final page, you then will select “SEND FOR REVIEW-ALL PAPER UPLOADED”


VA Forms: 21-22

Contact Info Veteran Info POA Form Upload Correspondence Signatures **Submit**

### Submission Confirmation Page

Please verify the summary below, then click one of the buttons below. You can also go back to a previous section and make any changes necessary.

- Submission #: 116225
- Status: In Progress
- Claimant: Mr.
- To: Department of Veterans Affairs (VA)
- Attachment(s):
- Form(s):
  - 21-22 Power of Attorney
- # Claims Filed: 0
- Submittal Letter: Included



**Send For Review - All Paper Uploaded** 📄

Send For Review - Paper Mailed/Faxed to Office 📄

This will then be placed into the NSO office's  
que for finalization and submittal to the  
Department of Veteran's Affairs!!!

## INTENT (ITF 21-0966)

- This form can be auto drafted and printed from CMS. If the veteran is doing an intent to file a claim just select the ITF button. Most of the information will be auto-drafted from the contact information we have saved in CMS. Then hit “REVIEW SUBMISSION” at the bottom of the screen to generate the form. Highlight the blue indication of 21-0966 Intent to File and this will pull the form up to be printed for signature.
- NOTE: Intent submittal doesn’t allow any evidence to be attached, so if the veteran has a DD 214 or any other documentation to submit, scan this with the Intent before uploading. This will prevent the DSO from creating two separate submittals.
- Once the form is signed then scan it to your desktop file. In CMS select the tab indicated as Form Upload, delete the auto drafted one and upload the signed document. Then select “REVIEW SUBMISSION” and then “SEND FOR REVIEW-ALL PAPER UPLOADED”.

Here's the link to view and print the form.

## Submission Confirmation Page

Please verify the summary below, then click one of the buttons below. You can also go back to a previous section and make any changes necessary.

- **Submission #:** 116291
- **Status:** In Progress
- **Claimant:** Mr. Michael P. Walker
- **To:** Department of Veterans Affairs (VA)
- **Attachment(s):**
- **Form(s):**
  - [21-0966 Intent to File](#)
- **# Claims Filed:** 0
- **Submittal Letter:** Included

Remember to draft the forms in CMS and then print it for the veteran's signature. After that upload the form after deleting the auto formatted version and submit to the Regional Office. Also any additional documentation that needs to be submitted, just scan those with the Intent or POA form.

## CLAIMS

The claims option allows you to auto draft and submit several different VA claims. To auto draft the forms you must go through each tab and hit save to have the correct information on the form before printing. The VA Forms that will allow auto draft are VA Form 21-526EZ, 21-0966 (Intent to File) and 21-22 (Power of Attorney).

my claim. VA Section \*

### VA Forms

<input type="checkbox"/> 21-22 Power of Attorney	<input type="checkbox"/> 21-4140 Employment Questionnaire*
<input type="checkbox"/> 21-0966 Intent to File	<input type="checkbox"/> 21-4142 Authorization to Disclose Information to the VA*
<input type="checkbox"/> 21-526EZ Compensation Claim	<input type="checkbox"/> 28-1900 Disabled Veterans Vocational Rehabilitation*
<input type="checkbox"/> 21-686C Declaration of Status of Dependents*	<input type="checkbox"/> 22-0848 Rural Relocation Benefit*
<input type="checkbox"/> 21-674 Request for Approval of School Attendance*	<input type="checkbox"/> 22-5490 Survivors and Dependents Educational Assistance*
<input type="checkbox"/> 21-8940 Veteran's Increased Compensation Based on Unemployability*	<input type="checkbox"/> 10-10 Domiciliary Applications*
<input type="checkbox"/> 21-4192 Request for Employment Information in Connection with Claim for Disability*	<input type="checkbox"/> 10-10EZ Enrollment Application For Health Benefits*
<input type="checkbox"/> 21-0781 Statement in Support of Claim for Service Connection for PTSD*	<input type="checkbox"/> 10-10D Application for CHAMPVA Benefits*
<input type="checkbox"/> 21-0781a Statement in Support of Claim for Service Connection for PTSD Secondary to Personal Assault*	<input type="checkbox"/> 10-2570D Dental Record Authorization and Invoice for Outpatient Service*
<input type="checkbox"/> 26-4555 Veterans Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant Under Title 38 U.S.C. 2101(a) or (b)*	<input type="checkbox"/> 10-1394 Adaptive Equip - Motor Vehicle*
<input type="checkbox"/> 21-4502 Automobile or Other Conveyance and Adaptive Equipment Under 38 U.S.C. 3901-3904*	<input type="checkbox"/> 10-0103 Assistance In Acquiring Home Improvement and Structural Alterations*
<input type="checkbox"/> 21-2680 Exam for Housebound Status or Permanent Need for Regular A&A*	<input type="checkbox"/> 29-4364 Service-Disabled Veterans Insurance*
<input type="checkbox"/> 21-0779 Req. for Nursing Home Info. in Connect. with Claim for A&A*	<input type="checkbox"/> 26-1880 Request for A Certificate of Eligibility*
<input type="checkbox"/> 21-527EZ Pension Claim*	<input type="checkbox"/> 26-0286 Loan Summary Sheet*
<input type="checkbox"/> 10-8678 Annual Clothing Allowance *	<input type="checkbox"/> Earlier Effective Date*
<input type="checkbox"/> 21-534EZ DIC or Death Pension by a Surviving Spouse or Child*	<input type="checkbox"/> Clear and Unmistakable Error*
<input type="checkbox"/> 21-534 DIC or Death Pension by a Surviving Spouse or Child*	<input type="checkbox"/> 5655 Financial Status Report*
<input type="checkbox"/> 21-535 DIC for Parents*	<input type="checkbox"/> DD 149 Correction of Military Records*
<input type="checkbox"/> 21-535 DIC for Parents*	<input type="checkbox"/> DD 293 Review Of Discharge/Dismissal Records*
<input type="checkbox"/> 21-535 DIC for Parents*	<input type="checkbox"/> DD 294 Review by the Physical Disability Board of Review (PDBR)*
<input type="checkbox"/> 21-535 DIC for Parents*	<input type="checkbox"/> DD 1172 DOD ID*

Select each form that you will be using to auto draft multiple forms. Remember though these must be printed out for the veteran to sign and re uploaded before submitting through CMS. For example purposes we will provide screen shots for selecting a 21-526EZ and the tabs provided for this specific claim. Every form will request different information just input the data it is requested so the form is auto generated for printing.

# Step One: Select the form

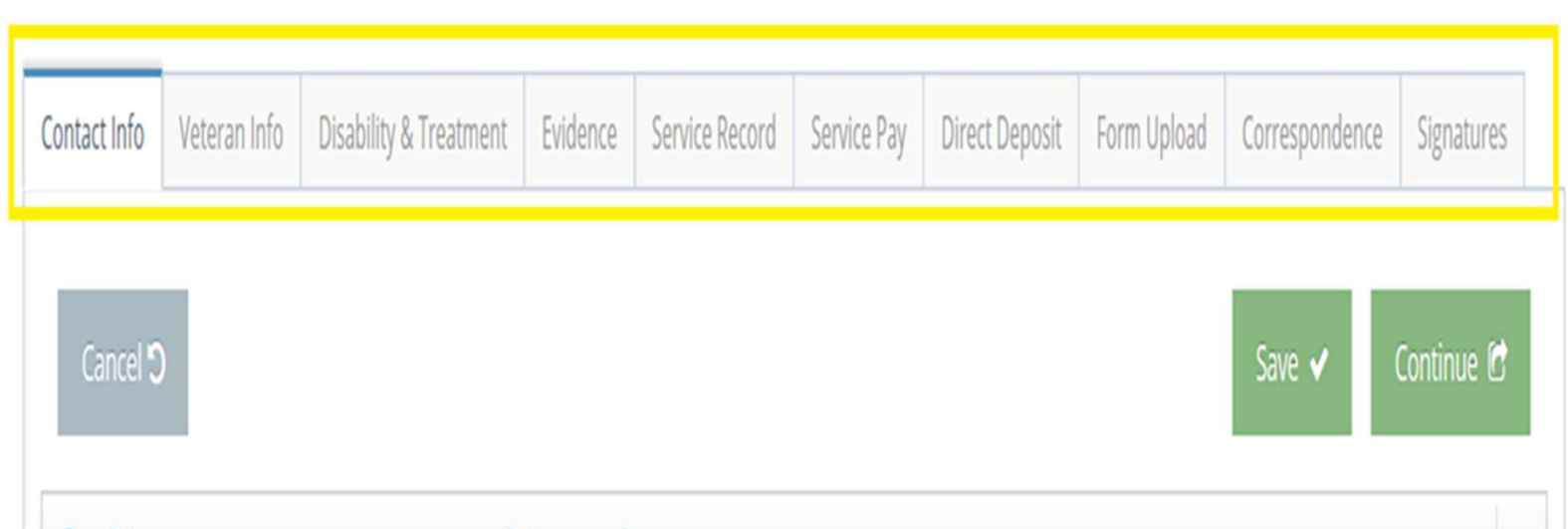
## VA Forms: 21-526EZ

- ☐ 21-22 Power of Attorney ☐ :
- ☐ 21-0988 Intent to File ☐ :
- ☒ **21-526EZ Compensation Claim** ☐ :
- ☐ 21-686C Declaration of Status of Dependents\* ☐ :
- ☐ 21-674 Request for Approval of School Attendance\* ☐ :
- ☐ 21-8940 Veteran's Increased Compensation Based on Unemployability\* ☐ :
- ☐ 21-4192 Request for Employment Information in Connection with Claim for Disability\* ☐ :
- ☐ 21-0781 Statement in Support of Claim for Service Connection for PTSD\* ☐ :
- ☐ 21-0781 Statement in Support of Claim for Service Connection for PTSD\* ☐ :

## Step Two: Select continue

Contact Info	Veteran Info	Disability & Treatment	Evidence	Service Record	Service Pay	Direct Deposit	Form Upload	Correspondence	Signatures
<div>Cancel ↺</div> <div>Save ✓</div> <div>Continue ↻</div>									

## Step Three: Fill out each tab and the required information



The screenshot shows a web form interface with a horizontal tabbed navigation bar at the top. The tabs are labeled: "Contact Info", "Veteran Info", "Disability & Treatment", "Evidence", "Service Record", "Service Pay", "Direct Deposit", "Form Upload", "Correspondence", and "Signatures". The "Contact Info" tab is currently selected and highlighted with a blue underline. A yellow rectangular box highlights the entire tabbed navigation bar. Below the tabs, there is a large white area for the form content. At the bottom of the form area, there are three buttons: a "Cancel" button with a circular arrow icon, a "Save" button with a checkmark icon, and a "Continue" button with a right-pointing arrow icon. The "Save" and "Continue" buttons are green, while the "Cancel" button is gray.

Contact Info	Veteran Info	Disability & Treatment	Evidence	Service Record	Service Pay	Direct Deposit	Form Upload	Correspondence	Signatures

Cancel ↺ Save ✓ Continue ➡

#### Step Four: “Disability & Treatment” Tab

This tab is where you select Add New Disability to add a new claimed condition. When the CMS file is updated the already recognized conditions will be in the system. You will only need to elect an increase on that condition for it to take place. Please note if the file isn’t updated and the veteran is service connected for a condition then you will still need to select add new disability and select increase.

Contact Info

Veteran Info

Disability & Treatment

Evidence

Service Record

Service Pay

Direct Deposit

Form Upload

Correspondence

Signatures

Cancel ↺

Save ✓

Continue ↗

This is an initial application for compensation or pension benefits

☐ NO

Disability Entitlements

⌵

Add New Disability ➕

Treatment Records

⌵

Include in Submission	Treatment Centers*	Start Date *	End Date	City	State	Country	Condition Treated

Add ➕

Cancel ↺

Save ✓

Continue ↗

After you select add a disability it will then ask you if this is a new claim, increase or secondary. Select what the veteran is requesting and select the add new disability for each condition being claimed. Also on this page you can add the treatment history by clicking the “ADD” button under the Treatment Records section. Here is an example of a claim that has all three options on it.

# VA Form 21-526EZ

VA Forms: 21-526EZ

Contact Info Veteran Info **Disability & Treatment** Evidence Service Record Service Pay Direct Deposit Form Upload Correspondence Signatures

Cancel

Save

Continue

This is an initial application for compensation or pension benefits

30

## Disability Entitlements

Add New Disability

- ☒ New  
☐ Increase  
☐ Secondary

Disability \*

7913 - Diabetes: Mellitus

x

Notes

Related To

Agent Orange - Vietnam

Remove

- ☐ New  
☒ Increase  
☐ Secondary

Disability \*

6100 - Hearing Loss

x

Notes

Related To

Remove

- ☐ New  
☐ Increase  
☒ Secondary

Disability \*

Peripheral neuropathy

x

Notes

Related To

Secondary To

Diabetes: Mellitus

Remove

## Treatment Records

Include in Submission	Treatment Center*	Start Date *	End Date	City	State	Country	Condition Treated
<input type="checkbox"/>	St Louis VAMC	01/01/2016		St Louis	MO	United States	Diabetes

Add

Cancel

Save

Continue

Select continue once all information is filled out correctly.


**Step Five:** Scan and attach any medical evidence or any records being submitted with the claim under the “EVIDENCE” tab.


Contact Info	Veteran Info	Disability & Treatment	<b>Evidence</b>	Service Record	Service Pay	Direct Deposit	Form Upload	Correspondence	Signatures
--------------	--------------	------------------------	-----------------	----------------	-------------	----------------	-------------	----------------	------------


Cancel ↶

Save ✓

Continue ↷

 Submission Evidence

Add Evidence With Attachment 

Add Evidence (No Attachment) 

Cancel ↶

Save ✓

Continue ↷

**Step Six:** Make sure each tab is filled out and get to the “FORM UPLOAD” Tab. At this point select download and print the application for signature.

Contact Info Veteran Info Disability & Treatment Evidence Service Record Service Pay Direct Deposit **Form Upload** Correspondence Signatures

Cancel Save Continue

For each form below, to upload a PDF, click the "Attach Claim" button.

Highlighted forms indicate that the form can be generated electronically. However you can choose to replace these by manually uploading a PDF instead.

21-526EZ - Compensation Claim **Download** Preview

21-526EZ.20170427140726274.pdf Remove

This file was automatically generated on 4/27/2017 at 2:07:27 PM using information provided on this submission. To replace it, click "Remove", then attach a claim PDF. To re-generate a new version, click "Remove", then Save without attaching a new PDF.

Cancel Save Continue

**Step Seven:** Remove the auto drafted copy (you now have scanned the signed copy on your desktop)

Contact Info	Veteran Info	Disability & Treatment	Evidence	Service Record	Service Pay	Direct Deposit	<b>Form Upload</b>	Correspondence	Signatures
--------------	--------------	------------------------	----------	----------------	-------------	----------------	--------------------	----------------	------------

Cancel ↻

Save ✓

Continue ↗

For each form below, to upload a PDF, click the "Attach Claim" button.

Highlighted forms indicate that the form can be generated electronically. However you can choose to replace these by manually uploading a PDF instead.

21-526EZ - Compensation Claim

Download | Preview

PDF 21-526EZ.20170427140726274.pdf

Remove

This file was automatically generated on 4/27/2017 at 2:07:27 PM using information provided on this submission. To replace it, click "Remove", then attach a claim PDF. To re-generate a new version, click "Remove", then Save without attaching a new PDF.

Cancel ↻

Save ✓

Continue ↗

## Step Eight: Upload signed documents

Contact Info	Veteran Info	Disability & Treatment	Evidence	Service Record	Service Pay	Direct Deposit	Form Upload	Co
--------------	--------------	------------------------	----------	----------------	-------------	----------------	-------------	----

Cancel ↺

For each form below, to upload a PDF, click the "Attach Claim" button.

Highlighted forms indicate that the form can be generated electronically. However you can choose to replace these by m instead.

21-526EZ - Compensation Claim

Attach Claim 📎

### Step Nine: Correspondence Tab

In this Tab you will put the information on what actions you have completed. This is similar to the old cover sheets where you were stating what action should be taken on the claim. This will be auto drafted as well but can also be customized, if something specific needs to be done. And you can add additional attachments by putting them in the “Additional Enclosures” and clicking add.

The screenshot displays the 'Correspondence' tab within the VA Forms: 21-526EZ interface. The top navigation bar includes tabs for Contact Info, Veteran Info, Disability & Treatment, Evidence, Service Record, Service Pay, Direct Deposit, Form Upload, and Correspondence. The 'Correspondence' tab is highlighted with a yellow box and a black arrow pointing to it. Below the navigation bar, there are 'Cancel', 'Save', and 'Continue' buttons. The main content area is titled 'Correspondence' and features a 'Custom Paragraph' section on the left, which is also highlighted with a yellow box. This section contains three paragraphs of text: 'Entitlement to service connection for 7913 - Diabetes: Mellitus related to Agent Orange - Vietnam.', 'Entitlement to increase for 6100 - Hearing Loss.', and 'Entitlement to service connection for Peripheral neuropathy secondary to Diabetes: Mellitus.' To the right of the paragraphs are fields for 'Additional CC', 'Initials', and 'Additional Enclosures'. The 'Additional Enclosures' section is highlighted with a yellow box and a black arrow pointing to it. It lists 'VA Form 21-4138', 'DD 214', and 'Service Medical Records', each with a dropdown arrow. An 'Add' button is located next to the 'VA Form 21-4138' entry. At the bottom right of the 'Custom Paragraph' section, it says 'Words: 28'.

At this point if you select continue it will take you to the signature page. We do not currently have the abilities to have digital signatures, this is why we are printing and uploading the forms under “Form Uploaded”. Once the summary looks good and all additional evidence being submitted is indicated on you then select review submission.

## Step Ten: Submit the claim

Select “Send For Review-All Paper Uploaded”

\*NOTE: Do not select “Send for review paper mailed/faxed” unless you’re mailing a larger claim. If in the middle of the submittal and you need to leave the page (go to a side bar option communications, notes, ect). Do not open a new submittal, select “Submittals” then “View All” and select the one in progress.


Notice this is a summary of what you completed. The Disabilities claimed should be listed. All your attachments will be listed. And the conditions filed will be indicated on the summary page before submitting to the Regional Office.


Submit

### Submission Confirmation Page

Please verify the summary below, then click one of the buttons below. You can also go back to a previous section and make any changes necessary.

- **Submission #:** 116675
- **Status:** In Progress
- **Claimant:** Mr. [REDACTED]
- **To:** Department of Veterans Affairs (VA)
- **Disabilities Claimed:**
  - N 7913 - Diabetes: Mellitus
  - I 6100 - Hearing Loss
  - S Peripheral neuropathy
- **Attachment(s):**
- **Form(s):**
  - [21-526EZ Compensation Claim](#)
- **# Claims Filed:** 1
- **# Conditions Filed:** 3
  - New Service Connection(s): 1
  - New Increase(s): 1
  - New Secondary Condition(s): 1
- **Submittal Letter:** included

Send For Review - All Paper Uploaded 

Send For Review - Paper Mailed/Faxed to Office 

\*Remember each form can be auto drafted for you in CMS but you must print it out for signature. Claims with multiple forms on them indicate the forms on page one and it should auto generate all of them at once. That way you can print them all off for signature instead of going back and filling out a new one. POA forms must be the ones with Franklin Budd's signature.

## Alerts

In the past we have indicated to put any special notes to the NSO in the correspondence tab, this actually is generating onto the letters to the veterans. We have discovered an alert tab that will replace this method. When you pull up the claimant you will see the tab "Special Case". This is where you need to place any alerts on that specific submittal...examples: "Submitted as received", "submitted by CSO...", "terminal ill veteran", "financial hardship", etc. Anything that you want to make the NSO aware of needs to be put into the special case tab on that claimant.

**Claimant Profile »** [REDACTED]  
*Email*

Contact Info

Military Service

Disabilities

Conflict/War Record

Treatment Record

**Special Case**

Cancel ↺

Is Veteran? ☒

SSN [REDACTED]

Verify SSN [REDACTED]

Email

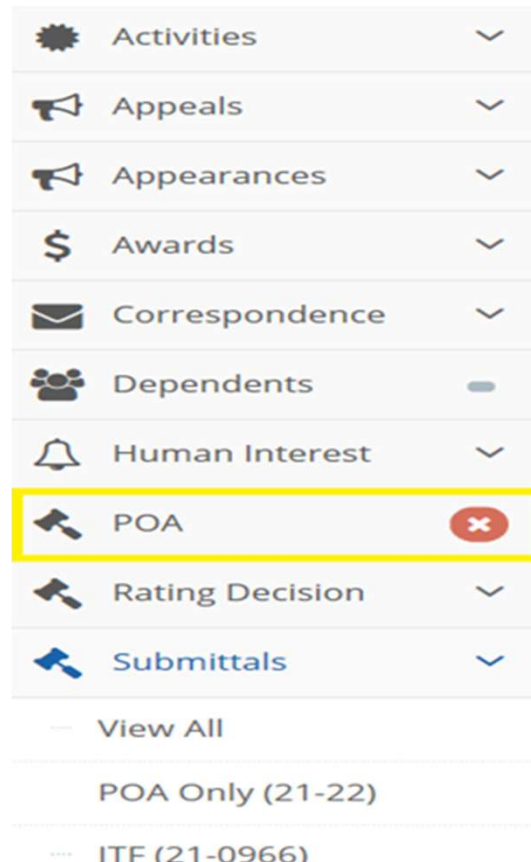
Office of Jurisdiction \*  St.

Designation

# Things to Remember

- -Also check to make sure you are not creating a duplicate claimant in CMS, the warning should catch this and allow you to review
- -Also input each disability being claimed on the Disability tab on the forms and indicated specifically what is being claimed such as new, secondary or increase
- -Inputting your notes in CMS will allow everyone to understand what has already been completed on this claimant and improve communication throughout the Department.
- -You don't have to fill each form out yourself and they will be auto generated once you input the information into CMS. If you skip a tab then it will not generate on the Form.
- -Do not submit NODS, VA Form 9s, 21-686c through CMS.
- -Do not create two submittals in the same interview, scan forms together
- -There is no need to create an evidence submittal with ITFs or POAs, scan the evidence with the ITF or POA form.
- -Only use the VA Form 21-22 with NSO Supervisors Signature

-Sometimes while submitting a claim the POA indicator will be red. This will need to be green or the POA included box checked on your submittal !!!!!!!!!!!!!!!!!!!!!!!!!!!!!



# POA

Record or Remove Existing POA Record » Anthony Morris; 497685184; SS497685184;  
*Email*

---

POA

Approved



Status \*

POA Type

VBA



\*

DAV is Authorized to Access  
Records

YES



DAV is Authorized to Change  
Address

YES



Cancel ↺

Save ✓

New POA ↗

If we do not have POA, when you select which type of submittal you are doing, you will get a box indicating that we do not hold POA.

Select Ok and then check the “Include POA”




The screenshot shows a web portal interface with a modal dialog box titled "No POA On File". The dialog box contains the following text: "There is currently no POA on file for this claimant. You can create and save a claim, but you will not be able to submit it until a POA has been recorded or submitted. You can click on the Include POA checkbox to attach one with this submission." At the bottom right of the dialog box is a blue button labeled "OK" with a circular arrow icon.

The background interface includes a top navigation bar with "Portal | Membership System | Employee Portal". Below this is a "Dashboard" section. On the left, there is a "Claims" button and a "Print" dropdown menu. In the center, there is a form with the following fields: "Status" (set to "In Progress"), "Source" (a dropdown menu), "Source Name" (a dropdown menu with the text "Must Choose Source..."), "Send to VA" (a dropdown menu with the text "Department of Veterans Affairs..."), and "Section" (marked with a red asterisk). On the right, there is a "Quick Actions:" section with "ITF Effective Date" and "Days Left". At the bottom right, there is a "Credit To" field with a red asterisk.

# Click include POA

Submission Contact Info » [REDACTED]

Email

Type	<b>Claims</b>	Status	In Progress	ITF	
Method	Print 	Source		Effective Date	
	<input checked="" type="checkbox"/> Include POA?	Source Name	Must Choose Source...	Days Left	No ITF on file
<input type="checkbox"/>	I do not want my claim considered for rapid processing under the FDC Program because I plan to submit further evidence in support of my claim.	Send to VA	Department of Veterans Affairs...	Credit To *	[REDACTED] 
		Section *			

## VA Forms: 21-22, 21-526EZ

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> 21-22 Power of Attorney                | <input type="checkbox"/> 21-4140 Employment Questionnaire*                        |
| <input type="checkbox"/> 21-0966 Intent to File                            | <input type="checkbox"/> 21-4142 Authorization to Disclose Information to the VA* |
| <input checked="" type="checkbox"/> 21-526EZ Compensation Claim            | <input type="checkbox"/> 28-1900 Disabled Veterans Vocational Rehabilitation*     |
| <input type="checkbox"/> 21-686C Declaration of Status of Dependents*      | <input type="checkbox"/> 22-0848 Rural Relocation Benefit*                        |
| <input type="checkbox"/> 21-674 Request for Approval of School Attendance* | <input type="checkbox"/> 22-5400 Survivors and Dependents Educational Assistance* |

If you have any questions or concerns with CMS, please contact the National Service Office for directives before adding or removing anything out of the database.