



# Contact Brief

National Headquarters  
860 Dolwick Drive  
Erlanger, KY 41018  
859-441-7300  
Toll Free 877-426-2838

National Service and  
Legislative Headquarters  
807 Maine Avenue SW  
Washington, DC 20024  
202-554-3501

Select one:

- Department/Chapter Service Office
- Hospital Service Coordinator
- Job Fair
- National Service Office
- Transition Service Office
- Information Seminar

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ VA Claim # \_\_\_\_\_

DAV Member  Yes  No If Yes, Membership # \_\_\_\_\_ % of Disability (s) \_\_\_\_\_

Branch of Service \_\_\_\_\_ EAD \_\_\_\_\_ RAD \_\_\_\_\_

Action Desired \_\_\_\_\_

Action Taken \_\_\_\_\_

Which National Service Office received information/forms \_\_\_\_\_

How were they sent?  Email  Fax  Mail  CMS  Other \_\_\_\_\_

How did you receive confirmation that the NSO office recieved all documents/requests? \_\_\_\_\_

VA Forms:

- 21-22
- 21-0966
- 21-526ez
- 20-0995
- 20-0996
- 21-4138
- 21-686c
- 28-1900

Other Forms \_\_\_\_\_

Prepared & Submitted By:

Received & Reviewed By:

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Name and Title*

Instructions: Send the original with any necessary documentation to the DAV National Service Office located at the VA office where the veteran's records are maintained. This form should be completed in all cases where a service inquiry is taken and referred to the DAV National Service Office.