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| --- | --- |
|  | DEPARTMENT OF VETERANS AFFAIRSVA Regional Office«ROAddress» |

«CurrentDate»

|  |  |
| --- | --- |
| «FullName» |  **In Reply Refer to:** |
| «MailingAddress» | «ROStationNumber»/28«ClaimPayee» |

Dear «LastName»:

I am writing to inform you of a decision that affects your Department of Veterans Affairs (VA) Veteran Readiness and Employment (VR&E) benefits. This decision does not impact other VA benefits that you may be receiving and/or be eligible to receive.

## What decision did I make and what authority did I use?

When making a decision on your VR&E benefits, I must base my decision on specific laws and regulations. These laws are found in title 38 of the United States Code (U.S.C.) and the regulations are found in title 38 of the Code of Federal Regulations (CFR). Based on a review of these laws and regulations, I have decided that Choose an item.

## Why did I make this decision?

I made this decision based on the following reason(s):

[This section must include the following:

* Insert the reason(s) for the decision. In the case of a denial, reduction, or termination of benefits, identify the elements not satisfied leading to the denial.
* Identify what criteria the individual needs to provide to grant the claim, if applicable. For example, “if you can provide documentation that a MacBook Pro is required of all students in your course of education, then I can approve your request.” ]

## What findings were favorable to you, if any?

[Insert findings that were favorable to the claimant. For example, “since your syllabus indicates that you need a computer, I can purchase a basic laptop or desktop. However, the syllabus does not indicate a need for the more advanced computer that you have requested; therefore, I cannot support your request for a MacBook.”]

## What evidence did I use to make this decision?

[Insert the evidence - This evidence should be specific and refer to discussions and information presented by the claimant and/or other sources, that is, information on completed VAF 28-1902w, VR&E Questionnaire, or decision rating that influenced your decision.]

## What if you disagree with my decision?

If you do not agree with the decision, you have one year from the date of this letter to select a review option to preserve your earliest effective benefit date.

Please review the enclosed *VA Form 20-0998***,** Your Rights to Seek Further Review of Our Decision, which provides instructions on your options for an additional review.

The review options and corresponding applications are listed below:

* **Supplemental Claim**, complete **VA Form 20-0995**, *Decision Review Request: Supplemental Claim*
* **Higher-Level Review**, complete **VA Form 20-0996***, Decision Review Request: Higher-Level Review*

Note: If you choose to request the Higher-Level Review (HLR), the review will be completed at the regional office where I work. However, you may request for an alternate regional office to conduct the HLR by informing me via the email address listed below.

* **Appeal to the Board**, complete **VA Form 10182**, *Decision Review Request: Board Appeal (Notice of Disagreement)*

You may obtain any of the required forms by downloading them from www.va.gov/vaforms/ or by contacting me. You can also learn more about the disagreement process at www.va.gov/decision-reviews.

If you would like to obtain or access evidence used in making this decision, please contact us as noted below. Some evidence may be obtained by signing in at [www.va.gov](http://www.va.gov).

Note: You may elect either an HLR or a Supplemental Claim at the regional office level or elect an appeal to the Board. You must elect which option you wish to pursue since you may not have the same issue under review at both the regional office and the Board at the same time.

## What if you have questions or concerns?

If you have any questions about this letter or need additional information on VA benefits, please contact me at «CaseMgrPhone», via email at «CaseMgrEmailAddress», or call 1-800-827-1000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

You may also contact me by mail at:

Veteran Readiness and Employment (VR&E) Intake Center

Department of Veterans Affairs

P. O. Box 5210

Janesville, WI 53547-5210

Sincerely yours,

«CaseMgrName»

«CaseMgrTitle»

Enclosure: VA Form 20-0998

cc: «POAName»



YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

**Supplemental Claim Higher-Level Review Board Appeal**

# What Is This?

A reviewer will determine whether new and relevant evidence changes the prior decision.

An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.

A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.

# By Selecting This Option

You are adding or identifying new and relevant evidence to support your claim that we did not previously consider.

VA will assist you in gathering new and relevant evidence that you identify to support your claim.

You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision.

You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.

You must choose a docket:

**Direct Review** - You do not want to submit evidence or have a hearing.

**Evidence Submission** - You choose to submit additional evidence without a hearing.

**Hearing** - You choose to have a hearing with a Veterans Law Judge.

#  Goal to

#  Complete

**125 days** on average **125 days** on average

**365 days** on average for

Direct Review (longer for the other options)

# Form To File To Select This Option\*

**Further Options After This Decision Review**

##  VA Form 20-0995,

*Decision Review Request: Supplemental Claim*

You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.

##  VA Form 20-0996,

*Decision Review Request: Higher-Level Review*

You may request a Supplemental Claim or a Board Appeal.

##  VA Form 10182,

*Decision Review Request: Board Appeal (Notice of Disagreement)*

You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.

\* All forms listed above are available at [www.va.gov/vaforms/](http://www.va.gov/vaforms/).

For most VA benefits, **you have 1 year from the date on your decision notice to request a decision review to ensure the earliest possible effective date.** Consult your decision notice for specific limitations.

If you do not submit a decision review request within the required time, you may only seek review through the following:

* A request to revise the decision based on a clear and unmistakable error, or
* A Supplemental Claim. If you file a Supplemental Claim after the **1-year** time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

* If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
* If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

# Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit [www.va.gov/decision-](http://www.va.gov/decision-reviews/) [reviews/](http://www.va.gov/decision-reviews/). If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at [www.va.gov/decision-reviews/get-help-with-review-request/](http://www.va.gov/decision-reviews/get-help-with-review-request/). You may also find a directory of accredited representatives at [www.va.gov/vso](http://www.va.gov/vso).

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