



**Charlotte Hall Veterans Home**  
**HMR of Maryland, LLC**  
29449 Charlotte Hall Rd  
Charlotte Hall, MD 20622



**Admissions Documentation Checklist**  
**Coming from Hospital or Skilled Nursing Facility**

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Dear Applicant and/or Family:

Thank you for your interest in Charlotte Hall Veterans Home (CHVH), located in beautiful St. Mary's County, Maryland. We offer Skilled Nursing Care, including two secured Memory Care units and three levels of Assisted Living, in a tranquil setting within easy reach of the Nation's Capital.

**The following is a checklist of the materials needed for a complete application:**

- ☐ Completed Admission Application forms (enclosed)
- ☐ Completed Financial Questionnaire – (enclosed - With Applicable Attachments)
  - Copy of **last 3 months** bank statements (for all bank accounts and all pages of statements)
  - CD/IRA/401K Statements (most recent)
  - Stock/investment statements (most recent)
  - Award letters for all monthly incomes, any other pertinent financial information - Social Security, Pension, Veterans Benefits, etc.
- ☐ Copy of latest Tax return
- ☐ Life Insurance (s) - Declaration page or Verification of cash value
- ☐ Real Estate Information – Mortgage Statement (most recent)
- ☐ Signed consent for criminal background check (enclosed)
- ☐ Signed consent for criminal background disclosure (enclosed)
- ☐ Flu Vaccine Consent Form (enclosed)
- ☐ DD214 or equivalent of honorable discharge from the military
  - ***if you are unable to obtain a copy, please fill out the VA form 21-22 & SF-180 (enclosed)***
- ☐ Proof of Maryland residency (Driver's license, ID card, etc)
- ☐ Copy of Insurance cards (front and back)
  - Medicare Card
  - Medicare Part D Card
  - Supplemental Insurance Cards
  - Prescription Plan Card
- ☐ A copy of any legal documents available including:
  - Power of Attorney
  - Living Will
  - Advance Directives
- ☐ If applicant is spouse of a veteran, include copy of marriage certificate or death certificate (if applicable)
- ☐ Medical documentation as follows:
  - If applicant is currently in a hospital or skilled nursing facility, please speak with the covering social worker to have medical records faxed to 301-263-7194.

All paperwork must be completed and turned in before a resident can be admitted to CHVH. If you have any questions about this admissions process, please feel free to contact the **Admissions Office at 301-884-8171 ext. 409 or 454**. Please complete the admission package as quickly as possible and either fax to **301-263-7194**, or mail to CHVH Admissions Office.



Charlotte Hall Veterans Home  
29449 Charlotte Hall Road  
Charlotte Hall, MD 20622  
Telephone: 301-884-8171 Ext. 1409, 1454  
Fax: 301-263-7194



Applying from: ☐ Home ☐ Hospital ☐ Nursing Home/Assisted Living  
Requesting replacement for: ☐ Nursing Home ☐ Assisted Living  
This application is for a: ☐ Veteran ☐ Spouse  
How did you hear about Charlotte Hall Veterans Home? \_\_\_\_\_

#### Demographic Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Current Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Birth Place \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Religion \_\_\_\_\_ Race \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated  
Legal Date of Separation or Divorce \_\_\_\_\_

#### Military Records Information

Branch of Service \_\_\_\_\_ Service # \_\_\_\_\_  
Entry Date \_\_\_\_\_ Separation Date \_\_\_\_\_ Discharge Type \_\_\_\_\_  
War Era: ☐ WWII (Europe) ☐ WWII (South Pacific) ☐ Korea ☐ Vietnam ☐ Gulf War ☐ Peace Time  
Are you currently or were you previously a member of any Service Organization?  

<input type="checkbox"/> American Legion	<input type="checkbox"/> Military Order of the Purple Heart	<input type="checkbox"/> AMVETS	<input type="checkbox"/> DAR
<input type="checkbox"/> Moose Lodge	<input type="checkbox"/> Knights of Columbus	<input type="checkbox"/> Elks	<input type="checkbox"/> DAV
<input type="checkbox"/> 29th Division	<input type="checkbox"/> Veterans of Foreign Wars	<input type="checkbox"/> Lions Club	<input type="checkbox"/> Masons

Other Membership \_\_\_\_\_

Are you currently receiving any of the following VA Pensions?

Aid and Attendance ☐ Yes ☐ No Retirement Pension ☐ Yes ☐ No

Do you have a service connected disability? ☐ Yes ☐ No Percentage \_\_\_\_\_

Former POW? ☐ Yes ☐ No Retired Military ☐ Yes ☐ No

Are you enrolled with the VA Health System? ☐ Yes ☐ No

Have you used a VA Medical Center? ☐ Yes ☐ No Location \_\_\_\_\_

#### Spouse Information (For VA Records)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

DOB \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Phone # \_\_\_\_\_

### Insurance Information

Medicare: ☐ Part A ☐ Part B Member # \_\_\_\_\_

Have you been receiving your medications from the VAMC or a base? ☐ Yes ☐ No

Are you enrolled in a Medicare Part D Program? ☐ Yes ☐ No

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Medicaid: ☐ Yes ☐ No Medicaid # \_\_\_\_\_

Private Insurance: Company \_\_\_\_\_ ID # \_\_\_\_\_

How is this premium paid? ☐ Deduction from pension ☐ Debit from bank account ☐ Check

Long Term Care Insurance: Company \_\_\_\_\_

*\*\*Please provide a copy of all insurance cards (front and back) and any Long Term Care Insurance Policy (if applicable)*

### Emergency Contact Information

Responsible Party: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Send Bi-Annual Newsletter ☐ Yes ☐ No

Second Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Send Bi-Annual Newsletter ☐ Yes ☐ No

### Legal Documents

Is there a Power of Attorney or Guardian for your affairs? ☐ Yes ☐ No

If so, Name: Healthcare POA \_\_\_\_\_ Financial POA \_\_\_\_\_

Is there an Advance Directive or Living Will? ☐ Yes ☐ No *If yes, please provide a copy*

Is there a living trust? ☐ Yes ☐ No *If yes, please provide a copy*

Do you have any pre-planned funeral arrangements? ☐ Yes ☐ No Funeral paid for? ☐ Yes ☐ No

Funeral Home of Choice \_\_\_\_\_ City/State \_\_\_\_\_

### Medical Service Utilizations

Have you utilized rehab, inpatient, or outpatient services? ☐ Yes ☐ No

If yes, please provide the location(s) and date(s):

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

### Additional Information

Have you traveled outside of the United States in the past 30 days? ☐ Yes ☐ No

If so, where? \_\_\_\_\_

Has your family traveled outside of the United States in the past 30 days? ☐ Yes ☐ No

If so, where? \_\_\_\_\_

### Financial Information

The Charlotte Hall Veterans Home, in its financial planning, must have information about the financial ability of each applicant requesting admission. Please complete the following financial worksheet and provide as much detail as possible for each question. In a case where an applicant has a living spouse, information must be provided for both individuals. Should the Department of Admissions have any questions, you will be contacted by telephone at the number provided on this application.

#### Income: (Check where applicable and provide monthly amount)

	<u>Veteran</u>	<u>Spouse</u>
Social Security	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Employer Pensions	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Union Pensions	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Veteran Benefits	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Trust	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Annuity	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
IRA Distribution	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

#### Resources: (Check where applicable and provide current balance)

Total Amount in Checking Accounts	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total Amount in Savings Accounts	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total Amount in Other Accounts	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total Amount in Stocks/Bonds/CDs	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total Amount in IRA/KEOGH/401K	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Total Life Insurance (Face / Cash Value)	<input type="checkbox"/> \$ _____ / _____	<input type="checkbox"/> \$ _____ / _____
Total Amount in Trust	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

#### Real Estate:

Address \_\_\_\_\_

Do you have a mortgage payment? ☐ Yes ☐ No Amount: \$ \_\_\_\_\_

Do you have a reverse mortgage? ☐ Yes ☐ No Amount: \$ \_\_\_\_\_

#### Liabilities:

Do you currently have any deductions to income as a result of a debt owed (IRS, Alimony, etc.)? ☐ Yes ☐ No

If yes, please indicate: Type of Deduction \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Type of Deduction \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Has the applicant sold, gifted, or transferred any cash, real estate, or personal property within the past 60 months?

☐ Yes ☐ No

If yes, please indicate: Asset Type \_\_\_\_\_ Value: \$ \_\_\_\_\_

Asset Type \_\_\_\_\_ Value: \$ \_\_\_\_\_

I agree to furnish, upon request, verification of assets and all sources of income. My spouse and/or designated representative also agree to provide financial information as required to apply for Medicaid benefits. I agree to pay for my cost of care from my income and assets according to current rates set by the State of Maryland as long as I am a resident. In case that available funding cannot cover my cost of care, I agree to comply with the necessary steps in applying for Maryland Medicaid assistance and benefits.

Signature

Relationship to Applicant

Date



## **Disclosure**

We (**HMR of Maryland, LLC**) will obtain one or more consumer reports or investigative consumer re- ports (or both) about you for admission purposes. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. GIS's address is P.O. Box 353, Chapin, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is at [www.geninfo.com](http://www.geninfo.com), where you can find information about whether GIS's international privacy practices.

To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, law- suits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that GIS provides and GIS's files about you (in person, by mail, or by phone) by providing identification to GIS. If you do, GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

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Signature of Veteran or legal representative

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Date

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Printed Name of Veteran or legal representative

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Veteran's name (if not acknowledged by resident)

Do not attach this document to, or include it in, an application or any other document.

Updated: 04/21/2015



## Authorization

**Authorization:** By signing below, you authorize: (a) General Information Services, Inc. ("GIS") to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide us (**HMR of Maryland, LLC**) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your admission. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are applying or are a resident with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

### **Personal Information:** Please print the information requested below;

Printed name:

First

Middle (☐ none)

Last

Other names used:

Current and former addresses:

	current		
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. GIS will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

**Report Copy:** If you live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: ☐.

Print Name (Individual granting authorization)

Date

Signature (Individual granting authorization)

Admissions Representative

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.**
- **You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:**
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

**In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.**

- **You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.**
- **You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer**

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent.

However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is



placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

### **Additional Information about the Fair Credit Reporting Act**

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for that job, and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.

**All users of consumer reports must comply with all applicable regulations. Information about applicable regulations currently in effect can be found at the Consumer Financial Protection Bureau's website, [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).**

## NOTICE TO USERS OF CONSUMER REPORTS: OBLIGATIONS OF USERS UNDER THE FCRA

The Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681-1681y, requires that this notice be provided to inform users of consumer reports of their legal obligations. State law may impose additional requirements. The text of the FCRA is set forth in full at the Bureau of Consumer Financial Protection's (CFPB) website at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore). At the end of this document is a list of United States Code citations for the FCRA. Other information about user duties is also available at the CFPB's website. Users must consult the relevant provisions of the FCRA for details about their obligations under the FCRA.

The first section of this summary sets forth the responsibilities imposed by the FCRA on all users of consumer reports. The subsequent sections discuss the duties of users of reports that contain specific types of information, or that are used for certain purposes, and the legal consequences of violations. If you are a furnisher of information to a consumer reporting agency (CRA), you have additional obligations and will receive a separate notice from the CRA describing your duties as a furnisher.

### I. OBLIGATIONS OF ALL USERS OF CONSUMER REPORTS

#### A. Users Must Have a Permissible Purpose

Congress has limited the use of consumer reports to protect consumers' privacy. All users must have a permissible purpose under the FCRA to obtain a consumer report. Section 604 contains a list of the permissible purposes under the law. These are:

- As ordered by a court or a federal grand jury subpoena. **Section 604(a)(1)**
- As instructed by the consumer in writing. **Section 604(a)(2)**
- For the extension of credit as a result of an application from a consumer, or the review or collection of a consumer's account. **Section 604(a)(3)(A)**
- For employment purposes, including hiring and promotion decisions, where the consumer has given written permission. **Sections 604(a)(3)(B) and 604(b)**
- For the underwriting of insurance as a result of an application from a consumer. **Section 604(a)(3)(C)**
- When there is a legitimate business need, in connection with a business transaction that is initiated by the consumer. **Section 604(a)(3)(F)(i)**
- To review a consumer's account to determine whether the consumer continues to meet the terms of the account. **Section 604(a)(3)(F)(ii)**
- To determine a consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status. **Section 604(a)(3)(D)**
- For use by a potential investor or servicer, or current insurer, in a valuation or assessment of the credit or prepayment risks associated with an existing credit obligation. **Section 604(a)(3)(E)**
- For use by state and local officials in connection with the determination of child support payments, or modifications and enforcement thereof. **Sections 604(a)(4) and 604(a)(5)**

In addition, creditors and insurers may obtain certain consumer report information for the purpose of making "prescreened" unsolicited offers of credit or insurance. **Section 604(c)**. The particular obligations of users of "prescreened" information are described in Section VII below.

## **B. Users Must Provide Certifications**

Section 604(f) prohibits any person from obtaining a consumer report from a consumer reporting agency (CRA) unless the person has certified to the CRA the permissible purpose(s) for which the report is being obtained and certifies that the report will not be used for any other purpose.

## **C. Users Must Notify Consumers When Adverse Actions Are Taken**

The term “adverse action” is defined very broadly by Section 603. “Adverse actions” include all business, credit, and employment actions affecting consumers that can be considered to have a negative impact as defined by Section 603(k) of the FCRA – such as denying or canceling credit or insurance, or denying employment or promotion. No adverse action occurs in a credit transaction where the creditor makes a counteroffer that is accepted by the consumer.

### **1. Adverse Actions Based on Information Obtained From a CRA**

If a user takes any type of adverse action as defined by the FCRA that is based at least in part on information contained in a consumer report, Section 615(a) requires the user to notify the consumer. The notification may be done in writing, orally, or by electronic means. It must include the following:

- **The name, address, and telephone number of the CRA (including a toll-free telephone number, if it is a nationwide CRA) that provided the report.**
- **A statement that the CRA did not make the adverse decision and is not able to explain why the decision was made.**
- **A statement setting forth the consumer’s right to obtain a free disclosure of the consumer’s file from the CRA if the consumer makes a request within 60 days.**
- **A statement setting forth the consumer’s right to dispute directly with the CRA the accuracy or completeness of any information provided by the CRA.**

### **2. Adverse Actions Based on Information Obtained From Third Parties Who Are Not Consumer Reporting Agencies**

If a person denies (or increases the charge for) credit for personal, family, or household purposes based either wholly or partly upon information from a person other than a CRA, and the information is the type of consumer information covered by the FCRA, Section 615(b)(1) requires that the user clearly and accurately disclose to the consumer his or her right to be told the nature of the information that was relied upon if the consumer makes a written request within 60 days of notification. The user must provide the disclosure within a reasonable period of time following the consumer’s written request.

### **3. Adverse Actions Based on Information Obtained From Affiliates**

If a person takes an adverse action involving insurance, employment, or a credit transaction initiated by the consumer, based on information of the type covered by the FCRA, and this information was obtained from an entity affiliated with the user of the information by common ownership or control, Section 615(b)(2) requires the user to notify the consumer of the adverse action. The notice must inform the consumer that he or she may obtain a disclosure of the nature of the information relied upon by making a written request within 60 days of receiving the adverse action notice. If the consumer makes such a request, the user must disclose the nature of the information not later than 30 days after receiving the request. If consumer report information is shared among affiliates and then used for an adverse action, the user must make an adverse action disclosure as set forth in I.C.1 above.

#### **D. Users Have Obligations When Fraud and Active Duty Military Alerts are in Files**

When a consumer has placed a fraud alert, including one relating to identity theft, or an active duty military alert with a nationwide consumer reporting agency as defined in Section 603(p) and resellers, Section 605A(h) imposes limitations on users of reports obtained from the consumer reporting agency in certain circumstances, including the establishment of a new credit plan and the issuance of additional credit cards. For initial fraud alerts and active duty alerts, the user must have reasonable policies and procedures in place to form a belief that the user knows the identity of the applicant or contact the consumer at a telephone number specified by the consumer; in the case of extended fraud alerts, the user must contact the consumer in accordance with the contact information provided in the consumer's alert.

#### **E. Users Have Obligations When Notified of an Address Discrepancy**

Section 605(h) requires nationwide CRAs, as defined in Section 603(p), to notify users that request reports when the address for a consumer provided by the user in requesting the report is substantially different from the addresses in the consumer's file. When this occurs, users must comply with regulations specifying the procedures to be followed. Federal regulations are available at [www.consumerfinance.gov/learnmore/](http://www.consumerfinance.gov/learnmore/).

#### **F. Users Have Obligations When Disposing of Records**

Section 628 requires that all users of consumer report information have in place procedures to properly dispose of records containing this information. Federal regulations have been issued that cover disposal.

### **II. CREDITORS MUST MAKE ADDITIONAL DISCLOSURES**

If a person uses a consumer report in connection with an application for, or a grant, extension, or provision of, credit to a consumer on material terms that are materially less favorable than the most favorable terms available to a substantial proportion of consumers from or through that person, based in whole or in part on a consumer report, the person must provide a risk-based pricing notice to the consumer in accordance with regulations prescribed by the CFPB.

Section 609(g) requires a disclosure by all persons that make or arrange loans secured by residential real property (one to four units) and that use credit scores. These persons must provide credit scores and other information about credit scores to applicants, including the disclosure set forth in Section 609(g)(1)(D) ("Notice to the Home Loan Applicant").

### **III. OBLIGATIONS OF USERS WHEN CONSUMER REPORTS ARE OBTAINED FOR EMPLOYMENT PURPOSES**

#### **A. Employment Other Than in the Trucking Industry**

If information from a CRA is used for employment purposes, the user has specific duties, which are set forth in Section 604(b) of the FCRA. The user must:

- **Make a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure, that a consumer report may be obtained.**
- **Obtain from the consumer prior written authorization. Authorization to access reports during the term of employment may be obtained at the time of employment.**
- **Certify to the CRA that the above steps have been followed, that the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, if any adverse action is to be taken based on the consumer report, a copy of the report and a summary of the consumer's rights will be provided to the consumer.**

- **Before taking an adverse action, the user must provide a copy of the report to the consumer as well as the summary of consumer's rights. (The user should receive this summary from the CRA.) A Section 615(a) adverse action notice should be sent after the adverse action is taken.**

An adverse action notice also is required in employment situations if credit information (other than transactions and experience data) obtained from an affiliate is used to deny employment. **Section 615(b)(2).**

The procedures for investigative consumer reports and employee misconduct investigations are set forth below.

## **B. Employment in the Trucking Industry**

Special rules apply for truck drivers where the only interaction between the consumer and the potential employer is by mail, telephone, or computer. In this case, the consumer may provide consent orally or electronically, and an adverse action may be made orally, in writing, or electronically. The consumer may obtain a copy of any report relied upon by the trucking company by contacting the company.

## **IV. OBLIGATIONS WHEN INVESTIGATIVE CONSUMER REPORTS ARE USED**

Investigative consumer reports are a special type of consumer report in which information about a consumer's character, general reputation, personal characteristics, and mode of living is obtained through personal interviews by an entity or person that is a consumer reporting agency. Consumers who are the subjects of such reports are given special rights under the FCRA. If a user intends to obtain an investigative consumer report, Section 606 requires the following:

- **The user must disclose to the consumer that an investigative consumer report may be obtained. This must be done in a written disclosure that is mailed, or otherwise delivered, to the consumer at some time before or not later than three days after the date on which the report was first requested. The disclosure must include a statement informing the consumer of his or her right to request additional disclosures of the nature and scope of the investigation as described below, and the summary of consumer rights required by Section 609 of the FCRA. (The summary of consumer rights will be provided by the CRA that conducts the investigation.)**
- **The user must certify to the CRA that the disclosures set forth above have been made and that the user will make the disclosure described below.**
- **Upon the written request of a consumer made within a reasonable period of time after the disclosures required above, the user must make a complete disclosure of the nature and scope of the investigation. This must be made in a written statement that is mailed or otherwise delivered, to the consumer no later than five days after the date on which the request was received from the consumer or the report was first requested, whichever is later in time.**

## **V. SPECIAL PROCEDURES FOR EMPLOYMENT INVESTIGATIONS**

Section 603(x) provides special procedures for investigations of suspected misconduct by an employee or for compliance with Federal, state or local laws and regulations or the rules of a self-regulatory organization, and compliance with written policies of the employer. These investigations are not treated as consumer reports so long as the employer or its agent complies with the procedures set forth in Section 603(x), and a summary describing the nature and scope of the inquiry is made to the employee if an adverse action is taken based on the investigation.

## **VI. OBLIGATIONS OF USERS OF MEDICAL INFORMATION**

Section 604(g) limits the use of medical information obtained from consumer reporting agencies (other than payment information that appears in a coded form that does not identify the medical provider). If the information is to be used for an insurance transaction, the consumer must give

consent to the user of the report or the information must be coded. If the report is to be used for employment purposes – or in connection with a credit transaction (except as provided in regulations issued by the banking and credit union regulators) – the consumer must provide specific written consent and the medical information must be relevant. Any user who receives medical information shall not disclose the information to any other person (except where necessary to carry out the purpose for which the information was disclosed, or as permitted by statute, regulation, or order).

## **VII. OBLIGATIONS OF USERS OF “PRESCREENED” LISTS**

The FCRA permits creditors and insurers to obtain limited consumer report information for use in connection with unsolicited offers of credit or insurance under certain circumstances. **Sections 603(1), 604(c), 604(e), and 615(d)**. This practice is known as “prescreening” and typically involves obtaining from a CRA a list of consumers who meet certain pre-established criteria. If any person intends to use prescreened lists, that person must (1) before the offer is made, establish the criteria that will be relied upon to make the offer and to grant credit or insurance, and (2) maintain such criteria on file for a three-year period beginning on the date on which the offer is made to each consumer. In addition, any user must provide with each written solicitation a clear and conspicuous statement that:

- **Information contained in a consumer’s CRA file was used in connection with the transaction.**
- **The consumer received the offer because he or she satisfied the criteria for credit worthiness or insurability used to screen for the offer.**
- **Credit or insurance may not be extended if, after the consumer responds, it is determined that the consumer does not meet the criteria used for screening or any applicable criteria bearing on credit worthiness or insurability, or the consumer does not furnish required collateral.**
- **The consumer may prohibit the use of information in his or her file in connection with future prescreened offers of credit or insurance by contacting the notification system established by the CRA that provided the report. The statement must include the address and toll-free telephone number of the appropriate notification system.**

In addition, the CFPB has established the format, type size, and manner of the disclosure required by Section 615(d), with which users must comply. The relevant regulation is 12 CFR 1022.54.

## **VIII. OBLIGATIONS OF RESELLERS**

### **A. Disclosure and Certification Requirements**

Section 607(e) requires any person who obtains a consumer report for resale to take the following steps:

- **Disclose the identity of the end-user to the source CRA.**
- **Identify to the source CRA each permissible purpose for which the report will be furnished to the end-user.**
- **Establish and follow reasonable procedures to ensure that reports are resold only for permissible purposes, including procedures to obtain:**
  - (1) the identity of all end-users;**
  - (2) certifications from all users of each purpose for which reports will be used; and**
  - (3) certifications that reports will not be used for any purpose other than the purpose(s) specified to the reseller. Resellers must make reasonable efforts to verify this information before selling the report.**

### **B. Reinvestigations by Resellers**

Under Section 611(f), if a consumer disputes the accuracy or completeness of information in a report prepared by a reseller, the reseller must determine whether this is a result of an action or omission on its part and, if so, correct or delete the information. If not, the reseller must send the dispute to the



source CRA for reinvestigation. When any CRA notifies the reseller of the results of an investigation, the reseller must immediately convey the information to the consumer.

### C. Fraud Alerts and Resellers

Section 605A(f) requires resellers who receive fraud alerts or active duty alerts from another consumer reporting agency to include these in their reports.

## IX. LIABILITY FOR VIOLATIONS OF THE FCRA

Failure to comply with the FCRA can result in state government or federal government enforcement actions, as well as private lawsuits. **Sections 616, 617, and 621**. In addition, any person who knowingly and willfully obtains a consumer report under false pretenses may face criminal prosecution. **Section 619**.

**The CFPB's website, [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore), has more information about the FCRA, including publications for businesses and the full text of the FCRA.**

### Citations for FCRA sections in the U.S. Code, 15 U.S.C. § 1681 et seq.:

Section 602	15 U.S.C. 1681	Section 615	15 U.S.C. 1681m
Section 603	15 U.S.C. 1681a	Section 616	15 U.S.C. 1681n
Section 604	15 U.S.C. 1681b	Section 617	15 U.S.C. 1681o
Section 605	15 U.S.C. 1681c	Section 618	15 U.S.C. 1681p
Section 605A	15 U.S.C. 1681cA	Section 619	15 U.S.C. 1681q
Section 605B	15 U.S.C. 1681cB	Section 620	15 U.S.C. 1681r
Section 606	15 U.S.C. 1681d	Section 621	15 U.S.C. 1681s
Section 607	15 U.S.C. 1681e	Section 622	15 U.S.C. 1681s-1
Section 608	15 U.S.C. 1681f	Section 623	15 U.S.C. 1681s-2
Section 609	15 U.S.C. 1681g	Section 624	15 U.S.C. 1681t
Section 610	15 U.S.C. 1681h	Section 625	15 U.S.C. 1681u
Section 611	15 U.S.C. 1681i	Section 626	15 U.S.C. 1681v
Section 612	15 U.S.C. 1681j	Section 627	15 U.S.C. 1681w
Section 613	15 U.S.C. 1681k	Section 628	15 U.S.C. 1681x
Section 614	15 U.S.C. 1681l	Section 629	15 U.S.C. 1681y

**CHARLOTTE HALL VETERANS HOME**  
**INFLUENZA / PNEUMOCOCCAL IMMUNIZATION**

**INFLUENZA VACCINE**

ALLERGY TO EGGS: YES NO (Circle one) If egg allergy present, do not administer flu vaccine

☐ I accept the Influenza Vaccine annually

Date of last Influenza vaccine: \_\_\_\_\_

☐ I decline Influenza vaccine

Reason for refusal: \_\_\_\_\_

☐ I have been given and understand the Center for disease Control Influenza Vaccine Fact Sheet

**PNEUMOCOCCAL VACCINE**

☐ I accept the Pneumococcal Vaccine as ordered by my physician

Date of last Pneumococcal Vaccine #13: \_\_\_\_\_

Date of last Pneumococcal Vaccine #23: \_\_\_\_\_

☐ I decline Pneumococcal Vaccine

Reason for refusal: \_\_\_\_\_

☐ I have been given and understand the Center for disease Control Pneumococcal Vaccine Fact Sheet

\_\_\_\_\_  
**Signature – Resident and/or Responsible Party**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature/Title**

\_\_\_\_\_  
**Date**

Name: Last	First	Middle	Attending Physician	Medical Record #	Room #



# Charlotte Hall Veterans Home

29449 Charlotte Hall Rd  
Charlotte Hall, MD 20622  
(301) 884-8171



**Please take a moment to complete this brief survey. The information collected will be used to help determine the best methods for sharing information about Charlotte Hall Veterans Home.**

1. Please select the age range of the person completing this survey.
  - ☐ 20 to 40
  - ☐ 40 to 60
  - ☐ 60 to 80
  - ☐ 80 and above
2. Please indicate the age of the applicant or potential applicant: \_\_\_\_\_ years old
3. For whom will Charlotte Hall Veterans Home staff have the privilege of serving?
  - ☐ A veteran
  - ☐ A spouse of a veteran
4. Where will the veteran/spouse be admitted from?
  - ☐ Home
  - ☐ Hospital
  - ☐ Assisted Living Facility
  - ☐ Nursing Home Facility
  - ☐ Rehabilitation Center
  - ☐ Other: \_\_\_\_\_
5. What service(s) will the veteran/spouse require?
  - ☐ Assisted Living
  - ☐ Short-term rehabilitation with the intent of returning home
  - ☐ Short-term rehabilitation then transitioning to long-term care
  - ☐ Long-term (skilled nursing) care
  - ☐ Hospice care
6. How long have you known about Charlotte Hall Veterans Home?
  - ☐ Less than 6 months
  - ☐ Less than 1 year
  - ☐ 1 to 5 years
  - ☐ 5 to 10 years
  - ☐ More than 10 years
7. How did you first learn about Charlotte Hall Veterans Home?
  - ☐ Newspaper advertisement
  - ☐ Magazine advertisement
  - ☐ Senior resource guide
  - ☐ Television advertisement
  - ☐ Internet advertisement including Facebook
  - ☐ Charlotte Hall Veterans Home website
  - ☐ Other: \_\_\_\_\_
  - ☐ Patient Information Guide
  - ☐ Newcomers and Chamber of Commerce resource guide
  - ☐ Relative or friend
  - ☐ Veterans Service Organization
  - ☐ Case Manager or Social Worker
  - ☐ Conference or Convention
8. How were you referred to Charlotte Hall Veterans Home for this tour/admission?
  - ☐ Hospital, Nursing Home, or Assisted Living staff (*please circle to identify*)
  - ☐ Home Health Agency
  - ☐ Friend or family
  - ☐ Veterans Service Organization
  - ☐ Self-researched
  - ☐ Other: \_\_\_\_\_
9. Please rank the following characteristics in order of importance during your search for a Skilled Nursing or Assisted Living Facility. Rank as 1-7 with 1 being most important and 7 being least important.

_____ Distance from relative's	_____ Size of facility
_____ Age of building	_____ Veteran centered atmosphere
_____ Cost of care	_____ Cleanliness of facility
_____ Quality of care	

**Please provide the date you completed this survey (MM/DD/YY) \_\_\_\_\_**



**Department of Veterans Affairs**

## APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

**IMPORTANT:** Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.

**NOTE:** If you prefer to have an individual assist you with your claim instead of a veterans service organization please complete VA Form 21-22, *Appointment of Individual as Claimant's Representative*. When completed you can mail **or** fax this form to the appropriate intake center address shown on Page 4. VA forms are available at [www.va.gov/vaforms](http://www.va.gov/vaforms).

## SECTION I: VETERAN'S INFORMATION

**NOTE:** You can *either* complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.

1. VETERAN'S NAME (First, Middle Initial, Last)

[illegible]

2. VETERAN'S SOCIAL SECURITY NUMBER (SSN)

--	--	--

 - 

--	--

 - 

--	--	--	--

3. VA FILE NUMBER (If applicable)

--	--	--	--	--	--	--	--	--

4. VETERAN'S DATE OF BIRTH

Month                      Day                      Year

-   -

5. VETERAN'S SERVICE NUMBER (If applicable)

--	--	--	--	--	--	--	--	--

6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)

7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street **2 9 4 4 9** **C H A R L O T T E H A L L R O A D**

Apt./Unit Number City **C H A R L O T T E H A L L**

State/Province **M D** Country **U S** ZIP Code/Postal Code **2 0 6 2 2 -**

8. VETERAN'S TELEPHONE NUMBER (Include Area Code)

9. VETERAN'S EMAIL ADDRESS (Optional)

**SECTION II: CLAIMANT'S INFORMATION (If other than veteran)**

10. CLAIMANT'S NAME (First, Middle Initial, Last)

[illegible]

11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. & Street

Apt./Unit Number  City

State/Province  Country  ZIP Code/Postal Code  -

12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)

13. CLAIMANT'S EMAIL ADDRESS (Optional)

14. RELATIONSHIP TO VETERAN

## SECTION III: SERVICE ORGANIZATION INFORMATION

15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization)

MARYLAND DEPARTMENT OF VETERANS AFFAIRS

16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)

LISA J. DONOR, VSO

16B. JOB TITLE OF PERSON NAMED IN ITEM 16A  
VETERAN SERVICE OFFICER

17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15

LISA.DONOR@VA.GOV

18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)

### SECTION IV: AUTHORIZATION INFORMATION

**19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C.** - By checking the box below I 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 15 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 in Item 15, either by explicit revocation or the appointment of another representative.

**20. LIMITATION OF CONSENT-** I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

- ☐ DRUG ABUSE ☐ INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)  
☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ SICKLE CELL ANEMIA

**21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS** - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

- ☒ I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 *or* 10, hereby **appoint** the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. *Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.*

### SECTION V: SIGNATURES

**NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC**

22A. SIGNATURE OF VETERAN OR CLAIMANT *(Do Not Print)*

22B. DATE SIGNED *(MM/DD/YYYY)*

23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A  
*(Do Not Print)*

23B. DATE SIGNED *(MM/DD/YYYY)*

**NOTE:** As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

<b>VA USE ONLY</b>	COPY OF VA FORM 21-22 SENT TO:	DATE SENT	ACKNOWLEDGED <i>(Date)</i>	REVOKED <i>(Reason and date)</i>
	<input type="checkbox"/> VR&E FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> LG FILE <input type="checkbox"/> INSURANCE FILE			

**PENALTY:** The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.



## REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH
--	----------------------	------------------	-------------------

### 5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)

	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
b. RESERVE	-			<input type="checkbox"/>	<input type="checkbox"/>	
c. STATE NATIONAL GUARD	-			<input type="checkbox"/>	<input type="checkbox"/>	

6. IS THIS PERSON DECEASED? ☐ NO ☐ YES - **MUST** provide Date of Death if veteran is deceased: \_\_\_\_\_

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

#### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

- ☒ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.  
**An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:** ☐ I want a DELETED copy.
- ☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:** \_\_\_\_\_
- ☐ **Other (Specify):** \_\_\_\_\_

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☐ Other (explain)

Explain here: \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

#### 1. REQUESTER NAME:

2. ☐ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.
- ☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death. See item 2a on instruction sheet.**)

(Relationship to deceased veteran)

- ☐ I am the VETERAN'S LEGAL GUARDIAN (**MUST submit copy of Court Appointment**) or AUTHORIZED REPRESENTATIVE (**MUST submit copy of Authorization Letter or Power of Attorney**)

☐ OTHER

(Specify type of Other)

#### 3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

LISA DONOR, VSO

Name

29449 CHARLOTTE HALL ROAD

Street

Apt.

CHARLOTTE HALL

MD

20622

City

State

Zip Code

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

\* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. \*

Signature Required - Do not print

(240) 577-7029

Date

(301) 263-7192

Daytime phone

Fax Number

LISA.DONOR@VA.GOV

Email address