

# Intent to File (ITF): Systems and Procedures Job Aid

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## ENTERING ITF DATA INTO VBMS (M21-1 III.II.2.D)

The intent to file screen can be accessed via the Veteran drop down menu. (red square)

Intent to File is separated by benefit sought: compensation, pension, and survivor. (red circle)

When accessing the intent to file page, “active” is the default status that is displayed (red underline). In addition to active, the user can use the status drop down menu to display incomplete, expired, claim received, duplicate, and all.

The screenshot shows the VBMS interface. At the top, there are navigation tabs: 'Work Queue', 'Intake', 'Unassociated Documents', and 'My History'. Below these is a search bar and buttons for 'Open Profile', 'Open eFolder', and 'More Search Options'. The main header area includes 'Veteran File #:' followed by a dropdown menu labeled 'Veteran' (highlighted with a red square), and other dropdowns for 'Claims' and 'Documen'. Below the header, there is a 'Create New Intent To File' button (highlighted with a red circle) and a 'Select a status:' dropdown menu with 'ACTIVE' selected (underlined in red). Below these are three blue buttons for 'Compensation', 'Pension', and 'Survivor', each with a minus sign icon on the left.

To create an intent to file, the user needs to select “create new intent to file”

This close-up shows the 'Veteran File #' field at the top. Below it is the 'Create New Intent To File' button, which is highlighted with a red rectangle. Below the button are three blue buttons for 'Compensation', 'Pension', and 'Survivor', each with a minus sign icon on the left.

Then, the user needs to select the benefit sought (Compensation, pension, survivor), date received and the source (centralized mail or CRM).

The screenshot shows the 'Create Intent To File' form. It has the following fields:

- \* Benefits Sought: COMPENSATION (dropdown menu)
- \* Source: Centralized Mail (dropdown menu)
- \* Received Date: (empty text box)
- Create Date: 03/04/2015 (text box)
- Veteran's Name: Jonathan Veteran
- Veteran's SSN: 201410241

At the bottom right, there are 'Cancel' and 'Submit' buttons.

If the intent to file is for survivor benefits, the end user will be prompted to input the claimant's first name, last name, and SSN.

Once an active intent to file has been added, a batch process will run that night at Hines, and a correspondence will be sent to the Veteran.

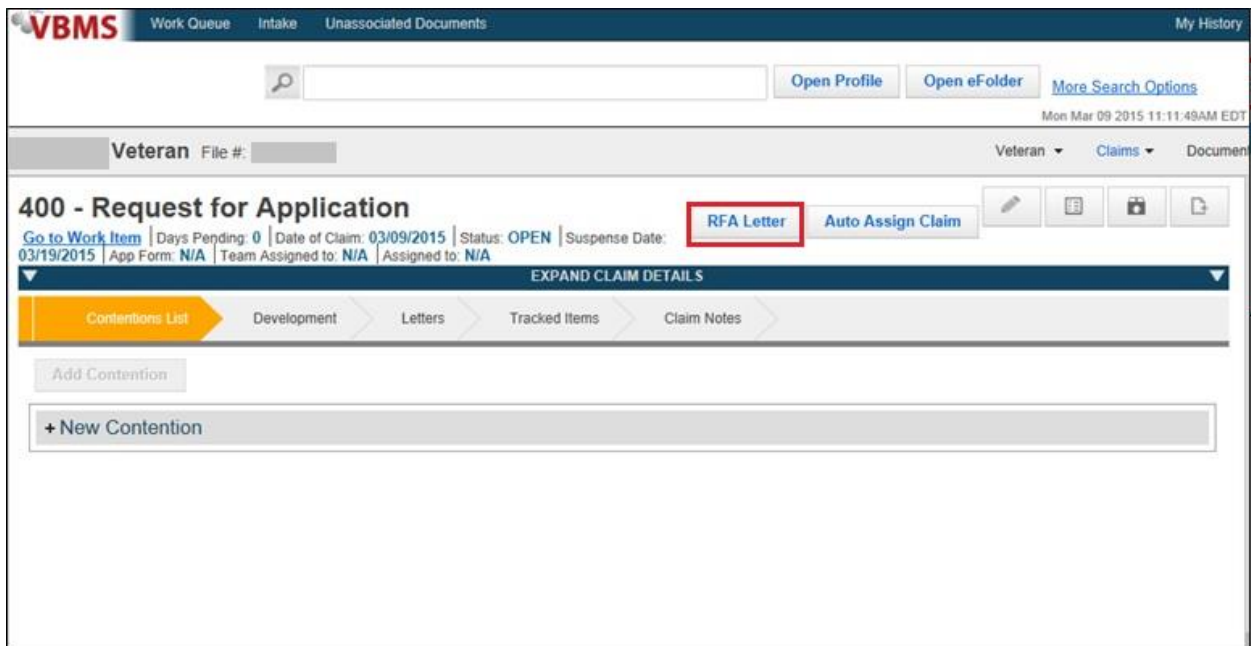
The letter will be uploaded into Virtual VA to be accessed via the VBMS eFolder.

Once a claim is received within the year time limit, the status of the Intent to File will change from Active to Claim Received.



## REQUEST FOR APPLICATION

Once an EP 400 has been established, the user has the ability to create a RFA Letter from the Claim Details screen.



Upon selecting RFA Letter, the user is presented with a “Create Request For Application Letter” popup. The system automatically closes the pending EP 400.

**Create Request For Application Letter**

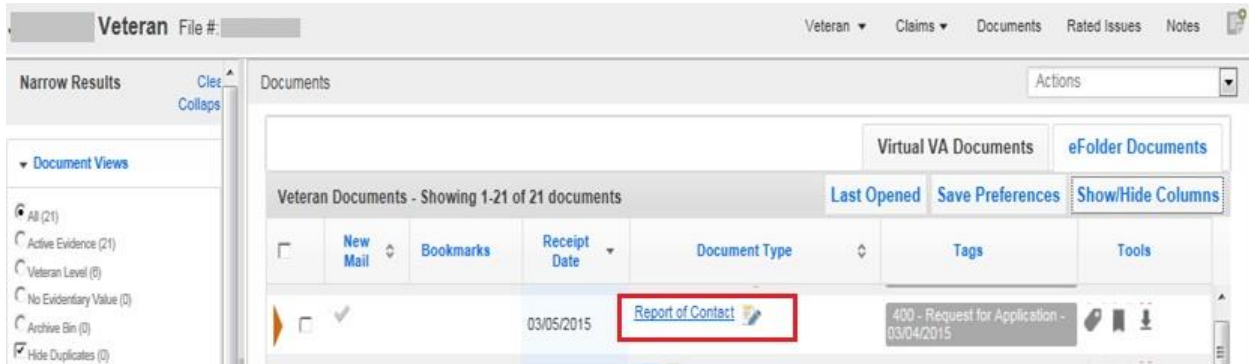
A Request For Application Letter is going to be generated and put into the eFolder. This EP will also be closed.

Verify the Veteran information is correct for this letter.

Salutation/Name: J[REDACTED] VETERAN  
Veteran Name: J[REDACTED] Veteran  
Mailing Address: 12 M STREET  
are, MN 23456  
Refer To: 499/CR  
POA:

Cancel Create

The Request for Application letter displays in the eFolder as Report of Contact



## REQUEST FOR RECONSIDERATION (M21-1 III.II.2.G)

A **request for reconsideration** is a request from a claimant for the Department of Veterans Affairs (VA) to reconsider one of its decisions that has not yet become final. Please note the claimant has a one-year appeal period, which begins on the date the claimant is notified of the decision at hand.

A request for reconsideration differs from a claim to reopen in that the decision at issue in a claim to reopen *has* become final.

The table below describes the initial steps for handling a request for reconsideration:

| If the claimant submits ...   | Then ...  |
|---|---|
| evidence VA has never before considered   | refer the request to either the rating activity or authorization activity (whichever made the decision at issue) for reconsideration.   |
| no evidence but makes reference to available evidence that VA has never before considered                         | <p>assist the claimant in obtaining the evidence.</p> <p><i>Note:</i> Follow the applicable instructions in this table once VA receives the evidence.</p> <p><i>Reference:</i> For information about assisting claimants in obtaining evidence to support their request for reconsideration, see <a href="#">M21-1, Part III, Subpart iii, 1.C.1</a>, 2, and 3.</p> |
| <ul style="list-style-type: none"> <li>• no evidence, or</li> <li>• evidence VA has already considered</li> </ul> | <p>send the claimant the letter shown in <a href="#">M21-1, Part III, Subpart ii, 2.G.1.d</a>.</p> <p><i>Important:</i> Clear end product (EP) 400 after sending the letter. Do <i>not</i> maintain EP control for a response. Further action on the request for reconsideration is only required if the claimant responds to the letter.</p>                       |

When the claimant initially filed the claim for which he/she is requesting reconsideration, **VA provided the claimant with [Section 5103](#) notice** for the contentions associated with that claim. There is no requirement to reissue the notice upon receipt of the request for reconsideration.

Upon receipt of a reconsideration **establish an end product (EP) 020 with the ‘Reconsideration’ claim label**. This will ensure that the intent to file (ITF) batch process will not update the status of an ‘active’ ITF to ‘claim received’ upon establishment of the EP.

If **additional conditions are** claimed at the same time as the reconsidered issues, do not establish an EP 020 with the ‘Reconsideration’ claim label, but instead establish the appropriate EP based on whether the claimed conditions constitute a new, increase, or reopened claim.

*Example 1:* Veteran receives a decision notice on April 4, 2015 stating that their claim for service connection for a right knee condition is denied. On May 10, 2015, the Veteran submits an

intent to file for compensation. The VA receives a letter from the Veteran on June 16, 2015 requesting a reconsideration of the denial of the right knee condition, and simultaneously submits medical records that have not been previously considered (new evidence).

In this example, an EP 020 with the ‘Reconsideration’ claim label would be established, in order to ensure that the current status of the ‘active’ intent to file received on May 10, 2015 ***is not*** changed to ‘claim received’ when the batch process runs on the night the EP 020 is established.

**Example 2:** Veteran receives a decision notice on April 4, 2015 stating his/her claim for service connection for a right knee condition is denied. On May 10, 2015, the Veteran submits an intent to file for compensation. The VA receives a complete 526EZ on June 16, 2015 requesting a reconsideration of the right knee condition, along with new medical evidence pertaining to the right knee, and also claims service connection for a back condition on the 526EZ.

In this example, an EP 020 with the ‘New Claim’ claim label would be established, in order to ensure the status of the ‘active’ intent to file received on May 10, 2015 ***is*** changed to ‘claim received’ when the batch process runs on the night the EP 020 is established.

Include **appeal rights** in a decision notice issued in response to a request for reconsideration **only if** VA received or obtained **new** evidence in connection with the request for reconsideration. Include the appeal rights and a VA Form 21-0958 regardless of whether or not the decision at issue changed.

**Important:** If the inclusion of appeals rights in the decision notice is appropriate, the claimant has one year from the date of that notice to file an NOD with the corresponding decision.

## HOW TO HANDLE INCOMPLETE ITFs (M21-1 III.II.2.D)

Upon receipt of an incomplete ITF via mail, use the following table to determine the next action:

| If the claimant...                                     | Then ...  |
|--|---|
| cannot be identified                                   | Follow unidentifiable mail procedures in (CM Military Mail).  |
| can be identified but does not identify benefit sought | Attempt to contact the claimant via telephone development. If the claimant cannot be reached, document the call on VA Form 27-0820 place in the claims folder, and input the available ITF data into SHARE. |
| can be identified but the form was not signed          | input the available ITF data in SHARE.  |

**Note:** The incomplete ITF data entered into the corporate database through SHARE will trigger a

batch letter process from HINES informing the Veteran of the following:

- an incomplete ITF was received
- which required information was missing
- VA cannot accept the incomplete ITF, and
- requirements for submitting a complete ITF and/or claim.

**Note:** An incomplete ITF has no bearing on assignment of an effective date. See [38 CFR 3.155\(b\)](#).

**Important:** The SHARE ITF functionality will be deployed in April 2015. Prior to this deployment, incomplete ITF data will not be able to be entered into the system of record. Upon receipt of an incomplete ITF prior to April 11, 2015, follow the steps below to process and track incomplete ITFs.

| Step | Action   |
|------|--|
| 1    | Establish an EP 400-Correspondence, with a date of claim as the date the incomplete ITF was received by VA.  |
| 2    | In MAP-D, create a generic, subsequent contact letter, and replace the system generated text, with the text in the Incomplete ITF Letter shown in <a href="#">M21-1 III.ii.2.D.1.j</a> . |
| 3    | Create a Custom Tracked Item with a description of 'Incomplete ITF' and a 30 day suspense date.  |
| 4    | Associate the letter with the Veteran's claim folder.  |
| 5    | When the 30 day suspense has expired, enter the incomplete ITF data into SHARE.  |
| 6    | Clear the EP 400 used to track receipt of the incomplete ITF.  |

## HOW TO HANDLE AN UNSIGNED, ORIGINAL APPLICATION FOR BENEFITS

**Rule:**

- Make a copy of the application and place the copy in the claims folder *unless* a copy already exists in the claimant's electronic claims folder (eFolder).
- Return the application to the claimant.
- Inform the claimant that in order to establish potential entitlement to benefits from the date VA initially received the unsigned application, he/she must sign and return the application within one year of the date VA sent it back for a signature.

**Exceptions:**

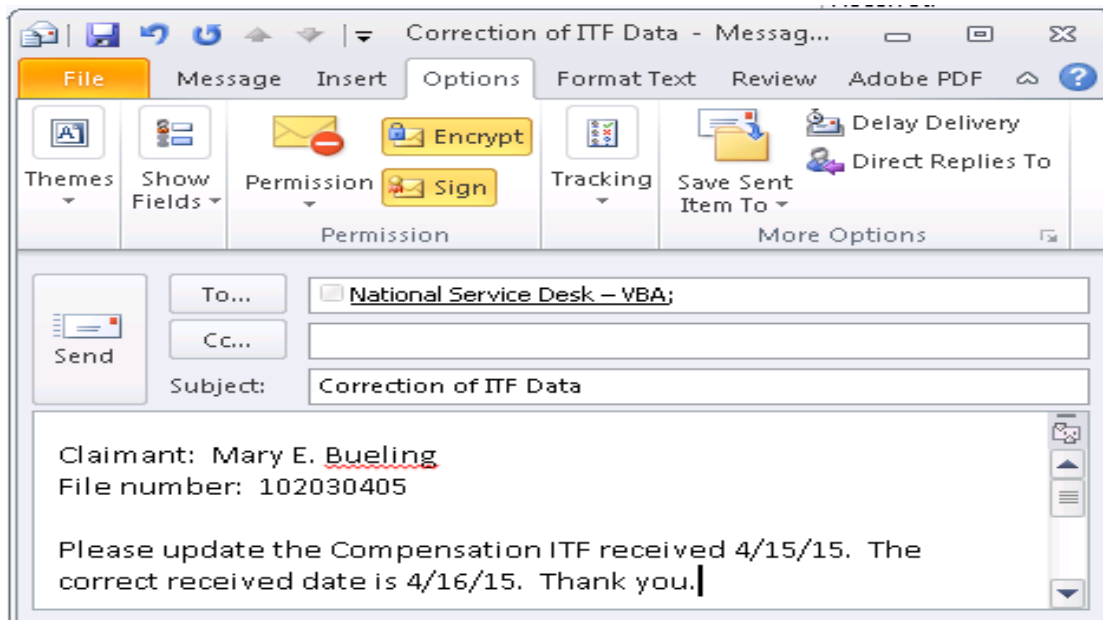
- VA accepts an electronic signature in lieu of a handwritten signature when a claimant submits an application through VONAPP or VONAPP Direct Connect (VDC).

- When a power of attorney (POA) submits an original application for benefits through VDC on a claimant’s behalf, the POA must
  - complete the “checkmark solution” described in the Transformation Initiatives and Pilots (TIP) sheet titled [Power of Attorney Submission in SEP](#), or
  - download a copy of the signature page associated with the application
  - obtain the claimant’s handwritten signature on the signature page, and
  - upload the signature page into VDC.

**Reference:** Follow the procedures in [M21-1MR, Part III, Subpart ii, Chapter 1, Section A.3.c](#) for processing claims received through VONAPP or VDC.

## REQUESTING CORRECTION OF IMPROPERLY ENTERED ITF DATA (M21-1 III.ii.2.D)

While processing a claim, you may encounter Intent to File (VA Form 21-0966) information that has been entered into the system incorrectly. In order to correct the 0966 information in the system, you must submit a trouble ticket by email to the National Service Desk (NSD) Solution Center following the steps below. *\*\*the information represents a fictional individual\*\**



1. Open Outlook and create a new email
2. Address the email to NSD Solution Center ([itsc@va.gov](mailto:itsc@va.gov))
3. Enter “Correction of ITF data” as the subject of the email
4. In the body of the email, describe the data that needs to be corrected and the claimant’s identifying information.



5. Sign/encrypt the email and send
6. Enter a note in MAP-D or VBMS

## **COMPLETE CLAIM NOT RECEIVED ON PRESCRIBED FORM**

### **(M21 III.II.2.D)**

#### *Original Claims Not Filed on the Prescribed Form Before March 24, 2015:*

Consider an original claim not filed on the prescribed form before March 24, 2015 an informal claim.

Upon receipt of an original claim not filed on the prescribed form,

- make a copy of the form and place the copy in the claims folder unless a copy already exists in the claimant's eFolder,
- send the claimant the correct form,
- inform the claimant that in order to establish potential entitlement to benefits from the date of receipt of the informal claim, he/she must complete and return the correct form within one year of the date VA sent it, and
- do not place the issue under EP control.

References: For a list of forms claimants must use to file an original claim for

- disability compensation or pension, see M21-MR, Part III, Subpart ii, 2.B.6.a, or
- death benefits, see M21-MR, Part III, Subpart ii, 2.C.9.b.

#### *Claims Not Filed on the Prescribed Form On or After March 24, 2015:*

Consider a claim not filed on a prescribed form on or after March 24, 2015 a request for application.

Upon receipt of a request for application,

- ensure the request for application is associated with the Veteran's claim folder,
- establish an EP 400 with the date of claim as the date the request for application was received, and with the appropriate claim label,
  - Request for Application (compensation)
  - PMC Request for Application (pension/DIC)
- send the claimant the Request for Application letter which instructs the claimant which forms they will need to submit to formalize their claim,
- ensure that the EP 400 is cleared once the Request for Application letter is sent to claimant.

#### *Multiple receipts of intent to files and claims:*

When a complete intent to file is received, it is marked as “active”. When a claim is received for the same benefit of the ITF, an EP is created and the ITF status updates from “active” to “claim received”. It is the CESTing of the EP that causes the ITF status to change. If an ITF has been received and is now in “claim received” status and another ITF for the same benefit as the pending claim is received, another EP will not be established upon receipt of the claim associated with the second ITF as an EP is already pending as result of the first ITF. Since a new EP is not being established, the system will not update the second ITF from “active” status to “claim received”. In these situations, a trouble ticket should be submitted to the National Service Desk so that the second ITF status may be properly updated.

*Example:* A Veteran submits an ITF for compensation benefits to the VA on 3/25/15. The VA receives a completed VA Form 21-526 on 04/01/15. The ITF status will be updated from ‘active’ to ‘claim received’. On 04/03/15, the Veteran submits another ITF for compensation. On 05/12/15, the Veteran submits a complete VA Form 21-526EZ. If the claim received on 04/01/15 is still pending at the time the second ITF becomes a “claim received” status, a trouble ticket will be needed to change the status of the ITF received on 04/03/15 from ‘active’ to ‘claim received’.

### **ACCEPTABLE PRESCRIBED FORMS: M21-1 III.II.2.B**

| <b>Benefit Type</b>  | <b>Prescribed VA Form</b>  |
|--|--|
| Service connection (original)                                    | 21-526<br>21-526c for Benefits Delivery on Discharge (BDD) or Quick Start (QS) claims<br>21-526EZ<br>21-0819 for IDES claims                   |
| Service connection (new or reopen)                               | 21-526<br>21-526b<br>21-526c for BDD/QS claims<br>21-526EZ<br>21-0819 for IDES claims  |
| Increased evaluation   | 21-526<br>21-526b<br>21-526c for BDD/QS claims<br>21-526EZ<br>21-0819 for IDES claims  |
| Temporary Total Disability Rating (Paragraph 29 and 30 benefits) | 21-526<br>21-526b<br>21-526EZ<br><br>Hospitalization reports from VA or uniformed services hospitals will be accepted as a prescribed form for |

|   |   |
|---|---|
|   | Paragraph 29 and 30 benefits.   |
| Total Disability rating based on Individual Unemployability (TDIU)            | 21-8940 is required for grant of TDIU benefits.<br><br>TDIU can also be claimed on any of the following forms:<br><br>21-526<br>21-526b<br>21-526c for BDD/QS claims<br>21-526EZ                    |
| Helpless Child benefits   | 21-526<br>21-526b<br>21-526EZ<br>21-686c<br>21-527<br>21-527EZ<br>21-534<br>21-534a   |
| Non-service connected (NSC) Pension (original, new, or reopen)                | 21-526<br>21-527<br>21-527EZ  |
| Dependency and Indemnity Compensation (DIC), Death Pension & Accrued Benefits | 21-534<br>21-534a<br>21-524EZ   |
| Burial Benefits   | 21P-530   |
| Specially Adapted Housing (SAH) or Special Home Adaptation (SHA)              | 26-4555 is required for grant of benefits<br><br>SAH/SHA can also be filed on any of the following forms:<br><br>21-526<br>21-526b<br>21-526EZ  |
| Auto Allowance  | 21-4502 is required for grant of benefits.<br><br>Auto Allowance can also be filed on any of the following forms:<br><br>21-526<br>21-526b<br>21-526EZ<br><br>21-4555c is required for supplemental |

|  | SAH/SHA benefits   |
|--|--|
| Housebound/Aid and Attendance (A&A)<br>(including spousal A&A) | 21-526<br>21-526b<br>21-526EZ<br>21-2680<br><br>21-0779 is required if based on nursing<br>home attendance     |
| Spina Bifida   | 21-0304  |
| Apportionment  | 21-0788  |
| Dependents   | 21-526<br>21-527 (pension only)<br>21-527EZ (pension only)<br>21-686c<br>21-674 (school children over 18 only) |

## VA PULSE PAGE INSTRUCTIONS

Please use [the Standard Claims and Appeals Form Rule Pulse Page](#) to submit questions. Directions on how to submit a question is posted at the top of the Pulse Page.

To help Compensation Service (CS) provide the best customer service, we ask you to follow the rules outlined below:

1. Please only post questions if you are your station's POC for the forms rule.
  
2. Please do not answer someone's question. Since this page is moderated by Compensation Service, CS would like to provide all the answers so everyone receives clear guidance
  
3. Please make sure you use the "Ask Standard Claims and Appeals Form Rule" box to ask questions. If you see that your question has already been asked, please refer to that discussion thread.