

MST OUTREACH COORDINATOR CHECKLIST

- 1.** Ensure claim has the appropriate MST special issue.
- 2.** Review file and supporting evidence for MST incident(s) or marker(s).
- 3.** Contact Veteran via telephone. If contact is UNSUCCESSFUL, **skip to step 10.** If contact is SUCCESSFUL, **continue to next step.**
- 4.** Did the Veteran provide a VA Form 21-0781a? If the Veteran COMPLETED the form, **skip to step 6.** If the Veteran DID NOT COMPLETE the form, **continue to next step.**
- 5.** Ask the Veteran for a short summary of the incident. Be sure to document the incident on this checklist.
- 6.** Ask the Veteran if a DD Form 2910, 2911, or other form was completed in response to the incident. If a DD Form 2910, 2911, or other form WAS NOT completed, **skip to step 8.** If a DD Form 2910, 2911, or other form WAS completed, **continue to next step.**
- 7.** Ask the Veteran for the name and location of the military base where the report was filed and if the report was restricted or unrestricted. Advise the Veteran to send in a copy, if they have one. **Skip to step 9.**
- 8.** Advise the Veteran that they can submit (*or VA can assist with obtaining*) the following types of evidence to assist the VA with processing their claim: (*if the Veteran identifies evidence, request name, dates, and location*)
 - Records from:
 - a) a rape crisis center or center for domestic abuse
 - b) a counseling facility or health clinic
 - c) civilian or military police
 - d) civilian or military hospitals or clinics
 - Statements from:
 - a) family members
 - b) roommates
 - c) fellow service members
 - d) a chaplain or clergy member
 - Personal diaries or journals
 - Pregnancy or STD tests
- 9.** Inform the Veteran that that they may receive a letter from the VA detailing our efforts to develop for additional evidence.
- 10.** Document contact on the VA Form 27-0820 or lack of contact with a permanent VBMS note.
- 11.** Complete this checklist, upload to VBMS, and route the file to a local development VSR.

Veteran's Name:

Veteran's Claim Number:

Did the Veteran provide a summary of the incident?

YES

Provide a short summary of the incident

NO

Were you able to locate an incident or markers?

YES (*Bookmark the documents in VBMS*)

Provide a short summary of what you found and the location:

NO

Were you able to contact the Veteran?

YES

NO

Which DD Form did the Veteran complete?

DD Form 2910

Location:

DD Form 2911

Location:

Other:

Location:

None

Did the Veteran identify any records that VA can assist with obtaining?
(step 8)

YES

Provide a list of the identified evidence:

NO

The VSR should develop for any of the following:

DD Form 2910, 2911, or other form

VA Form 21-0781a

STRs

Personnel Record

VA Medical Center Records

VA Vet Center Records

Civilian or Military Police Report

Military Hospital Records

VA Form 21-4142 and 4142a

Statements from the Veteran or a Third Party

OTHER:

Comments: