

Quick Writes

Quick Write Name	Quick Write Text
01-Letter - Forms Enclosed Blank Letter	Please find the requested form(s) enclosed. Please complete and return to the address at the bottom of the letter.
02- Audit Request	<p>#AuditRequest</p> <p>Veteran/Beneficiary is requesting an audit from (XX-XX-XXXX-XX-XX-XXXX).</p> <p>[] In regards to retro payment.</p> <p>[] In regards to debt.</p> <p>[] In regards to payment history.</p>
10 - Request for Application	The claimant has stated he/she wants to file a claim for _____ benefits. I have explained to the claimant that a prescribed form is required to initiate a claim for this benefit. I have sent VA Form _____ to the claimant. No further action is needed by Regional Office personnel.
12- Incarceration Release	<p>#IncarcerationRelease</p> <p>Veteran called to report that he/she has been released from incarceration since xx-xx-xxxx. Veteran has been instructed to submit proof of release. Please take necessary action.</p>
13 - Incarceration	<p>#IncarcerationAdjustment</p> <p>Veteran called to report that he/she has been incarcerated since xx-xx-xxxx at the (Facility). His/her inmate number is (Inmate #). He/she (has/has not) been charged/convicted as of yet. He/she (does/does not) have a spouse and children. He (is/is not) aware of his release date.</p>
14 - Medical Records - VAMC Records	Please obtain records of this VAMC treatment in support of the Veteran's (EP/DOC) claim. The Veteran has received treatment for ___ at the __ VAMC from ___ to ___.
15 - Medical Records - Private	The Veteran has received treatment for _____ at ___ from ___ to ___. I have sent the Veteran VAF 21-4142/21-4142a.
16 - Exam Reschedule -Past Date	The Veteran called to reschedule the __ C&P appointment at _____ for the claim (EP/DOC) _____. The Veteran missed the exam because _____. The Veteran will make the rescheduled exam.
19 - 5103 - Additional Information	The Veteran called in response to a (Date) 5103 letter for the (EP DOC) claim. The Veteran states:
20 - 5103 - No Additional Info	The Veteran called in response to a (Date) 5103 letter for the (EP DOC) claim. The Veteran has no additional information to provide and waives any remaining 5103 response time.

21-0538- No Change	#0538DependentVerificationNoChange In response to VA Form 21-0538 dated (xx-xx-xxxx) the Veteran reports no change to the status of dependent(s).
21P-0537- No Change	#0537MSQNoChange In response to VA Form 21P-0537 dated (xx-xx-xxxx) the beneficiary has not remarried since the death of the Veteran.
21P-0537-Marital Questionnaire	#0537MSQChange 1A. Have you Remarried since death of the Veteran? If yes: 1B. Date of Marriage: 1C. Name of Spouse: 1D. Spouse Date of Birth: 1E. Is your spouse a Veteran? 1F. If yes, new spouse's file number or SSN: 1G. What was your age at the time of marriage? 2A. Has Your Remarriage Been Terminated? If yes: 2B. Date of Termination: 2C. Reason for Termination:
21P-0538- Dependents Questionnaire	#0538DependentVerificationChange 9A. Are you married? If yes: 9B. Date of Marriage: 9C. Place of Marriage: 9D. Spouse Name: 9E. Spouse Social Security Number: 9F. Date of Birth of Spouse: 10A. Full Name of Child: 10B. Date of Birth: 10C. Place of Birth: 10D. Social Security Number: 10E. Child's Relationship (biological, step, adopted): 10F. Name and Address of Person Having Custody of Child:
Active Duty - Reinstate Benefits	#ReleasedFromActiveDuty Veteran was released from active duty on xx-xx-xxxx. The Veteran is asking for benefits to be reinstated. I advised the Veteran to send a copy of the DD-214. Please take action to reinstate the benefits.
Active Duty - Stop Benefits	#ReturnToActiveDuty Veteran returned to active duty as of xx-xx-xxxx. The Veteran requested that the benefits be stopped. I advised the Veteran to send a copy of the orders.
Bank account Debit Card Fraud Reporting	a. Date of reported incident: b. Details of incident to include the name of individual(s) whose record or information was affected:

	<p>c. Old, new, and incorrect information for any unauthorized changes – for payment issues include:</p> <ul style="list-style-type: none"> i. Date and amount of missing payment(s): ii. Correct bank routing and account number and whether Checking or Savings: iii. Incorrect bank routing and account number: d. Current status of the situation (what action did agent take): e. Timeline of events (specific dates and sequence of all events): f. Veteran/beneficiary's Station of Jurisdiction: g. Date/time of the call and the telephone number caller is calling from h. If applicable, specific screens accessed on eBenefits: i. The following information must be included in brackets in the body of the 27-0820: <ul style="list-style-type: none"> •[NCC Fraud] •[Routing Number- Bank Number of the fraudulent account] •[Date of Fraudulent Change- YYYY-MM-DD]
<p>CADD/DD ID Protocol Failure</p>	<ul style="list-style-type: none"> ◦Telephone number that the caller is calling in from: ◦Details of incident to include the name of individual(s) whose record or information was accessed: ◦ID Protocol failure details (caller was unable to verify previous account information, date of birth, etc.): ◦Date/time of the call and the telephone number caller is calling from:
<p>CH 35-DEA</p>	<p>#Chap35Waive</p> <p>Veteran called in to report his/her dependent child (name) is receiving CH 35 beginning on xx-xx-xxxx. Please take necessary action.</p>
<p>COVID-Letter-Non-Actionable Exam Solicitation</p>	<p>VA is working to process your claim as quickly as possible. To do that, we need to know if you can report for your Compensation and Pension (C&P) examination(s) that was postponed due to COVID-19 safety protocols.</p> <p>Please take a moment to call us at 1-800-827-1000 to reschedule your in-person C&P examination(s). Alternatively, you may contact us via https://www.va.gov or https://iris.custhelp.com. Our call agents are standing by to help you. Most calls are answered in less than 10 seconds.</p> <p>What Are My Options?</p> <ul style="list-style-type: none"> • Let’s do this! I am ready to report for my Compensation and Pension examination. If you tell us you’re ready to report, we will tell the Medical Disability Examination vendor to schedule your exam. All exams are held in facilities that meet strict sanitation requirements, just like your dentist or primary care doctor. • I already had contact with the exam vendor and my appointment has been scheduled. Please follow the instructions provided by the Medical Disability Examination vendor which scheduled your examination. • I do not want to report for my Compensation and Pension examination. Please evaluate my claim based upon the evidence of record only.VA will review your

	<p>claim and use any treatment records from your service records, private doctors or VA hospitals and clinics to assess your disability.</p> <ul style="list-style-type: none"> • I am not ready to report for an examination yet. I will call VBA or my Veteran Service Officer (VSO) when I am ready to report. <p>If you do not respond, we will continue to hold your claim for now. You will need to contact your Veteran Service Officer (VSO) or call us at 1-800-827-1000 when you are ready to attend your exam.</p> <p>Once the pandemic has officially ended, VA will schedule exams or decide your claim with the records in our possession.</p> <p>When Do We Need Your Response? Please call us as soon as possible so we can continue to process your claim. Once we hear from you, our Medical Disability Examination vendor will contact you to schedule an appointment at a time and date that works for you.</p>
<p>COVID-SR- Non-Actionable Exam Solicitation</p>	<p>The Veteran was contacted to assess willingness to report for C&P exams. The Veteran indicated:</p> <p><input type="checkbox"/> I am ready to report for my C&P exam.</p> <p><input type="checkbox"/> I am not ready to report for my C&P exam due to pandemic concerns. I will contact VBA or my Veteran Service Officer (VSO) when I am ready to report.</p> <p><input type="checkbox"/> I do not want to report for my C&P exam, AND I want VBA to evaluate my claim based upon the evidence of record only.</p> <p><input type="checkbox"/> I already had contact with the exam vendor and my appointment has been scheduled.</p>
<p>Erroneous Report of Death</p>	<p>The Veteran/beneficiary was erroneously reported as deceased, but is alive. Please resume his/her award. Date(s) of missing payments:</p>
<p>Exam Reschedule-Future Date</p>	<p>The Veteran called to reschedule the __ C&P appointment at _____ for the claim (EP/DOC). The Veteran cannot attend the exam because _____. The Veteran was advised to contact the VAMC/exam facility to try to reschedule. The Veteran will make the rescheduled exam.</p> <p><input type="checkbox"/> Veteran states he/she missed the exam or they are rescheduling the exam due to concerns associated with the COVID-19 pandemic.</p>
<p>FOIA/PA Request-Claim Establishment</p>	<p>#PrivacyActEstablishClaim</p> <p>Veteran/Beneficiary submitted a FOIA/PA request in VBMS dated xx-xx-xxxx. Please establish the claim.</p>

Hardship - Terminally Ill	The Veteran reports a terminal illness. Please review the Veteran's claim EP _____ dated xx/xx/xxxx for possible hardship status. I instructed the Veteran to submit the prognosis from a doctor. Thank you.
Hearing Request	#Hearings Veteran called to request a hearing in regards to letter in VBMS dated xx-xx-xxxx. Please take necessary action.
Income Adjustment	The Veteran reported receipt of income. Type of income: Frequency (one time or recurring): Amount of check (if recurring): Date first check received: Amount of first check (to include retro payment): Advised Veteran/Beneficiary to send in supporting documentation.
Misuse of Funds	The Veteran/beneficiary reported the fiduciary has misused his/her funds. Details of allegation:
Non-Emergency Email	This is a phone message for: Callers Name: Veteran/Beneficiary's Name (if different): File or Social Security Number: Phone Number(s): Best time to reach caller: Name of VA Employee who Left the message (if applicable): Brief message:
Privacy Act Violation	<ul style="list-style-type: none"> •Date of reported incident •Mailing Date and/or receipt date of the correspondence •Details of incident to include the name of individual(s) whose record or information was affected •If information improperly received was a prepared letter, obtain the information of the individual who prepared the correspondence item, if available •Note whether the correspondence was sent through Centralized Printing and whether any incorrect documents were included in the Distribution. •The name, address, telephone number, and Social Security number and/or claim number, if appropriate, of the individual reporting the incident The caller: Has the documents in his/her possession Has destroyed the documents Has already mailed the documents back to VA

<p>Removal of dependent</p>	<p>#DependentRemoval</p> <p>Veteran/beneficiary requests removal the following dependent</p> <p>Name of dependent: Relationship: Reason for removal: Date, of death or divorce: Place in of Divorce or Death: Name change requested? If stepchild, date stepchild left Veteran’s household:</p>
<p>Request to Add Potential Incident Flash</p>	<p>The Veteran/beneficiary is requesting to place a Potential Incident flash on the record. Details of the request: I completed advanced ID Protocol.</p>
<p>Resume Suspended Award</p>	<p>#ResumeSuspendedAward</p> <p>Please resume the Veteran's (Compensation/Pension) award. The award is currently suspended because of a returned payment on xx-xx-xxxx. The Veteran's payment information is up to date in the system. Please resume the Veteran's benefit as soon as possible.</p>
<p>Security Pin Retrieval</p>	<p>You contacted the National Contact Center on [date] and requested your security PIN number.</p> <p>Your security PIN number is XXXX.</p> <p>Please remember and protect your security PIN number. The security PIN number protects your account from fraudulent payment address or direct deposit changes.</p> <p>If you did not request this PIN number, contact 800-827-1000, Monday through Friday, 8:00am ET to 9:00pm ET.</p>
<p>Unlock eBenefits Account</p>	<ul style="list-style-type: none"> •Veteran's Social Security Number •DS logon •Email address listed with eBenefits account (if the requestor would like a confirmation email) •"I completed advanced ID Protocol and read the following statement to the caller: Your eBenefits account has been locked for your protection. By providing the following additional information you are consenting to have the account unlocked. Unlocking the account may result in further unauthorized changes to your information."
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