Clear Form

Pennsylvania Department of Military and Veterans Affairs

Bureau of Veterans Programs | Lickdale Veterans' Outreach Center
40 Fisher Avenue, Jonestown, PA 17038-8202 | 1-800-547-2838

APPLICATION FOR AMPUTEE AND PARALYZED VETERAN'S PENSION

DMVA Use Only

Privacy Act Statement: Personal identifiable information, including the applicant's social security number, is requested on this form. This information is solicited under 51 Pa.C.S. § 7702. It will be used for routine uses within the Department of Military and Veterans Affairs and may also be disclosed to other federal, state, or local agencies as required to process the application. Disclosure is voluntary but if the information is not provided, we may not be able to process the application.

Eligibility Requirements:

- Veteran was a resident of Pennsylvania at time of entry into the armed forces of the United States;
- Veteran was discharged from the armed forces of the United States under honorable conditions; and,
- Veteran suffered the service-connected loss or permanent and severe or complete paralysis of two or more limbs as confirmed by a U.S. Department of Veterans Affairs disability compensation rating of 40% or higher in each limb.

1. Applicant Information (Attach copy of valid photo identification such as driver's license.)

First Name: _____ MI: ____ Last Name: _____ Suffix: _____

Date of Birth: _____ Social Security No.: _____ Telephone: _____

Cellphone: _____ E-mail: _____

Mailing Address: _____ City _____ State ____ ZIP _____ County (if PA) --Select One--

Homeless? Yes ☐ No ☐ If yes, who can receive payment? _____

2. Service Information (Attach copy of DD-214 or equivalent discharge document.)

Branch of Service: --Select One-- Other: _____

Dates of Service: From _____ To _____ Char. of Discharge: --Select One--

Home of Record at Entry into Service (City and State): _____

3. Disability Information (Attach copy of VA rating code sheet or completed VA Form 3288.)

Summary of service-connected disabilities creating eligibility:

_____

4. PA Veterans' Registry. Check here to opt out of DMVA e-mail on related veterans' benefits, services, and news. ☐

5. Demographic Information (These optional questions are posed in accordance with Pa. Executive Order 2022-02.)

Gender. Are You (mark all that apply): Female ☐ Male ☐ Transgender, Non-binary, or Another Gender ☐

Sexual Orientation. Which of the following best represents how you think of yourself?

Gay or Lesbian ☐ Straight (not gay or lesbian) ☐ Bisexual ☐ I don't know ☐ I use a different term ☐

What term do you use? _____

Race. Check all that apply.

Black or African American ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ American Indian ☐ White ☐

Other _____

Ethnicity. Hispanic or Latino ☐ Non-Hispanic or Latino ☐

6. Certification The law provides severe penalties, including fines and imprisonment, for making false statements on official forms such as this application. By signing this form, I certify that the information provided is true and correct to the best of my knowledge, information and belief. I understand this certification is made subject to the penalties of 18 Pa.C.S. § 4904, pertaining to unsworn falsification to authorities.

_____ _____

Applicant's Signature Date (mm/dd/yyyy)

If the application is signed by a person holding power of attorney for the Veteran, please note so and attach a copy of the document.

HOW TO SUBMIT THE APPLICATION

Applications may be forwarded to DMVA by county offices of veterans affairs through secure electronic means. Applicants who wish to mail or fax paper applications and supporting documents should use the following address:

PA Department of Military and Veterans Affairs
Lickdale Veterans' Outreach Center (BVP-Pensions)
40 Fisher Avenue, Jonestown, PA 17038-8202

Or fax the application and supporting documents to the attention of "Pensions" at **(717) 861-9084**.

For your security, please do not e-mail completed applications.

APPEAL PROCEDURES

Higher-level review. An applicant may ask the Bureau to review an initial decision by submitting a written request for review to the address above, including a statement of reasons and any supplemental evidence, within 40 days of the mailing date stated on the notice. The Bureau will write to notify an applicant of its determination on higher-level review within 30 days of receipt of a timely request.

Appeal. An applicant may appeal the Bureau's decision on higher-level review to the Adjutant General within 40 days of the mailing date stated on the notice of the Bureau's decision. Appeals shall be in writing to the address above, shall state the reasons for the appeal and describe the relief requested.

(Applicants may use this space to provide any additional, relevant information.)

CLEAR FORM

Form Approved: OMB No. 2900-0028
Respondent Burden: 7.5 minutes

Department of Veterans Affairs

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM INDIVIDUAL'S RECORDS

PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number. The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701) as implemented by 38 CFR 1.526(a) and 38 CFR 1.576(b) require individuals to provide written consent before documents or information can be disclosed to third parties not allowed to receive records or information under any other provision of law. The information requested is approved under OMB Control Number 2900-0028 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of Information, including suggestions for reducing this burden, to the VA Clearance Officer (005E3), 810 Vermont Avenue, NW, Washington, DC 20420. **Send comments only. Do not send** this form or requests for benefits to this address.

TO	**Department of Veterans Affairs**	NAME OF INDIVIDUAL *(Type or print)*	
		VA FILE NO. *(Include prefix)*	SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

PA Department of Military Veterans Affairs
Bureau of Veterans Programs
Lickdale Veterans' Outreach Center
40 Fisher Avenue, Jonestown, PA 17038-8202

Phone (800)547-2838
or (717)861-8910
Fax (717)861-9084

VETERAN'S REQUEST

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon: ▶

NAME
Pennsylvania Veterans Affairs (010)

INFORMATION REQUESTED *(Number each item requested and give the dates or approximate dates - period from and to - covered by each.)*

1. Please provide a copy of my current disability rating codesheet in support of an application for Pennsylvania state veterans' benefits.

PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED.

Pennsylvania State Veterans' Benefits, Title 51 Pa.C.S. Chapters 77, 85, 87, and 89

NOTE: *Additional information may be listed on the reverse side of this form.*

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL *(Attach authority to sign, e.g., POA)*	DATE