



Department of

Veterans Services

VetraSpec: How to Use “Pending Issues”

HOME

ADD

REPORTS

Today is: Feb. 04, 2020

PENDING ISSUES

Review by:

11-25-19 - [REDACTED]

12-23-19 - [REDACTED]

01-02-20 - [REDACTED]

01-03-20 - [REDACTED]

[See all my veterans](#)

CLAIMS OFFICE SCANNED DOCUMENTS REPORT

For:

State/Claims Office will see documents for the entire state unless a county is specified above..

from:

to:

CLAIMS

DIRECT SUBMIT STATUS

MY CALENDAR

RESOURCES

Search for a Veteran

Enter all or part of any of the following:

SSN:

(XXX-XX-XXXX)

Last name:

First name:

VA claim number:

Step 1: Look up veteran as you normally would

Percent sign = wildcard.
Examples:

A% in the last name field will return all vets whose last name begins with A.

And% in the last name field will return all vets whose last name starts with And (Andrews, Anderson...)

%1234 in the SSN field will return all SSN's that end in 1234.

HOME

SEARCH

ADD

RESOURCES

REPORTS

CALENDAR

MY TASKS

MY VETS

4 records found in the database.

PHOTO	NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	VA CLAIM #
No Photo	Mouse, Mickey	789-56-1234	Nov. 18, 1928	
No Photo	[REDACTED]	[REDACTED]	[REDACTED]	
No Photo	[REDACTED]	[REDACTED]	[REDACTED]	
No Photo	[REDACTED]	[REDACTED]	[REDACTED]	

Step 2: Select your veterans profile

- HOME
- SEARCH
- ADD
- RESOURCES
- DOCUMENTS
- REPORTS
- FORMS
- CALENDAR
- MY TASKS
- QUICK OVERVIEW
- MORE DETAILS
- MILITARY SERVICE
- CURRENT RATINGS
- PENDING ISSUES
- FINANCIAL
- INDEMNITIES
- COMMUNICATION
- RECORDS
- FINANCIALS
- PACKAGE A CLAIM
- MY VETS
- DIRECT SUBMIT

Step 3: Select Pending Issues while in veterans profile

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

[EDIT](#) **DEMOGRAPHICS OVERVIEW**

No Photo Uploaded Yet

ADDRESS: 105 Town Square
CITY: Disney Land
STATE: FL
ZIP: 32830
DAYTIME PHONE: (407) 939-5277
EVENING PHONE: (407) 939-5277
CELL: (407) 939-5277
EMAIL: micky.mouse@dw.com

MEDICAL INFORMATION:

NOTES:

CSO: [REDACTED]

CLAIMS OFFICE PERSON:

LAST COMMUNICATION: Date: 05-22-2017 Entered by [REDACTED]
 edit...test of phone radial button

PENDING ISSUES OVERVIEW [ADD](#)

NONE

CURRENT RATINGS HELD OVERVIEW [ADD](#)

Combined rating: 0 %

NONE

PENDING ISSUES

HOME	SEARCH	ADD	RESOURCES	DOCUMENTS	REPORTS	FORMS	CALENDAR	MY TASKS			
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIALS	DIRECT SUBMIT

Step 4: Select "ADD" in "Pending Issues Tab".



NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

PENDING AND NON-FAVORABLE, CLOSED ISSUES		ADD
PENDING ISSUES		
NONE		
"NON-FAVORABLE", "CONFIRMED AND CONTINUED" AND "CLOSED" ISSUES:		
NONE		

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

ADD PENDING ISSUE

ISSUES - ADD ONE PER LINE

RECIPIENT: Veteran ORIGINAL OR REOPENED? Original CLOSED? No

REVIEW BY: Month Day Year Remind me of this date (put in "My Tasks"). Task description:

DATE FILED	STATUS	RATING RECEIVED
Month: March Day: 4 Year: 2020	In progress	Month: Day: Year:
NOD FILED	SOC RECEIVED	FORM 9 FILED
Month: Day: Year:	Month: Day: Year:	Month: Day: Year:
NOTES:	REMAND	BVA
	Month: Day: Year:	Month: Day: Year:

Path: p

Add veterans issues that will be added (past or future issues).

Date filed will self populate by default.

Ensure to verify what type of claim is being submitted. By default will be "Original".

Add any optional notes that you feel is important.

ADD PENDING ISSUE

HOME	SEARCH	ADD	RESOURCES	DOCUMENTS	REPORTS	FORMS	CALENDAR	MY TASKS					
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIALS	PACKAGE A CLAIM	MY VETS	DIRECT SUBMIT

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

ADD PENDING ISSUE

ISSUES - ADD ONE PER LINE

PTSD
Ischemic Heart Disease
Diabetes Mellitus Type II Type II
Hypertension Secondary to Diabetes Mellitus Type II

RECIPIENT: Veteran	ORIGINAL OR REOPENED? Original	CLOSED? No
REVIEW BY: Month Day Year	Remind me of this date (put in "My Tasks"). Task description:	
DATE FILED March 4 2020	STATUS In progress	RATING RECEIVED Month Day Year
NOD FILED Month Day Year	SOC RECEIVED Month Day Year	FORM 9 FILED Month Day Year
NOTES:	REMAND Month Day Year	BVA Month Day Year

NOTES:

B I U ABC [List Icons] [ABC]

Path: p

Step 5: Select save once you have listed veterans issues.

Save

ADD PENDING ISSUE

HOME		SEARCH		ADD		RESOURCES		DOCUMENTS		REPORTS		FORMS		CALENDAR		MY TASKS	
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIALS	PACKAGE A CLAIM	MY VETS	DIRECT SUBMIT				
NAME: Mouse, Mickey				SSN: 789-56-1234				DOB: Nov. 18, 1928				VA CLAIM #: OA: Tennessee Department of Veterans Services					

The pending issue was successfully added.

[View pending issues.](#)

You can either view pending issues or go straight to "Forms".

HOME	SEARCH	ADD	RESOURCES	DOCUMENTS	REPORTS	FORMS	CALENDAR	MY TASKS					
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIAL	PACKAGE A CLAIM	MY VETS	DIRECT SUBMIT

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

PENDING AND NON-FAVORABLE, CLOSED ISSUES [ADD](#)

PENDING ISSUES

EDIT	<p>ISSUE: PTSD Delete</p> <p>RECIPIENT: Veteran</p> <p>ORIGINAL OR REOPENED? Original claim Claim filed on: Mar. 04, 2020</p> <p>REVIEW BY:</p> <p>CLAIM STATUS: In progress Claim filed on: Mar. 04, 2020</p> <p>CLOSED: NO</p> <p>NOTES: AO Exposure</p>
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You are now ready to generate the veterans claim form.

EDIT	<p>ISSUE: Ischemic Heart Disease Delete</p> <p>RECIPIENT: Veteran</p> <p>ORIGINAL OR REOPENED? Original claim Claim filed on: Mar. 04, 2020</p> <p>REVIEW BY:</p> <p>CLAIM STATUS: In progress Claim filed on: Mar. 04, 2020</p> <p>CLOSED: NO</p> <p>NOTES: AO Exposure</p>
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EDIT	<p>ISSUE: Diabetes Mellitus Type II Delete</p> <p>RECIPIENT: Veteran</p> <p>ORIGINAL OR REOPENED? Original claim Claim filed on: Mar. 04, 2020</p> <p>REVIEW BY:</p> <p>CLAIM STATUS: In progress Claim filed on: Mar. 04, 2020</p> <p>CLOSED: NO</p> <p>NOTES: AO Exposure</p>
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EDIT	<p>ISSUE: Hypertension Secondary to Diabetes Mellitus Type II Delete</p> <p>RECIPIENT: Veteran</p> <p>ORIGINAL OR REOPENED? Original claim Claim filed on: Mar. 04, 2020</p> <p>REVIEW BY:</p> <p>CLAIM STATUS: In progress Claim filed on: Mar. 04, 2020</p> <p>CLOSED: NO</p> <p>NOTES: AO Exposure</p>
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HOME	SEARCH	ADD	RESOURCES	DOCUMENTS	REPORTS	FORMS	CALENDAR	MY TASKS					
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIALS	PACKAGE A CLAIM	MY VETS	DIRECT SUBMIT

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

FORMS

Available forms (all forms open in a new window)

TDVS Forms		
Submittal Letter		TDVS
Blank letterhead		TDVS
Authorization to Disclose Information		TDVS
27-0820	Report of General Information (replaces VA 119)	TDVS
VARO COMMON FORMS		
VACICS	Centralized Intake Coversheet	VBA
VAPMC	PMC Coversheet	PMC
NCAMPS	Memorial Products Service (41B) Burial Coversheet	NCA
20-572	Request for Change of Address/Cancellation of Direct Deposit	VBA
21-22	Appointment of Veterans Service Organization	VBA
21-22a	Appointment of Individual as Claimant's Representative	VBA
21-4138	Statement in Support of Claims	VBA
21-4142	Authorization & Consent to Release Information to the DVA	VBA
21-4142a	General Release for Medical Provider Information to the DVA	
24-0296	Direct Deposit Enrollment	
3288	Request for and Consent to Release Information	VHA
5655	Financial Status Report	VHA
DD 149	Application for Correction of Military Record	DD
DD 293	APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES	DD

Step 6: Select the 21-526EZ

VETERAN COMPENSATION OR PENSION		
21-0966	Intent to File	VBA
21-526C	Pre-Discharge Compensation Claim	VBA
21-526EZ	Application for Disability Compensation and Related Compensation Benefits	VBA
21P-527EZ	Application for Pension	VBA
21-527	Income-Net Worth and Employment Statement	VBA
DD 2860	Claim for Combat-Related Special Compensation (CRSC)	
21-0512v-1	Section 306 Eligibility Verification Report (Veteran)	VBA

Forms printed for this veteran (opens in a new window)

FORM #	DATE PRINTED	ACTION		
210845	Feb. 13, 2020	Edit	Print	X
210779	Feb. 13, 2020	Edit	Print	X
212680	Feb. 13, 2020	Edit	Print	X
21p0969	Feb. 13, 2020	Edit	Print	X
21p527ez	Feb. 13, 2020	Edit	Print	X
21534ez_62014	Aug. 26, 2016		Print	X
sf180	May. 31, 2016	Edit	Print	X
sf180	May. 31, 2016	Edit	Print	X
2122_082014	Apr. 06, 2016		Print	X
212680_062008	Jan. 25, 2016		Print	X
21527ez_62014	Jan. 25, 2016		Print	X
212680_062008	Aug. 24, 2015		Print	X
212680_062008	Aug. 24, 2015		Print	X
214138_082011	May. 12, 2015		Print	X

REQUIRED

- YES (If "Yes," complete Item 15B regarding your living situation)
- NO

15B. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

REQUIRED if 15A is YES.

- LIVING IN A HOMELESS SHELTER
- NOT CURRENTLY IN A SHELTERED ENVIRONMENT (e.g., living in a car or tent)
- STAYING WITH ANOTHER PERSON
- FLEEING CURRENT RESIDENCE
- OTHER (Specify):

15C. ARE YOU CURRENTLY AT RISK OF BECOMING HOMELESS? **REQUIRED**

- YES (If "Yes," complete Item 15D regarding your living situation)
- NO

15D. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

REQUIRED if 15C is YES.

- HOUSING WILL BE LOST IN 30 DAYS
- LEAVING PUBLICLY FUNDED SYSTEM OF CARE (e.g., homeless shelter)
- OTHER (Specify):

15E. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you)

REQUIRED if 15A or 15C is YES.

15F. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)

REQUIRED if 15A or 15C is YES.

()

SECTION IV: CLAIM INFORMATION

16. LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY (If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)

NOTE: List your claimed conditions below. See the following three examples for guidance on how to complete Section IV.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATE TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008

NO special characters are allowed in any of the fields below. Use only letters and numbers. At least one disability is required.

CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENERD
1. PTSD			
2. Ischemic Heart Disease			
3. Diabetes Mellitus Type II			
4. Hypertension Secondary to Diabetes Mellitus Type II			
5. <input type="text"/>			
6. <input type="text"/>			
7. <input type="text"/>			
8. <input type="text"/>			
9. <input type="text"/>			
10. <input type="text"/>			
11. <input type="text"/>			
12. <input type="text"/>			
13. <input type="text"/>			

The issues will now self populate into the 21-526EZ.



If this item does not apply to you, skip to Section IV.

15A. ARE YOU CURRENTLY HOMELESS? **REQUIRED**

- YES (If "Yes," complete Item 15B regarding your living situation)
- NO

15B. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

REQUIRED if 15A is YES.

- LIVING IN A HOMELESS SHELTER
- NOT CURRENTLY IN A SHELTERED ENVIRONMENT (e.g., living in a car or tent)
- STAYING WITH ANOTHER PERSON
- FLEEING CURRENT RESIDENCE
- OTHER (Specify):

15C. ARE YOU CURRENTLY AT RISK OF BECOMING HOMELESS? **REQUIRED**

- YES (If "Yes," complete Item 15D regarding your living situation)
- NO

15D. CHECK THE BOX THAT APPLIES TO YOUR LIVING SITUATION:

REQUIRED if 15C is YES.

- HOUSING WILL BE LOST IN 30 DAYS
- LEAVING PUBLICLY FUNDED SYSTEM OF CARE (e.g., homeless shelter)
- OTHER (Specify):

15E. POINT OF CONTACT (Name of person VA can contact in order to get in touch with you)

REQUIRED if 15A or 15C is YES.

15F. POINT OF CONTACT TELEPHONE NUMBER (Include Area Code)

REQUIRED if 15A or 15C is YES.

()

SECTION IV: CLAIM INFORMATION

16. LIST THE CURRENT DISABILITY(IES) OR SYMPTOMS THAT YOU CLAIM ARE RELATED TO YOUR MILITARY SERVICE AND/OR SERVICE-CONNECTED DISABILITY

(If applicable, identify whether a disability is due to a service-connected disability; confinement as a prisoner of war; exposure to Agent Orange, asbestos, mustard gas, ionizing radiation, or Gulf War environmental hazards; or a disability for which compensation is payable under 38 U.S.C. 1151)

NOTE: List your claimed conditions below. See the following three examples for guidance on how to complete Section IV.

EXAMPLES OF DISABILITY(IES)	EXAMPLES OF EXPOSURE TYPE	EXAMPLES OF HOW THE DISABILITY(IES) RELATE TO SERVICE	EXAMPLES OF DATES
Example 1. HEARING LOSS	NOISE	HEAVY EQUIPMENT OPERATOR IN SERVICE	JULY 1968
Example 2. DIABETES	AGENT ORANGE	SERVICE IN VIETNAM WAR	DECEMBER 1972
Example 3. LEFT KNEE, SECONDARY TO RIGHT KNEE		INJURED LEFT KNEE WHEN BRACE ON RIGHT KNEE FAILED	6/11/2008

NO special characters are allowed in any of the fields below. Use only letters and numbers. At least one disability is required.

CURRENT DISABILITY(IES)	IF DUE TO EXPOSURE, EVENT, OR INJURY, PLEASE SPECIFY (e.g., Agent Orange, radiation)	EXPLAIN HOW THE DISABILITY(IES) RELATES TO THE IN-SERVICE EVENT/EXPOSURE/INJURY	APPROXIMATE DATE DISABILITY(IES) BEGAN OR WORSENERD
1. PTSD	Event	Combat Vietnam War	
2. Ischemic Heart Disease	Agent Orange	Service in Vietnam War	
3. Diabetes Mellitus Type II	Agent Orange	Service in Vietnam War	
4. Hypertension Secondary to Diabetes Mellitus Type II	Agent Orange	Service in Vietnam War	
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Now specify in both blocks the due to and in-service events. Not necessary to complete unless you want the VSR to be made aware of the connection.

HOME		SEARCH		ADD		RESOURCES		DOCUMENTS		REPORTS		FORMS		CALENDAR		MY TASKS	
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIALS	PACKAGE A CLAIM	MY VETS	DIRECT SUBMIT				

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

[EDIT](#) **DEMOGRAPHICS OVERVIEW**

No Photo Uploaded Yet

ADDRESS: 105 Town Square
 CITY: Disney Land
 STATE: FL
 ZIP: 32830
 DAYTIME PHONE: (407) 939-5277
 EVENING PHONE: (407) 939-5277
 CELL: (407) 939-5277
 EMAIL: micky.mouse@dw.com

MEDICAL INFORMATION:
 NOTES: ****HOMELESS***

CSO: Danny Scarborough-Crockett

CLAIMS OFFICE PERSON:
 LAST COMMUNICATION: Date: 05-22-2017
 Entered by: Travis Murphy
 edit...test of phone radial button

Add future issues when necessary.

PENDING ISSUES OVERVIEW [ADD](#)

ISSUE:	PTSD
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure
ISSUE:	ISCHEMIC HEART DISEASE
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure
ISSUE:	DIABETES MELLITUS TYPE II
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure
ISSUE:	HYPERTENSION SECONDARY TO DIABETES MELLITUS TYPE II
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure

CURRENT RATINGS HELD OVERVIEW [ADD](#)

Combined rating: 0 %

NONE

Edit the pending issues as the claim progresses.

HOME		SEARCH		ADD		RESOURCES		DOCUMENTS		REPORTS		FORMS		CALENDAR		MY TASKS	
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIALS	PACKAGE A CLAIM	MY VETS	DIRECT SUBMIT				

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

EDIT PENDING ISSUE

ISSUE:

RECIPIENT: ORIGINAL OR REOPENED?: CLOSED:

CLAIM STATUS

STATUS:

REVIEW BY: Remind me of this date (put in My Tasks). Task description:

DATE FILED: RATING RECEIVED:

NOD FILED: SOC RECEIVED:

FORM 9 FILED: REMAND:

BVA:

NOTES:

B *I* U | ABC [List Icons] [Undo] [Redo] [Checkmark]

AO Exposure

Path: p

Save

This is a great way to track the progress and actions taken on each particular issue. This is also a great opportunity to add "My Tasks" for internal suspense's.

HOME	SEARCH	ADD	RESOURCES	DOCUMENTS	REPORTS	FORMS	CALENDAR	MY TASKS					
QUICK OVERVIEW	MORE DETAILS	MILITARY SERVICE	CURRENT RATINGS	PENDING ISSUES	FINANCIAL ASSISTANCE	PAYMENTS	DEPENDENTS	COMMUNICATION	RECORDS	FINANCIALS	PACKAGE A CLAIM	MY VETS	DIRECT SUBMIT

NAME: Mouse, Mickey SSN: 789-56-1234 DOB: Nov. 18, 1928 VA CLAIM #: POA: Tennessee Department of Veterans Services

[EDIT](#) DEMOGRAPHICS OVERVIEW

No Photo Uploaded Yet

ADDRESS: 105 Town Square
 CITY: Disney Land
 STATE: FL
 ZIP: 32830
 DAYTIME PHONE: (407) 939-5277
 EVENING PHONE: (407) 939-5277
 CELL: (407) 939-5277
 EMAIL: micky.mouse@dw.com

MEDICAL INFORMATION:
 NOTES: ****HOMELESS****

CSO: [REDACTED]

CLAIMS OFFICE PERSON:
 LAST COMMUNICATION: Date: 05-22-2017
 Entered by: [REDACTED]
 edit...test of phone radial button

PENDING ISSUES OVERVIEW [ADD](#)

ISSUE:	PTSD
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure
ISSUE:	ISCHEMIC HEART DISEASE
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure
ISSUE:	DIABETES MELLITUS TYPE II
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure
ISSUE:	HYPERTENSION SECONDARY TO DIABETES MELLITUS TYPE II
RECIPIENT:	Veteran EDIT
ORIGINAL OR REOPENED?	Original claim Claim filed on: Mar. 04, 2020
CLAIM STATUS:	In progress Claim filed on: Mar. 04, 2020
REVIEW BY:	
NOTES:	AO Exposure

CURRENT RATINGS HELD OVERVIEW [ADD](#)

Combined rating: 0 %

NONE

Now when accessing the veterans file, you will now view the veterans pending issues. Keep in mind, this needs to be updated manually. NOTE: VetraSpec is not connected to VBMS to automatically update.