TEXAS VETERANS COMMISSION - Claims Tracking Form

TVC 18

Office: _____ **Address:** _____

Office FAX Number: _____ _____

Office Code/Initials: _____

Date: _____

Veteran: _____

Address: _____

_____

Telephone: _____

E-Mail: _____

Claimant: _____

County of Residence: _____

C/CSS: _____

SSN: _____

_____ **Original Claim**

_____ **Informal Claim (21-0966)**

INF: ____-____

_____ **SEP Submittal**

_____ **New Claim** (Increase, New Disability, Different Benefit)

_____ **Re-Opened Claim**

_____ **Supporting Information** (Address Change, DD214, Birth/Death/Divorce documents, medical records, etc)

_____ **Appeal/NOD**

ENCLOSED

_____ Form 9
_____ VA Form 10-7959e
_____ VA Form 10-8678
_____ VA Form 21-0514
_____ VA Form 21-0516
_____ VA Form 21-0517
_____ VA Form 21-0518
_____ VA Form 21-0519
_____ VA Form 21-0781
_____ VA Form 21-0788
_____ VA Form 21-0845
_____ VA Form 21-0958
_____ VA Form 21-0960_____
_____ VA Form 21-0960_____
_____ VA Form 21-0960_____
_____ VA Form 21-0960_____
_____ VA Form 21-0966 (INF)
_____ VA Form 21-22
_____ VA Form 21-2680
_____ VA Form 21-4138
_____ VA Form 21-4140
_____ VA Form 21-4142
_____ VA Form 21-4170
_____ VA Form 21-4171
_____ VA Form 21-4192
_____ VA Form 21-4502

_____ **All Documents Signed**

ENCLOSED

_____ **POA** _____

_____ VA Form 21-526
_____ VA Form 21-526b
_____ VA Form 21-526EZ
_____ VA Form 21-527
_____ VA Form 21-527EZ
_____ VA Form 21-530
_____ VA Form 21-534
_____ VA Form 21-534EZ
_____ VA Form 21-535
_____ VA Form 21-601
_____ VA Form 21-674
_____ VA Form 21-674b
_____ VA Form 21-686c
_____ VA Form 21-8049
_____ VA Form 21P-8416
_____ VA Form 21-8416(b)
_____ VA Form 21-8940
_____ VA Form 26-4555
_____ VA Form 29-0309
_____ VA Form 5103
_____ VA Form 5655

_____ TVC 15a
_____ TVC 15b
_____ TVC 16

ENCLOSED

_____ Birth Certificate(s)
_____ Buddy Letter/Lay Statements
_____ DD-214/215
_____ Divorce Decree(s)
_____ Death Certificate
_____ Funeral Bill(s)
_____ Hardship Letter
_____ Homeless Letter
_____ Marriage Certificate
_____ Nursing Home Letter
_____ Picture Evidence
_____ Private Medical Record
_____ School Information
_____ Service Medical Record
_____ VA Medical Record
_____ VCAA Letter

_____ Other _____
_____ Other _____
_____ Other _____

_____ VA Form _____
_____ VA Form _____
_____ VA Form _____
_____ VA Form _____
_____ VA Form _____