



The American Legion
Post Service Officer Case Brief
Request and Application for Veteran Assistance

ATTENTION

1. A Post Service Officer (PSO) in **NOT** a VA-accredited representative for The American Legion. A PSO is **ONLY** authorized to assist a veteran or family member with ***completing this form*** and forwarding it to The Legion's Department Service Officer, or to a VA-accredited county service officer for The American Legion.

2. Federal law prohibits any unaccredited individual from "preparing, presenting, and prosecuting" a VA benefit claim.
 - ***Preparing*** includes, but is not limited to, consulting with or giving advice to a claimant or potential claimant in contemplation of filing a benefits claim, gathering evidence in support of a benefits claim on behalf of a claimant or potential claimant, or filling out VA forms for their submission to VA.

 - ***Presenting and prosecuting*** a benefits claim generally includes, but it not be limited to, filing, or pursuing in any way, an initial claim for VA benefits, a request for further review of a decision by the agency of original jurisdiction, or an appeal to the Board of Veterans' Appeals.



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Date:

From Post Service Officer: _____ **American Legion Post:** _____ **Department of:** _____

To: **The American Legion Department Service Officer**

VA-Accredited County Service Officer for the American Legion

Other Agencies – Please list:

Name of Veteran / Claimant: _____ **DOB:** _____ **Status:** _____ **Veteran
Dependent**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Home Phone:** _____ **Cell Phone:** _____

DD-214: **Y** **N** **Overseas Service?** **Y** **N** **Unknown**

Branch of Service: _____ **Active Duty (Start/End) Dates:** _____ **Type of Discharge:** _____

Does The American Legion have a Power of Attorney for you? **Y** **N** **Unknown**

By completing this application, I am stating that the information I have provided is true and correct to the best of my knowledge. Falsifying this information will result in termination of this request.

(Applicant's Signature and Date)

(Service Officer's Signature and Date)

ADDITIONAL INFORMATION TO SUPPORT THIS REQUEST FOR ASSISTANCE

Service Officer Notes:

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

1. The following member of American Legion Post 68 who has been identified to me as my "sponsor" is:

I understand that all personal information provided to representatives of American Legion John E. Jacobs, Post 68, Leland, North Carolina will be held in strict confidence and will be shared only with those for whom I have given my permission as listed below, in order to facilitate the response to my request for assistance:

A)

B)

C)

D)

2. The member of American Legion Post 68 Executive Committee who has been assigned to assist is:
3. The Commander of Post 68:
4. Members of the Post 68 Executive Committee, as identified by the Post Commander, who have a "need to know" specific information to complete my assistance request.
5. Other individuals and agencies, as listed below, that may be contacted for assistance:
 - A) Brunswick County Service Office
 - B) Other American Legion Post as determined
 - C) Veterans Administration
 - D) Brunswick Family Assistance

I have read, understand and consent to all items on this page, and by my signature, I authorize representatives of American Legion John E. Jacobs Post 68 to proceed with the processing of my application for assistance.

(Applicant's Signature and Date)

(Service Officer's Signature and Date)