



**APPLICATION INFORMATION AND INSTRUCTIONS FOR VA FORM 21-0304**

*IMPORTANT - Please read information and instructions before completing attached application.*

**Children of Women Vietnam Veterans Born with Certain Birth Defects -- 38 U.S.C. 1815**

This section of the law authorizes the payment of monetary benefits to, or on behalf of, certain children of female veterans who served in Vietnam. Benefits are payable to qualifying children, or on their behalf, beginning December 1, 2001. There are three eligibility requirements. To be eligible, the child must:

- be the biological child of a woman veteran who served in the Republic of Vietnam (RVN),
- have been conceived after the date the veteran first served in the RVN during the period 2/28/61 to 5/7/75, **and**
- have certain birth defects identified by the Secretary of Veterans Affairs as resulting in permanent physical or mental disability

The law does not include conditions that are:

- a familial disorder
- a birth-related injury, **or**
- a fetal or neonatal infirmity with well-established causes.

Completion of VA Form 21-0304, Application For Benefits For Certain Children Of Vietnam Veterans With Disabilities, is required.

Effective Date: The effective date is December 1, 2001.

**Spina Bifida Benefits Eligibility -- 38 U.S.C. 1805**

Monetary benefits may be paid to, or on behalf of, certain children of veterans who served in the Republic of Vietnam or the demilitarized zone in Korea during the Vietnam era. Benefits are payable to qualifying children regardless of age or marital status. To be eligible, the child must:

- be the biological child of a veteran who served in the Republic of Vietnam (RVN), or a veteran who served in or near the demilitarized zone (DMZ) in Korea and was exposed to herbicides, **and**
- have been conceived after the date the veteran first served in the RVN during the period 1/9/62 and 5/7/75, or after the date the veteran first served in or near the DMZ in Korea during the period 9/1/67 to 8/31/71, **and**
- have any type of spina bifida other than spina bifida occulta. The diagnosis may be established by private physicians, or government or private institution examination reports.

**Possible Entitlement:** The law does not allow payment of both benefits at the same time. If entitlement exists under both laws, benefits will be paid under 38 U.S.C. 1815.

**Health Coverage:** The law allows health care covering the defects or any disability associated with the birth defects. This care may be provided directly or by contract.

**Vocational Rehabilitation:** If achievement of a vocational goal is reasonably feasible, a program of vocational training provided by VA's Vocational Rehabilitation and Employment Service is available to an eligible child.

**Monetary Allowance:** The law includes levels of monetary allowance, each based on the level of disability of the eligible child.

**Mail The Completed Form To:** VA Regional Office  
Veterans Service Center (339/21)  
Box 25126  
Denver, CO 80225





## APPLICATION FOR BENEFITS FOR CERTAIN CHILDREN WITH DISABILITIES BORN OF VIETNAM AND CERTAIN KOREA SERVICE VETERANS

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

Important Notice About Information Collection: We need this information to determine eligibility for benefits for children with certain disabilities who are born of Vietnam veterans and certain Korea Service veterans (38 U.S.C. chapter 18). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If desire, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

**NOTE - After completing the form mail to: VA Regional Office, Veterans Service Center (339/21), Box 25126, Denver, CO 80225**

1. NAME OF CLAIMANT - CHILD <i>(First, middle, last)</i>		2. SOCIAL SECURITY NUMBER OF CLAIMANT - CHILD <i>(If available)</i>	
3. CLAIMANT - CHILD'S DATE OF BIRTH <i>(Mo., day, yr.)</i>		4. CLAIMANT - CHILD'S PLACE OF BIRTH <i>(City and State)</i>	
5. ADDRESS OF CLAIMANT - CHILD <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>			
6. TELEPHONE NUMBER OF CLAIMANT - CHILD <i>(Include Area Code)</i>  (        )			
<b>7. NAME(S) OF NATURAL PARENT(S) <i>(Please provide information for both)</i></b>			
A. FATHER <i>(First, middle, last)</i>		B. MOTHER <i>(First, middle, last)</i>	
<b>8. ADDRESS, TELEPHONE NUMBER AND VETERAN STATUS OF NATURAL PARENT(S)</b>			
A. FATHER <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>		B. MOTHER <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>	
C. VIETNAM SERVICE?  YES    NO <i>(If "Yes," provide dates in 8E)</i>		D. VIETNAM SERVICE?  YES    NO <i>(If "Yes," provide dates in 8F)</i>	
E. PLEASE PROVIDE THE DATES THAT CHILD'S FATHER WAS IN VIETNAM		F. PLEASE PROVIDE THE DATES THAT CHILD'S MOTHER WAS IN VIETNAM	
FROM	TO	FROM	TO
<b>9. SOCIAL SECURITY NUMBER(S) OF NATURAL PARENT(S)</b>			
A. FATHER		B. MOTHER	
<b>10. VA CLAIM NUMBER(S) OF NATURAL PARENT(S) <i>(If veteran previously applied to VA for any benefit)</i></b>			
A. FATHER		B. MOTHER	

11. IF CHILD IS UNDER AGE 18 WHO HAS CUSTODY, IF OTHER THAN NATURAL PARENT? (Complete Items 11A, 11B & 11C)

A. NAME OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD _____	B. RELATIONSHIP TO CHILD <input type="checkbox"/> ADOPTIVE PARENT <input type="checkbox"/> GUARDIAN  <input type="checkbox"/> OTHER (Specify) _____	C. ADDRESS OF CUSTODIAN/GUARDIAN OF CLAIMANT-CHILD _____
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12A. IF CLAIMANT-CHILD IS AGE 18 OR OLDER HAS THE CLAIMANT-CHILD BEEN DECLARED INCOMPETENT?  
 YES     NO (If "Yes," complete Items 12B and 12C)

12B. NAME AND ADDRESS OF THE COURT WHICH MADE THE FINDING OF INCOMPETENCY? _____	12C. NAME AND ADDRESS OF GUARDIAN _____
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13. DISABILITIES CLAIMED  
 \_\_\_\_\_

14. NAME AND ADDRESS OF PRIMARY HEALTH CARE PROVIDER FOR THE CLAIMANT  
 \_\_\_\_\_

15A. NAME AND PLACE FIRST DIAGNOSED _____	15B. DATE FIRST DIAGNOSED _____
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16A. NAME(S) AND PLACE(S) OF MOST RECENT TREATMENT	16B. DATE(S) OF TREATMENT

**DIRECT DEPOSIT INFORMATION**

All federal payments beginning January 2, 1999, must be made by electronic funds transfer (EFT) also called Direct Deposit. Please attach a voided personal check or deposit slip or provide the information requested below in Items 17A, 17B and 17C to enroll in Direct Deposit. If you do not have a bank account we will give you a waiver from Direct Deposit, just check the box below in Item 17A. The Treasury Department is working on making bank accounts available to you. Once these accounts are available, you will be able to decide whether you wish to sign-up for one of the accounts or continue to receive a paper check. You can also request a waiver if you have other circumstances that you feel would cause you a hardship to be enrolled in Direct Deposit. You can write to:  
**Department of Veterans Affairs, 125 S. Main Street, Suite B, Muskogee, OK 74401-7004** and give us a brief description of why you do not wish to participate in Direct Deposit.

17A. ACCOUNT NUMBER (Please check the appropriate box and provide that account number, if applicable)  
 CHECKING     SAVINGS (Please provide account number \_\_\_\_\_)     I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT

17B. NAME OF FINANCIAL INSTITUTION  
 \_\_\_\_\_

17C. ROUTING OR TRANSIT NUMBER  
 \_\_\_\_\_

I/We, the undersigned, hereby authorize the hospital or physician shown in Items 14, 15A and 16A to disclose and release to the Department of Veterans Affairs any information that may have been obtained in connection with the physical examination or treatment of the child.

18A. SIGNATURE(S) OF PARENT/GUARDIAN/ADULT CHILD _____	18B. DATE SIGNED _____
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19A. SIGNATURE OF WITNESS (Required) _____	19B. DATE SIGNED _____
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I/We, the undersigned, declare under penalty of perjury that the information provided is true and correct and that the child named in Item 1 is the natural child of the person(s) named in Item 7.

20A. SIGNATURE OF CHILD (IF AN ADULT) OR PARENT OR GUARDIAN _____	20B. DATE SIGNED _____
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21A. SIGNATURE OF VIETNAM VETERAN PARENT (IF AVAILABLE OR DIFFERENT) _____	21B. DATE SIGNED _____
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