VA | U.S. Department of Veterans Affairs

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.

Note: Completion of VA Form 21-0304, *Application for Benefits for a Qualifying Veteran's Child Born with Disabilities*, is required. The effective date is December 1, 2001.

Spina Bifida Benefits Eligibility

38 U.S.C. 1805: Vietnam

Monetary benefits may be paid to, or on behalf of, children of veterans who served in the RVN.

To be eligible for monetary benefits, the child must:

- be the biological child of a veteran who served in the RVN and was exposed,
- have been conceived after the date the veteran first served in the RVN during the period 1/9/62 and 5/7/75, ***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.

38 U.S.C. 1821: Korea

Monetary benefits may be paid to, or on behalf of, children of veterans who served in or near the demilitarized zone (DMZ) in Korea.

To be eligible for monetary benefits, the child must:

- be the biological child of a veteran who served in or near the DMZ in Korea, and was exposed,
- have been conceived after the date the veteran 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.

38 U.S.C. 1822: Thailand

Monetary benefits may be paid to, or on behalf of, children of veterans who served in Thailand.

To be eligible for monetary benefits, the child must:

- be the biological child of a veteran who served in Thailand at any United States or Royal Thai base, including any United States or Royal Thai bases on the coast of Thailand, and was exposed,
- have been conceived after the date the veteran served in Thailand during the period 1/9/62 to 6/30/76, ***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.

General Information

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 Veteran Readiness 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: Department of Veterans Affairs
Evidence Intake Center
P.O. Box 4444
Janesville, WI 53547-4444

OMB Approved: 2900-0572
Respondent Burden: 10 minutes
Expiration Date: 05/31/2029

VA U.S. Department of Veterans Affairs

APPLICATION FOR BENEFITS FOR A QUALIFYING VETERAN'S CHILD BORN WITH DISABILITIES

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent Burden on page 4. Use this form to determine your eligibility for benefits for children with certain disabilities who are born of Vietnam veterans or certain Thailand or Korea service veterans. For more information, you can contact us online through Ask VA: **https://ask.va.gov/** or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at **www.va.gov/vaforms**. After completing the form, mail to: **Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.**

SECTION I: CHILD'S IDENTIFICATION INFORMATION

1. NAME OF CHILD (First, Middle Initial, Last)

2. SOCIAL SECURITY NUMBER OF CHILD **(Required)**

3. CHILD'S DATE OF BIRTH
Month Day Year

4. HAVE YOU PROVIDED A COPY OF THE CHILD'S BIRTH CERTIFICATE TO VA? *(If "No," or unsure, attach a copy of the birth certificate with this form)*

☐ PROVIDED BIRTH CERTIFICATE WITH THIS FORM ☐ PREVIOUSLY PROVIDED BIRTH CERTIFICATE TO VA

5. CHILD'S PLACE OF BIRTH (City and State, County and State, or City and Country)

6. TELEPHONE NUMBER OF CHILD (Include Area Code)

7. CHILD'S MAILING ADDRESS (Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country)

SECTION II: RELATIONSHIP WITH PARENTS

8. NAME(S), ADDRESS, TELEPHONE NUMBERS, AND VETERAN STATUS OF NATURAL PARENT(S)
(Please provide information for both parents)

A. NAME OF PARENT 1 (First, Middle Initial, Last)

B. NAME OF PARENT 2 (First, Middle Initial, Last)

C. ADDRESS OF PARENT 1 (Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country)

D. ADDRESS OF PARENT 2 (Number and Street or Rural Route, P.O. Box, City, State, ZIP Code and Country)

E. TELEPHONE NUMBER OF PARENT 1 (Include Area Code)

F. TELEPHONE NUMBER OF PARENT 2 (Include Area Code)

G. VIETNAM, THAILAND, OR KOREA SERVICE OF PARENT 1
☐ YES ☐ NO (If "Yes," provide dates in 8I)

H. VIETNAM, THAILAND, OR KOREA SERVICE OF PARENT 2
☐ YES ☐ NO (If "Yes," provide dates in 8J)

I. PROVIDE THE DATES THAT PARENT 1 WAS IN VIETNAM, THAILAND, OR KOREA

FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):

J. PROVIDE THE DATES THAT PARENT 2 WAS IN VIETNAM, THAILAND, OR KOREA

FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):

9A. SOCIAL SECURITY NUMBER (SSN) OF PARENT 1

9B. SOCIAL SECURITY NUMBER (SSN) OF PARENT 2

9C. VA CLAIM NUMBER OF PARENT 1 (If applied previously)

9D. VA CLAIM NUMBER OF PARENT 2 (If applied previously)

10. IF CHILD IS UNDER AGE 18 & CUSTODIAN/GUARDIAN IS OTHER THAN NATURAL PARENT (Complete Items 10A, 10B, 10C, & 10D)

A. NAME OF CUSTODIAN/GUARDIAN OF CHILD	B. RELATIONSHIP TO CHILD	C. ADDRESS OF CUSTODIAN/GUARDIAN OF CHILD
	☐ ADOPTIVE PARENT ☐ GUARDIAN ☐ OTHER (Specify) _____	

D. HAVE YOU PROVIDED A COPY OF THE DECREE OF ADOPTION OR ADOPTIVE PLACEMENT AGREEMENT TO VA? (If "No," or unsure, please attach a copy of the decree of adoption or adoptive placement agreement with this form)

☐ PROVIDED DECREE OF ADOPTION OR ADOPTIVE PLACEMENT AGREEEMENT WITH THIS FORM

☐ PREVIOUSLY PROVIDED A DECREE OF ADOPTION OR ADOPTIVE PLACEMENT AGREEMENT TO VA

11. IF CHILD IS AGE 18 OR OLDER (Complete Items 11A, 11B & 11C, if applicable)

A. HAS THE CHILD BEEN DECLARED INCOMPETENT?

☐ YES ☐ NO (If "Yes," complete Items 11B and 11C)

B. NAME AND ADDRESS OF THE COURT THAT MADE THE FINDING OF INCOMPETENCY	C. NAME AND ADDRESS OF CUSTODIAN/GUARDIAN

SECTION III: CLAIM INFORMATION

12A. DISABILITIES CLAIMED

12B. NAME AND PLACE FIRST DIAGNOSED	12C. DATE FIRST DIAGNOSED (MM/DD/YYYY)

13A. NAME OF PRIMARY HEALTH CARE PROVIDER	13B. ADDRESS OF PRIMARY HEALTH CARE PROVIDER

14A. NAME(S) AND PLACE(S) OF MOST RECENT TREATMENT	14B. DATE(S) OF TREATMENT (MM/DD/YYYY)

SECTION IV: DIRECT DEPOSIT INFORMATION

IMPORTANT: The Department of the Treasury **requires** all Federal benefit payments to be made by electronic funds transfer (EFT), also called **direct deposit**. To enroll in direct deposit, provide the information requested below, or visit **https://www.va.gov/change-direct-deposit/** to enroll or change your direct deposit account information online. If you do not have a bank account, visit **https://www.benefits.va.gov/benefits/banking.asp**. If you elect not to enroll, you must contact the Department of Treasury at 1-888-224-2950.

☐ 15. BY CHECKING THE BOX I CERTIFY THAT I DO NOT HAVE AN ACCOUNT WITH A FINANCIAL INSTITUTION OR CERTIFIED PAYMENT AGENT (NOTE: If you check this box you may skip to Section V)

16A. ACCOUNT NUMBER (Check **only one** box and provide the account number)

Account No.: _____ ☐ CHECKING ☐ SAVINGS

16B. NAME OF FINANCIAL INSTITUTION (Provide the name of the bank where you want your direct deposit)

16C. ROUTING OR TRANSIT NUMBER (The first nine numbers located at the bottom left of your check)

SECTION V: CLAIM CERTIFICATIONS AND SIGNATURES

I/WE, the undersigned, **hereby authorize** the hospital ***OR*** physician shown in Items 12B, 13A and 14A 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.

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 Items 7A and/or 7B.

17A. SIGNATURE OF ADULT CHILD OR PARENT OR CUSTODIAN/GUARDIAN	17B. DATE SIGNED (MM/DD/YYYY) Month Day Year ☐☐ – ☐☐ – ☐☐☐☐
17C. PRINTED NAME OF PERSON SIGNING ITEM 17A	

SECTION VI: WITNESSES TO SIGNATURE

18A. SIGNATURE OF WITNESS (Sign in ink. If adult child or parent or custodian/ guardian signed above using an "X")	18B. PRINTED NAME AND ADDRESS OF WITNESS
19A. SIGNATURE OF WITNESS (Sign in ink. If adult child or parent or custodian/ guardian signed above using an "X")	19B. PRINTED NAME AND ADDRESS OF WITNESS

SECTION VII: ALTERNATE SIGNER CERTIFICATION AND SIGNATURE
(NOTE: REQUIRED ONLY IF ITEM 17A IS BLANK)

I certify that by signing on behalf of the claimant, that I am a court-appointed representative; **OR**, an attorney in fact or agent authorized to act on behalf of a claimant under a durable power of attorney; **OR**, a person who is responsible for the care of the claimant, to include but not limited to a spouse or other relative; **OR**, a manager or principal officer acting on behalf of an institution which is responsible for the care of an individual; **AND**, that the claimant is under the age of 18; **OR**, is mentally incompetent to provide substantially accurate information needed to complete the form, or to certify that the statements made on the form are true and complete; **OR**, is physically unable to sign this form.

I understand that I may be asked to confirm the truthfulness of the answers to the best of my knowledge under penalty of perjury. I also understand that VA may request further documentation or evidence to verify or confirm my authorization to sign or complete an application on behalf of the claimant if necessary. Examples of evidence which VA may request include: Social Security number (SSN) or Taxpayer Identification Number (TIN); a certificate or order from a court with competent jurisdiction showing your authority to act for the claimant with a judge's signature and a date/time stamp; copy of documentation showing appointment of fiduciary; durable power of attorney showing the name and signature of the claimant and your authority as attorney in fact or agent; health care power of attorney, affidavit or notarized statement from an institution or person responsible for the care of the claimant indicating the capacity or responsibility of care provided; or any other documentation showing such authorization.

20A. ALTERNATE SIGNER SIGNATURE (**REQUIRED**) (Sign in ink)	20B. DATE SIGNED Month Day Year ☐☐ – ☐☐ – ☐☐☐☐

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: VA will not disclose the 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, 58VA21/22/28, Compensation, Pension, Education, and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required in order to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 U.S.C. 5101 (c) (1). The VA will not deny an individual benefit for refusing to provide your 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.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0572, and it expires 05/31/2029. Public reporting burden for this collection of information is estimated to average 10 minutes per respondent, per year, 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 and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at **vapra@va.gov**. Please refer to OMB Control No. 2900-0572 in any correspondence. Do not send your completed VA Form 21-0304 to this email address.