

DEPARTMENT OF PERSONNEL

50 Sanatorium Road, Building A,
 Pomona, New York 10970
 Phone: (845)364-3737 Fax: (845) 364-3738
 Email: rcpersonnel@co.rockland.ny.us

Lori Grubel
Commissioner

AUTHORIZATION FOR DISABILITY RECORD

1. TO BE COMPLETED BY DISABLED VETERAN

Complete both copies on typewriter, or print in ink. Then send both copies to Office of Veterans Administration where disability claim is on file.

To: Manager, Veterans Administration, 245 West Houston Street, New York, New York 10014

I hereby authorize you to furnish the Rockland County Department of Personnel with the data requested in Section 2, below, pertaining to my disability status. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Date: _____ Veteran's Signature: _____

Print Full Name:	VA Claim Number:	Service Serial Number:
Address:		Number and Title of Examination(s) for which Credit is Claimed:

2. TO BE COMPLETED BY VETERANS ADMINISTRATION

Please return original to: The Rockland County Department of Personnel, 50 Sanatorium Road, Building A, Pomona, N.Y. 10970

Date:	Claim Number:	Regional VA Office:
-------	---------------	---------------------

A) Does the above-named veteran now have a war-incurred disability of 10% or more? (if yes, do not answer Question B) **YES** **NO**

B) Is this veteran receiving disability payments from the VA for such disability? **YES** **NO**

C) State percentage of such disability now in existence: _____%

D) Describe the disability: _____

E) Date of last medical examination by the VA Medical Officer in connection with such disability: _____
 (IF LESS THAN ONE YEAR AGO, DO NOT ANSWER F AND G)

F) Does the VA state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, even though claimant has not been examined by VA Medical Officer within one year? **YES** **NO**

G) Date of next scheduled examination by the VA: _____

H) Remarks: _____

Signature of Adjudication Officer: _____