



REQUEST FOR INFORMATION ABOUT PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS (PCAFC) DECISIONS

PLEASE READ BEFORE YOU START

What is VA Form 10-306 used for?

This form is used to request information about decisions made related to your application for and/or participation in VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC). This information may assist you in deciding whether or not you wish to file a Notice of Disagreement (NOD) or otherwise request VA's review about a decision that has been made, if you do not otherwise have such information. On average, it will take 15 minutes to complete the form, including the time it will take you to read the instructions, gather the necessary facts and fill out the form.

The use of this form is limited to requests for information about decisions related to PCAFC as described below.

Who should complete this form?

Veterans and caregivers who have applied for or participated in PCAFC who would like information regarding one or more previous PCAFC decisions in order to initiate an appeal or request VA's review of the decision(s).

When applying for PCAFC, a Veteran may appoint one (1) Primary Family Caregiver and up to two (2) Secondary Family Caregiver applicants on the VA Form 10-10CG application. Decisions made by VA may have impacted one or more individuals listed on the VA Form 10-10CG application. VA will only be able to release information about PCAFC decisions impacting the individual who is named in Section I of this form who is requesting and authorizing the release of this information.

For example, if this form is submitted by a Veteran, VA will be unable to release any copies of decision letters sent to the Veteran's Family Caregiver(s) about a PCAFC decision. VA will, however, be able to release information about an application submitted by a Veteran and decisions provided by VA to the Veteran, which includes:

- Names of individuals with whom the Veteran applied
- VA's decisions regarding the application and the dates of the decisions, including:
 - if it was approved and at what stipend tier/level
 - if it was denied and the reason for the denial
- For applications that are approved, information about any discharges or revocations of individuals named on the application, including the dates of these decisions and the reason for the decision.

What information about PCAFC decisions will VA provide?

VA will perform a search of the Caregiver Application Record Management Application (CARMA) to identify PCAFC decisions made about you. For every VA Form 10-10CG application VA has received from you, we will provide the following to the extent this information is available within CARMA: decisions, date(s) of decisions, and copies of any decision letters that VA issued to you. Information in CARMA captures the date(s) of decisions but this may be different than the date VA provided you with notice of the decision. VA will also search for information about PCAFC decisions within the Patient Advocate Tracking System-Replacement (PATS-R) tool, specifically for information about appeals you may have filed concerning PCAFC decisions. VA will also search for any letters issued to you by the Office of Community Care's Caregiver Stipend Program, as applicable, and in some instances, VA may also search for applicable information or letters in the electronic health record. This information is intended to provide at least the minimum information needed for you to submit a Notice of Disagreement or request for review, if you choose.

GETTING STARTED

Complete the fields below for each section. Missing information may result in delays processing your request.

Section I – Individual Requesting Information

Directions for Section I – If you are a Veteran or a caregiver for whom VA has made any PCAFC decision and you would like to request this information, please complete this section. To the extent it is available, VA will provide you with information on all PCAFC decisions made about you. VA will mail the requested information to the mailing address listed in this section. VA will only be able to release information about the individual identified in Section I of this form who is requesting and authorizing the release of this information. If multiple individuals are requesting information, each person must complete a separate VA Form 10-306 to request information about themselves.

Section II – Signature

Directions for Section II – Please sign and date this form. If signing as the personal representative of an individual, please be sure to also print your name, indicate your relationship to the individual, and include appropriate documentation of your authority to sign on behalf of the Veteran or caregiver.

Note: A Personal Representative is a person who, under applicable law, has authority to act on behalf of the individual to include privacy-related matters. For purposes of this form, a personal representative includes a power of attorney with authority to act on behalf of the Veteran or caregiver concerning health care privacy rights, or a legal guardian of the Veteran or caregiver who has been appointed by a court of competent jurisdiction to make decisions regarding the personal welfare of the individual.

Submitting this form:

1. Read the Paperwork Reduction Act Statement and Privacy Act Statement.
2. Ensure all fields are completed. Missing information may result in delays processing your request.
3. Mail your completed form to the address below. Submission of this form to the address below is required for VA to be able to process your request timely.

**Submit form to:
Veterans Affairs Evidence Intake Center
PO Box 5154
Janesville, WI 53547**

SECTION I – INDIVIDUAL REQUESTING INFORMATION

List only one individual. If more than one individual is requesting information, each person must complete a separate VA Form 10-306.

| | | | |
|---|--|----------------------------|--|
| Last Name, First Name, Middle Name | | Date of Birth (MM/DD/YYYY) | Last 4 digits of the individual's SSN |
| Mailing Address (including number and street or rural route, P.O. Box, City, State, ZIP Code and Country) | | | Telephone Number (in case we have questions) |
| Did you apply for PCAFC as a: (check one) <input type="checkbox"/> Veteran <input type="checkbox"/> Family Caregiver <input type="checkbox"/> Both (at different times) | | | |
| Name(s) or Location(s) of VA Medical Center(s) that have issued you a PCAFC decision (please list each): | | | |

SECTION II – SIGNATURE

I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge.

| | | |
|--|----------------------------|-------------------|
| Signature of Individual or Personal Representative (Sign in ink) | | Date (MM/DD/YYYY) |
| Print Name of Personal Representative, if applicable | Relationship to Individual | |

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average less than 15 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described above.

PRIVACY ACT STATEMENT: The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veterans Affairs (VA) in accordance with 38 CFR 1.577. The information requested on this form is solicited in connection with decisions under 38 U.S.C. 1720G. The form authorizes release of information to you in accordance with the Health Insurance Portability and Accountability Act, 45 CFR 164.524; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notice 197VA10 – "Caregiver Support Program – Caregiver Record Management Application (CARMA)" and in accordance with the Notice of Privacy Practices.