



Together Always

ASSOCIATES OF VIETNAM VETERANS OF AMERICA

SERVICE OFFICER QUARTERLY ACTIVITY REPORT

Email to: blondyhobbs@aol.com or mail to: Sharon Hobbs, 312 Dee Ln. Hixson, TN. 37343-2056

Service Officer Name: _____ Date: _____

Work Phone: _____ Work Email: _____

Reporting Timeframe:

Year: _____

Quarter: 1st (Jan-Mar)

3rd (July-Sept)

2nd (Apr-June)

4th (Oct-Dec)

I have a VA PIV Card: Yes No

If yes, attach a copy to this report unless a copy is already on file with AVVA.

If no, keep in mind that your accreditation could result in revokation with Associates of Vietnam Veterans of America if not done in a timely manner.

New Claims:

Total Number of POAs Taken: _____

Total Number of AVVA Representation Agreements Signed: _____

Copies of signed Representation Agreements have been: Uploaded to VetPro
 Attached to this Report

Claims Activity:

1. Service-Connected Disability Compensation Claims:

a. Number of original applications for S/C Compensation: _____

b. Number requests for increased S/C Compensation _____

2. Nonservice-Connected (NSC) Disability Pension Claims:

a. Number original Application for NSC Pension: _____

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3. Survivor's and Dependent's Benefits:

a. Dependency and Indemnity Compensation (DIC) _____

b. Nonservice-Connected Death Pension _____

4. Miscellaneous Claims

(e.g. SMC, educational benefits, special adaptive housing)

Specify type & total:

1. _____ # _____

3. _____ # _____

2. _____ # _____

4. _____ # _____

5. Total rating decisions reviewed in the VSO Queue? _____

a. List Regional Office(s) covered: _____

Appeal Activity

1. Number of Notice of Disagreement (NOD) Filed: _____

2. Number of Substantive Appeals Filed (VA Form 9) _____

3. Statement of Accredited Rep (VA Form 646) _____

Grand Total: _____

Continuing Education

List each advanced training class **during this reporting quarter**, attach a copy of all training certificates or certification letters. (Use additional page if needed.)

Sponsoring Organization(s)	Date	Location	Subject:
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