



U.S. Department  
of Veterans Affairs

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# Decision Ready Claim (DRC) Documents

The documents enclosed with this submission  
are in support of the DRC Initiative.

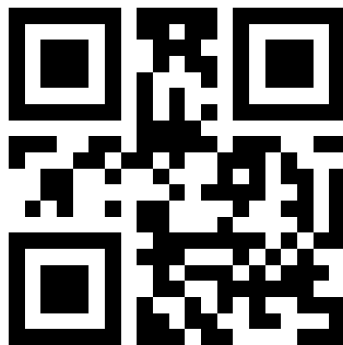
**Please route and process accordingly.**

VA File Number *(or Social Security Number)*

Claimant Zip Code

Claimant Last Name

Claimant First Name



DRC (Compensation)