



KEEPING OUR PROMISE TO
AMERICA'S VETERANS

DAV SERVICE OFFICER GUIDE

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National Headquarters
860 Dolwick Drive
Erlanger, KY 41018
859-441-7300
Toll Free 877-426-2838

National Service and
Legislative Headquarters
807 Maine Avenue SW
Washington, DC 20024
202-554-3501

DAV.ORG

Message from the National Adjutant

Fellow service officer:

Throughout our history, DAV's main goal has been to provide the best, most professional claims representation to all injured and ill veterans and their families and survivors. An integral part of that goal is fielding a knowledgeable, well-trained nationwide corps of department and chapter service officers who can extend our outreach to those who need our services.

That is why we have developed this especially designed Service Officer Guide to provide you with the knowledge you will need to assist those veterans and dependents who seek our help. With the aid of this guide, you will learn about DAV's mission and programs as well as VA benefits and services.

This DAV Service Officer Guide is a concise and valuable source of information concerning benefits available to veterans, their dependents and survivors. It has been prepared for use to assist in establishing entitlement to monetary and other benefits administered by the Department of Veterans Affairs and other federal agencies.

Your cooperation with the national service officer helps our organization in fulfilling our responsibility to provide only the best and most professional service available to our members and clients.

Thank you for your dedication to DAV's mission and for all that you do to fulfill our promises to the men and women who have served and to their dependents and survivors.



Barry Jesinoski
National Adjutant

Message from the National Service Director

Fellow service officer:

The recognition attained by DAV is in part due to your able efforts in providing the best service possible in order to fulfill our promises to the men and women who served. That's the principle that guided the DAV National Service Department as they prepared this Service Officer Guide for your use.

This call for the best we can provide—this uncompromised demand for excellence—has kept DAV at the pinnacle of veterans service for 100 years. Throughout that long history, our organization's commitment to veterans has never wavered. And DAV's professional staff pledges to you that its dedication will never diminish in the years ahead.

I know deep devotion to our mission moves in the hearts of the chapter service officers, department service officers and others who will rely on this guide. I thank you for that dedication to the men and women who have served in our armed forces and to their families, their widows and their orphans. You are an essential part in a great mission. You can take pride in that, just as I take pride in you.

My congratulations extend to all chapter and department service officers for a job well done.



Jim Marszalek
National Service Director

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INTRODUCTION TO DAV

Mission Statement

We are dedicated to one single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families can access the full range of benefits available to them; fighting for the interests of America's injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life.

This mission is carried forward by:

- Providing free, professional assistance to veterans and their families in obtaining benefits and services earned through military service and provided by the Department of Veterans Affairs and other agencies of government.
- Providing outreach concerning its program services to the American people generally, and to disabled veterans and their families specifically.
- Representing the interests of disabled veterans, their families, their widowed spouses and their orphans before Congress, the White House and the judicial branch, as well as state and local government.
- Extending DAV's mission of hope into the communities where these veterans and their families live through a network of state-level departments and local chapters.
- Providing a structure through which disabled veterans can express their compassion for their fellow veterans through a variety of volunteer programs.

Our Purpose

The purpose of DAV is to uphold and maintain the Constitution and the laws of the United States; to realize the true American ideals and aims for which those eligible to membership fought; to advance the interests and work for the betterment of all wounded, gassed, injured and disabled veterans; to cooperate with the United States Department of Veterans Affairs and all other public and private agencies devoted to the cause of improving and advancing the condition, health and interest of all wounded, gassed, injured and disabled veterans; to stimulate a feeling of mutual devotion, helpfulness and comradeship among all wounded, gassed, injured and disabled veterans; to serve our comrades, our communities and our country; and to encourage in all people that spirit of understanding that will guard against future wars.

DAV was chartered by Congress in 1932 to work for the physical, mental, social and economic rehabilitation of wounded and disabled veterans and to obtain fair and just compensation, adequate and sympathetic medical care, and suitable gainful employment for those war veterans who had been disabled in the service of their country.

Our Congressional Charter and Why It's Important

The U.S. Congress chartered DAV on June 17, 1932. A congressional charter is a law passed by Congress describing the purpose, authority and powers of an organization or agency. Beyond conferring the powers needed to achieve its statutorily assigned goal, a charter also provides an organization or agency with a set of standard operational powers: the power to sue and be sued; to contract and be contracted with; to acquire, hold and convey property; and so forth.

There are currently more than 90 nonprofit organizations listed in Title 36 of the U.S. Code. These organizations include DAV (Disabled American Veterans), the American Legion and Veterans of Foreign Wars of the United States. Chartered organizations, or corporations, listed are not agencies of the United States and therefore do not receive financial support from the federal government.

The Department of Veterans Affairs requires that any veterans service organization be recognized by the VA Office of General Counsel for the purpose of preparation, presentation and prosecution of claims under laws. Maintaining our congressional charter is what satisfies this requirement.

To keep our congressional charter, a few requirements that must be met include educating the public about the sacrifices and needs of injured and ill veterans, educating injured and ill veterans about the benefits and resources available to them, and submitting a report to Congress no later than Jan. 1 of each year on activities during the prior fiscal year.

The congressional charter and its requirements make it imperative that items such as clientele claims and records are sent timely to the national service office for review and submission and that all Local Veterans Assistance Program (LVAP) hours are properly reported.

Non-Discrimination Policy of the DAV

DAV (Disabled American Veterans) has a non-discrimination policy whereby all requests for aid and assistance are given equal consideration without regard to race, color, religion, sex, national origin, handicap, age or any other legally protected classification. Further, such non-discrimination policy applies to all qualified applicants for employment by DAV for all positions, and to all activities in which DAV has been engaged, is now engaged or in any way may be engaged at any time in the future. *N.E.C. Regulation*

Service Officers and Their Responsibilities

National Service Officers (NSOs) are accredited representatives of the Department of Veterans Affairs. NSOs act as attorneys-in-fact for veterans and their families in the pursuit of compensation, pension and other benefits before the VA and other government entities. NSOs have a detailed knowledge of the law pertaining to veterans benefits and a sufficient understanding of medical terminology, anatomy and physiology. NSOs represent claimants in the preparation, presentation and prosecution of claims for veterans benefits.

National Appeals Officers (NAOs) are accredited representatives of the Department of Veterans Affairs. NAOs act as representatives for veterans and their families by providing professional assistance in the presentation of appeals to the Board of Veterans' Appeals (BVA) in order to obtain benefits and services through military service and provided by the VA. NAOs have a

detailed knowledge of the law pertaining to veterans benefits and a sufficient understanding of medical terminology, anatomy and physiology. NAOs review evidence and prior VA decisions on issues on appeal only at the BVA level, write informal hearing presentations, as well as assist veterans in the presentation of testimony during hearings before BVA veterans law judges.

Transition Service Officers (TSOs) are accredited representatives of the Department of Veterans Affairs. TSOs provide professional assistance to discharging men and women of the U.S. armed forces during their initial stages of obtaining benefits and services earned through military service. TSOs are well versed in basic VA benefits and the initial application process but do not participate in the more complicated VA processes such as appeals or conducting hearings. TSOs carry out DAV's mission on military installations and, in some cases, the surrounding area and have detailed knowledge in conducting or participating in pre-discharge transition assistance briefings, conducting interviews and reviewing service treatment/medical records.

Certified Department and Chapter Service Officers (DSO and CSOs) provide one of the most important links in the organization. They are responsible for providing information about benefits and gathering information to assist in obtaining benefits and services available to veterans, their dependents and survivors. The responsibility of DSOs and CSOs is to advise, instruct and counsel claimants and to aid in the preparation of claims for various benefits to which claimants may be entitled. When an inquiry is taken or after an appropriate form is properly completed, such information must immediately be forwarded to the national service office of jurisdiction.

County Veterans Service Officers (CVSOs) assist veterans, their dependents and survivors by counseling, advising and providing information about benefits and services available by county, state and federal laws. Although there are many CVSOs across the nation, some are accredited with DAV to work in partnership in the preparation and presentation of claims. These CVSOs undergo annual training to maintain DAV accreditation, and are well versed in the law pertaining to veterans benefits. CVSOs present all claims and appeals directly to the VA to maintain the earliest effective date possible for clientele. This includes and is not limited to ensuring intents to file (ITFs) for all clients who have interest in seeking any benefit are presented to the VA, ensuring claims are formalized within one year of an ITF, and presenting any appeals within one year of the client's notification from VA.

Our Programs and How They Can Help Your Community

Information Seminar Program

Information seminars are held to educate veterans and their families on specific veterans benefits and services. DSOs and CSOs are encouraged to assist NSOs at local information seminars.

NSOs visit DAV chapters and a variety of community centers and locations to conduct information seminars for groups of veterans and their dependents. This allows NSOs to visit personally with veterans and their family members at the close of the presentations. This program also enhances membership and helps our efforts in public awareness as well as ensures the claimants we represent receive every benefit they are entitled to.

To be eligible for an information seminar, the area being considered must have the appropriate amenities. Some of the amenities to consider are the event location, available parking, seating capacity, and heating or air conditioning. Indoor locations are also preferred, so the audience can be comfortable and gain as much information as possible.

Anyone who has the available space and is interested in hosting an information seminar should contact a national service office in there state.

Disaster Relief Program

NSOs, departments and local chapters work closely together to coordinate and prepare operations for disaster relief. Fraternal involvement is crucial and aids in coordinating volunteers on the ground and establishing community partners to provide items such as food, water and clothing.

In addition, NSOs, with the aid of DSOs and CSOs, may be dispatched once they have received appropriate safety clearance from the local, state and/or federal authorities. As soon as permitted to enter disaster areas, NSOs will coordinate with departments and chapters to meet with affected veterans.

Providing disaster relief in times of great need is as an important priority. The DAV Disaster Relief Program supports veterans, service members, surviving spouses and their families for a reasonable period in the aftermath of a disaster. DAV provides support through \$500 grants for food and clothing and \$1,000 grants for food, lodging and clothing. (Amounts may vary based on applicant needs and available DAV resources.) Disaster relief grants may only be requested for one of the following:

- **Isolated disasters**, which occur only to an applicant's home and were not the result of a large-scale disaster such as an earthquake or hurricane. An example is a lightning strike that destroys a veteran's home, leaving the veteran in need of immediate financial assistance.
- **Large-scale disasters** of such severity and magnitude that they significantly impact a town, city or state. The president will usually issue a declaration when the scope of the disaster is beyond the capability of state and local governments to effectively respond. However, consideration will be provided for all disasters, even if a presidential declaration is not provided. Examples may include earthquakes, tornadoes, hurricanes, flooding and forest fires affecting surrounding homes.

To be eligible for monetary assistance during an isolated or large-scale disaster, the applicant does not need to be a DAV member or in receipt of VA compensation. Additionally, monetary assistance is limited to one draft per family that meets the following criteria:

- The applicant is an ill or injured veteran or the spouse thereof (same household), a surviving spouse in receipt of Death Compensation or Dependency and Indemnity Compensation, a surviving spouse of a former prisoner of war, or a surviving spouse of an ill or injured veteran whose life was lost in the recent disaster.
- The applicant is in immediate need of financial assistance at the time of the disaster without available funds to pay for acquired expenses, such as a veteran who has homeowners insurance but will not receive compensation for the incident for several days.

Applicants in need of a disaster relief grant should contact a DAV national service office directly or call toll-free at 877-426-2838. A complete list of DAV national service offices can be found at dav.org/veterans/find-your-local-office/.

Certain circumstances may arise in which eligibility for a DAV disaster relief grant is not appropriate. Examples include:

- Damage to a vehicle from a severe hailstorm.
- Property damage not inclusive of a veteran's home or dwelling, such as damage or destruction of a backyard shed due to a falling tree in severe weather.
- Damage from an isolated or large-scale disaster for which the DAV already provided a draft.

Shipment of Supplies: Depending on the time of year and location of the disaster area, blankets, hygiene kits and book bags may be sent to the local national service office to aid with disaster relief operations. One blanket, one hygiene kit and one book bag may be offered and provided to each family member of an ill, injured or wounded veteran or the surviving spouse thereof.

Transition Service Program

This program is designed specifically for military service members making the all-important transition back to civilian life. TSOs are assigned to various military installations in the U.S. In addition, NSOs may serve several other military installations where a TSO is not permanently assigned.

DAV representatives conduct or participate in pre-discharge transition assistance briefings and review service medical records. The program also allows DAV to assist service members in the development of evidence, completion of required applications and prosecution of VA claims for benefits.

Homeless Veterans Initiative

Homelessness remains one of America's most complicated and important social issues. Homeless veterans, many of whom have physical or other disabilities, make up almost 10% of homeless individuals. One of DAV's top priorities is to assist America's homeless veterans break the cycle of poverty and move from the streets to self-sufficiency. Homeless veterans deserve better, and DAV is making a significant difference in their lives.

The DAV Homeless Veterans Initiative is our program to assist those veterans who find themselves living on the streets. Our motto, “We Don't Leave Our Wounded Behind,” is more than a clever slogan; it's a principle, a rule and a promise we need to keep. With the assistance of the DAV Charitable Service Trust and Columbia Trust, the initiative enables our network of volunteers to provide food and shelter as well as medical, vision and dental aid to homeless veterans.

DAV supports and participates in Homeless Veteran Stand Downs—typically one- to three-day events in which multiple organizations come together to provide supplies and services to homeless veterans. Supplies and services may include food, shelter, clothing, health screenings, and VA and Social Security benefits counseling.

To find an upcoming stand down occurring in your area, visit va.gov/homeless/events.asp.

Transportation Program

DAV operates a fleet of vehicles around the country to provide free transportation to VA medical facilities for injured and ill veterans. DAV stepped in to help veterans get the care they need when the federal government terminated its transportation program. Volunteers drive the vans, and hospital service coordinators (HSCs), co-located at VA medical centers around the country, organize the rides.

DAV departments and chapters, along with our longtime partner Ford Motor Co., have purchased more than 3,500 vehicles, at a cost of more than \$80 million, and donated them to VA medical centers nationwide since the program began in 1987—ensuring that injured or ill veterans are able to get to their medical appointments.

For veterans in need of transportation assistance, use the DAV Hospital Service Coordinator Directory (<https://www.dav.org/wp-content/uploads/HSCDirectory.pdf>) to find the nearest HSC. Please remember that volunteers staff the DAV Transportation Network; therefore, it is unable to cover every community.

National Employment Program

DAV launched the National Employment Program in 2014 with the goal of connecting transitioning active-duty, Guard and Reserve members; veterans; and their spouses with employers who are specifically looking to hire the men and women who served. DAV plays a vital role in assisting those individuals in obtaining employment through direct contact with veterans and employers in a variety of ways, including hosting career fairs. DAV is committed to ensuring that the men and women who stood up for America have the tools, resources and opportunities they need to competitively enter the job market and secure meaningful employment.

The DAV National Employment Program, while principally directed at assisting veterans in obtaining employment, is responsible for all of the organization's employment-related programs and services and works with Congress, the Department of Labor and Veterans Affairs, the Office of Personnel Management, and other government and nongovernment agencies to ensure the employment needs of disabled veterans are being addressed and met. Working closely with the DAV National Service and Legislative Programs, the National Employment Program also focuses on ensuring disabled veterans are treated fairly and equitably in the workforce.

The program's website, www.jobs.dav.org, provides myriad online tools and resources designed to enhance a veteran's employment search. A veteran can register for an in-person or virtual career fair, conduct a job search using a veteran-centric job board, and create or update a resume. The veteran can also learn about VA education programs, receive mentorship assistance and learn how to become a veteran entrepreneur.

The program also connects employers of any size with military veterans and their spouses seeking meaningful employment opportunities. Employers can benefit from using the employment website, as they will have access to *The Veteran Advantage, DAV's Guide to Hiring & Retaining Veterans with Disabilities*. The guide is intended to help employers navigate the often unclear terrain of recruiting, hiring and retaining veterans with disabilities. Employers can also learn about the various tax incentive programs available and how to participate in our career fairs and also receive recognition for hiring and retaining disabled veterans.

Local Veterans Assistance Program

LVAP was established in 2007 to facilitate and recognize initiatives in which volunteers can contribute their skills, talents, profession abilities and time in ways that benefit veterans residing within their local communities. The program empowers individuals to find and develop new and unique ways to support veterans and their families by providing resources, assistance or help with everyday needs. These initiatives are carried out through departments, chapters, Auxiliary units, associated organizations, corporations and individuals.

DAV is required to report volunteer hours to Congress annually, and to watchdog groups, members and donors. A volunteer is defined as a person who freely offers to take part in an initiative or undertake a task. The volunteer must be assisting in a DAV effort, may not be receiving pay or may not be a paid employee for the effort being completed.

If the above criteria are met, DAV volunteers can report their time for the following activity categories:

- **CSO and DSO** work with claims and/or benefits assistance.
- **Outreach** efforts or events, such as information seminars, parades, honor guard, National Guard mobilizations or demobilizations.
- **Fundraising** efforts or events, such as Forget-Me-Not drives or Golden Corral fundraisers.
- **National DAV5K** participation or assistance.
- **Special events** assistance, such as state fairs, homeless assistance including stand downs, or disaster or emergency relief.
- **Direct assistance** to veterans, surviving spouses or their families, including yardwork or gardening, home repairs, painting, grocery shopping, errands, cooking and serving dinner, or any other means toward helping a veterans family or family member.
- **Seminars, workshop, training and activity** hosting or participation designed to operate chapters and departments smoothly.
- **Grassroots legislation** efforts by being a Benefit Protection Team leader (only).

Please note: Attending or leading chapter meetings and department conventions may not be reported as LVAP hours, with the exception of DSO or CSO training attendance.

How to Report LVAP Hours

DAV volunteer hours may be reported by either a local chapter or department completing an LVAP Volunteer Hour Report Form or by the individual registering as a volunteer at the DAV Volunteer for Veterans webpage.

The LVAP Volunteer Hour Report Form may be sent to DAV National Headquarters by:

- LVAP Volunteer Hour Report Form: dav.org/membership/members/quick-links/
- Volunteer for Veterans: dav.org/help-dav/volunteer
- Fax: 859-442-2088
- Email: vavs@dav.org.
- Mail: Voluntary Services
860 Dolwick Drive
Erlanger, KY 41018

Please note: Some DAV departments may require the LVAP Volunteer Hour Report Form sent to them, so chapters should check with their department. Additionally, if reporting hours through the Volunteer for Veterans webpage, the same hours should not be reported by a local chapter or department on the form.

Membership Eligibility, Its Cost and Ways to Join

Membership Eligibility: Any service member wounded, gassed, injured or disabled in the line of duty during time of war—substantiated by official medical records of the armed forces, by notation on discharge certificate or Adjutant General’s office record, or by United States Department of Veterans Affairs records—while in the service of either the U.S. military or naval forces, and who has not been dishonorably discharged or separated from such service, or who may still be in active service in the U.S. armed forces is eligible. Others who were disabled while serving with any of the armed forces of any nations associated with the United States as allies during any of its war periods, who are American citizens and who are honorably discharged are also eligible for membership. Those who are eligible also include but are not limited to all persons:

Definition of “Time of War” for Membership Purposes – “During time of war,” as used in

- Who were prisoners of war.
- Awarded the Purple Heart.
- With a disability discharge from the military service.
- Who are receiving or ever did receive compensation from the VA for a disability incurred during time of war.
- With a wartime service-connected disability of any degree (including those with a rating of less than 10%) officially rated by the VA.
- Awarded vocational training because of injury or disability.
- Retired from military service for disability incurred during time of war.
- Drawing the statutory award for arrested or cured tuberculosis of wartime service origin.

Article III of the National Constitution, includes and is not limited to the following periods of service:

World War II and Korea - Sept. 16, 1940, to Jan. 31, 1955

Vietnam and other engagements - Jan. 31, 1955, to Oct. 14, 1976

Iranian crisis, Lebanon crisis, invasion of Grenada, invasion of Panama and other engagements - Nov. 4, 1979, to Jan. 31, 1990

Gulf War, Somalia, Haiti, Bosnia, Afghanistan, Iraq or other crises Aug. 2, 1990, until terminated by presidential proclamation or congressional resolution

The requirement “during time of war” is also met if it is determined that the applicant’s wound, injury or disability was incurred at any time as a direct result of armed conflict, while engaged in extra hazardous service under conditions simulating war, or while the United States was engaged in any war. A disability incurred or aggravated during service between Sept. 16, 1940, and Dec. 7, 1941, is included in the term “under conditions simulating war.”

Please note: This organization reserves the right to pass on the eligibility to membership of any applicant.

Membership Cost

Effective Jan. 1, 2020, those eligible may become a member for life upon payment of \$300. At age 80, potential members are not required to pay initial dues and existing members no longer need to pay the balance due on existing accounts; both are immediately declared DAV life members.

Ways to Join: Veterans may apply online at dav.org/membership/join-dav/ or complete a membership application at a local national service office, department or chapter.

- After a minimum down payment of \$40 toward their life membership, veterans will receive a membership card. The remaining balance may be paid in payments at their leisure.
- Veterans may also apply online for as little as \$10 with a recurring monthly credit card payment.

Please note: All payments received are applied to the member’s life membership account and are interest-free. Payments for membership in DAV are neither tax-deductible nor refundable. Membership applications should be sent to the following address:

DAV Membership Department
PO Box 145550
Cincinnati, OH 45250-5550

Donations and Where Donors Can Send Them

National Service Foundation: Service is the cornerstone of DAV’s long-standing mission to empower veterans to lead high-quality lives with respect and dignity. For decades, sick and injured veterans have counted on our National Service Program to receive earned benefits, as well as provide emergency relief and counseling. All of these outstanding services are provided to veterans free of charge. These donations support a variety of programs that benefit veterans and their families, including disaster relief efforts, outreach programs, information seminars, and much more.

Donations can be made by phone at 1-877-426-2838, option 6, and then press “1”; [online by clicking here](#); or mailing a check payable to “DAV National Service Foundation” to the following address:

DAV National Service Foundation
P.O. Box 145525
Cincinnati, OH 45250-5525

REPRESENTATION

Coordinating With a Local National Service Office

DAV prides itself on being a quality organization, and service officers provide one of the most important roles in the organization. Service officers are true professionals and leaders in the field of veterans affairs. They are responsible for not only informing veterans, their dependents and survivors of the various benefits they may be entitled but also providing professional assistance throughout the benefits process itself. The service officer's ultimate responsibility is to ensure strong and timely communication with the local national service office so that DAV always provides quality service and professional representation to its clientele.

DO

- Refer all claimant inquiries to the appropriate DAV NSO.
- Forward all pertinent communication with the claimant to the DAV NSO immediately.
- Submit complete and current information regarding the claimant.
- Remember, when in doubt, contact your DAV NSO.
- Keep it simple and concise.

DON'T

- Maintain any files on claimants.
- Attempt to fill out any VA forms with which you are not familiar.
- Submit any claimant correspondence directly to the VA.
- Promise anything.

Very important: If there is any doubt about whether or not to file a claim, then the claim should always be filed. Veterans may file a claim for disability compensation for any condition or disability they believe related to their military service. As an example, a veteran at times may be diagnosed with a different condition other than listed in this guide as a presumptive illness. Although not listed, the veteran could still be eligible for service-connected compensation on a direct basis.

Claims Work, the Law and You

The purpose of this section to provide some general but practical guidelines to service officers providing claims-related service to veterans, their families and survivors. The goals are equally important no matter what “kind” of service officer is involved – national, department, chapter, whatever. DAV has built its reputation on excellence in the service arena, and any time claims-related service is offered under the DAV banner, that reputation is being reinforced or – in rare cases – tarnished.

1) Service Officers and the Law: Why Does it Matter?

Certainly, members of DAV will need no convincing about the important mission that a service officer undertakes in representing a veteran. The benefits that are being sought are the hard-won compensation for disabilities incurred in the service of our country. Sometimes, these benefits can mean the difference between a life of security and dignity versus a marginal existence. When a veteran approaches a service officer, the service officer has a life in his hands.

We are living in a litigious environment. It seems that people will sue other people or organizations for just about anything, from a cup of coffee that is *too* hot to the emotional distress that can arise if a bank clerk is a little abrupt. It also appears that the subjects of litigation are limited only by the imaginations of plaintiffs or the lawyers who represent them.

Even beyond the risks of individual or organizational liability, non-exemplary conduct by a service officer may cause harm to an organization outside of the courtroom as well. Nonprofit organizations are subject to scrutiny by the public and the regulators. Since nonprofits enjoy significant legal privileges (such as tax exemption), there is an expectation that the corporate behavior of these organizations will be above reproach and that they will pursue their missions with dedication, care and integrity. If the public gets the impression that a nonprofit is careless in pursuit of its mission, or that it is ensnared in wasteful litigation, the organization’s reputation – and fundraising – are bound to suffer.

There are two primary sources of laws that apply directly to the representation of veterans by service organizations. The first source is federal veterans law, as embodied in statutes pertaining to veterans and in regulations issued by VA to implement those statutes. The second source is the laws of the various states, whether contained in state statutes or in judicial decisions.

2) Federal Law Pertaining to Service Officers

There are a variety of federal laws pertaining to the conduct of service officers in the course of representing veterans. Some of these apply only to “accredited” service officers; others apply to everyone undertaking this sort of activity. DAV takes the position that anyone offering any kind of representation service under the DAV name needs to heed these rules. To make it easy, the table below summarizes some of the more pressing “do’s” and “don’ts” that these rules provide.

DO	DON'T
Maintain sufficient knowledge to represent claimants effectively	Be untruthful with claimants or VA
Act with diligence and promptness in representing claimants	Delay in responding to VA requests or intentionally delaying or sabotaging a claimant's efforts to obtain benefits
Protect the privacy of information provided by VA and/or the claimant	Disclose confidential data without the express permission of the claimant
Refuse any compensation that a claimant offers you, even if it is well-intentioned and presented in gratitude for a job well done	Charge unlawful fees to claimant (for DAV, that means that no fee is ever to be charged to a claimant)
Pursue any claim for which there is a "good-faith basis" *	Pursue any claim that is obviously fraudulent or frivolous *
<p>*There is a "good-faith basis" for a claim if the person asserting it has some reason to believe it has merit. By contrast, a claim is "frivolous" if no reasonable person could believe that it would succeed. [Example: A veteran with both of his natural legs regularly runs marathons. If that veteran claimed "loss of use" of his legs, such a claim would lack a good-faith basis and would be frivolous.]</p>	

3) State Laws Likely to Apply to Veterans Service Activities

Over the years, and by representing literally millions of veterans, DAV has been able to identify the kinds of mistakes that service officers might make that are most likely to provoke an angry response – or even a legal challenge – from a claimant. Following the federal guidelines, outlined briefly above, will go a long way toward avoiding the state law “danger zones.” However, since a claimant is much more likely to turn to state law to seek redress against a service officer, it is worth noting five areas where claimants might find sympathy in a state law claim.

a) Privacy Violations

When a service officer helps a veteran, he is often given access to the most private and confidential information about the claimant’s life. This information may come to the attention of the service officer through examination of service records and other official documents, or by speaking with the veteran directly. Whatever the source, the service officer’s receipt of this information is for the express – and sole – purpose of assisting the veteran. Details of the veteran’s life, whether health-related or otherwise, should never be disclosed to anyone, even a trusted friend or spouse. Federal law contains broad prohibitions against the release of such information. Even in those cases where federal statutes may not apply, the unauthorized release of claim-related information could subject the service officer (and DAV, at all levels) to a costly and embarrassing lawsuit for invasion of privacy.

PRACTICAL EXAMPLE

Consider a case in which a Service Officer (SO) had a grudge against a Claimant (C). C, a high school teacher, had given a failing grade to SO's daughter. SO reviewed C's VA file and found information about C's illegal drug use while in service. SO maliciously provided this information to the school board where C teaches. This was revenge for the daughter's failing grade.

SO probably should have tried to find another representative to handle claimant's case since the grudge probably constituted a conflict of interest. However, release of the records for a malicious purpose having nothing to do with C's benefits certainly constituted an invasion of privacy that could subject SO, and DAV, to liability. Notes: (1) It is possible that many insurance policies would not provide assistance in this case, since the wrongful act was intentional.

(2) SO's disclosure also violates federal law.

b) Unfair – or Just Plain Rude - Treatment

We human beings place a premium on fairness. Put simply, we don't like to see people messing with other people's lives. Unfair treatment comes in many forms. Some may not be clearly illegal, but they are impolite and inappropriate. For example, being impatient and abrupt with an older veteran whose memory is failing a bit is no way for a service officer to act. Part of the service officer's job, no matter how harried, is to be understanding and compassionate. That's part of what it means to be comrades. And you know something? Good lawyers can turn impolite behavior into illegal behavior more often than you think. For example, couldn't the veteran with the failing memory make a decent claim for disability discrimination?

Some unfair treatment is patently illegal. The best example is discrimination. Although the books on discrimination could – and do – fill libraries, the concept is pretty easy. Discrimination consists of treating people differently because of their race, or age, or color, or national origin, or religion, or disability, or sex. Treat everyone the same and you won't have to worry about that one.

A special, and especially vile, form of discrimination is sexual harassment. Basically, sexual harassment consists of unwanted sexual or quasi-sexual advances. It is especially pernicious if the aggressor has authority over the victim, or is in a relationship of trust with her. In the service context, sexual harassment might consist of a male service officer suggesting to a female claimant that he will do an extra-careful job on her claim if she agrees to date him. She declines, and he "loses" the paperwork on the claim. Sexual harassment? You bet! And it was sexual harassment the moment the service officer made the proposition. Sexual harassment claims are hard to prove, but even harder to disprove. Don't get involved in one of these cases.

PRACTICAL EXAMPLE

SO is having a bad day. The washing machine broke, the kids are sick and her husband – well, he just won't help out. C shows up for assistance with a decades-old rating that he would like to increase. Due to advanced age, and possibly some neurological damage, C has some trouble speaking. He is trying to explain why he thinks he deserves an increased rating, but SO's patience finally snaps. She yells at him "Just leave it to me and I'll file the damn claim. You're not making any sense." She files the claim and it's denied.

C is livid. He decides to sue SO – and her service organization – for lost benefits. He throws in a claim for age and disability discrimination as well, alleging that he was treated worse than other veterans because he happened to be old and sick. Two years later, when the dust settles, SO and the service organization have won the case, but not before spending lots of time in litigation, along with about \$40,000 in legal fees.

c) Negligence

Negligence is like a chameleon – it takes many forms. All of them have this in common: someone failed to do something as well as he was supposed to do it. Just because you aren't perfect doesn't mean you're negligent. Negligence means falling short of the applicable standard of care. For example, if a doctor operated on a patient and amputated the wrong toe, the doctor would surely be negligent, because we expect, at a minimum, the doctor will remove the correct appendage. By the same token, if you administered first aid to someone, and did it reasonably well, you would not be liable for negligence simply because you didn't do everything a doctor would have done.

As a service officer, you are bound to perform your duties according to the standard applicable to other service officers. In large measure, that means following applicable laws and DAV policies. If you fall short of that standard, and a veteran suffers a loss because of it, you, and DAV, could be liable for negligence. The most common example of this would be a late-filed claim that resulted in a later effective date. Even worse would be a missed appeal deadline, which could bar an otherwise good claim. Apart from late-filed claims, there are too many examples of possible negligence even to begin listing them. The bottom line is that anyone doing a half-hearted, hurried job is dramatically raising the risk of engaging in negligence.

A famous actor of years ago liked to tell a story that when he was a kid, he would go to a certain grocery store where the owner would always give a thirteenth roll in a dozen, or a few additional slices of cheese. When the boy asked about the reason for the generosity, the owner simply said "It never hurts to give a little something extra." That maxim is good in all fields. "Giving something extra" is the opposite of negligence. Take a little extra care, extra time, have a bit more patience – these are the habits that will prevent negligence claims.

PRACTICAL EXAMPLE

SO is going to her son's Little League Baseball game. She races through her last interview of the day, and then shoves a pile of work into the drawer, for completion the next morning.

SO's son is injured in the game, and she misses work for a week. When she comes back, she has forgotten all about the work in the drawer, which languishes there for several months. Thirteen veterans have delayed effective dates; one loses his appeal rights. SO and the service organization are involved in lengthy litigation.

SO's negligence might exist on two levels here. First, and most obvious, is the misplacement and neglect of unprocessed work. Second, negligence may also occur from "racing through the last interview of the day." Part of the job of the service officer is to elicit sufficient information from the veteran to file a claim for every reasonably available benefit and to determine what evidence might be needed to give those claims the best chance of succeeding. A slap-dash, who-cares approach is the very definition of negligence. Better not to do that last interview than to do it poorly.

d) Puffing

"Puffing" is what lots of salesmen do. Put simply, it's promising the moon and delivering a small asteroid. In the service context, one can only promise what one can deliver – a careful, intelligent approach to assisting the veteran in filing his or her claim. You certainly cannot promise a particular result, because the decision maker – usually VA—is not under your control. When you promise results, you build expectations and set the veteran up for a letdown and set yourself up for a fall. Be very careful about making statements like "this is a sure thing," "you've got a slam-dunk winner here" and other such guarantees.

Veterans trust service officers, and they trust no one more than DAV service officers. They are inclined to rely on and put their faith in what their service officers tell them. As such, it is necessary that one's statements not go beyond one's ability to deliver.

PRACTICAL EXAMPLE

C is seeking a rating increase from 30% to 100% for a certain disability. After interviewing C, SO concludes that the increase will certainly be granted, and so assures C. In reliance on SO's representations, C goes out and buys an expensive car, locking himself in to high monthly payments.

The claim fails. In fact, C's compensation is reduced. His financial life is in shambles, with the hefty car payment being a big part of those shambles. He blames everything on SO and sues under a theory called "detrimental reliance" [I believed what you told me, acted on it, and look where it got me]. It will be a long expensive case. Who wins? Anyone's guess.

e) The Blow-Off

You know what the most common cause of malpractice lawsuits against lawyers is? Lousy legal work, you say? Well, guess again. The biggest complaint that clients have against lawyers is “he didn’t pay attention to me.” Sometimes that inattention can take the form of an unreturned phone call, an obviously hurried interview or maybe even just a facial gesture or a rolling of the eyes. All these behaviors can send an undeniable message that the client’s concerns are just not that important.

Of course, if a service officer blows off a client and the client wins anyway, there is probably not much risk of financial harm. Harm to DAV’s reputation is another matter. But if the client loses, the client is going to be both disappointed (at the loss) and angry (at the service officer). That’s a dangerous combination. Angry clients tend to sue, even if they are angry about something other than the bad result in the legal proceeding.

PRACTICAL EXAMPLE

SO has filed a claim for C. C asks the SO to let her know from time to time how things are going. Several months ensue where there has been nothing to report. C has called the SO and left messages many times during that period. SO has returned none of the calls. C goes to the local newspaper to complain about the inattentiveness of the DAV.

This is an example of the non-legal complications that can result from the blow-off. In addition, such treatment can prompt a veteran to seek legal advice at which time an enterprising lawyer may well comb the facts looking for any reason to file a lawsuit, even if the case is weak.

A quick phone call, a letter, a postcard may be all that is needed. In personal meetings, the service officer needs to be engaged and interested, even on those days when it’s tough. Just imagine that you are sitting on the other side of the desk, or at the other end of the phone. How would you like to be treated? The old maxim, “Do unto others ...” goes a long way toward describing the best way to act.

4) Protection?

Obviously, there are various ways to protect oneself and your organization (national, department or chapter) against the risks discussed in this guide. The following table presents the major forms that such protection can take, along with a brief assessment of the strengths and weaknesses of each.

TYPE OF PROTECTION	LEVEL OF PROTECTION OFFERED	ADVANTAGES	DISADVANTAGES
DAV indemnity program	Good; covers legal fees	No fee for participation; low (or no) deductible	Only covers negligence in claims work; intentional offenses
Standard insurance	Varies with policy, usually good; legal fees covered	Administers all aspects of claim	Usually a substantial deductible; policy costs also significant
Volunteer protection legislation	Limited varies state to state; no coverage for legal fees	No cost	Many actions not covered; organizations almost never covered
Compliance	Complete	No cost; enhances DAV reputation and serves veterans in the process	None

Standardized Forms, or Claims for Disability Benefits

A specific claim in the form prescribed by the Secretary *must* be filed for benefits to be paid to any individual under the laws administered by the VA.

Use the VA Forms website, www.va.gov/vaforms/default.asp, to ensure you have the most recent version of the form.

General:

VA Form 21-22: Appointment of Veterans Service Organization as Claimant's Representative

VA Form 21-0966: Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC

VA Form 21-4142: Authorization to Disclose Information to the Department of Veterans Affairs

VA Form 21-0845: Authorization to Disclose Personal Information to a Third Party

VA Form 21-0972: Alternate Signer Certification

VA Form 21-2680: Examination for Housebound Status or Permanent Need for Regular Aid and Attend.

VA Form 21-4138: Statement in Support of Claim

VA Form 5655: Financial Status Report

VA Form 20-10206: Freedom of Information Act (FOIA) or Privacy Act (PA) Request

VA Form 20-10207: Priority Processing Request

VA Form 21-10210: Lay/Witness Statement

VA Form 21-0538: Verification of Dependents

Compensation:

VA Form 21-526EZ: Application for Disability Compensation and Related Compensation Benefits (only for new claims)

VA Form 20-0995: Decision Review Request: Supplemental Claim (only for previously denied issues)

VA Form 21-0781: Statement in Support of Claim for Service Connection for PTSD

VA Form 21-0781a: Statement in Support of Claim for Service Connection for Post-Traumatic Stress Disorder (PTSD) Secondary to Personal Assault

VA Form 21-4502: Application for Automobile or Other Conveyance and Adaptive Equipment

VA Form 10-1394: Application for Adaptive Equipment Motor Vehicle

VA Form 26-4555: Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant

VA Form 10-8678: Application for Annual Clothing Allowance

VA Form 21-686c: Application Request to Add and/or Remove Dependents

VA Form 21-674: Request for Approval of School Attendance

VA Form 21P-509: Statement of Dependency of Parents

VA Form 21-8940: Veteran's Application for Increased Compensation Based on Unemployability

VA Form 21-4192: Request for Employment Information in Connection With Claim for Disability Benefits

Pension and Survivor Benefits:

VA Form 21P-527EZ: Application for Pension

VA Form 21P-534EZ: Application for DIC, Survivors Pension, and/or Accrued Benefits

VA Form 21P-535: Application for Dependency and Indemnity Compensation by Parent(s) (Including Accrued Benefits and Death Compensation When Applicable)

VA Form 21P-601: Application for Accrued Amounts Due a Deceased Beneficiary

VA Form 21P-530: Application for Burial Benefits

VA Form 27-2008: Application for United States Flag for Burial Purposes

VA Form 40-1330: Application for Standard Government Headstone or Marker

VA Form 40-10007: Application for Pre-Need Determination of Eligibility for Burial in a VA National Cemetery

VA Form 40-0247: Presidential Memorial Certificate Request Form

VA Form 21-0779: Request for Nursing Home Information in Connection With Claim for Aid and Attendance

VA Form 21P-8416: Medical Expense Report

Decision Review:

VA Form 20-0995: Decision Review Request: Supplemental Claim

VA Form 20-0996: Decision Review Request: Higher Level Review

VA Form 10182: Decision Review Request: Board Appeal

Education and Employment:

VA Form 28-1900: Application for Vocational Rehabilitation for Claimants With Service-Connected Disabilities

VA Form 22-1990: Application for VA Education Benefits

VA Form 22-1990e: Application for Family Member to Use Transferred Benefits

VA Form 22-1990t: Application for Individualized Tutorial Assistance

VA Form 22-5490: Dependents' Application for VA Education Benefits (Under Provisions of Chapters 33 and 35, of Title 38, U.S.C.)

VA Insurance and Home Loan:

VA Form 29-4364: Application for Service-Disabled Veterans Insurance

VA Form 29-357: Claim for Disability Insurance – Government Life Insurance

VA Form 29-0188: Application for Supplemental Service-Disabled Veterans Insurance

VA Form 29-8636: Veterans Mortgage Life Insurance Statement

VA Form 26-1880: Request for a Certificate of Eligibility

VA Form 26-1817: Request for Determination of Loan Guaranty – Unmarried Surviving Spouses

VA Health Care:

VA Form 10-10EZ: Instructions for Completing Enrollment Application for Health Benefits

VA Form 10-10d: Application for CHAMPVA Benefits

VA Form 10-7959C: CHAMPVA – Other Health Insurance

Statement of Policy for Representation

Click <https://www.dav.org/membership/members/service-officer/>

With claims and appeals being adjudicated and decided by the VA within shorter time frames, it is extremely important to educate claimants about the claims and appeals process. Educating claimants will aid in ensuring they do not take actions that may lengthen or reduce their opportunity to receive a favorable decision.

To help claimants have a successful experience with the process and ensure their understanding of our expectations, claimants must sign our Statement of Policy for Representation, which must be forwarded to a local national service office with a completed power of attorney (VA Form 21-22). Additionally, service officers should advise claimants that they should:

- Provide evidence or information to DAV only, not the VA.
- Attempt to obtain all evidence up front and provide it with the appropriate completed VA form.
- Respond promptly to requests for information and be on time for medical examinations.
- Notify us of any information changes, such as their name, address or phone number.
- Read everything the VA sends, including notices about deadlines.
- Not wait until the last minute to contact their service officer. DAV is not the VA, and we have no authority to extend filing deadlines. A late filing can negatively affect a claim, so be proactive.
- Bring something that is important about their claim to a service officer's attention; claimants know their claims better than anyone else.

We will do our best to assist claimants in the process, but if they are not satisfied with the representation provided, they can always elect a new organization to assist them at any time.

Please note: It is the duty of service officers to maintain close communication with the DAV national service office to ensure VA processes are utilized to their greatest advantage.

Appointment of Veterans Service Organization as Claimant's Representative

VA Form 21-22

DAV must have power of attorney (VA Form 21-22) to assist a veteran or claimant in connection with a Department of Veterans Affairs claim. Many veterans or claimants are neither familiar with this procedure nor do they know that DAV is in a position to assist them.

Our national service officers will be glad to review the case of any veteran, upon request, provided a power of attorney in favor of DAV is furnished. The Department of Veterans Affairs will not release a veteran's claims file for review purposes, or otherwise recognize DAV as the veteran's representative, unless we have a power of attorney signed by the claimant.

If the veteran has a guardian, the power of attorney must be signed by the guardian. When a veteran dies, the power of attorney is automatically revoked. Therefore, when you are filing a claim for a widow or dependents, a new power of attorney is needed from the claimant.

When filing a dual claim for both Dependency and Indemnity Compensation or Death Pension, as well as insurance benefits, it is necessary that two separate power of attorney forms be submitted with the claim—one for the death claim and one for the insurance claim.

When filing for benefits on behalf of children over age 18 who are eligible to receive benefits in their own right, it is necessary that a power of attorney signed by the child be submitted with the application for benefits.

The VA will accept a VA Form 21-22 for the release of information from insurance records where there is a claim for benefits under an insurance contract or a request for the release of information from the insurance records.

No one will be charged a fee or compensation of any nature for services rendered in connection with any claim, under penalty of law. The claimant or the service organization may cancel the power of attorney by written notice to the VA or by the execution of another power of attorney in favor of a different veterans service organization.

Intent to File

VA Form 21-0966

Upon initial contact in which the VA Form 21-22 (power of attorney) is completed, or any appearance or expression the claimant may be interested in filing for benefits in the future, an Intent to File (ITF) must always be completed. A completed ITF will maintain the effective date for any possible future claim for up to one year of the date received by the VA. This period affords the claimant ample time to consider seeking benefits as well as to gather necessary

evidence to support the claim without losing the effective date. Submission of an ITF does not initiate a claim or affect a current claim or pending appeal. An ITF may be submitted in one of three ways:

- Electronically via eBenefits or the Stakeholder Enterprise Portal (SEP).
- On the paper form (VA Form 21-0966).
- Over the phone with a VA call center or other public contact representative such as the DAV national service office.

Upon receipt of an ITF, the VA will notify the claimant and the claimant's representative, if any, of the information necessary to complete the appropriate application form prescribed by the VA secretary. In order to maintain the effective date, a claimant must file a complete application for each general benefit (e.g., compensation, pension) sought within one year of the ITF being received.

Please note: The VA will not recognize more than one ITF concurrently for the same benefit (e.g., compensation, pension). Also, if the VA receives an ITF followed by a complete claim and later another ITF for the same benefit is submitted within 1 year of the previous ITF, the VA will recognize the subsequent ITF to establish an effective date for any award granted for the next complete claim, provided it is received within one year of the subsequent ITF.

Very important: On July 30, 2021, the United States Court of Appeals for the Federal Circuit (Court) issued a decision in *Military-Veterans Advocacy v. Secretary of Veterans Affairs*, et al regarding VA’s regulations implementing the Veterans Appeals Improvement and Modernization Act of 2017 (AMA). The Court invalidated language in regulation that excluded supplemental claims from the ITF process. VA must now accept an ITF for a supplemental claim.

What Form to USE when Filing a Claim

VA Form	When to Use	VA Form 21-0996 Intent to File will hold effective date?
VA Form 21-526EZ- Application for Disability Compensation and Related Compensation Benefits	This is the formal application to be used with all initial claims (first claim ever), new claims (never filed for the condition before), and claims for increase (service connected condition getting worse)	YES
VA Form 20-0995-Decision Review Request: Supplemental Claim	This form is used to apply for any VA benefit that has been denied in the past regardless of how long ago it was denied. This is called readjudication for VA purposes and this form should be accompanied with, or identify where to find, new and relevant information	YES
VA Form 20-0996. Decision Review Request: Higher Level Review.	When a claimant feels a mistake has been made and has no additional evidence.	NO

Fully Developed Claim

VA Form 21-526EZ

The Fully Developed Claim (FDC) process is the fastest way of getting our clients' claims for compensation or pension processed. Participation in the FDC process allows for timelier claims, so we strongly feel using this approach will provide our clients with greater quality of service and thorough representation.

To participate in the FDC process, the box for FDC must be checked and the claimant must include the following information on, or with, the application for benefits (i.e., VA Form 21-526EZ) at the time it is submitted.

- Submit all relevant private treatment records, if they exist.
- Identify any relevant treatment records available at a federal facility, such as a VA medical center.
- Identify the location and sufficient information to obtain the claimant's National Guard and Reserve personnel and service treatment records (if applicable).
- At the time claim submission, include all additional evidence or information, including but not limited to private treatment reports from non-VA facilities, personal statements, lay statements, medical opinions, Disability Benefits Questionnaires (DBQs), and any other needed VA forms.

Please note: When submitting an FDC, an NSO reviews all additional evidence and information in depth that would have originally been acquired or requested through a traditional claims process and then submits them as a complete application. This is important, as it also allows additional claims such as secondary issues to be filed while maintaining the effective date as the date of receipt of the ITF.

Standard Claims Process

VA Form 21-526EZ

The standard claims process varies only slightly from the FDC process. The main difference is, when the claim is submitted, the relevant supporting evidence is not included with the claim. While this process does take some additional time, it affords the claimant an opportunity to submit additional evidence. A standard claim will still be submitted on a VA Form 21-526EZ, but the box for standard claim will be checked.

Under both processes, once all relevant evidence is received and reviewed, the VA will then schedule examinations if one is deemed necessary.

An examination would not be requested if:

- The claimant submits a DBQ deemed acceptable for rating purposes (discussed in the evidence section).
- It is determined there is insufficient evidence of record to warrant an examination.
- An examination was recently conducted and there is no new evidence submitted to show the condition has worsened.

Please note: After all evidence, including the results of any requested examinations, is received, a decision will be made.

Decision Reviews and Appeals

Claimants unsatisfied with their VA decision have three options.

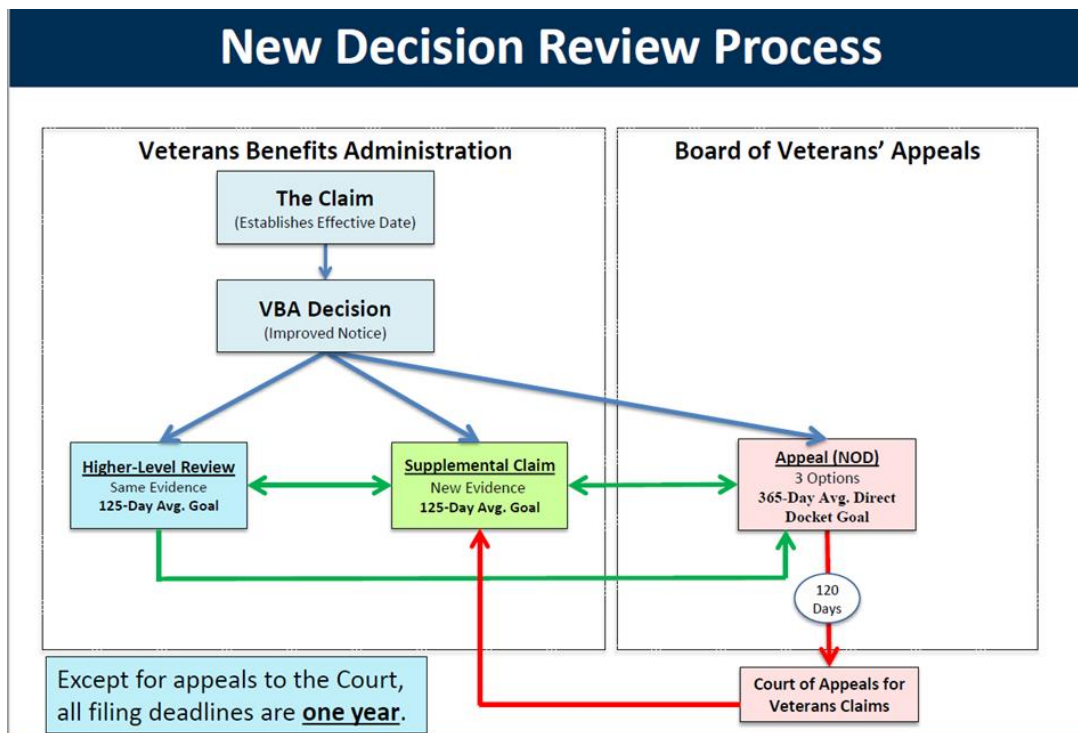
Each of these options, or “lanes,” have different advantages, which allow claimants to elect what they and their representatives believe will provide the quickest and most accurate decision. The three lanes from which a claimant may choose in seeking review of a decision are:

- **Supplemental Claim (VA Form 20-0995):** This form is used to apply for any VA benefit that has been denied in the past regardless of how long ago it was denied. This is called readjudication for VA purposes, and this form should be accompanied with, or identify where to find, new and relevant information. New information is evidence not previously part of the actual record before agency adjudicators. Relevant evidence is information that tends to prove or disprove a matter at issue in a claim. When a supplemental claim is received, the Duty to Assist on the part of the VA is initiated and the VA will assist in the development of the claim. If information is missing from the claim that was previously decided, this form is a good option to have the claim looked at again with the new and relevant evidence being considered.
- **Higher-Level Review (VA Form 20-0996):** If the VA made a claim decision on or after Feb. 19, 2019, the claimant has the option to fill out this form so a more experienced decision maker can review the evidence of record and make a new decision, as long as the form is received within one year of the previous decision. If a decision was rendered anytime before Feb. 19, 2019, including for claimants who received a Statement of the Case (SOC) or Supplemental Statement of the Case (SSOC), the claimant can opt-in and elect a Higher-Level Review. This decision is based on the information in the record at the time of the previous decision.
- **Board Appeal, otherwise known as a Notice of Disagreement (VA Form 10182):** A veterans law judge at the Board of Veterans’ Appeals (BVA) will review a Notice of Disagreement.

Please note: Once the VA issues notice of a decision on any claim, the evidentiary record closes and the VA no longer has a duty to assist in gathering evidence.

Please note: The Supplemental Claim and Higher-Level Review lanes are options that the local VA regional office will review and make a decision on. The Board Appeal lane is worked directly by the BVA in Washington, D.C.

Important: As long as the claimant continuously pursues a new option within one year of the last decision, they will be able to preserve their earliest effective date, if the facts so warrant. The only exception is if a claimant previously elected Higher-Level Review, which they may not elect again. Thus, a claimant who is not fully satisfied with any decision has one year to seek further review while preserving their effective date.



Board Appeal (Notice of Disagreement)

VA Form 10182

For a claimant to appeal one or more previously decided issues to the BVA, that claimant must file a Notice of Disagreement (NOD) on the form prescribed by the VA. To be accepted by the BVA, a complete NOD will be required to identify the specific issue with which the claimant disagrees and must choose one of the following lanes for each issue. Each particular lane will have its own docket.

Very important: If a claimant has multiple issues to disagree with and wants to separate them out into different lanes, then a VA Form 10182 must be completed for each issue.

- **Direct Review Lane:** The BVA directly reviews the evidence that was before the VA in the decision on appeal. The BVA has a 365-day timeliness goal for this docket. No new evidence will be considered nor hearing available for this option.
- **Evidence Submission Lane:** The claimant can submit evidence with a NOD and within the 90-day window following submission of the NOD. The BVA does not have a duty to assist, no hearing is available, and the record is closed after the 90-day window.
- **Hearing Lane:** The claimant will be scheduled for a hearing with a BVA law judge in which the BVA will choose the type of hearing (video conference or in person in Washington, D.C). Additionally, the appellant may submit evidence the day of the scheduled hearing and up to 90 days after. The BVA does not have a duty to assist and the record is closed.

Evidence Submission Allowed and Time Frame

LANE/DOCKET OPTION	CAN EVIDENCE BE SUBMITTED	WHEN CAN EVIDENCE BE SUBMITTED
Supplemental Claim	Yes	When the Application is filed or at any time while the claim is pending.
Higher Level Review	No	NA
Board of Veterans Appeals Direct Docket	No	NA
Board of Veterans Appeals Evidence Only Docket	Yes	Within 90 days of filing the Notice of Disagreement
Board of Veterans Appeals Hearing Docket	Yes	Within 90 days after the hearing is held.

Effective Dates

Unless specifically provided otherwise in the regulations, the effective date of an award based on an original claim; a claim reopened after final adjudication; or a claim for increase of compensation, pension, or Dependency and Indemnity Compensation shall be fixed in accordance with the facts found but shall not be earlier than the date of receipt of the application.

The effective date of an award of disability compensation to a veteran shall be the day following the date of discharge or release from military service if the application is received within one year from such date of discharge or release.

Generally speaking, a claim for increase will become effective from the date of the claim, providing the evidence submitted in support of the claim reflects increased severity as of the day the claim is filed. Even if evidence is not submitted with the claim, one year is provided to submit evidence to complete the claim. In the case of disability compensation claims, compensation can be paid effective the date at which it is factually ascertainable that an increase in disability has occurred if a claim is received within one year from such date; otherwise, date receipt of claim.

The effective date of an award of increased compensation shall be the earliest date at which it is ascertainable that an increase in disability had occurred, if the application is received within one year from such date.

Increases in compensation or pension based on marriage or the birth or adoption of a child shall be the date of such event if proof is received within one year from the event by the VA. However, payment is effective the first day of the month following the effective date.

Reduction in compensation on the basis of death of a veteran's dependent, or a child marrying, if otherwise entitled, will be effective at the end of the month in which the change occurs.

Benefits payable because of any new law will be payable from the effective date of the law. However, if the application is made more than one year after the effective date of the law, benefits may be made retroactive only for one year.

COMPENSATION

Entitlement

VA Form 21-526EZ

Disability compensation is a tax-free monetary benefit paid to veterans who are disabled by an injury or illness that was incurred, aggravated or the result of active military service. Active military service includes active duty for training in the National Guard and Reserve. Disability compensation is not subject to federal or state income tax and is a benefit paid monthly when it is shown that a service-connected disability exists to a degree of 10% or more.

Compensation amounts vary from zero percent to 100% in 10% increments depending upon how severe the service-connected disability is, in accordance with the VA Schedule for Rating Disabilities. A service-connected disability can be granted at a rate less than 10% disabling; when this occurs, it is noncompensable.

If the Department of Veterans Affairs finds that a veteran has multiple service-connected disabilities, they will use a Combined Ratings Table to calculate the combined disability rating. Disability ratings are not added together to determine the combined rating. The following video explains the Combined Ratings Table.

Determining VA Disability Ratings:

https://www.youtube.com/watch?time_continue=2&v=gJrSmXcmGGo

Example: A veteran has one disability rated 70% and was recently granted service connection for another disability at 40%. The combined rating is 80% and not 110%, as ratings for multiple service-connected disabilities are applied to the VA Combined Ratings Table to establish a combined rating for the veteran.

Important: Prior to the grant of service connection, it must also be shown that the disability is not due to misconduct and the veteran was discharged under conditions other than dishonorable.

The proper form with which to make application is a VA Form 21-526EZ. Upon the Department of Veterans Affairs receiving this form, they will secure service records from the respective military service department with which the veteran served in order to substantiate the disability or its symptoms. Based on review of any evidence and information of record, including all information submitted by the veteran, the VA will generally schedule a compensation and pension exam for the veteran to ascertain the present residual disability.

Supporting Evidence and Documentation

Evidence that a disability is related to military service can be daunting to prove. After the veteran has been discharged for a few years, the situation may become more difficult, which is why a claim should be filed as soon after discharge as possible. Remember, just because the veteran is filing many years after service does not mean the claim will be denied. Each veteran experience is unique and every claim different, so be respectful of claimants' concerns without providing positive or negative indications about what you think the outcome will be. We are there to assist claimants in filing for their earned benefits, not to give them on-the-spot decisions on their claims.

As discussed in the next section of this guide, there are several methods in establishing service connection, and each has different types of evidence the veteran may need. Following are the types of evidence typically used, their descriptions and, if applicable, guidance on how the veteran can go about obtaining them.

A) Military Service Records are helpful as they may show a record of an event, a disability or the onset of symptoms during service, which may be used as supporting evidence in a claim for service connection.

- **DD Form 214:** This form is a certificate of release or discharge from active duty, issued upon a military service member's retirement, separation, reenlistment or discharge from active duty in the U.S. armed forces. This document is important as it shows information such as the veteran's discharge type, any awards or commendations received, military occupation, dates of service and possible locations served.
- **Service Medical Records:** These records can be important when veterans sought treatment in service for an injury or illness they are now claiming service connection for. Service medical records may include enlistment and separation examinations, Post-Deployment Health Assessments, Line of Duty Reports, hospital stays, sick calls, and visits to a clinic or even a private doctor in some circumstances. If veterans have any of the original service medical or military hospital records in their possession, they should make a copy and provide it as supporting evidence. Many times, military hospital records are not included with service medical records.
- **Service Personnel Records:** These records document various achievements, educational records and evaluations from a veteran's time in service. This is important, for example, because evaluations may show that a veteran missed training due to a condition or was noted in having poor performance, which may be used to support a claim depending on the benefit being sought.
- **Obtaining Records:** These records can be obtained by completing a Military Records Request Standard Form 180, submitting a Freedom of Information Act request, or requesting from the VA regional office. These records may also be requested online at www.archives.gov/veterans/military-service-records. When requesting records from a National Guard or Reserve unit, the veteran may need to contact the unit directly.

B) Other Medical Records are helpful as they may show evidence of treatment, the diagnosed disability and its severity, which may be used as supporting evidence in a claim for service connection. This evidence may also be used as supporting evidence for a disability worsening when seeking an increased evaluation.

- **Private Medical Records:** These records can be important when a veteran sought treatment at a private (non-VA) health facility at any time after discharge, or while still in service outside the oversight of a military hospital or clinic. These records may support claims in showing a disability in service or continuity of treatment for a disability including symptoms since.
- **VA Medical Records:** These records can be important when a veteran received treatment at a VA medical center or outpatient clinic, and is requesting a medical

- opinion to establish a link between a disability and military service. These records should not be submitted in support of a claim, as the VA regional office already has electronic access.
- **Vet Center Records:** Vet Centers primarily offer mental health counseling. These records can be important when a veteran received or is receiving treatment and is claiming service connection for a psychiatric condition caused by military service. Although Vet Centers are part of the VA, they have a separate record-keeping system, which is not part of the VA medical record system that a VA medical center uses. For this reason, the veteran will need to request these records.
 - **Obtaining Records:** Private medical and Vet Center records can be obtained directly by the veteran requesting them, or if the veteran is unable, they can complete an Authorization to Disclose Information to the Department of Veterans Affairs (VA Form 21-4142). A VA Form 21-4142 must be completed for each health facility, and upon receipt, the VA will request the records from the health facility.

C) Employment Records can be useful in supporting the severity of a disability with information such as difficulty in performing responsibilities or receiving work accommodations. This evidence may also be used when a veteran is seeking an increased evaluation for total disability based on Individual Unemployability.

- **Performance Reports, Evaluations or a Statement From Employer:** These records can be important as they help show how a disability may have negatively affected claimants' work. If a veteran had angry outbursts or interactions with other employees were negative, it may support a higher evaluation for a service-connected psychiatric condition.
- **Request for Employment Information in Connection With Claim for Disability Benefits (VA Form 21-4192):** The VA uses this form to gather information on a veteran's past or current employment. Upon receipt, the VA sends this form to the veteran's employers to complete to obtain details on how the veteran performed in their work or why they left the job.
- **Obtaining Records:** Veterans may request employment records by directly contacting their employer's human resources department, or if unable, they can complete VA Form 21-4192. A VA Form 21-4192 must be completed for each employer.

D) Other Supporting Documentation is important in corroborating the veteran's story in supporting a claim for benefits. Although all previously mentioned evidence is helpful, these records at times will not corroborate every claim, so the veteran should always obtain evidence through other means. Although many types of supporting evidence may be used, the following are more common. Any supporting documentation is helpful in pursuing a claim for benefits; it is not limited to this list.

- **Lay Statement:** This is a claimant's personal statement explaining how they believe their condition is related to active military service. It should include as much information as possible, such as the "five W's": who was involved, what happened, where it happened, when it happened and why it happened (if known). The statements should be in chronological history of the condition. Statements need to address specifically what happened on active duty and how the same issue has continued to affect the claimant since discharge.

- **Buddy Statement:** This is a statement from a family member, friend or someone the claimant formerly served with who can corroborate an in-service event or injury. A buddy statement can be extremely useful in establishing the chronicity of the condition claimed; however, if the buddy statement contradicts the veteran's lay statement, one may not be found to be credible by the VA.
- **Medical Opinion From Qualified Health Professional(s):** A medical opinion from a qualified health professional is extremely helpful in substantiating a claim. Medical opinions can establish a link between a veteran's current disability and its being caused or made worse by their military service, or even a current disability being caused by another service-connected condition. Medical opinions are also very helpful in supporting a claim after an unfavorable compensation and pension examination. Medical opinions should show the date of examination or treatment and should furnish symptoms and findings as well as diagnosis.
- **Disability Benefits Questionnaires:** A physician can also provide evidence about the current status of a disability by completing the appropriate Disability Benefits Questionnaire (DBQ) for the veteran. DBQs contain the exact information needed by a VA rating specialist to determine the current severity of a disability and therefore may be used without the need to schedule the veteran for a VA examination. Click [here](#) to access the most recent versions of DBQs.
- Any photographs; police reports; media or unit articles and/or magazines; and flight, deck or base logs.

Please note: Statements may be submitted in lieu of affidavits, provided they bear the following notation above the signature of the person who is making the statement: "I hereby certify that the above statement is true to the best of my knowledge and belief." When preparing statements, they should be typed to ensure legibility when reviewed by the national service office and VA personnel.

Methods of Establishing Service Connection

Direct

Service connection may be granted on a direct basis for a current medical residual of an injury or disease that was treated, manifested or incurred as the result of active military service. There are essentially three elements that a veteran must have in order to be granted service connection for a condition. They must have:

- An in-service disability, injury or incident.
- A current disability.
- A medical link between the current disability and the in-service event, injury or illness.

Please note: Regulation does not require veterans to demonstrate that they were diagnosed with a disability or disease while in the military, but rather that any current disability or disease arose as the result of their military service. If the application is filed more than one year following separation, the VA may require evidence supporting continuity of the disability from date of discharge.

Examples of Possible Disabilities on a Direct Basis

- Fractures
- Arthritis
- Dermatitis
- Scars
- Sleep apnea
- Migraines and headaches
- Anxiety and depression
- Hearing loss
- Tinnitus
- Erectile dysfunction or infertility
- Gastroesophageal reflux disease
- Irritable bowel syndrome
- Ulcers

Example: A veteran sustained a right-knee meniscus tear while serving on active duty in 2002. In 2012, the veteran was discharged from service and sought treatment from a civilian doctor. The civilian doctor provided a medical opinion stating the right knee condition is related to the in-service right knee meniscus tear. The doctor provided rationale stating that, due to the years of continuous strain on the right knee, permanent damage has been done.

Burn Pit Exposure

Veterans may file a claim for disability compensation for disabilities they believe are related to exposure to burn pits during service. Burn pits are designated small or large areas of land in which the military, or its contractors, burned waste and garbage by open-air combustion. As garbage and waste of many unknown substances are burned, it creates large plumes of smoke and other emissions that are inhaled by service members in the surrounding area up to several miles. Veterans exposed to this smoke for any period may have short- and long-term health effects.

While preliminary evidence suggests that exposure to burn pits is linked to health concerns among service members who served in Operation Iraqi and Enduring Freedom, there still remains a lack of conclusive evidence. The VA decides these claims on a case-by-case basis, so there is no presumption available for service connection. If veterans can show that they were exposed to burn pits during service and provide a nexus opinion indicating that their current, diagnosed condition is “at least as likely as not” due to that exposure, then service connection may be awarded.

Although the exact number of burn pits used throughout Iraq and Afghanistan has been difficult to determine due to constant fluctuations in the number of operational bases, deployment information from the Department of Defense supports the use of burn pits throughout the following locations:

- Iraq
- Afghanistan
- Kuwait
- Saudi Arabia
- Bahrain
- Djibouti
- Gulf of Aden
- Gulf of Oman
- Oman
- Qatar
- United Arab Emirates
- Waters of the Persian Gulf, Arabian Sea and Red Sea

Currently, the VA does not provide presumption of service connection for diseases related to burn pit exposure, but continuing research could establish such links. Some of the following symptoms or conditions may follow after burn pit exposure, either while in the military or several years after. If a veteran is experiencing symptoms or has a diagnosis of a condition, it may be the result of burn pit exposure.

Possible Disabilities With Burn Pit Exposure

- Asthma
- Chronic bronchitis
- Constrictive bronchiolitis
- Coughing that does not subside
- Difficulty breathing
- Headaches and migraines
- Heart conditions
- Leukemia
- Lung cancer
- Pulmonary ailments
- Reduced liver or kidney function
- Skin cancer
- Skin lesions
- Stomach cancer
- Throat infections

Please note: This list is not exhaustive, so if a veteran has been diagnosed with a condition they believe is linked to burn pit exposure but does not appear on the list above, they could still be eligible for service-connected compensation and should file a claim.

Aggravation of a Pre-Service Disability

Service connection by aggravation is used for a disease or injury that existed before military service and was made worse beyond its natural or normal progression by military service. For service connection to be granted based on aggravation, there must be:

- A current disability.
- Medical evidence or in certain circumstances, lay evidence of an in-service incurrence.
- A medical link explaining that the pre-service disability was aggravated by the veteran's active military service beyond its natural progression.

The most important aspect of filing a claim based on aggravation is that the VA must determine if the in-service injury was aggravated beyond its natural progression. Just because an injury worsens during active military service does not mean the aggravation was beyond what would reasonably be expected had the veteran not entered into active duty. For this reason, it is recommended these claims be supported by a medical opinion.

Example: A veteran sustained a right-knee injury while playing football in high school. The injury healed, and the veteran was cleared for entry into the military. While on active duty, the veteran sustained a right-knee meniscus tear. After release from active duty, the veteran files a claim for service connection of the right knee. The medical examiner assigned to review the claim states the meniscus tear is an aggravation beyond the natural progression of the expectations of the pre-service knee condition.

Secondary

A disability that is proximately due to or the result of a service-connected disease or injury can be granted service connection on this basis. When service connection is thus established for a secondary condition, the secondary condition shall be considered a part of the original condition.

In general, any increase in severity of a non-service-connected disease or injury that is proximately due to or the result of a service-connected disease or injury, and not due to the natural progress of the non-service-connected disease, will be service connected. For service connection to be granted based on secondary basis, there must be:

- A current service-connected disability.
- Medical evidence of a separate disability not already service connected.
- A medical link between the established service-connected disability and the claimed disability.

Example: A veteran is service connected for multiple sclerosis. Because of this condition, the veteran also suffers from depression. The medical examiner assigned to review the claim states the depression is caused by the multiple sclerosis.

Examples of Possible Secondary Disabilities

Diabetes Mellitus, Type 2

- Peripheral neuropathy (nerve damage) of the upper and lower extremities
- Cataracts
- Renal (kidney) dysfunction
- Arteriosclerosis
- Peripheral vascular disease
- Erectile dysfunction

Herniated Disc of the Spine

- Sciatica or radiculopathy resulting from a herniated disc in the lower back (lumbar spine)
- Radiculopathy resulting from a herniated disc in the neck (cervical spine)
- Possible scars from surgery

Traumatic Brain Injury (TBI)

- Parkinsonism, including Parkinson's disease, following moderate or severe TBI
- Seizures following moderate or severe TBI
- Depression if manifest within three years of moderate or severe TBI or within 12 months of mild TBI
- Dementias of the following types: presenile dementia of the Alzheimer type, frontotemporal dementia, and dementia with Lewy bodies, if manifest within 15 years following moderate or severe TBI
- Diseases of hormone deficiency that result from hypothalamo-pituitary changes if manifest within 12 months of moderate or severe TBI

Presumptive

Service connection can be granted for certain veterans with disabilities based on presumption, which is due to the unique circumstances of their military service. If one of the conditions listed below is diagnosed for a veteran in one of the following groups, the VA will automatically assume that that said disability was caused by military service. If a veteran meets the eligibility criteria indicated and is claiming service connection for one of the disabilities listed, the veteran will not have to submit a medical opinion providing a nexus linking the disability to military service.

Please note: If a veteran is claiming a disability for service connection that is not listed or does not meet the eligibility requirements for exposure as outlined in this section, the claim should be

pursued using the direct method. Eligibility criteria listed in this section for presumptive service connection are subject to the rebuttable presumption provisions of § 3.307(d).

Chronic and Tropical Diseases

Service connection may be granted for the following chronic and tropical diseases, even though there may be no record of treatment in service, provided there is acceptable medical or lay evidence indicating that the condition had manifested itself to a degree of at least 10% within one year (unless otherwise noted) from date of discharge. If the application is received after one year from release of active duty, evidence indicating continuity of symptoms and the present level of disability may be required.

List of Chronic Diseases

- Anemia, primary
- Arteriosclerosis
- Arthritis
- Atrophy, progressive muscular
- Brain hemorrhage
- Brain thrombosis
- Bronchiectasis
- Calculi of the kidney, bladder or gallbladder
- Cardiovascular-renal disease, including hypertension
- Cirrhosis of the liver
- Coccidioidomycosis
- Diabetes mellitus
- Encephalitis lethargica residuals
- Endocarditis (covering all forms of valvular heart disease)
- Endocrinopathies
- Epilepsies
- Hansen's disease*
- Hodgkin's disease
- Leukemia
- Lupus erythematosus, systemic
- Myasthenia gravis
- Myelitis
- Myocarditis
- Nephritis
- Other organic diseases of the nervous system
- Osteitis deformans (Paget's disease)
- Osteomalacia
- Palsy, bulbar
- Paralysis agitans
- Psychoses
- Purpura idiopathic, hemorrhagic
- Raynaud's disease
- Sarcoidosis
- Scleroderma
- Sclerosis, amyotrophic lateral****
- Sclerosis, multiple**
- Syringomyelia
- Thromboangiitis obliterans (Buerger's disease)
- Tuberculosis, active*
- Tumors, malignant, or of the brain or spinal cord or peripheral nerves
- Ulcers, peptic (gastric or duodenal)

* Three-year presumption

** Seven-year presumption

*** Anytime after discharge

List of Tropical Diseases

- | | |
|--------------------------------------|---|
| • Amebiasis | • Onchocerciasis |
| • Blackwater fever | • Pinta |
| • Cholera | • Plague |
| • Dracontiasis | • Schistosomiasis |
| • Dysentery | • Yaws |
| • Filariasis | • Yellow fever |
| • Leishmaniasis, including kala-azar | • Resultant disorders or diseases originating because of therapy administered in connection with such diseases or as a preventive thereof |
| • Loiasis | |
| • Malaria | |
| • Oroya fever | |

Mental Disorders

In order to secure service connection for a psychotic disorder where there is no record of treatment during military service, it must be shown that the disability manifested itself to a degree of 10% or more within one year following separation from service.

However, presumption relating to psychosis is extended for establishing service connection for entitlement to hospitalization or medical treatment, only, for any veterans of World War II, the Korean conflict, Vietnam era or the Persian Gulf War who developed an active psychosis within two years after discharge or release from active service: before July 26, 1949, for World War II veterans; before Feb. 1, 1957, for Korea veterans; two years following termination of the Vietnam era for Vietnam veterans; and two years following the last day (date not yet established) of the Persian Gulf War for Persian Gulf-era veterans.

There is no presumptive period for those mental disorders diagnosed as a neurosis. These conditions must be shown to have been incurred in or aggravated during active military service.

Post-traumatic stress disorders can manifest themselves in several ways, including intense feelings of loneliness, alienation or depression; alcohol or drug abuse; legal, marital or employment problems; high levels of unexplained anxiety; inability to maintain intimate relationships; and distrust of the VA and other government institutions.

It is not necessary for the veteran to have been diagnosed or treated for this condition while in the service. The following conditions must be met to qualify for treatment or compensation:

- An exact diagnosis by a VA physician.
- A history of a life-threatening situation that can include, but is not limited to, prisoner-of-war experiences during service in the armed forces.

This experience must be consistent with the nature and circumstances of service and considered by a VA medical examiner to be the precipitating cause of a traumatic stress disorder.

Former Prisoners of War

Since World War I, more than 142,000 Americans, including 85 women, have been captured and interned as prisoners of war (POWs). Not included in this figure are nearly 93,000 Americans who were lost or never recovered. Certain specified diseases related to dietary deficiencies,

forced labor or inhumane treatment will be presumed to be service connected for veterans who were POWs.

The term “former prisoner of war” means a person who, while serving in the active military, naval or air service, was forcibly detained or interned in the line of duty by an enemy or foreign government, the agents of either or a hostile force. The term “hostile force” means any entity other than an enemy or foreign government, or the agents of either, whose actions are taken to further or enhance anti-American military, political or economic objectives or views, or to attempt to embarrass the United States.

For former POWs who were imprisoned for any length of time, the following disabilities are presumed to be service connected if they become at least 10% disabling at any time after military service.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Psychosis • Any of the anxiety states • Dysthymic disorder (or depressive neurosis) • Organic residuals of frostbite, if it is determined that the veteran was interned in climatic conditions consistent with the occurrence of frostbite • Post-traumatic osteoarthritis | <ul style="list-style-type: none"> • Atherosclerotic heart disease or hypertensive vascular disease (including hypertensive heart disease) and their complications (including myocardial infarction, congestive heart failure, arrhythmia) • Stroke and its complications • On or after Oct. 10, 2008, osteoporosis, if the secretary determines that the veteran has PTSD. |
|--|--|

For former POWs who were imprisoned for at least 30 days, the following disabilities are presumed to be service connected if they become at least 10% disabling at any time after military service.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Avitaminosis • Beriberi (including beriberi heart disease) • Chronic dysentery • Helminthiasis • Malnutrition (including optic atrophy associated with malnutrition) • Pellagra | <ul style="list-style-type: none"> • Any other nutritional deficiency • Irritable bowel syndrome • Peptic ulcer disease • Peripheral neuropathy except where directly related to infectious causes • Cirrhosis of the liver • On or after Sept. 28, 2009, Osteoporosis |
|--|--|

Ionizing Radiation Exposure

Ionizing radiation is radiation consisting of particles, X-rays or gamma rays with enough energy to remove electrons from atoms or molecules, which can damage DNA cells. Being exposed is extremely harmful to veterans.

The term “radiation-exposed veteran” means a veteran who, while serving on active duty or while a member of a Reserve component of the armed forces during a period of active duty for training or inactive-duty training, participated in a radiation-risk activity.

Veterans exposed to ionizing radiation as identified in VA regulation include the following locations and circumstances. The veteran’s exposure must be supported by service records in one of the following ways, and the veteran must have a disability on the list in this section to be granted service connection on a presumptive basis.

- Occupation of Hiroshima and Nagasaki, Japan, from Aug. 6, 1945 to July 1, 1946.
- Held as a POW in Japan during World War II.
- Participation in atmospheric nuclear weapons tests, primarily conducted in Nevada and the Pacific Ocean from 1945 to 1962.
- Involvement with underground nuclear weapons testing in Amchitka Island, Alaska, prior to Jan. 1, 1974.
- Location at any of the following gaseous diffusion plants for at least 250 days prior to Feb. 1, 1991: Paducah, Kentucky; Portsmouth, Ohio; or K25 in Oak Ridge, Tenn.
- Performance as an X-ray technician, in a reactor plant, or in nuclear medicine or radiography.
- Performance of tasks, such as those of a Department of Energy employee, that make them a member of the Special Exposure Cohort.

Additional circumstances not identified in VA regulations in which veterans may have been exposed include the following. Eligibility for presumptive service connection depends on a number of factors, such as the radiation dose and when the disease develops.

- Proximity to the Fukushima nuclear accident in Japan from March 12 to May 11, 2011.
- Participation in the U.S. Air Force plutonium cleanup mission in Palomares, Spain.
- Exposure to depleted uranium.
- Exposure to radiation from Long Range Navigation stations (LORAN) from 1942 to 2010.
- Proximity to the McMurdo Station, Antarctica, nuclear power plant from 1964 to 1973.

Due to the complexity of the law and seriousness of the diseases associated with exposure to ionizing radiation, it is important all such cases encountered be referred to the nearest national service office for proper development.

List of Diseases Associated with Ionizing Radiation

• Leukemia (other than chronic lymphocytic leukemia)	• Cancer of the gallbladder.
• Cancer of the thyroid	• Primary liver cancer (except if cirrhosis or hepatitis B is indicated)
• Cancer of the breast	• Cancer of the salivary gland
• Cancer of the pharynx	• Cancer of the urinary tract (kidneys, renal pelves, ureters, urinary bladder and urethra)
• Cancer of the esophagus	• Bronchiolo-alveolar carcinoma
• Cancer of the stomach	• Cancer of the bone
• Cancer of the small intestine	• Cancer of the brain
• Cancer of the pancreas	• Cancer of the colon
• Multiple myeloma	• Cancer of the lung
• Lymphomas (except Hodgkin's disease)	• Cancer of the ovary
• Cancer of the bile ducts	

Please note: For diseases not listed and believed to be caused, or that doctors say may be caused, by exposure or exposure not eligible for presumption, other factors can be taken into consideration such as the amount of radiation exposure, duration of exposure, elapsed time between exposure and onset of the disease.

Diseases Associated With Exposure to Certain Herbicide Agents

Herbicide agents were used in the jungles of Vietnam and around the Korean demilitarized zone to remove tropical foliage and trees that provided enemy cover. They were also used, tested or stored on some military bases in the United States and other countries dating as far back as the 1950s.

Veterans exposed to herbicide agents during active military, naval or air service, as identified in VA regulation, include the following locations and circumstances. Veterans meeting this requirement do not need to prove actual exposure to herbicide agents to be granted service connection for a disability listed in this section.

- Service anywhere in Vietnam or within 12 nautical miles of the coast of Vietnam and Cambodia between Jan. 9, 1962 and May 7, 1975.
- Exposure along the Korean demilitarized zone between April 1, 1968, and Aug. 31, 1971, or in the Korean demilitarized zone between Sept. 1, 1967 and Aug. 31, 1971.
- Operation, maintenance or service aboard C-123 aircraft that were used during the Vietnam War and flown after.

Although not identified in current VA regulations, if a veteran's military occupational specialty was security policeman, security patrol dog handler, member of the security police squadron or near the air base perimeter based on daily work duties, performance evaluations or any other credible evidence, between Feb. 28, 1961 and May 7, 1975, the VA will concede exposure for the following locations: U-Tapao, Ubon, Nakhon Phanom, Udorn, Takhli, Korat or Don Mueang Royal Thai Air Force bases.

List of Diseases Associated With Exposure to Certain Herbicide Agents

- AL amyloidosis
- Type 2 diabetes
- Hodgkin’s disease
- Ischemic heart disease
- All chronic B-cell leukemias
- Multiple myeloma
- Non-Hodgkin's lymphoma
- Parkinson’s disease
- Prostate cancer
- Respiratory cancers (cancer of the lung, bronchus, larynx or trachea)
- Soft-tissue sarcoma (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma or mesothelioma); the term “soft-tissue sarcoma” includes the following:
 - Adult fibrosarcoma
 - Dermatofibrosarcoma protuberans
 - Malignant fibrous histiocytoma
 - Liposarcoma
 - Leiomyosarcoma
 - Epithelioid leiomyosarcoma (malignant leiomyoblastoma)
 - Bladder Cancer
 - Hypothyroidism
 - Parkinsonism
- Rhabdomyosarcoma
- Ectomesenchymoma
- Angiosarcoma (hemangiosarcoma and lymphangiosarcoma)
- Proliferating (systemic) angioendotheliomatosis
- Malignant glomus tumor
- Malignant hemangiopericytoma
- Synovial sarcoma (malignant synovioma)
- Malignant giant cell tumor of tendon sheath
- Malignant schwannoma
- Malignant mesenchymoma
- Malignant granular cell tumor
- Alveolar soft part sarcoma
- Epithelioid sarcoma
- Clear cell sarcoma of tendons and aponeuroses
- Extrasketal Ewing's sarcoma
- Congenital and infantile fibrosarcoma
- Malignant ganglioneuroma
- Chloracne or other acneform disease consistent with chloracne, porphyria cutanea tarda, and early-onset peripheral neuropathy
**

**** Only if manifested to a degree of 10% or more within a year after the last date on which the veteran was exposed during active military, naval or air service**

Important: Multiple types of herbicide agents were also tested, used or stored in several other locations both in and outside the United States, which can be reviewed at the following links. Claims are evaluated on a case-by-case basis and exposure has to be conceded by the VA. For this reason, veterans must establish service connection on a direct basis by providing proof of exposure, including detailed explanation on their whereabouts in relation to where and when the herbicide agents were used and a nexus opinion indicating that their current, diagnosed condition is “at least as likely as not” due to that exposure, then service connection may be awarded.

- Herbicide tests and storage in the U.S.
<https://www.publichealth.va.gov/exposures/agentorange/locations/tests-storage/usa.asp>
- Herbicide tests and storage outside the U.S.
<https://www.publichealth.va.gov/exposures/agentorange/locations/tests-storage/outside-vietnam.asp>

Water Supply Contaminants at Camp Lejeune

Veterans living or working at U.S. Marine Corps Base Camp Lejeune, N.C., in the 1950s to 1980s were exposed to contaminated drinking water with industrial solvents, benzene and other chemicals. During this period, those living on the base not only unknowingly consumed contaminated water but also cooked, bathed and washed their cloths with it. As a result, veterans and their family members became sick and developed health problems.

Veterans, former reservists or members of the National Guard who served at least 30 cumulative days from Aug. 1, 1953, through Dec. 31, 1987, are presumed to have been exposed during such service. The VA established the following list of presumptive conditions, and veterans are presumed service connected if the above eligibility requirements are met, even though there is no record of such disease during service.

List of Diseases Associated With Contaminated Water at Camp Lejeune

- | | |
|--------------------------|---|
| • Kidney cancer | • Parkinson's disease |
| • Liver cancer | • Aplastic anemia and other myelodysplastic syndromes |
| • Non-Hodgkin's lymphoma | • Bladder cancer |
| • Adult leukemia | |
| • Multiple myeloma | |

Veterans Health Care

In accordance with the 2012 Camp Lejeune health care law, the VA provides cost-free health care for certain conditions to veterans who served at least 30 days of active duty at Camp Lejeune from Jan. 1, 1957, to Dec. 31, 1987. Veterans eligible for health care under the 2012 Camp Lejeune health care law may enroll in VA health care and receive medical services for the 15 covered health conditions at no cost (including copay).

List of Qualifying Health Conditions

- | | |
|--------------------------|-----------------------------|
| • Esophageal cancer | • Lung cancer |
| • Breast cancer | • Bladder cancer |
| • Kidney cancer | • Leukemia |
| • Multiple myeloma | • Myelodysplastic syndromes |
| • Renal Toxicity | • Hepatic steatosis |
| • Female infertility | • Miscarriage |
| • Scleroderma | • Neurobehavioral effects |
| • Non-Hodgkin's lymphoma | |

Family Member Health Care Reimbursement

Veterans' family members who also resided at Camp Lejeune during the qualifying period are eligible for reimbursement of out-of-pocket medical expenses related to the 15 covered health conditions. The VA can only pay treatment costs that remain after payment from other health plans. Apply online for reimbursement or call 866-372-1144 for help.

More information about Camp Lejeune contaminated water, to include information on the 2012 Camp Lejeune health care law for veterans and family members, can be found at the following link: <https://www.publichealth.va.gov/exposures/camp-lejeune/index.asp>

Certain Disabilities Occurring in Persian Gulf War Veterans

Veterans who served in the Persian Gulf War after August 1990 may have been exposed to environmental hazards such as smoke from Kuwaiti oil well fires, solvents and fuels, ingestion of pyridostigmine bromide tablets (nerve gas antidote) on a daily basis, and use of insecticides and pesticides. They were also exposed to native infectious diseases known as leishmaniasis that were transmitted by parasites, and inhalation of extreme-fine-grain sand particles. Medical symptoms such as chronic headaches, unexplained bodily pain, diarrhea, respiratory concerns and cognitive difficulties began being reported by veterans along with other symptoms.

Veterans who served in the Southwest Asia Theater of operations in the following locations from Aug. 2, 1990, to the present may receive compensation for disability if they exhibit objective indications of a qualifying chronic disability due to undiagnosed illness or medically unexplained, chronic, multi-symptom illnesses.

- Iraq
- Kuwait
- Saudi Arabia
- The neutral zone between Saudi Arabia and Iraq
- Bahrain
- Qatar
- Oman
- Gulfs of Aden and Oman
- Water of the Persian Gulf, Arabian Sea and the Red Sea
- Airspace above these locations
- United Arab Emirates

A qualifying chronic disability means a chronic disability resulting from an undiagnosed illness or a medically unexplained, chronic, multi-symptom illness, if such disability meets the following requirements:

- Became manifest either during active military, naval or air service in the Southwest Asia Theater of operations, or to a degree of 10% or more not later than Dec. 31, 2021.
- By history, physical examination and laboratory tests cannot be attributed to any known clinical diagnosis.

Signs and symptoms of undiagnosed illness and medically unexplained chronic multi-symptom illnesses are the following.

- | | |
|--|---|
| <ul style="list-style-type: none"> • Fatigue • Signs or symptoms involving skin • Headache • Muscle pain • Joint pain • Neurological signs or symptoms • Neuropsychological signs or symptoms • Chronic fatigue syndrome ** • Fibromyalgia ** • Functional gastrointestinal disorders ** | <ul style="list-style-type: none"> • Signs or symptoms involving the respiratory system (upper or lower) • Sleep disturbances • Gastrointestinal signs or symptoms • Cardiovascular signs or symptoms • Abnormal weight loss • Menstrual disorders <p>** Medically unexplained chronic multi-symptom illness</p> |
|--|---|

Please note: The diagnosis will not be deemed as medically unexplained if it is partially understood in terms of etiology and pathophysiology. Some examples include diabetes and multiple sclerosis.

Additionally, for those who served in the Southwest Asia theater or Afghanistan, presumptive service connection may be established for the following infectious diseases if found to have become manifest to a degree of 10% or more within one year from the date of separation from a qualifying period of service.

- | | |
|---|--|
| <ul style="list-style-type: none"> • Brucellosis • Campylobacter jejuni • Coxiella burnetii (Q fever) • Malaria ** • Mycobacterium tuberculosis • Nontyphoid salmonella • Shigella • Visceral leishmaniasis * • West Nile virus • Tuberculosis * <p>* No time limit to have become manifest to a degree of 10% or more</p> | <ul style="list-style-type: none"> • Nontyphoid salmonella • Shigella • Visceral leishmaniasis * • West Nile virus • Tuberculosis * <p>** Must have become manifest to a degree of 10% or more within one year from the date of separation from a qualifying period of service or at a time when standard or accepted treatises indicated that the incubation period commenced during a qualifying period of service</p> |
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Exposure to Particulate Matter

Veterans who served in the Southwest Asia beginning in the 1990s were very likely exposed to dust, sandstorms, and many other environmental hazards. These hazards contained toxic particulate matter, which was breathed in for extended periods of time. Particulate matter is a complex mixture of extremely small particles and liquid droplets made up of several components. Components includes and is not limited to acids, organic chemicals, metals, and soil or dust particles. When inhaled, particulate matter can lodge deep into the lungs and penetrate the bloodstream. This can lead to serious health effects and pulmonary issues.

Veterans who served in the Southwest Asia Theater of operations in the following locations from Aug. 2, 1990, to the present may receive compensation. A veteran who has a qualifying period of service shall be presumed to have been exposed to fine, particulate matter during such service, unless there is affirmative evidence to the contrary.

<ul style="list-style-type: none"> • Iraq • Kuwait • Saudi Arabia • The neutral zone between Saudi Arabia and Iraq • Bahrain • Qatar • Oman • Gulfs of Aden and Oman • Water of the Persian Gulf, Arabian Sea and the Red Sea 	<ul style="list-style-type: none"> • United Arab Emirates • Afghanistan*** • Uzbekistan*** • Syria*** • Djibouti*** • Airspace above these locations <p style="text-align: center;">*** Only during the Persian Gulf War on or after September 19, 2001 to the present</p>
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Veterans may receive compensation for the disabilities listed below even though there is no evidence of such disease during the period of service if it becomes manifest to any degree (including non-compensable) within 10 years from the date of separation from military service.

List of Diseases Associated With Exposure to Particulate Matter

<ul style="list-style-type: none"> • Asthma • Rhinitis 	<ul style="list-style-type: none"> • Sinusitis, to include rhinosinusitis
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Exposure to Mustard Gas and Lewisite

Veterans who may be eligible for benefits based on exposure to mustard gas or lewisite include those exposed during field or chamber testing, under battlefield conditions in World War I, or present at the German air raid on the Harbor of Bari, Italy, in World War II. Veterans who also engaged in the manufacturing, handling or destruction of vesicant agents during military service or veterans who served in Operation Iraqi Freedom and demolished or handled explosive ordinance may have also been exposed.

Mustard gas refers to either of two blister-producing agents, sulfur mustard (Yperite) or nitrogen mustard. Lewisite is mustard vesicant containing arsenic.

Exposure to the specified vesicant agents during active military service under the following circumstances, together with the subsequent development of any of the indicated conditions, is sufficient to establish service connection for that condition:

- Full-body exposure to nitrogen or sulfur mustard during active military service, together with the subsequent development of chronic conjunctivitis, keratitis, corneal opacities, scar formation or the following cancers: nasopharyngeal, laryngeal, lung (except mesothelioma) or squamous cell carcinoma of the skin.
- Full-body exposure to nitrogen or sulfur mustard or lewisite during active military service, together with the subsequent development of a chronic form of laryngitis, bronchitis, emphysema, asthma or chronic obstructive pulmonary disease.
- Full-body exposure to nitrogen mustard during active military service, together with the subsequent development of acute nonlymphocytic leukemia.

All such cases encountered should be referred to the nearest national service office for proper development due to the complexity and seriousness of the disability involved.

Please note: Full-body exposure means that the entire body was exposed to mustard agents or lewisite, as opposed to placement of drops of mustard gas or lewisite on one or more locations on the skin.

Exposure needs to be supported by military record and a claimed disability eligible for presumptive service connection. The following table provides the known locations where Army and Navy personnel were exposed to mustard gas or lewisite.

Army	Navy
<ul style="list-style-type: none"> • Bari, Italy • Bushnell, Fl. • Camp Lejeune, N.C. • Camp Sibert, Ala. • Dugway Proving Ground, Utah • Edgewood Arsenal, Md. • Naval Research Lab, Washington, D.C. • Ondal, India • Rocky Mountain Arsenal, Colo. • San Jose Island, Panama Canal Zone 	<ul style="list-style-type: none"> • Bari, Italy • Camp Lejeune, N.C. • Charleston, S.C. • Great Lakes Naval Training Center, Ill. • Hart's Island, N.Y. • Naval Training Center, Bainbridge, Md. • Naval Research Laboratory, Va. • Naval Research Lab, Washington, D.C. • USS Eagle Boat No. 58

Please note: This list is not all-inclusive, as some service members may have participated in allied mustard agent testing in Finschhafen, New Guinea, and Porton Down, New England.

Paired Organs and Extremities

Special considerations may be applied for paired organs and extremities in various combinations. Compensation is payable for the combinations of service-connected disabilities if one is already service connected and the other non-service-connected disability deteriorates, provided it is not the result of the veteran's own willful misconduct.

List of Accepted Paired Organs and Extremities

Vision

- Impairment of vision in one eye as a result of service-connected disability and impairment of vision in the other eye as a result of non-service-connected disability and:
- Impairment of vision in each eye is rated at a visual acuity of 20/200 or less.
- The peripheral field of vision for each eye is 20 degrees or less.

Kidney

- Loss or loss of use of one kidney as a result of service-connected disability and involvement of the other kidney as a result of non-service-connected disability.

Hearing

- Hearing impairment in one ear compensable to a degree of 10% or more because of service-connected disability and hearing impairment because of non-service-connected disability.

Hand and Foot

- Loss or loss of use of one hand or one foot as a result of service-connected disability and loss or loss of use of the other hand or foot as a result of non-service-connected disability.

Lung

- Permanent service-connected disability of one lung, rated 50% or more disabling, in combination with a non-service-connected disability of the other lung.

Death or Injury Due to VA Hospitalization, Treatment, Training or Rehabilitation

For a new disability never claimed before, use VA Form 21-526EZ.

For a disability denied previously, use VA Form 20-0995.

A veteran may receive disability compensation when an injury or death resulted from hospital care, medical exam, medical or surgical treatment, training or rehabilitation services, or compensated work therapy programs. To obtain compensation, a veteran must be able to show that the injury or death would not have occurred but for the accident or fault on the part of the VA.

In general, to establish service connection due to VA hospitalization or treatment, evidence must show the disease or injury is not the result of the veteran not following medical instruction.

Additionally, evidence must support that the disease or injury is not the result of its continuance or natural progression, unless the VA failed to timely diagnose or properly treat the disease or injury that resulted in its continuance or natural progression. Evidence must also show one of the following:

- The VA was careless, negligent (failure to exercise reasonable care) or lacked proper skill during the care, treatment or examination of the veteran and failed to exercise the degree of care expected of a reasonable health care provider.
- The VA furnished the care, treatment or examination without the veteran's, or in certain cases their representative's, informed consent.
 - The event was not reasonably foreseeable. The event need not be completely unforeseeable or unimaginable but must be one that a reasonable health care provider would not have considered to be an ordinary risk of the treatment provided.

To establish service connection due to training or rehabilitation services, or compensated work therapy (CWT) program, it must be shown that the veteran's participation in an essential activity or function of the training, services, or CWT program provided or authorized by VA proximately caused the disability or death. It need not be shown that the VA approved that specific activity or function, as long as the activity or function is generally accepted as being a necessary component of the training, services or CWT program that VA provided or authorized.

Important: When an injury or death resulted from hospital care, medical exam, medical or surgical treatment, training or rehabilitation services, or compensated work therapy programs, it is essential to obtain a medical opinion from a qualified health professional. The health professional should review the veteran's medical record and make an independent assessment of whether the disability or injury was the result.

Please note: If a claim for disability compensation and an administrative claim for damages under the Federal Torts Claims Act are filed and both claims are won, the compensation received by the VA will be offset by the damages awarded by the tort claim.

Claims for Increased Evaluations

Disability Evaluation

VA Form 21-526EZ

A claim may be filed for an increased evaluation of a service-connected disability at any time, if the veteran feels the condition has worsened in severity. However, caution should always be exercised to assure that the claim has been properly assessed so the benefits being paid are not placed in jeopardy. Having medical evidence to support an increase in severity is always recommended but not a requirement. Don't delay filing claim if a claimant wants to secure supporting evidence. Complete an Intent to File form and send it to the nation service office immediately.

Hospitalization

VA Form 21-526EZ

A temporary 100% rating will be assigned when it is established that a service-connected disability has required hospitalization in a VA or approved hospital for a period in excess of 21

days or hospital observation at VA expense for a service-connected disability for a period in excess of 21 days. The 100% rating is to be effective from the first day of hospitalization continuing through the end of the month in which the hospitalization ends.

This temporary total rating may be extended for 30, 60 or 90 days following a regular discharge or release to non-bed care from the hospital, if the convalescence prevents employment after hospitalization. Extended periods of 30, 60 or 90 days beyond the initial three months may be made in exceptional cases.

The provisions of the 100% rating for hospitalization for service-connected disability apply both to hospitalization in a VA hospital and to hospitalization in a private hospital when the private hospitalization has been authorized by the VA.

A veteran entering the hospital for a service-connected condition might not be entitled to the 100% rating if a non-service-connected disability for which a veteran is treated during hospitalization causes the hospitalization to extend beyond 21 days. By the same token, a veteran may enter the hospital for treatment of a non-service-connected condition, and after entering the hospital, treatment or observation, provided the service-connected condition requires a period in excess of 21 days.

Please note: If not being hospitalized at a VA facility, the veteran should include the hospital discharge summary when filing a claim showing the length and cause of the hospital stay.

Convalescence for Surgery or Cast

VA Form 21-526EZ

A temporary 100% rating will be assigned from the date of hospital admission when treatment for a service-connected disability involves major surgery without regard to length of hospitalization. This rating will be continued for 30, 60 or 90 days following discharge from the hospital. Total ratings will be assigned for treatment of a service-connected disability when surgery either resulted in:

- At least one month of convalescence.
- Severe post-operative residuals such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilization of one major joint or more, application of a body cast, the necessity for house confinement, or the necessity for continued use of a wheelchair or crutches (regular weight-bearing prohibited).
- Immobilization by cast, without surgery, of one major joint or more.

The temporary 100% rating can be further extended in multiples of 30 days for a total of 180 days should incapacity continue, to preclude post-hospital employment. In exceptional cases, extended periods of one or more months, up to six months, then totaling 12 months, may be granted.

Please note: If being treated at a non-VA facility, the veteran should include the hospital discharge summary when filing a claim showing the length and cause of the hospital stay.

Individual Unemployability

VA Form 21-8940

Total disability ratings for compensation may be assigned, under certain criteria, when the disabled person is, in the judgment of the rating board, unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities.

The basic eligibility requirement for this benefit the veteran has either:

- One service-connected condition rated 60% or more.
- Two or more service-connected disabilities with a combined evaluation of 70% or more, with at least one disability rated at least 40% or more.

Dependency Allowance

VA Form 21-686c (spouses and children)

VA Form 21-674 (children over age 18)

VA Form 21P-509 (parents)

Veterans receiving disability compensation at a rate of 30% or higher are entitled to an additional amount of compensation for their dependents. Dependents that may be added to a veteran's VA disability compensation include:

- A spouse (including spouses in same-sex marriages).
- Children (including biological, step and adopted) who are unmarried and either:
 - Under age 18.
 - Between ages 18 and 23 and attending school full time.
 - Seriously disabled before age 18.
- Parents who are in the veteran's direct care and whose income and net worth are below the limit set by law.

The effective date of compensation or pension increases based on marriage or the birth or adoption of a child is the date of such event, if the VA receives proof within one year from the event. However, payment is effective the first day of the month following the effective date.

Please note: The veteran is responsible to timely update the VA on any changes in dependency. Not doing so may result in an overpayment.

Incarcerated Veterans

Any veteran entitled to compensation who is incarcerated in a federal, state or local penal institution for a period in excess of 60 days for conviction of a felony will not be paid compensation at the normal rate beginning on the 61st day of incarceration and ending on the day the incarceration ends.

Veterans rated at 20% or more will be paid only the 10% rate. Veterans rated 10% will be paid one-half the normal 10% compensation rate.

All or part of the compensation not paid to an incarcerated veteran may be apportioned to the veteran's spouse, child or children, and dependent parents on the basis of individual need. In determining individual need, consideration is given to such factors as the apportioned claimant's

income and living expenses, the amount of compensation available to be apportioned, the needs and living expenses of other apportioned claimants, and any special needs of all apportioned claimants.

Special Monthly Compensation

In addition to the established rates of compensation for service-connected disabilities, some veterans may be entitled to additional monthly payments for loss or loss of use of limbs or certain body organs. These additional monthly payments are called special monthly compensation (SMC) and increase in monetary amounts based upon the severity of the veteran's service-connected disabilities.

The SMC categories are designated by the letters K through T, which refer to the corresponding lettered paragraphs in Section 1114, Title 38, United State Code (38 USC §1114), which specify the monthly compensation rates.

SMC K

The most common SMC awards are in the K category. SMC K is payable for service-connected loss or loss of use of one arm, one leg, one eye (have only light perception) or both buttocks. The award is also payable for total deafness in both ears due to absence of air and bone conduction; anatomical loss or loss of use of one or more creative organs; complete organic aphonia (inability to communicate by speech); or, in the case of a woman veteran, anatomical loss of 25% or more tissue from a single breast or both breasts in combination, or radiation treatment of breast tissue.

Higher SMC Rates

Special monthly compensation rates are provided where there is disability resulting in the loss or loss of use of two or more limbs or blindness with the complication of service-connected deafness. If you come in contact with a veteran who has loss or loss of use of two limbs or blindness and deafness, we suggest you refer the case to your national service office for review.

With the loss or loss of use of three extremities, the veteran's disability evaluation will be elevated to the next higher rate without regard to whether that rate is statutory or intermediate. This higher rate will vary depending upon the basic entitlement rate.

Veterans who are receiving the maximum compensation for the severest types of disability, involving loss or loss of use of two or more limbs, may be entitled to additional special compensation. This additional payment is called aid and attendance allowance. (Example: Loss of use of lower extremities, plus complete loss of control of bladder and bowels.)

It is important to note that these service-connected severely disabled veterans are entitled to receive medications, invalid lifts, prosthetic devices or any type of therapeutic or rehabilitative device necessary for their medical care and rehabilitation.

SMC T

In 2010, a new SMC T was added to 38 USC §1114. This additional monthly rate of compensation is payable if a veteran, as the result of service-connected disability, is in need of regular aid and attendance for the residuals of traumatic brain injury; is not eligible for compensation SMC(r)(2); and, in the absence of such regular aid and attendance, would require

hospitalization, nursing home care or other residential institutional care. In this case, the veteran is paid a monthly aid and attendance allowance equal to the rate of SMC(r)(2).

Protected Ratings

Service Connection

Current law prohibits the severance of a service-connected disability that has been in effect for 10 or more years. This covers all service connections other than those involving fraud or lack of basic eligibility with reference to character of discharge.

Evaluations

Current law extends protection to a disability evaluation that has been continuously rated at or above any evaluation for 20 years or more, except in cases involving fraud. The protection is also extended to statutory awards that have been in effect for 20 or more years.

The basic protection is to prevent a reduction below a level of compensation or statutory award that has been received for 20 or more consecutive years. This will not prevent an individual from reopening his claim for increased benefits at any time when the evidence will substantiate an increase in the disability.

Other Special Benefits for the Seriously Disabled

Automobile Allowance and Adaptive Equipment Grants

VA Form 21-4502 and VA Form 10-1394

Veterans and service members may be eligible for a one-time payment toward the purchase of an automobile or other conveyance if they have certain service-connected disabilities. The grant is paid directly to the seller of the automobile, and claimants may only receive the automobile grant once.

To be eligible to receive the one-time automobile grant, the claimant must:

- Be either a service member still on active duty who has an illness or injury incurred during active duty, or an honorably discharged veteran.
- Must have one of the following disabilities that are either rated as service connected or treated as if service connected:
 - Loss or permanent loss of use of one or both feet.
 - Loss or permanent loss of use of one or both hands.
 - Permanent impairment of vision in both eyes resulting in vision of 20/200 or less in the better eye with glasses, or vision that is better than 20/200 if there is a severe defect in peripheral vision.
 - A severe burn injury with deep partial thickness or full thickness burns resulting in scar formation that causes contractures and limits motion of one or more extremities or the trunk and thus prevent effective operation of an automobile.
 - Amyotrophic lateral sclerosis (ALS).
 - Ankylosis in one or both knees or hips. (Note: This qualifies for adaptive-equipment grant only).

If the veteran does not meet the eligibility criteria for an automobile allowance, qualifying individuals may also be eligible for adaptive equipment, which includes but is not limited to

power steering, power brakes, power windows, power seats, and any special equipment necessary to assist the eligible person into and out of the vehicle. In some circumstances, the VA may authorize one or more adaptive equipment grants to change a vehicle so it has features like power steering, brakes, seats, windows, or lift equipment to help a veteran get into and out of the vehicle. The VA may provide financial assistance in purchasing adaptive equipment more than once. This benefit is payable to either the seller or the veteran or service member.

Please note: The veteran should never purchase or contract for a home or automobile in anticipation of getting the benefit. They should await a formal determination from the VA on the topic(s) and then follow the precise instructions provided with a grant of the benefit(s).

Specially Adapted Housing Grant

VA Form 26-4555

Veterans who are rated as permanent and total for disabilities and service members on active duty who have disabilities rated as permanent and total that were incurred or aggravated in the line of duty in active military, naval or air service may be eligible for a Specially Adapted Housing (SAH) grant. An SAH grant assists in building, remodeling or purchasing an adapted home for certain severe service-connected disabilities.

To be eligible, the veteran must either own or will own the home and have a qualifying service-connected disability rated by the VA as permanently and totally disabling. Qualifying service-connected disabilities include:

- The loss or loss of use of both lower extremities, which preclude locomotion without the aid of braces, crutches, canes or a wheelchair.
- Blindness in both eyes, having only light perception, plus the anatomical loss or loss of use of one lower extremity.
- The loss or loss of use of one lower extremity together with residuals of organic disease or injury that so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes or a wheelchair.
- The loss or loss of use of one lower extremity together with the loss or loss of use of one upper extremity that so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes or a wheelchair.
- The loss or loss of use of both upper extremities, which precludes use of the arms at or above the elbow.
- Full thickness or subdermal burns that have resulted in contractures with limitation of motion of two or more extremities or of at least one extremity and the trunk.

“Preclude locomotion” means the necessity for regular and constant use of a wheelchair, braces, crutches or canes as a normal mode of locomotion, although occasional locomotion by other methods may be possible.

Amyotrophic lateral sclerosis (ALS) satisfies all VA SAH requirements if the veteran or member of the armed forces serving on active duty has service-connected ALS rated 100% disabling.

Special Home Adaptation Grant

VA Form 26-4555

Veterans who are rated with certain service-connected disabilities and service members on active duty who have certain disabilities that were incurred or aggravated in the line of duty in active military, naval or air service may be eligible for a Special Home Adaptation (SHA) grant. An SHA grant assists in building, remodeling or purchasing an adapted home for certain service-connected disabilities.

To be eligible, the applicant must not be entitled nor previously received assistance with an SAH grant, either own or be in the process of owning the home, and have a qualifying service-connected disability rated by the VA as permanently and totally disabling. Qualifying service-connected disabilities include:

- Anatomical loss or loss of use of both hands.
- Deep partial thickness burns that have resulted in contracture(s) with limitation of motion of two or more extremities or of at least one extremity and the trunk.
- Full thickness or subdermal burns that have resulted in contracture(s) with limitation of motion of one or more extremities or the trunk.
- Residuals of an inhalation injury (including, but not limited to, pulmonary fibrosis, asthma and chronic obstructive pulmonary disease).
- Blindness in both eyes, having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens. (This disability need not be rated as permanently and totally disabling.)

Please note: Veterans and service members who meet eligibility criteria may be able to receive up to three grants per fiscal year.

Temporary Residence Adaptation Grant

VA Form 26-4555

Veterans and service members rated eligible for the SAH or SHA grant may be eligible for the Temporary Residence Adaptation (TRA) grant. The TRA grant assists veterans and service members who are or will be temporarily residing in a family member's home by modifying it to meet the veteran's adaptive needs.

Please note: Only veterans and service members rated eligible for the SAH or SHA grant may be eligible for the TRA grant.

Clothing Allowance

VA Form 10-8678

To be eligible, veterans must have a VA-prescribed prosthetic or skin medication for a service-connected disability, and the device must cause wear and tear or skin medication cause irreparable staining to outer garments.

Clothing allowance is only awarded once per year, and under certain circumstances, the veteran may be eligible to receive more than one allowance if multiple types of garments are affected. To

be eligible for being awarded two clothing allowances, the veteran must use more than one prosthetic or orthopedic appliance, including but not limited to a wheelchair, medication for more than one skin condition, or an appliance and a medication; and the appliance(s) or medication(s) tend to wear or tear a single type of article of clothing or irreparably damage a type of outer garment at an increased rate of damage to the clothing or outer garment due to a second appliance or medication.

Please note: If a veteran has previously received or is intending to apply for more than one clothing allowance, this benefit must be applied for each year. If a veteran is in a static/recurring status for one clothing allowance and does not intend to apply for a second, there is no need to apply on an annual basis.

PENSION

Entitlement

VA Form 21P-527EZ

The information provided in this guide is for the pension program veterans may currently apply for, Improved Pension, which has been in effect since 1979. There are no more living veterans with wartime military service prior to World War II, so entitlement and eligibility requirements for earlier wartime periods are not included.

Some veterans still receive pension benefits under older programs such as Old Law and Section 306. Almost without exception, it will be to the veteran's advantage to continue to receive benefits under the older pension program as long as the veteran remains eligible to do so.

If a veteran chooses to switch from an older pension program to Improved Pension, the change is not reversible, even if the new pension program results in a lower benefit. Therefore, extreme caution must be taken, and such cases should be referred to the national service office for further review before any application is formally submitted to the Department of Veterans Affairs.

Military service requirements are met for a non-service-connected pension if the veteran served either:

- For 90 days or more during World War II, the Korean conflict, the Vietnam era or the Persian Gulf War.
- Less than 90 days during the below war periods and was discharged or released from service for a service-connected disability.
- For a period of 90 consecutive days or more, part of which must have been during a period of war.
- For an aggregate of 90 days or more in two or more separate periods of service during more than one period of war.

Generally, veterans who entered active duty on or after Sept. 8, 1980, or officers who entered active duty on or after Oct. 16, 1981, may have to meet a longer minimum period of active duty (24 months). The veteran must also be considered permanently and totally disabled and not exceed statutory income and net-worth limitations.

Periods of wartime service include:

- World War II: Dec. 7, 1941–Dec. 31, 1946.
- Korean conflict: June 27, 1950–Jan. 31, 1955.
- Vietnam era: Aug. 5, 1964–May 7, 1975, or Feb. 28, 1961–May 7, 1975 for veterans who served “in country” before Aug. 5, 1964.
- Persian Gulf War: Aug. 2, 1990–a date to be set by law or presidential proclamation.

Service-Connected Compensation vs. Non-Service-Connected Pension

VA compensation and pension differ, as compensation is a benefit paid based upon disabilities that occurred on active duty and pension is a benefit paid based on age, annual income and disability that was not a result of active service in the military. Both benefits are tax-free.

Accepting a non-service-connected pension as a benefit greater than service-connected compensation does not jeopardize the veteran's service-connected status. It also follows that the veteran does not give up the right to receive outpatient treatment and medication for a service-connected disability while receiving a non-service-connected pension.

Please note: It is impossible to state in advance whether or not a claim will be allowed for pension benefits. This determination may be made only by the VA rating boards. If the veteran has wartime service and is unable to secure gainful employment, and we or the claimant feels the required degree of disability is met, then we must file the claim.

A pension application can be submitted as a Fully Developed Claim if the proper evidence is obtained to substantiate that the veteran is permanently and totally disabled, and that income and net worth do not exceed the amounts established under law.

20-Year Protection

Veterans are afforded protection if they have been in receipt of pension for 20 years or more. Pension benefits that have been in effect for 20 years or more shall not be reduced, except in the case of fraud or excessive income.

Housebound Pension Rate

VA Form 21-2680

A veteran may qualify for a higher rate of pension if found to be permanently housebound. To qualify for housebound benefits, the veteran must have a permanent and total (rated 100%) disability as well as other disabilities independently evaluated at 60% or more, or be so severely disabled as to be housebound in fact.

Aid and Attendance Pension Rate

VA Form 21-2680

Veterans who suffer severe disability may be entitled to additional benefits when the need for the regular aid and attendance of another person is demonstrated. Such need exists when veterans are unable to feed themselves, dress or undress themselves, or keep themselves ordinarily clean and presentable.

Eligibility may also be shown when veterans are unable to attend to the wants of nature or have an incapacity, physical or mental, that requires care or assistance on a regular basis to protect them from hazards or dangers incident to their daily environment. Veterans who are permanently bedridden because of disability also meet the requirement for the aid and attendance benefit.

Veterans who are patients in a nursing home on account of a physical or mental incapacity will be considered in need of regular aid and attendance. Generally, however, the higher rate of pension for those in need of regular aid and attendance will be discontinued when hospitalization or nursing home care is at VA expense.

In general, veterans meet the basic eligibility requirements for the aid and assistance level of pension if they:

- Require the aid of another person in order to perform activities of daily living, such as bathing, feeding, dressing, toileting or adjusting prosthetic devices, or to be protected from the hazards of the daily environment.
- Are bedridden, in that disabilities require that they remain in bed apart from any prescribed course of convalescence or treatment.
- Are patients in a nursing home due to mental or physical incapacity.
- Have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less.

Reduction of Pension

Where any veteran having neither spouse nor child is being furnished domiciliary care or nursing home care by the Department of Veterans Affairs, no pension in excess of an amount established by the VA will be paid per month to or for the veteran for any period after the end of the third full calendar month following the month of admission.

Pension benefits cannot be paid to a veteran confined to prison beyond 60 days as the result of a conviction for a felony or a misdemeanor. The pension in effect is suspended as of the 61st day of confinement and is restored when the imprisonment ends, provided that the veteran is still entitled to receive the pension at that time. If the veteran has dependents, the VA may apportion all or part of that pension benefit to the dependents during the time the veteran is incarcerated.

Other than the payment of pension to dependents during hospitalization or imprisonment, there is generally no apportionment based on estrangement, unless an apportionment is filed for dependent children.

In unusual cases, where it can be demonstrated that such an apportionment would not place undue hardship on the veteran but would cause undue hardship on the dependents if the apportionment were not made, the VA can effect a special apportionment of the veteran's pension.

Changes in Income

It is necessary that the veteran keep the VA advised of any change in dependents or income, which is a factor not only in continued entitlement to pension but also in the amount of pension payable.

Pension Rate Calculation

The VA calculates annual pension by first determining for a veteran's particular circumstances the maximum annual pension rate (MAPR), an amount set by Congress. The MAPR changes periodically through cost-of-living increases.

In general, the VA determines the veteran's countable income by subtracting from the total income received in a particular 12-month period the amount of those exclusions provided by law. The VA then subtracts the countable income from the MAPR. The difference is the annual pension entitlement. The VA divides this amount by 12 and rounds down to the nearest dollar, arriving at the approximate amount of monthly pension payment.

Please note: Calculation of pension rates and continuing eligibility based on itemizing deductible exclusions from a veteran's income can sometimes be a complicated matter. Contact your DAV national service office if you have questions or need assistance.

The VA deducts certain expenses paid by the veteran, such as unreimbursed medical expenses, from the annual household income, which decreases the countable income and increases the monthly pension payment.

DEATH BENEFITS

Entitlement

There are basically two types of monthly death benefits payable to eligible dependents or survivors by the Department of Veterans Affairs: service-connected and non-service-connected monthly benefits. Both benefits are applied for by using VA Form 21P-534EZ. Any entitlement to accrued benefits will also be reviewed using this form.

Non-service-connected death benefits are referred to as a Death Pension. Service-connected death benefits are payable in two types:

- Death Compensation.
- Dependency and Indemnity Compensation (DIC).

Compensation

Dependency and Indemnity Compensation

VA Form 21P-534EZ (surviving spouse or child)

VA Form 21P-535 (surviving parent[s])

DIC is a monthly benefit awarded to the surviving spouse, children or parents of any veteran who died on or after Jan. 1, 1957. This benefit is provided to eligible survivors of either:

- Service members who died while on active duty, active duty for training or inactive duty training.
- Veterans who died as a result of a service-connected injury or disease.
- Veterans who did not die as a result of a service-connected injury or disease but were totally disabled, which includes scheduler, extra-scheduler and increased evaluation based on Individual Unemployability, by a service-connected disability either:
 - For at least 10 years before death.
 - Since their release from active duty and for at least five years before death.
 - For at least one year before death, if they were a former prisoner of war and died after Sept. 30, 1999.

Important: Veterans or service members must have been discharged or released under conditions other than dishonorable from the period of active military, naval or air service in which the disability responsible for their death was incurred or aggravated. The veterans' or service members' death must not have been the result of their own willful misconduct.

A surviving spouse may be eligible for DIC benefits if the surviving spouse is not remarried and was either:

- Married to a service member who died on active duty, active duty for training or inactive duty training.
- Married to the deceased veteran before Jan. 1, 1957.
- Married to a veteran who died from a service-connected injury or disease, as long as the marriage began within 15 years of discharge.
- Married to the deceased veteran for at least one year.
- Had a child with the veteran and cohabitated with the veteran until their death or, if separated, was not at fault for the separation.

Please note: A surviving spouse who remarries on or after Dec. 16, 2003, and on or after attaining age 57, is entitled to continue to receive DIC.

A surviving child may be eligible for DIC benefits if the surviving child was:

- Not included on the surviving spouse's DIC.
- Unmarried.
- Under age 18 or between the ages of 18 and 23 and attending school.

Please note: A child adopted out of the veteran's family may be eligible for DIC if all other eligibility criteria are met.

Surviving parents include biological, adoptive and foster parents, and the parents must have an income below the limit established by law. Surviving parents may be eligible for DIC benefits if it is shown that either:

- The service member died from an injury or disease while on active duty or in the line of duty while on active duty for training.
- The service member died from an injury or certain diseases in the line of duty while on inactive duty training.
- The veteran died from an injury or disease deemed to be related to military service.

A foster parent means a person who stood in the relationship of a parent to the veteran for at least one year before the veteran's last entry into active service.

Please note: In determining parents' income under DIC, numerous exclusions and deductible expenses are taken into consideration to calculate the potential monthly amount payable. Department and chapter service officers should refer dependent parents who need assistance with DIC payment calculation documentation to the DAV national service office of jurisdiction.

Rates Payable

DIC rates vary depending upon when the veteran's death occurred. Rates payable to a surviving spouse for deaths occurring prior to Jan. 1, 1993, are based on the military pay grade of the person upon whose death the entitlement is established.

For deaths on or after Jan. 1, 1993, monthly DIC payments are the same for all claimants regardless of the veteran's pay grade during military service.

If a veteran was rated totally disabled as a result of service-connected disabilities for at least eight continuous years preceding death, the surviving spouse is entitled to an additional monthly amount of DIC if the spouse was married to the veteran for those same eight years.

Death Pension

VA Form 21-534EZ

Generally, Death Pension claims should be filed within 45 days of the veteran's death if the claimant does not expect to receive any large lump-sum payment.

Death Pension claims should be filed more than 45 days after the veteran's death if the claimant expects to receive any large lump-sum payment such as life insurance.

Death Pension is a monthly benefit awarded to surviving spouses and to eligible children of veterans with honorable wartime service whose death was unrelated to service.

The monthly amount is regulated by income and will generally be awarded to a surviving spouse whose income is not excessive and who was married to the veteran either:

- One year or more prior to the veteran's death.
- For any period of time if a child was born of the marriage or was born to them before the marriage.

The military service requirements of the veteran for surviving dependents to receive Death Pension are the same wartime requirements of non-service-connected pension benefits as noted in this guide.

Surviving spouses, children and dependent parents of peacetime veterans are not entitled to non-service-connected Death Pension. If the veteran's death was the result of service-connected disability, these dependents would be entitled to DIC.

There are major provisions of the current pension law, and essentially, the program ensures that VA Death Pension benefits will never be reduced solely as a result of cost-of-living increases in Social Security payments.

Therefore, increased Death Pension payments will be identical percentage rates and will become effective on the same date as Social Security increases rather than at the end of the year. This permits concurrent cost-of-living increases in both pension and Social Security.

Some surviving spouses and children still receive pension benefits under older programs such as Old Law and Section 306. Almost without exception, it will be to their advantage to continue to receive benefits under the older Death Pension program as long as they remain eligible to do so.

If a dependent chooses to switch from an older pension program to Improved Death Pension, the change is not reversible, even if the new pension program results in a lower benefit. Therefore, extreme caution must be taken, and such cases should be referred to the national service office for further review before any application is formally submitted to the VA.

Please note: The veteran must keep the VA advised of any change in dependents or income, which is a factor not only in continued entitlement to pension but also in the amount of pension payable.

Accrued Benefits

VA Form 21P-601

Veterans' surviving spouses, children or dependent parents may be eligible for accrued benefits depending upon whether the veterans had a claim pending or were otherwise entitled to benefits, at the time of their death. Examples of accrued benefits include:

- A claim or appeal for a recurring benefit (e.g., service-connected compensation) that was pending at the time of death in which all evidence needed for a favorable decision is in the VA's possession
- A claim for a recurring benefit that had been allowed, but the veteran died before the award was issued.

In circumstances such as these, accrued benefits are the retroactive pay veterans would have received if they were still alive.

VA accrued benefits may be paid to either:

- A surviving spouse, to whom the full amount of VA accrued benefits will be paid.
- Surviving children, if there is no surviving spouse. VA accrued benefits will be paid in equal shares to a deceased veteran's children under age 18, between ages 18 and 23 who are attending school, or who are found helpless.
- Surviving parents, if the deceased veteran does not have a surviving spouse or any surviving children. If both parents are entitled, VA accrued benefits will be split evenly. If only one parent is entitled, that parent will be paid the full amount.

Please note: Claims for accrued benefits must be filed within one year after the date of the veteran's death.

Important: If an eligible survivor is only filing for accrued benefits and not DIC or Death Pension, then a VA Form 21P-601, "Application for Accrued Amounts Due a Deceased Beneficiary," should then be completed.

Burial Benefits

VA Form 21P-530

Entitlement

VA burial allowances are flat-rate monetary benefits that are generally paid at the maximum amount authorized by law for an eligible veteran's burial and funeral costs. A VA regulation change in 2014 simplified the program to pay eligible survivors quickly and efficiently. Eligible surviving spouses of record are paid automatically upon notification of a veteran's death, without the need to submit a claim.

The VA may grant additional benefits, including the plot or interment allowance and transportation allowance, if it receives a claim for these benefits. If the burial benefit has not been automatically paid to the surviving spouse, the VA will pay the first living person to file a claim of those listed below:

- The veteran's surviving spouse.
- The survivor of a legal union between the deceased veteran and the survivor.
- The veteran's children, regardless of age.
- The veteran's parents or surviving parent.
- The executor or administrator of the estate of the deceased veteran.

“Legal union” means a formal relationship between the veteran and the survivor— recognized under the law of the state in which the couple formalized the relationship and evident by the state's issuance of documentation memorializing the relationship—existed on the date of the veteran's death.

The veteran must have been discharged under conditions other than dishonorable. In addition, at least one of the following conditions must be met:

- The veteran died as a result of a service-connected disability.
- The veteran was receiving VA pension or compensation at the time of death.
- The veteran was entitled to receive VA pension or compensation but decided to receive full military retirement or disability pay.
- The veteran died while hospitalized by the VA or while receiving care under VA contract at a non-VA facility.
- The veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment or care.
- The veteran had an original or reopened claim for VA compensation or pension pending at time of death and would have been entitled to benefits from a date prior to the date of death.
- The veteran died on or after Oct. 9, 1996, while a patient at a VA-approved state nursing home.

Please note: If the veteran is buried in a VA national cemetery, the VA may reimburse some or all of the costs of transporting the deceased veteran's remains.

Non-Service-Connected Burial Benefits

If the veteran died on or after Oct. 1, 2019, the VA may pay toward burial and funeral expenses whether or not the veteran was hospitalized by the VA at time of death, as well as for a plot if not buried in a national cemetery. Amounts paid may adjust year to year, as the VA began using the Consumer Price Index for modifications in fiscal year 2013.

If the death occurred while the VA properly hospitalized the veteran, or under VA-contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed. The VA does not pay burial benefits if the veteran died during active military service, was a member of Congress who died while holding office or was a federal prisoner.

Please note: If the veteran dies while traveling at VA expense for the purpose of examination, treatment or care, the VA will pay burial and plot allowances and transportation expenses.

Unclaimed Remains: For veterans who die and their remains are unclaimed, the entity responsible for the burial of the veteran would be entitled to a burial allowance. If the veteran is buried in a VA national cemetery, the VA may reimburse the cost of transporting the deceased veteran's remains. The VA may also reimburse for the cost of a plot.

Burial Flags

VA Form 27–2008

U.S. flags are provided, at no cost, to drape the casket or accompany the urn of deceased veterans who served honorably in the U. S. armed forces. They are furnished to honor the memory of veterans' military service to their country. The VA will furnish a burial flag for memorialization for an other than dishonorably discharged:

- Veteran who served during wartime.
- Veteran who died on active duty after May 27, 1941.
- Veteran who served after Jan. 31, 1955.
- Peacetime veteran who was discharged or released before June 27, 1950.
- Persons who served in the organized military forces of the commonwealth of the Philippines while in service of the U.S. armed forces and who died on or after April 25, 1951.
- Certain former members of the selected reserves.

These flags may be secured from the VA or a local post office. They are given to the next of kin after burial. Reimbursement will not be made for flags privately purchased by relatives, friends or other persons, nor will flags be issued to undertakers, organizations or individuals to replace flags loaned or donated by them. A flag is also available to eligible survivors of service members who died in service but whose remains were lost at sea or, for some other reason, not recovered.

Headstone and Markers

VA Form 40-1330

Upon request, the VA will furnish government granite headstones; marble headstones; or flat bronze, granite or marble markers at the expense of the United States for the unmarked grave of:

- Any individual buried in a post or national cemetery.
- Any individual eligible for burial in a national cemetery who is not buried there.
- Any soldier of the Union and Confederate armies of the Civil War.
- Any veteran who died while on active duty and whose remains have not been recovered or were buried at sea.
- Any veteran whose remains were donated to science.
- Any veteran whose remains were cremated and the ashes scattered without interment.

For national cemetery burials, the style of headstone of marker chosen must be consistent with existing monuments at the location of the plot. Bronze niche-markers also are available to mark buried columbaria of cremated remains. Government-furnished headstones and markers must be inscribed with the name of the deceased, branch of service, and the year of birth and death, in that order.

Headstones and markers may be inscribed with other items, including:

- An authorized emblem of religious belief.
- Additional text, such as military grade, rate or rank, war service (e.g., World War II), complete dates of birth and death, military awards, military organizations, and civilian or veteran affiliations.

When burial or memorialization is in a national, state or military veterans cemetery, the headstone or marker must be ordered through cemetery officials. For information on available styles or to request one, the claimant must contact the appropriate cemetery.

Please note: VA Form 40-1330 should be used in requesting a headstone or marker. The application may be submitted by any interested party and should be accompanied by a copy of the veteran's DD Form 214 or other separation document.

A replacement marker or headstone will be provided without charge if an error in the inscription is made by the contractor. If the error is a true representation of the information found on the application, the cost of replacement must be paid by the applicant.

The VA cannot issue a headstone or marker for a spouse or dependent buried in a private cemetery.

National Cemeteries

VA Form 40-10007

The VA implemented the pre-need burial eligibility determination program to assist those who would like to know if they are eligible for burial in a VA national cemetery. The VA is promoting pre-need eligibility determinations to encourage veterans and their eligible family members to plan to use VA burial benefits that veterans have earned through their military service. Planning for a veteran's or loved-one's final resting place can eliminate unnecessary delays and reduce stress on a family at a difficult time. Veteran families will have increased confidence that their loved ones are eligible for burial in a VA national cemetery at their time of need.

Any veteran discharged under conditions other than dishonorable is entitled to burial in any open national cemetery. Burial in any open national cemetery is also available to:

- Any reservist or ROTC cadet whose death occurs under honorable conditions while undergoing treatment at the expense of the U.S. government for injuries or disease contracted while acting within the scope of their authorized duties.
- Any U.S. citizen who served in the armed forces of an allied government and such service terminated honorably.
- Any member of the armed services who died on active duty.
- Effective Jan. 19, 1988, all American merchant seamen who were on active ocean-going service during the period of Dec. 7, 1941, through Aug. 15, 1945.
- Members of the Women's Army Auxiliary Corps serving 90 days or more before Oct. 1, 1943, and discharged for service-connected disability.
- The wife; surviving spouse; minor child; and, in certain instances, the unmarried adult child of the above-mentioned persons.
- Such other persons as may be designated by the VA secretary.

If burial is desired in a national cemetery, arrangements should be made through the deceased veteran's undertaker, who, in turn, will make the necessary arrangements by wiring the superintendent of the nearest national cemetery, where the burial is to be made. The surviving spouse must assume the cost of having the veteran's body transported to the national cemetery (except as indicated in this section under "Burial Benefits").

No gravesite may be assigned to living veterans for burial in Arlington National Cemetery or any other national cemetery in advance of immediate requirements. Applications may only be made at the time of death of the veteran or that of an eligible dependent.

Effective April 15, 1977, former members of the armed forces whose last period of service terminated honorably and who were separated for physical disabilities (at least 30% under VA standards in effect at time of determination) prior to Oct. 1, 1949, are eligible for burial in Arlington National Cemetery. Also eligible are veterans awarded the Silver Star, Distinguished Service Medal, Distinguished Service Cross, Navy Cross, Air Force Cross, Purple Heart or Medal of Honor.

A 1997 law bars people convicted of federal or state capital crimes who are sentenced to death or life without parole from being buried or memorialized in one of the VA national cemeteries or in Arlington National Cemetery.

Arlington National Cemetery is under the jurisdiction of the U.S. Army. Eligibility for burials is more limited than at other national cemeteries. For information on Arlington burials, write to Superintendent, Arlington National Cemetery, Arlington, VA 22211; call 703-695-3250; or visit <https://www.arlingtoncemetery.mil/>.

Presidential Memorial Certificates

VA Form 40-0247

Presidential Memorial Certificates (PMCs) are issued to honor the memory those whom the VA finds eligible for burial in a national cemetery. The PMC is a parchment certificate with a calligraphic inscription expressing the nation's grateful recognition of the veteran's service. The veteran's name is inscribed and the certificate bears the signature of the president and the presidential seal in gold foil.

This program was initiated in March 1962 by President John F. Kennedy and has been continued by all subsequent presidents. Statutory authority for the program is Section 112, Title 38, United States Code. Eligible recipients include the next of kin and loved ones of honorably discharged deceased veterans. More than one certificate may be provided.

Military Funeral Honors

The Department of Defense is responsible for providing military funeral honors. The Honoring Those Who Served program provides dignified military funeral honors to veterans who have defended our nation.

The law requires that, upon request, every eligible veteran receives a military funeral honors ceremony, which includes folding and presenting the U.S. burial flag and playing of Taps. The law defines a military funeral honors detail as consisting of two or more uniformed military members with at least one member of the veteran's parent service of the armed forces. The DOD program calls for funeral home directors to request military funeral honors on behalf of the veteran's family. However, the VA National Cemetery Administration cemetery staff can also assist with arranging military funeral honors at VA national cemeteries. Veterans organizations may assist in providing military funeral honors. When military funeral honors at a national cemetery are desired, they are arranged prior to the committal service by the funeral home.

For more information on military funeral honors, visit [Military One Source online](#) or write to:

Deputy Assistant Secretary of Defense
(Military Community and Family Policy)
4000 Defense Pentagon, Room 5A726
Washington, DC 20380

Gratuity Pay

To be eligible for gratuity pay, death must have occurred while on active duty; active duty for training; inactive duty training; or within 120 days after discharge from active duty or active duty for training and the cause of death was service connected. In the case of active-duty training, the gratuity is payable only if injury causing death was sustained during the training period.

On May 25, 2007, a new death gratuity beneficiary policy became effective that allows service members to designate up to 50% of their death gratuity to a person of the service member's choice. The balance of the death gratuity is paid to the service member's living survivors. The DOD command to which the deceased was attached automatically pays the gratuity as soon as possible.

MEDICAL BENEFITS

The Department of Veterans Affairs' nationwide health care system has expanded greatly over the past decade, with new locations being added to the system. The number of treatment sites now stands at more than 1,400, which makes providing a directory in this guide impractical. Additionally, the VA has developed numerous internet sites and telephone hotlines especially for veterans to access important information and services. At the end of this chapter, we have provided a directory of important links and numbers for your use in providing up-to-date information to veterans and their families.

To ensure health care benefits are readily available to all enrolled veterans, the VA determines eligibility for the comprehensive medical benefits package through a patient enrollment system, which is based on Priority Groups 1 through 8. Eligibility for VA health benefits is based on each veteran's unique eligibility factors.

Most veterans must be enrolled to receive VA health care. While some veterans are not required to enroll due to their special eligibility status, all veterans, including those who have special eligibility, are encouraged to apply for enrollment. Enrollment in the VA health care system provides veterans with the assurance that their health care services will be available when and where they are needed during that enrollment period.

Basic Eligibility

Veterans who served in the active military, naval or air service and are separated under any condition other than dishonorable may qualify for health care benefits. Also, current and former members of the Reserve or National Guard who were called to active duty (other than for training only) by a federal order and completed the full period for which they were called or ordered to active duty may be eligible for VA health care.

Minimum Duty Requirements

Most veterans who enlisted after Sept. 7, 1980, or entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty to be eligible. This minimum duty requirement may not apply to veterans who were discharged for a disability incurred or aggravated in the line of duty, were discharged for a hardship, received an "early out" or served prior to Sept. 7, 1980. Since there are a number of other exceptions to the minimum duty requirements, veterans are encouraged to apply so the VA may determine their enrollment eligibility.

Applying for VA Health Care Benefits

There are four ways for a veteran to apply for VA health care benefits:

1. *In person at the nearest VA medical facility*
2. *By completing VA Form 10-10EZ and mailing it to:*
 - 3) *Health Eligibility Center*
 - 4) *2957 Clairmont Rd., Suite 200*
 - 5) *Atlanta, GA 30329*
3. *By phone: 1-877-222-8387*
4. *Online: <https://www.va.gov/health-care/apply/application/introduction>*

A great tool to help veterans know exactly what VA health care benefits they are eligible for is the VA Health Benefits Explorer application: <https://www.va.gov/healthbenefits/apps/explorer>. This tool allows veterans to input their application information. Before submissions to the VA, the application will list services veterans qualify for and any copays they may be responsible for.

Priority Groups

Based on eligibility status, veterans are assigned a priority group ranging from 1 to 8, with Priority Group 1 being the highest for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled veterans.

Priority Group 1

- Veterans with service-connected disabilities rated 50% or more
- Veterans assigned a total disability rating for compensation based on Individual Unemployability
- Medal of Honor (MOH) recipients

Priority Group 2

- Veterans with service-connected disabilities rated 30% or 40%

Priority Group 3

- Former prisoners of war
- Veterans awarded the Purple Heart
- Veterans whose discharge was for a disability incurred or aggravated in the line of duty
- Veterans with service-connected disabilities rated 10% or 20%
- Veterans awarded special eligibility classification under Section 1151, Title 38, United States Code

Priority Group 4

- Veterans receiving increased VA compensation or pension based on the need for aid and attendance or by reason of being rated as permanently housebound
- Veterans determined to be “catastrophically disabled”

Priority Group 5

- Non-service-connected veterans and service-connected veterans rated noncompensable (zero percent) whose annual income or net worth is not greater than VA financial thresholds
- Veterans in receipt of VA pension benefits
- Veterans eligible for Medicaid benefits

Priority Group 6

- Noncompensable (zero percent) service-connected veterans
- Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki
- Project 112/SHAD participants
- Veterans who served in the Republic of Vietnam between Jan. 9, 1962, and May 7, 1975
- Veteran who served at Camp Lejeune for at least 30 days between Aug. 1, 1953, and Dec. 31, 1987
- Veterans of the Persian Gulf War who served in the Southwest Asia theater of combat operations between Aug. 2, 1990, and Nov. 11, 1998
- For five years after discharge, veterans who served in a theater of combat operations and were discharged from active duty on or after Jan. 28, 2003

Priority Group 7

- Veterans with incomes below the geographic means test (GMT) income thresholds and who agree to pay the applicable copay

Priority Group 8

- Veterans with gross household incomes above the VA Means Test thresholds who were enrolled as of Jan. 16, 2003, and who agreed to pay the applicable copay
- Effective June 15, 2009, veterans whose gross household incomes do not exceed the VA Means Test thresholds or GMT income thresholds by more than 10% and who agree to pay the applicable copay

Catastrophically Disabled Veterans

Veterans may be determined by the VA to be “catastrophically disabled,” defined as having a permanent, severely disabling injury, disorder or disease that:

- Compromises the ability to carry out the activities of daily living to such a degree that there is a requirement for personal or mechanical assistance to leave home or bed.
- Requires constant supervision to avoid physical harm to oneself or others.

Veterans found to be catastrophically disabled are enrolled in Priority Group 4, unless eligible for a higher priority group and exempt from inpatient, outpatient and medication copays.

VA Health Registries

The VA maintains health registries related to environmental and occupational exposures of U.S. veterans during military service, including Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF), Gulf War, Vietnam, World War II and atomic test activities.

These registries include a free, specialized and comprehensive health examination provided by a VA Environmental Health clinician.

The VA and Department of Defense established the Depleted Uranium (DU) Follow-up Program at the Baltimore VA Medical Center to screen and monitor veterans for health problems associated with exposure to depleted uranium. The DU Follow-up Program involves:

- Detailed physical exams.
- Clinical tests of organ systems function.
- Recommendations for treatment, including surgical removal of embedded fragments.

Civilian Health and Medical Program of the Department of Veterans Affairs

VA Form 10-10d

VA Form 10-7959C (other health insurance)

Spouses, surviving spouses or a child of a veteran may be eligible for health insurance through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), which covers the cost of some of the health care services and supplies.

If an eligible spouse, child or survivor of a veteran meets at least one of the following criteria, they may be entitled to CHAMPVA:

- The spouse or child of a veteran rated permanently and totally disabled for a service-connected disability by a VA regional benefit office.
- The surviving spouse or child of a veteran who died from a VA-rated service-connected disability.
- The surviving spouse or child of a veteran who was at the time of death rated permanently and totally disabled from a service-connected disability.
- The surviving spouse or child of a service member who died in the line of duty, not due to misconduct. (In most of these cases, family members qualify for TRICARE, not CHAMPVA.)

Benefits of CHAMPVA

Services and supplies covered when determined medically necessary by the VA, and the services were provided by a VA-authorized provider, include:

- Ambulance service
- Ambulatory surgery
- Durable medical equipment
- Family planning and maternity
- Hospice
- Inpatient services
- Mental health services
- Outpatient services

- Pharmacy (prescription medicines)
- Skilled nursing care
- Transplants

Please note: CHAMPVA is a VA program, and TRICARE is a health care program for active-duty and retired members of the uniformed services, their families, and survivors. In some circumstances, the perception may be a veteran is eligible for both or either program; however, if the veteran is a military retiree, or the spouse of a veteran who was killed in action, they will always be a TRICARE beneficiary and cannot choose between the two.

Nursing Home Care

The VA provides nursing home services to veterans through three national programs, each with specific admission and eligibility criteria.

VA-Owned and Operated Community Living Centers (CLCs) provide a dynamic array of short-stay (less than 90 days) and long-stay (91 days or more) services.

Short-stay services include, but are not limited to, skilled nursing, respite care, rehabilitation, hospice and maintenance care for veterans awaiting placement in the community. Short-stay services are available for veterans who are enrolled in VA health care and require CLC services.

Long-stay services are available for enrolled veterans who need nursing home care for life or for an extended period of time for a service-connected disability and those rated 60% service connected and unemployable; or veterans or who have a 70% or greater service-connected disability. All others are based on available resources.

State Veterans Homes are owned and operated by the states. The states petition the VA for grant dollars for a portion of the construction costs, followed by a request for recognition as a state home. Once recognized, the VA pays a portion of the per diem if the state meets VA standards. States establish eligibility criteria and determine services offered for short- and long-term care. Specialized services offered are dependent upon the capability of the home to render them.

The Community Nursing Home Program has contracts established with VA medical centers. The purpose of this program is to meet the nursing home needs of veterans who require long-term nursing home care in their own community, close to their families, and meet the enrollment and eligibility requirements.

The general criteria for nursing home placement in each of the three programs requires that a resident must be medically stable (i.e., not acutely ill), have sufficient functional deficits to require inpatient nursing home care and is assessed by an appropriate medical provider to be in need of institutional nursing home care. Furthermore, the veteran must meet the specific eligibility criteria for CLC care, the Community Nursing Home program or the specific State Veterans Home.

In addition to nursing home care, the VA offers a variety of other long-term care services either directly or by contract with community-based agencies. Such services include adult day health care, respite care, geriatric evaluation and management, hospice and palliative care, home-based skilled nursing, and home-based primary care. Veterans receiving these services may be subject to a copay.

Outpatient Dental Treatment

VA outpatient dental treatment includes the full spectrum of diagnostic, surgical, restorative and preventive procedures. The extent of care provided may be influenced by eligibility category.

To be eligible to receive dental care, veterans must either:

- Have service-connected, compensable dental conditions.
- Be former prisoners of war.
- Have service-connected, noncompensable dental conditions as a result of combat wounds or service injuries.
- Have non-service-connected dental conditions determined by the VA to be aggravating a service-connected medical problem.
- Have service-connected disabilities rated at 100% or receive the 100% rate by reason of Individual Unemployability.
- Participate in a VA vocational rehabilitation program.
- Be enrolled in a VA homeless program for 60 consecutive days (for certain medically necessary outpatient dental services).
- Have non-service-connected dental conditions or disabilities for which treatment was begun while the veteran was in an inpatient status in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.
- Require treatment for dental conditions clinically determined to be complicating a medical condition that is currently under treatment.

Recently discharged veterans with a service-connected, noncompensable dental condition or disability who served on active duty 90 days or more and who apply for VA dental care within 180 days of separation from active duty may receive one-time treatment for dental conditions if the dental condition is shown to have existed at the time of discharge or release and the veteran's certificate of discharge does not indicate that the veteran received necessary dental care within a 90-day period prior to discharge or release. This includes veterans who reentered active military, naval or air service within 90 days after the date of a prior discharge and veterans whose disqualifying discharge or release has been corrected by competent authority.

Purchase Dental Plans

The VA is partnering with Delta Dental and MetLife to allow eligible veterans, plus family members receiving care under CHAMPVA, to purchase affordable dental insurance.

Veterans enrolled in VA health care can choose to purchase one of the offered dental plans. This program, originally a three-year pilot but extended through Dec. 31, 2021, has been designed for veterans with no dental coverage or those eligible for VA dental care who would like to purchase additional coverage. Participation will not affect entitlement to VA dental services and treatment.

There are no eligibility limitations based on service-connected disability rating or enrollment priority assignment. People interested in participating may complete an application online through either Delta Dental, <https://feds.deltadentalins.com/vadip/index.php>, or MetLife, <https://www.metlife.com/vadip/>.

Coverage for this dental insurance is available throughout the United States and its territories.

Also eligible for the new benefits are spouses and dependent children who are reimbursed for most medical expenses under the CHAMPVA program.

Dental services under the new program vary by plan and include diagnostic, preventive, surgical, emergency and restorative treatment. Enrollment in the VA Dental Insurance Plan (VADIP) is voluntary. Participants are responsible for all premiums, which range in pricing per month for individual plans. Copays and other charges may apply.

For more information on VADIP, visit <https://www.va.gov/healthbenefits/vadip/>.

Prosthetic Services

Generally, all veterans enrolled in the VA health care system are eligible for all needed prostheses, medical equipment and supplies. Certain veterans are eligible for needed prostheses, medical equipment and supplies even though they are not enrolled.

The two most significant groups of veterans who do not need to be enrolled are:

- Veterans needing prostheses, medical equipment and supplies for a service-connected disability.
- Veterans with a service-connected disability rated at least 50%.

Special Eligibility for Children With Spina Bifida

The VA provides needed health care benefits, including prostheses, medical equipment and supplies, to Vietnam veterans' children suffering from spina bifida or a disability associated with such condition. For complete details on eligibility rules for such benefits, refer to Sections 17.900–17.905, Title 38, Code of Federal Regulations (CFR).

Special Eligibility for Veterans Participating in Vocational Rehabilitation

Veterans participating in the VA's vocational rehabilitation program may receive VA health care benefits including prostheses, medical equipment and supplies. For complete details on eligibility rules for such benefits, refer to Section 17.47(j), Title 38, CFR.

Limitations on Benefits Available to Veterans Outside the United States

Veterans outside the United States are eligible for prostheses, medical equipment and supplies only for a service-connected disability, except as otherwise provided in Section 1724, Title 38 United States Code.

Repair or Replacement

Under certain conditions, the VA may provide repairs or replacement of VA-issued or VA-authorized prosthetic appliances. The VA may issue prosthetic service cards to veterans for limited repairs of their prosthetic appliances. The limitation of expenditures for the repairs is indicated on the card. Repairs in excess of the limitation indicated on the prosthetic service card must be approved by the VA prior to the repairs. Approval must be obtained by directly contacting the Prosthetic and Sensory Aids Services at a VA hospital.

Pharmacy Services

Pharmacy services are provided free to veterans:

- Receiving medication for treatment of service-connected conditions.
- Rated 50% or more service-connected disabled.
- Whose annual incomes do not exceed the maximum VA pension.

Non-service-connected veterans and veterans with a service-connected rate of less than 50% are charged a pharmacy copay for each 30-day supply.

The VA will fill non-VA prescriptions for veterans who are in receipt of aid and attendance or housebound benefits. These veterans may contact, or have their non-VA physician contact, their local VA facility's pharmacy service for more information. Otherwise, the VA is not authorized to fill prescriptions unless they are written by a VA provider. This requirement ensures the VA is able to provide and track the complete medical care for all veteran patients. The total medication management for a prescription is the responsibility of the provider who writes that prescription.

If the veteran is receiving care from a non-VA physician, the VA providers need to know about all of the medications (prescription, over-the-counter and herbal supplements) being taken. The private provider must also be aware of the medical treatment and medications received from the VA.

If a non-VA physician has prescribed a medication that is not on the VA National Formulary, the VA physician may elect to rewrite that prescription for a formulary medication. If this switch is made, it is because the VA health care provider believes the formulary drug offers the best safety, effectiveness and overall value.

If the VA health care provider believes that the VA National Formulary medication should not be prescribed, an alternative will be sought. The VA health care provider may need to contact the non-VA physician to obtain access to medical documents that support using a nonformulary medication.

Mental Health and Readjustment Counseling

The VA provides specialty inpatient and outpatient mental health services at its medical centers and community-based outpatient clinics. Additionally, readjustment counseling services are available at Vet Centers across the nation. The goal is to support recovery and enable veterans who experience mental health problems to live meaningful lives in their communities and to achieve their full potential.

The VA provides no-cost military sexual trauma counseling and referral, which include appropriate care and services to overcome psychological trauma resulting from a physical assault or battery of a sexual nature or from sexual harassment that occurred while the veteran was on active duty or was on active duty for training.

Vet Centers provide individual, group, family, military sexual trauma and bereavement counseling to combat veterans in the effort to make a satisfying transition from military to civilian life. Generally, veterans are eligible if they served on active duty in a combat theater.

Services include individual and group counseling; marital and family counseling for treatment of post-traumatic stress disorder; or help with any other military-related issue that affects functioning within the family, work, school or other areas of everyday life. Other services include outreach, education, medical referral, homeless veteran services, employment, VA benefit referral and the brokering of non-VA services.

Bereavement counseling is available through Vet Centers to all immediate family members (including spouses, children, parents and siblings) of service members who die in the line of duty while on active service, including federally activated members of the National Guard and Reserve components.

Suicide Prevention

The VA estimates 20 veterans commit suicide every day. And while the VA, Congress and the administration have been making strides to combat the nationwide epidemic, the issue still looms largely over the veteran community. Suicide is a public health challenge that causes immeasurable pain among individuals, families, and communities across the country, and it is also preventable.

Because service officers meet with veterans daily, they must be able to recognize a veteran in crisis and have a plan in place to help. The VA has adopted the mnemonic S.A.V.E. to assist in identifying a veteran in crisis and what steps to take after identification.

S.A.V.E. – Signs, Ask, Validate, Encourage/Expedite

Signs of suicidal thinking- There is no single profile to guide recognition, but there are a number of warning signs and symptoms one can be mindful of. A few of these symptoms include hopelessness, anxiety, agitation, feeling no reason to live, anger, increasing alcohol or drug use, or withdrawal from family or friends.

Warning Signs and Symptoms

- Appearing sad or depressed most of the time
- Hopelessness; feeling like there's no way out
- Anxiety, agitation, sleeplessness, or mood swings
- Feeling like there is no reason to live
- Feeling excessive guilt, shame, or sense of failure
- Rage or anger
- Engaging in risky activities without thinking
- Losing Interest in hobbies, work, or school
- Increasing alcohol or drug misuse
- Neglecting personal welfare; a deteriorating physical appearance
- Withdrawing from family and friends
- Showing violent behavior, like punching a hole in the wall or getting into fights
- Giving away prized possessions
- Getting affairs in order, tying up loose ends, or writing a will

Signs and Symptoms Requiring Immediate Attention

- Thinking about hurting or killing themselves
- Looking for ways to kill themselves
- Self-destructive or risk-taking behavior such as drug misuse, carelessly handling weapons, etc.
- Talking about death, dying, or suicide

Please note: Safety is everyone's number one priority, please make sure no one is in harm's way when making an intervention during a crisis. Never negotiate with someone with a gun, get to safety and **call 911**. If a veteran has taken pills, cut or harmed them self, **immediately call 911**.

Ask the question- If there is any suspicion that a veteran is considering suicide, it is vital to ask the most important question of all, "*Are you thinking about killing yourself?*" Ask in as natural way as possible and be comfortable, it is okay to ask.

Just remember...

- Don't ask the question in a way that leads to a "no" answer such as, "*you aren't thinking of killing yourself, are you?*"
- If there are signs, don't wait until you or the veteran is getting ready to leave to ask the question, make sure you have time to discuss his or her answer.
- Stay calm, there is no quick fix, so take your time with the veteran. Listen more than you speak, keep good eye contact, look confident, don't argue, have comforting body language, make encouraging and supportive comments, and be honest.

Validate the veterans experience- Listen to the veteran and realize that the situation is serious. Acknowledge how they are feeling, and do not be judgmental. Talk openly about suicide, listen to the veteran and allow him or her to express themselves. Reassure the veteran that help is available and you will assist him or her in finding it.

Encourage treatment- Let the veteran know that there are experts out there that can and want to help them. Explain that getting treatment isn't any different than seeking it for other conditions, and it will help.

- If the veteran is with you and a computer is available, visit [MakeTheConnection.net](https://www.maketheconnection.net) so they can hear stories of recovery from other veterans who have coped with challenges like theirs. A variety of veterans — men and women, younger and older — talk about their emotions, actions, symptoms, and what they did to get on a path to recovery.

If the veteran is *not* in immediate danger, direct them to:

- Visit [VeteransCrisisLine.net](https://www.veteranscrisisline.net) to learn about the support available.
- Use the [resource locator](#) to discover the suicide prevention resources in the veterans area, including VA medical centers and Suicide Prevention Coordinators.

Expedite getting help- If a veteran is in crisis, in need of immediate attention, or you're concerned about one, don't leave them alone and quickly get them in contact with the Veterans Crisis Line or counselor. There are specially trained responders ready to help, 24 hours a day, 7 days a week, 365 days a year.

The Veterans Crisis Line connects service members and veterans in crisis, as well as their family members and friends, with qualified, caring VA responders through a confidential toll-free hotline, online chat, or text-messaging service.

Quickly get them in contact with a qualified responder by:

- Dialing **1-800-273-TALK (8255)** and **Press 1** to talk to someone.
- Sending a text message to **838255** to connect with a VA responder.
- Starting a confidential online chat session at [VeteransCrisisLine.net/Chat](https://www.veteranscrisisline.net/Chat).
- [Finding a VA facility](#) nearest to the service member or veteran.
- Visiting [MilitaryCrisisLine.net](https://www.militarycrisisline.net) if they are an active duty service member, guardsman, or reservist.
- Connecting through chat, text, or TTY if service members or veterans are **deaf or hard of hearing**.

Please note: If you are not in face-to-face contact but are speaking over the phone with a veteran who expresses intent or has admitted to harming them self or others, **immediately call 911** for assistance.

Women Veterans

Women veterans are eligible for the same VA benefits as male veterans. Services and benefits for women veterans are gender sensitive, reflecting an understanding that women have unique health care needs. The VA provides appropriate and timely medical care to any eligible woman veteran. In addition to routine medical care, VA medical facilities provide each woman veteran upon admission with a complete physical exam that includes a breast and pelvic examination. Preventive health care is emphasized that includes counseling, contraceptive services, menopause management, Pap smears and mammography. Referrals are made for services that are not available at a VA facility.

DAV has been a leading advocate for equitable benefits and care for women veterans. DAV published a report, *Women Veterans: The Long Journey Home*, in 2014 about obstacles women veterans face during and after service. The report included 27 key recommendations on how to establish peer support groups, improve the transition process, improve access to gender-specific health care and many other legitimate concerns facing our women veterans. The full report is available at <https://www.dav.org/wp-content/uploads/women-veterans-study.pdf>. In addition, *Women Veterans: The Journey Ahead*, a follow-on report published in 2018, is available at https://www.dav.org/wp-content/uploads/2018_Women-Veterans-Report-Sequel.pdf.

VA health care professionals can also provide counseling and treatment to help women overcome psychological trauma resulting from personal and sexual assault during military service.

To ensure privacy for women veterans, VA medical centers have made structural changes. Women veterans coordinators are available at all VA facilities to assist women veterans seeking treatment and benefits.

Family Caregivers**VA Form 10-10CG**

The VA Program of Comprehensive Assistance for Family Caregivers provides support and assistance to caregivers of post-9/11 veterans and service members being medically discharged. Eligible primary family caregivers can receive a stipend, training, mental health services, travel and lodging reimbursement, and access to health insurance if they are not already under a health care plan.

The VA MISSION Act expanded the caregivers program to those who served prior to Sept. 11, 2001. Implementation of the expanded program will first be available to those who incurred or aggravated a serious injury in the line of duty before May 7, 1975, and then two years from implementation; the program will again expand to those who incurred or aggravated a serious injury in the line of duty after May 7, 1975, through Sept. 10, 2001.

In order for veterans to be eligible for caregiver assistance, they must:

- Be a veteran, or member of the armed forces, undergoing a medical discharge
- Have an individual or combined VA disability rating of 70 percent or higher
- Served during one of the following periods
 - On or after September 11, 2001, or
 - On or before May 7, 1975
 - On October 1, 2022 the program will be open to veterans of all era's.
- Have service connected disabilities that were caused or aggravated by active duty service
Need at least six months of continuous, in-person personal care services.

In order for the caregiver assisting the veteran to be eligible, they must:

- Be at least 18 years old
- Be the spouse, child, parent, stepparent, step-child, or extended family member of the veteran
- Live with the veteran full time or be willing to if designated as the family caregiver.

Before VA approves an applicant to serve as a family caregiver, the applicant must:

- Be initially assessed by VA as being able to complete caregiver education and training. Such assessment will consider any relevant information specific to the needs of the eligible veteran, as well as:
 - Whether the applicant can communicate and understand the required personal care services and any specific instructions related to the care of the eligible veteran (accommodation for language or hearing impairment will be made to the extent possible and as appropriate); and
 - Whether the applicant will be capable of performing the required personal care services without supervision, in adherence with the eligible veteran's treatment plan in support of the needs of the eligible veteran.
- Complete caregiver training and demonstrate the ability to carry out the specific personal care services, core competencies, and additional care requirements. Caregiver training is a program of education and training approved by VA that meets the needs of the eligible veteran. Family members may be eligible for beneficiary travel. Caregiver training covers, at a minimum, the following core areas:
 - Medication management
 - Vital signs and pain control
 - Infection control
 - Nutrition
 - Functional activities
 - Activities of daily Living
 - Communication and cognition skills
 - Behavior management skills
 - Skin care
 - Caregiver self-care

The veteran can appoint one primary (main) and up to two secondary (backup support) family caregivers. Family caregivers can receive travel, lodging, and financial assistance when traveling with the veteran to receive care. They may also be eligible to receive a monthly stipend along with access to healthcare through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

VA MISSION Act

The VA Mission Act of 2018 is designed to greatly improve veteran access to VA health care. The VA reform law expands in-network and non-VA health care concerns, veterans homes, access to walk-in VA care, prescription drug procedures and more.

Effective June 7, 2019, the VA no longer offers care to eligible veterans under Veterans Choice benefits. The VA began this transition out of the Choice Program in order to help veterans circumvent lapses in medical coverage. However, veterans who were eligible for benefits under this program are still eligible to receive community care under the eligibility criteria established by the law. If veterans feel they are entitled, they should discuss their concern with a VA health care provider.

The VA has designed new community-type care, which includes walk-in care, arrangement of new payment processes for community health care providers, and the creation of criteria of care and standards of provider competency.

VA Community Care Eligibility

Veterans interested in community care benefits, which are dependent upon individual needs and other factors including the following requirements, should speak with a representative at their local VA medical center.

- The veteran must receive approval from the VA before using health care from a community provider.
- The veteran must either be enrolled in VA health care or be eligible for VA care without needing to enroll to be eligible for community care.
- The veteran needs a service not available at a VA facility.
- The veteran lives in an area without a full-service VA medical facility.
- The veteran was receiving benefits under the Veterans Choice Program and must have been eligible for that benefit under the 40-mile criterion on the day before the VA MISSION Act was enacted into law on June 6, 2018, and continues to reside in a qualifying location. If both of these requirements are met, eligibility would then be determined if the veteran either lives in North Dakota, South Dakota, Montana, Alaska or Wyoming or lives in another state and received care between June 6, 2017, and June 6, 2018, and requires medical care before June 6, 2020.
- The VA cannot furnish care meeting certain standards, such as average drive and appointment wait times. These standards are under review and may change due to alteration of program guidelines or other variables.
- Situations where community care is in the veteran's best medical interest.
- Situations where VA medical service does not meet quality standards.

The VA wants all veterans to receive health care that improves their health and well-being. For general VA MISSION Act health care inquiries, contact 1-844-698-2311 or speak with a health care representative at your local VA health facility.

Telephone Hotlines

- VA Health Care Enrollment: 877-222-VETS (8387)
- Veterans Crisis Line: 800-273-TALK (8255), Press “1”
- National Call Center for Homeless Veterans: 877-424-3838
- Foreign Medical Program: 877-345-8179
- CHAMPVA: 800-733-VETS (8387)

EDUCATIONAL BENEFITS

Post-9/11 GI Bill

VA Form 22-1990

Eligible individuals include those who have served on active duty at least 90 aggregate days beginning on or after Sept. 11, 2001, or individuals discharged with a service-connected disability after 30 days of continuous service. Discharged individuals must have received an honorable discharge to be eligible, or have a discharge or release for a medical condition existing prior to service, hardship or condition interfering with duty.

Active-duty service time required by graduates of a service academy or ROTC does not count toward the three years necessary to qualify for full benefits.

For those who serve fewer than 36 months, the percentage of benefit ranges as follows:

- 90%: 30–35 total months (including service on active duty in entry-level and skill training)
- 80%: 24–29 total months (including service on active duty in entry-level and skill training)
- 70%: 18–23 total months (excluding service on active duty in entry-level and skill training)
- 60%: 12–17 total months (excluding service on active duty in entry-level and skill training)
- 50%: 6–11 total months (excluding service on active duty in entry-level and skill training)
- 40%: 90 days–5 total months (excluding service on active duty in entry-level and skill training)

If an individual is eligible for the Post-9/11 GI Bill as well as other GI Bill benefits, the veteran will be required to make an irrevocable choice of which benefit to receive.

Individuals who were previously eligible for the Montgomery GI Bill-Active Duty (Chapter 30), Montgomery GI Bill-Selected Reserve (Chapter 1606), or the Reserve Educational Assistance Program (Chapter 1607) may continue to receive benefits for approved programs not offered by degree-granting institutions. These programs include flight, correspondence, apprenticeship/on-the-job training, preparatory courses and national tests. Individuals in these programs will be paid as if they are still receiving benefits under Chapters 30, 1606 and 1607.

For those individuals who are eligible for other Department of Veterans Affairs education programs and elect the Post-9/11 GI Bill, other training programs (such as on-the-job training, apprenticeship training, flight training and non-college-degree courses) may be covered at the same rate as the benefit the individual gave up, such as the Montgomery GI Bill and the Reserve Education Assistance Program.

The period of eligibility for the Post-9/11 GI Bill ends 15 years from the date of the last discharge or release from active duty of:

- At least 90 consecutive days, or at least 30 days but less than 90 days if released for a service-connected disability.
- At least 15 years from the date of discharge for the last period of service used to meet the minimum service requirements of 90 aggregate days of service.

Payment of Benefits

Under the Post-9/11 GI Bill, tuition and fees are paid directly to the school, not to exceed the maximum in-state undergraduate tuition and fees at a public institution of higher learning. A monthly housing allowance is paid to the student, equal to the Basic Allowance for Housing for an E-5 with dependents and the ZIP code for the location of the school. Individuals on active duty or enrolled exclusively in online training will not receive the housing allowance.

An annual book and supply stipend is paid to the student, up to \$1,000, proportionately based on enrollment. Individuals on active duty do not receive a book and supply stipend.

A one-time rural benefit payment of \$500 may be provided to individuals who reside in a county with six people or fewer per square mile (as determined by the most recent decennial census) and who either physically relocate at least 500 miles to attend an educational institution or who relocate by air to attend an educational institution (if no other land-based transportation exists).

Transfer of Entitlement

VA Form 22-1990e

The Post-9/11 GI Bill allows service members (officers or enlisted, active duty or selected reserve), on or after Aug. 1, 2009, to transfer unused education benefits to immediate family members (spouses and children). The service member must have at least six years of service and commit to an additional four years of service to transfer benefits to a spouse or child. Because of the potential impact of this benefit on recruiting and retention, transferability policy is determined by the Department of Defense and the military services.

A family member must be enrolled in the Defense Eligibility Enrollment Reporting System and be eligible for benefits at the time of transfer to receive transferred educational benefits. An eligible service member may transfer up to the total months of unused Post-9/11 GI Bill benefits or the entire 36 months if the member has used none.

Yellow Ribbon GI Education Enhancement Program

The Yellow Ribbon GI Education Enhancement Program is a provision of the Post-9/11 Veterans Educational Assistance Act of 2008 that allows institutions of higher learning (degree-granting institutions) in the United States to enter voluntarily into an agreement with the VA to fund tuition and fee expenses that exceed the highest public in-state undergraduate tuition rate. The institution can contribute a specified dollar amount of those expenses, and the VA will match the same amount, not to exceed 50% of the difference.

Marine Gunnery Sergeant John David Fry Scholarship

Public Law 111–32, the Marine Gunnery Sergeant John David Fry Scholarship, amended the Post-9/11 GI Bill to include the children of service members who die in the line of duty after Sept. 10, 2001. The benefit became effective Aug. 1, 2009, the same day the Post-9/11 GI Bill took effect. Eligible children attending school may receive up to the highest public, in-state undergraduate tuition and fees, plus a monthly living stipend and book allowance under this program.

Vocational Rehabilitation and Employment

VA Form 28-1900

“Vocational rehabilitation” means training (including educational and vocational counseling, all appropriate individualized tutorial assistance and other necessary incidental services) for the purpose of restoring employability or to achieve maximum independence in daily living to the extent consistent with the degree of disablement, lost by virtue of a handicap due to service-connected disability.

Eligibility

Veterans who served in the armed forces and were discharged or released under other than dishonorable conditions may be eligible for vocational rehabilitation if one of the following are met:

- They suffered a service-connected disability in active service, which entitles them to 10% compensation, or would but for the receipt of retirement pay. The disability must be a serious employment handicap.
- They suffered a service-connected disability with a 20% or greater combined evaluation, or would but for the receipt of retirement pay. The disability must result in an employment handicap.

Please note: “Employment handicap” means impairment of a veteran’s ability to prepare for, obtain or retain employment consistent with such veteran’s abilities, aptitudes and interests. “Serious employment handicap” means significant impairment of a veteran’s ability to prepare for, obtain or retain employment consistent with such veteran’s abilities, aptitudes and interests. Vocational rehabilitation is generally limited to 48 months and may not be afforded to a veteran after 12 years following release from active duty unless it is determined by the VA that an extension is necessary to overcome the handicap imposed by a service-connected disability. An extension may be granted when it is shown that the veteran was too seriously disabled to begin training within the period of eligibility, where the character of discharge was changed to one under conditions other than dishonorable, or when the veteran’s service-connected disability increases in severity after the termination date.

Extension may also be granted in the case of a blind or other seriously disabled veteran not previously rehabilitated, or if rehabilitated, the service-connected disability has increased in severity to the extent that the veteran is now precluded from performing the duties of the occupation for which previously trained.

Rehabilitation Planning

An initial evaluation will be provided disabled veterans who have basic eligibility for vocational rehabilitation and applies for training. Once entitlement to vocational rehabilitation training has been established, an individualized plan will be developed. Rehabilitation planning will include those services needed to improve veterans’ ability to function not only in employment but also in their family and community.

An individual written rehabilitation plan, jointly developed by the VA and the veteran, is the means through which the goals of most rehabilitation programs are developed and designates the means and the time by which these goals will be achieved. In addition to the 48 months of training, the VA may provide job placement and adjustment services for up to 18 months.

Types of Training

Eligible veterans may enroll in schools or colleges, train on the job, take institutional on-farm training, or enter other programs that combine school and job training. Specialized courses such as restorative training, sheltered workshop, correspondence or training in the home are available when disability imposes limitations on travel to and from a suitable training facility.

Veterans, once placed into training, will ordinarily be expected to pursue their training program to completion without changing the employment objective. Change of employment objective may be approved when it is determined that continuance in training for the present objectives will result in failure to accomplish vocational rehabilitation for reasons not within a veteran's control; when the new employment objective is more in keeping with the interests and aptitudes of the veteran; or for other justifiable reasons.

Subsistence Allowance

While pursuing a course of vocational rehabilitation training and for two months after the veteran's employability is determined, each veteran will be paid a monthly subsistence allowance. In addition, the VA will assume the cost of tuition, fees, books, supplies, equipment and other charges for training. The VA will not reimburse a veteran who personally buys supplies. Payment for supplies is made to the training institution or the vendor from whom they are purchased by the VA. The subsistence allowance is paid each month and is based on the rate of attendance in a training program (full time, three-quarter time, or half time), the number of dependents and the type of training.

A veteran who qualifies for the Post-9/11 GI Bill may be eligible to receive the Basic Allowance for Housing rate for vocational rehabilitation subsistence allowance.

For more information about current subsistence allowance rates visit https://benefits.va.gov/vocrehab/subsistence_allowance_rates.asp.

Scopes of Services and Assistance

The vocational rehabilitation program enables the VA to provide Chapter 31 trainees with a wide range of goods and services, including medical and dental care; adjustment counseling; and prosthetic appliances, eyeglasses and other corrective and assistive devices necessary for the trainee to complete a program of training.

In addition, to carry out the full purposes of the program, the range of services and assistance now include employment assistance as an integral part of the program for service-connected veterans who are or have been in vocational rehabilitation programs. In this way, veterans will be assisted in obtaining and retaining employment by those counselors who best know their background, disability limitations, interests and aptitudes.

Disability Reduction During Training

When veterans are in an approved course of vocational rehabilitation and their service-connected disability evaluation is reduced to a noncompensable evaluation, they may continue in training until attainment of their objective.

Severance of Disability During Training

If a rating action is accomplished while the veteran is in training that results in severance of the service-connected disability, training will be terminated as of the last day of the month in which severance of service connection becomes final.

Work Study Program

Veterans, Chapter 35 education benefit recipients and Chapter 1606 reservists who are pursuing programs of education or training at three-quarter time or more are eligible to receive a work-study allowance. A student may work between 100 to 375 hours per semester or four-month period at an hourly rate equal to the higher of the state or federal minimum wage.

An advance payment will be made to eligible students equal to either 40% of the hours specified in the contract or the amount payable for the first 50 hours of service, whichever is less.

Students must be assigned to locations that will permit them to perform VA-related activities, to include VA regional offices, medical centers, outpatient clinics, cemeteries, Vet Centers, educational institutions and other sites.

Loans

A veteran is eligible for loans from the vocational rehabilitation revolving fund upon establishing need for vocational rehabilitation and agreement as to the course of training. No advance from this fund of more than two times the full-time institutional rate for a single veteran will be made at one time, and in no case will the total outstanding advancement exceed those maximums. Advances will be made only upon a showing of necessity and then only to the extent of such need.

Training for Hospitalized Persons

Vocational rehabilitation may be provided to any person who is hospitalized pending final discharge from the active military, naval or air service, if the person is qualified for training in every respect except for discharge. No subsistence allowance is provided under this program.

Survivors' and Dependents' Educational Assistance Program (Chapter 35)

VA Form 22-5490

Spouses' and Widow(er)s' Education and Training Benefits

The widow(er) of any veteran who died of a service-related disability; the spouse of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability; or the widow(er) of a veteran who died while a disability so evaluated was in existence is eligible for educational benefits. The spouse of a service member missing in action is also eligible.

Entitlement

The period of entitlement for a spouse or widow(er) extends for 10 years from the date the veteran was first found to have a service-connected, total disability, permanent in nature, or from the date of the veteran's death, whichever is later.

If the VA rated the veteran permanently and totally disabled with an effective date of three years from discharge, a spouse will remain eligible for 20 years from the effective date of the rating. This change is effective Oct. 10, 2008, and no benefits may be paid for any training taken prior to that date. For surviving spouses (spouses of service members who died on active duty), benefits end 20 years from the date of death.

Training

Educational entitlement may be used to pursue courses at a public or private secondary school, vocational school, business school, junior college, teachers college, college, normal school, professional school, university, scientific or technical institution, or any other institution if it furnishes education at the secondary school level or above.

Programs of education for eligible spouses and widow(er)s may be approved for on-the-job training, apprenticeship, farm-cooperative training and correspondence courses.

Eligibility for enrollment in courses at the secondary-school level for spouses or widow(er)s will be established if they have not received a secondary-school diploma or an equivalent certificate, or need additional secondary-school education, either refresher or deficiency courses, to qualify for admission to an appropriate educational institution.

Children's Education and Training Benefits

This educational program was established for the purpose of providing opportunities for education to children whose education would otherwise be impeded or interrupted by reason of the disability or death of a parent who incurred disease or injury in the armed forces.

Eligibility

The Survivors' and Dependents' Educational Assistance Program provides benefits to children of veterans who died of a service-connected disability; who have a total disability, permanent in nature, resulting from a service-connected disability; or who died while a total and permanent service-connected disability was in existence.

Children must generally be between ages 18 and 26. It is possible, however, to receive these benefits before age 18 if they have graduated from high school or are above the age of compulsory school attendance in their state and if the VA finds that it would be in their best interest to commence training before age 18.

Under certain circumstances, schooling may be continued beyond age 26. If the eligible dependent is in the armed forces, this benefit may not be used while on active duty. To pursue training after military service, the claimant's discharge must not be under dishonorable conditions. The VA can extend the period of eligibility by the number of months and days equal to the time spent on active duty. This extension cannot generally go beyond the claimant's 31st birthday.

Entitlement

An eligible person may receive up to 45 months of schooling, or the equivalent of 45 months if enrolled part time. If the eligible person also has entitlement to educational benefits under another law administered by the VA, the total length of entitlement may not exceed 48 months.

Types and Places of Training

Training may be taken in any approved vocational school, college, professional school, farm-cooperative program, or any establishment providing apprenticeship or other on-the-job training.

A person may take training in public or private secondary schools, vocational schools, business schools, junior colleges, teachers colleges, normal schools, professional schools, scientific schools, technical colleges or universities, or any other approved schools that furnish education and training.

The Chapter 35 program includes special restorative training to help overcome the effects of disabilities handicapping young people in pursuit of their schooling. The claimant may be furnished with VA education or vocational counseling. The parent or guardian must then prepare an educational plan, which must show the selected goal, the program of education, the school the student plans to attend, and an estimate of the costs and fees and tuition. This plan, signed by the parent or guardian, becomes a part of the application for training.

Nonduplication of Benefits

The commencement of a program of education or special restorative training under Chapter 35 is a bar to subsequent payments, increased rates or additional amounts of compensation, Dependency and Indemnity Compensation, or pension based on the death or total permanent disability of a parent to an eligible person by reason of the child's pursuit of a course in an educational institution.

Marriage of Child

The marriage of the child is not a bar to benefits under the Survivors' and Dependents' Educational Assistance Program.

Concurrent Benefits

Educational assistance may be paid to a spouse or widow(er) concurrently with pension, compensation or Dependency and Indemnity Compensation.

Counseling

VA counseling is available to spouses and widow(er)s upon request; however, it is not required. Additionally, the VA provides a job training counseling, employment placement and job training placement service programs.

Tutorial Assistance

VA Form 22-1990t

Tutorial assistance may be available to student's pursuing postsecondary educational programs on a half-time or more basis to assist in tutoring to advance education. It is a supplemental payment, not to exceed the cost of tutoring or \$100 a month, and is paid in addition to a VA educational assistance entitlement. Charges aren't made against the educational assistance entitlement when received under the Post-9/11 GI Bill or Dependent's Education Assistance, and are made only against the first \$600 of tutorial assistance for the Montgomery GI Bill (active or reserves).

Please note: The limit for tutorial assistance is \$1,200. Tutorial assistance is not available under the Reserve Educational Assistance Program.

Students may be eligible for tutorial assistance if all the following criteria is met.

- They are in a postsecondary program half time or more, or at a rate of pursuit of 50% or more if using the Post-9/11 GI Bill.
- They have a deficiency in a course that is part of their approved program.
- They are enrolled in the course during the quarter, semester or term in which the tutoring is received for the course.

Important: The student, tutor and certifying official must all sign the VA Form 22-1990t. In addition, the professor or instructor must sign when under the Post-9/11 GI Bill. The form must be signed and dated on or after the date of the last tutoring session certified. The application may be submitted at the end of each month or combination of months.

Regional Processing Offices

The delivery of most VA education benefits is consolidated into three regional processing offices (RPOs). These offices administer education benefits for states within their jurisdictions, based upon the physical location of the school and not necessarily upon the location of the claimant.

Buffalo RPO Jurisdiction, PO Box 4616, Buffalo, NY 14240-4616

- Connecticut
- Delaware
- Washington, D.C.
- Maine
- Maryland
- Massachusetts
- New Hampshire
- New Jersey
- New York
- North Carolina
- Pennsylvania
- Rhode Island
- U.S. Virgin Islands
- Vermont
- Virginia
- Foreign schools

St. Louis RPO Jurisdiction, PO Box 32432, St. Louis, MO 63132-0832

- Colorado
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Michigan
- Minnesota
- Missouri
- Montana
- Nebraska
- North Dakota
- Ohio
- South Dakota
- Tennessee
- Wisconsin
- West Virginia
- Wyoming

Muskogee RPO Jurisdiction, PO Box 8888, Muskogee, OK 74402-8888

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Florida
- Georgia
- Hawaii
- Idaho
- Louisiana
- Mississippi
- New Mexico
- Nevada
- Oklahoma
- Oregon
- Puerto Rico
- South Carolina
- Texas
- Utah
- Washington
- Trust Territories/Philippines

Discharge of Federal Student Loans Due to Total and Permanent DisabilityTPD Application (<https://www.disabilitydischarge.com/forms>)

Claimants who are totally and permanently disabled due to a disability may be eligible for a total and permanent disability (TPD) discharge of their federal student loans. Federal student loans include the Federal Family Education Loan, Federal Perkins Loan, and/or completion of the service obligation with their Teacher Education Assistance for College and Higher Education (TEACH) grant program. A TPD discharge cancels the obligation, including an endorser's, to repay the federal student loan(s) remaining balance, or cancels the obligation to complete the teaching service as agreed upon in receiving a TEACH grant.

For a claimant to qualify for a TPD discharge, they must submit documentation from one of the following sources. A disability determination by any other federal or state agency besides VA or the Social Security Administration (SSA) will not qualify the veteran for a discharge.

Important: If a discharge is granted based on SSA documentation or a physician's certification, the U.S. Department of Education will monitor the applicant's status for three years following the date the discharge was granted. If the applicant does not continue to meet eligibility requirements at any time throughout this period, the U.S. Department of Education will reinstate the claimant's obligation to repay the loan(s) or complete the TEACH grant program.

- **VA:** Veterans qualify if they have received a VA rating decision awarding either a service-connected disability or disabilities that are 100% disabling or who are totally disabled based on Individual Unemployability. To qualify, veterans must submit a copy of their VA rating decision. Veterans must be service connected to qualify. Veterans who do not meet the eligibility requirements identified above must pursue a discharge through one of the other two sources.
- **SSA:** Claimants who are eligible for Social Security Disability Insurance or Supplemental Security Income may qualify for a TPD discharge. Claimants must provide a copy of the SSA award notification letter or an SSA Benefits Planning Query (BPQY). Claimants only qualify for a discharge based on this documentation if it shows their next scheduled disability review will be five or more years from the date of their last SSA disability determination. A BPQY may be requested by calling 1-800-772-1213 or by visiting www.ssa.gov.
- **Physician's certification on the TPD application form:** Claimants may qualify for a TPD discharge by having a physician complete Section 4 of the application. The physician must certify a claimant is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that either can be expected to result in death, has lasted for a period of at least 60 months (five years) or can be expected to last for a continuous period of at least 60 months (five years).

LIFE INSURANCE PROGRAMS

The government life insurance programs are administered by the Department of Veterans Affairs Regional Office and Insurance Center in Philadelphia. This office collects premiums, maintains policies, and pays death and disability claims for multiple types of insurance.

The Philadelphia office is also responsible for all actuarial functions. The insurance actuarial staff is responsible for the soundness of insurance funds. The insurance program management staff is also located in Philadelphia. They have the responsibility of formulating policy, plans and procedures; evaluating the performance of the insurance operations divisions; and reviewing and analyzing insurance legislation and regulations.

Service-Disabled Veterans Insurance

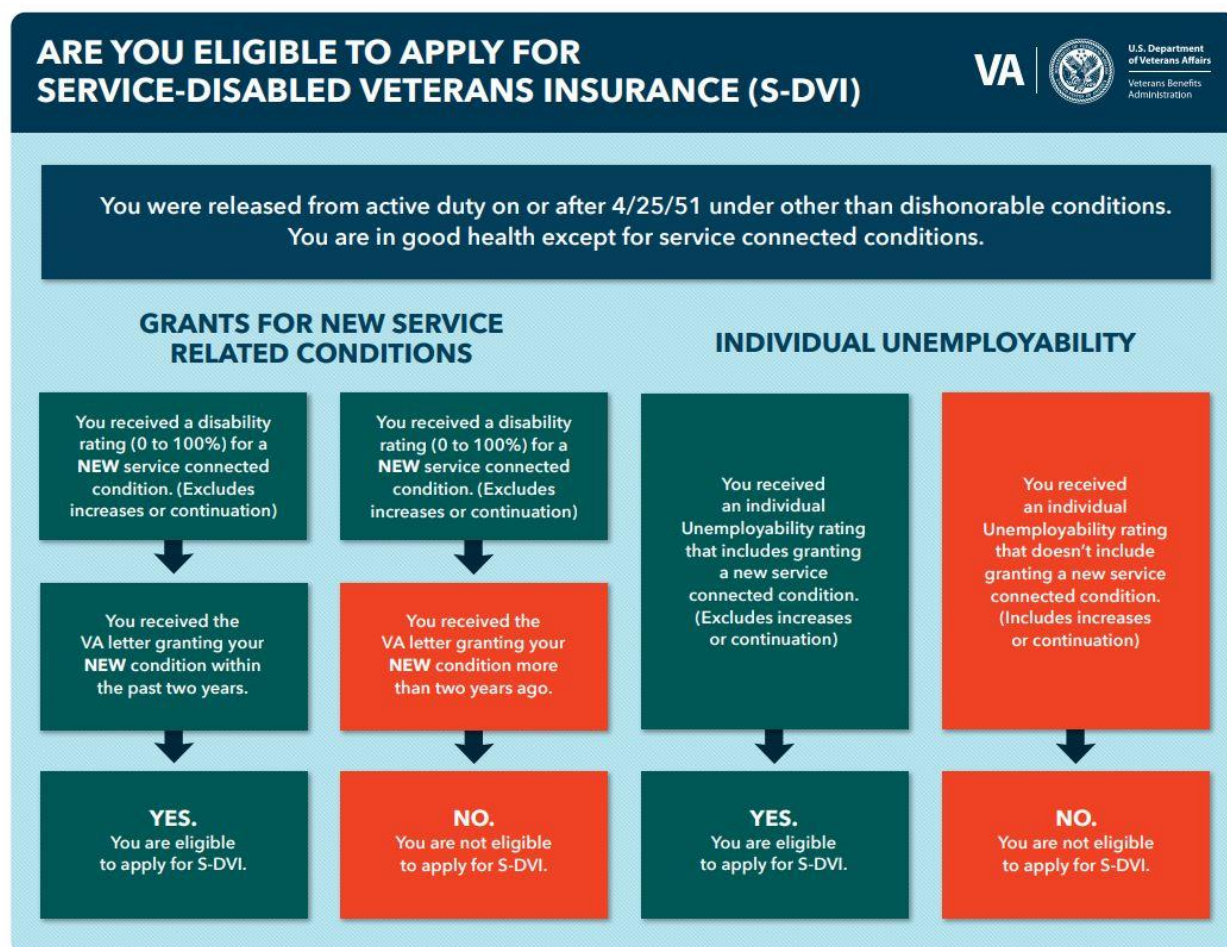
VA Form 29-4364

Service-Disabled Veterans Insurance (S-DVI) is life insurance for veterans who received a service-connected disability rating from the VA. The basic program is commonly called RH Insurance. It insures eligible veterans in amounts from \$1,000 to \$10,000, in multiples of \$500, of coverage.

Veterans eligible for S-DVI must apply within two years from the date the VA grants a new service-connected disability, and they must meet the following criteria. The veteran:

- Was released from active duty under other than dishonorable conditions on or after April 25, 1951.
- Was rated for a service-connected disability (even if only zero percent).
- Is in good health except for any service-connected conditions.

Please note: The premium rate or amount the veteran will pay each month for coverage depends on the veteran's age, amount of insurance elected and coverage plan requested.



Waiver of Premiums

VA Form 29-357

Veterans granted S-DVI may be eligible for a waiver of their premium in cases that they become totally disabled from any condition before their 65th birthday and remain totally disabled for six or more consecutive months.

Please note: Veterans should apply for a waiver of premiums as soon as possible if they are unable to work due to their disabilities.

Supplemental Service-Disabled Veterans Insurance

VA Form 29-0188

Veterans granted S-DVI and waiver of premiums may then be eligible for additional coverage in the amount of \$1,000 to \$30,000, in multiples of \$500, under the Supplemental S-DVI program. Premiums for this program cannot be waived.

Veterans eligible for Supplemental S-DVI must apply for this additional insurance within one year from the date on their waiver notification letter from the VA Insurance Office, and must meet the following criteria. The veteran:

- Has an S-DVI policy.
- Is under age 65.
- Meets the requirement for total disability.

Gratuitous Service-Disabled Veterans Insurance

Application is in the form of a letter

An eligible beneficiary may be eligible for Gratuitous S-DVI if the veteran did not apply for S-DVI because of a continued mental incompetence due to a service-connected disability, died before the appointment of a guardian or within two years of such appointment, and met basic eligibility requirements for S-DVI. Gratuitous S-DVI is granted posthumously and in an amount that, together with any other U.S. government insurance or National Service Life Insurance in force, totals \$10,000.

Gratuitous S-DVI is payable to the beneficiary only as a lump-sum payment to the following beneficiaries in the order listed:

- The widow(er) of the insured, if living.
- Children of the insured, if living, in equal shares.
- Parents of the insured, if living, in equal shares.

The VA must receive an application for payment of Gratuitous S-DVI within two years from the date of the veteran's death. However, if the beneficiary making the claim is mentally or legally incompetent at the time that the right to apply for Gratuitous S-DVI expires, that person may apply within one year after incompetency ends.

Please note: In order to apply for Gratuitous S-DVI, the beneficiary must submit a letter to the VA Insurance Office and supply evidence of insurability.

Veterans' Group Life Insurance

SGLV 8714

Veterans' Group Life Insurance (VGLI) is a program that allows service members to continue life insurance coverage after their separation from service. VGLI provides lifetime coverage as long as the veteran pays the premiums. Veterans may enroll for a maximum amount of coverage equal to the amount of Servicemembers' Group Life Insurance (SGLI) coverage they had at the time they separated from service or in lesser amounts of coverage in increments of \$10,000. For VGLI, no proof of good health is required.

Veterans may be eligible for VGLI if they had SGLI and apply within one year, 120 days from the following events:

- Release from active duty or active duty for training under a call or order to duty that does not specify a period of less than 31 days.
- Separation, retirement or release from assignment from the Ready Reserve or National Guard.
- Assignment to the Individual Ready Reserve of a branch of service or to the Inactive National Guard, including members of the United States Public Health Service Inactive Reserve Corps.
- Placement on the Temporary Disability Retirement List.
- Receipt of part-time SGLI and, while performing duty, suffered an injury or disability that rendered the claimant uninsurable at standard premium rates. This includes travel directly to and from duty.

Please note: Once enrolled in VGLI, veterans have the opportunity to increase their coverage by \$25,000 on their one-year anniversary and once every five years thereafter, up to the legislated maximum of \$400,000, until age 60.

Veterans' Mortgage Group Life Insurance

VA Form 29-8636

Severely disabled veterans and service members may be eligible for Veterans' Mortgage Life Insurance (VMLI) so their families can pay off the home mortgage in the event of the veteran's death. VMLI provides up to \$200,000, not to exceed the amount of mortgage still due. The insurance is payable only to the mortgage holder, such as the bank or mortgage lender, not to a beneficiary.

VMLI is only available to service members and veterans with severe service-connected disabilities who:

- Received a Specially Adapted Housing grant to help build, remodel or purchase a home.
- Have the title to the home.
- Have a mortgage on the home.
- Are younger than age 70.

Please note: Reverse mortgages and home equity lines of credit are not covered, and VMLI is a decreasing term insurance, which reduces as the mortgage balance declines.

HOME LOANS

Entitlement

VA Form 26-1880

The Department of Veterans Affairs assists service members, veterans and eligible surviving spouses become homeowners by guaranteeing a portion of the loan so lenders may provide more favorable terms. The VA Guaranty Amount varies with the size of the loan and the location of the property. Because lenders are able to obtain this guaranty from the VA, borrowers do not need to make a down payment, provided they have enough home loan entitlement. The VA will guarantee 25% of the principal loan amount, up to the maximum guaranty.

In addition to the periods of eligibility and conditions of service requirements, applicants must have a good credit rating, sufficient income and a valid Certificate of Eligibility (COE), and must agree to live in the property in order to be approved by a lender for a VA home loan.

Eligible service members, veterans and surviving spouses will still need to have the required credit and income for the loan amount they wish to borrow and must not have received an other than honorable, bad conduct or dishonorable discharge.

To be eligible for a COE to show to lenders they qualify, applicants must meet the following service requirements:

When did they serve?	Minimum active-duty service requirement
Sept. 16, 1940–July 25, 1947 (World War II)	90 total days
July 26, 1947–June 26, 1950 (post-World War II period)	181 continuous days
June 27, 1950–Jan. 31, 1955 (Korean War)	90 total days
Feb. 1, 1955–Aug. 4, 1964 (post-Korean War period)	90 total days
Aug. 5, 1964–May 7, 1975 (Vietnam War) or Feb. 28, 1961–May 7, 1975 (Service in the Republic of Vietnam)	90 total days
May 8, 1975–Sept. 7, 1980 (post-Vietnam War period) or May 8, 1975–Oct 16, 1981 (service as an officer)	181 continuous days
Sept. 8, 1980–Aug. 1, 1990, or Oct. 17, 1981–Aug. 1, 1990 (service as an officer)	24 continuous months or the full period (at least 181 days) for which you were called to active duty

Aug. 2, 1990–present (Gulf War)	24 continuous months, or the full period (at least 90 days) for which you were called or ordered to active duty
Active duty now	90 continuous days

National Guard and Reserve members eligibility service requirements are:

When did they serve?	Minimum active-duty service requirement
Aug. 2, 1990–present (Gulf War)	90 continuous days of active service
Any time period	<p>Six creditable years in the Selected Reserve or National Guard, and one of the descriptions below</p> <p>At least one of these must be true:</p> <ul style="list-style-type: none"> • Discharged honorably • Placed on the retired list • Transferred to the Standby Reserve or an element of the Ready Reserve other than the Selected Reserve after service characterized as honorable • Continue to serve in the Selected Reserve

Please note: Veteran who do not meet the minimum service requirements indicated above may still be eligible for a COE if they were discharged for hardship, the convenience of the government, reduction in force, certain medical conditions or a service-connected disability.

Surviving Spouse of Veteran Who Died on Active Duty

VA Form 26-1817

Surviving spouses already receiving Dependency and Indemnity Compensation (DIC) do not need to send any additional documents when applying for a VA home loan guaranty.

If the surviving spouse is not in receipt of DIC payments, the following documentation should be submitted with the loan guaranty application:

- A copy of DD Form 1300 (Report of Casualty) from the military.
- A copy of the marriage certificate.

Please note: The service member’s Social Security number must be on all documents.

Surviving Spouse of Veteran Who Died as a Result of Military Service

VA Form 26-1817

If the surviving spouse is already receiving DIC payments, submit a copy of the award letter with the loan guaranty application.

If the surviving spouse is not in receipt of DIC, submit the following documents with the loan guaranty application:

- A copy of the veteran's DD Form 214.
- A copy of the veteran's death certificate.
- A copy of the marriage certificate.

Home Loan Limits

The VA does not set a cap on how much a veteran can borrow to finance a home. However, there are limits on the amount of liability the VA can assume, which usually affects the amount of money an institution will lend. The loan limits are the amount a qualified veteran with full entitlement may be able to borrow without making a down payment. These loan limits vary by county, since the value of a house depends in part on its location.

The basic entitlement available to each eligible veteran is \$36,000. Lenders will generally loan up to four times a veteran's available entitlement without a down payment, provided the veteran is income and credit qualified and the property appraises for the asking price.

Home loan interest rates are subject to change due to market fluctuations. The VA evaluates these market trends and determines if interest rate reductions or increases are warranted.

For current information about VA loan limits, visit <https://benefits.va.gov/homeloans/index.asp>.

MILITARY AFFAIRS**Character of Discharge**

Department of Veterans Affairs regulations generally prohibit the granting of or payment for benefits where a former service member was discharged or released under certain conditions.

Regardless of the discharge code listed on the DD Form 214, claimants should file all claims with the VA that they feel relate to military service.

If veterans have a character of discharge they want upgraded, please get in contact with the national service office. There may be an opportunity to have the character of discharge reviewed by the service department's board of correction with the assistance of a pro bono DAV partner.

Discharge With Severance Pay

If a service member is discharged for a disability of less than 30%, and the service member has less than 20 years of service and is otherwise qualified; the member will normally be discharged from service with severance pay. Severance pay is computed on the basic pay of the current active-duty grade, or the highest temporary grade held satisfactorily while on active duty. The severance pay is two months' basic pay of that grade, for each year of service, up to 19 years. A half-year or more is counted as a whole year in computing severance pay. At minimum, all service members will receive severance pay calculated for three years of service.

Recoupment of Disability Severance and Separation Pay

Severance and separation pay are both payments from a service department normally subject to recoupment by the VA. Payments are withheld from a claimant's compensation payment. Claimants with questions on recoupment of severance or separation pay should be directed to the national service office for assistance.

MISCELLANEOUS—VETERANS PROGRAMS**Veterans' Preference**

Veterans' preference gives eligible veterans preference in federal hiring over many other applicants. Veterans' preference applies to virtually all new appointments in both the competitive and excepted federal services. Veterans' preference does not guarantee veterans a job, and it does not apply to internal agency actions such as promotions, transfers and reassignments.

Veterans' preference eligibility is based on dates of active-duty service and receipt of a campaign badge, Purple Heart or service-connected disability.

Veterans discharged or released from active duty in the armed forces under honorable conditions are eligible for veterans' preference. Retired members of the armed forces are not included in the definition of preference eligibility unless they are also disabled veterans or were retired below the rank of major or its equivalent.

There are two types of preference-eligible veterans: disabled (10-point preference eligible) and nondisabled (five-point preference eligible).

A veteran is five-point preference eligible if active-duty service was any of the following:

- 180 or more consecutive days, any part of which occurred during the period beginning Sept. 11, 2001, and ending on a future date prescribed by presidential proclamation or law.
- Between Aug. 2, 1990, and Jan. 2, 1992.
- 180 or more consecutive days, any part of which occurred after Jan. 31, 1955, and before Oct. 15, 1976.
- In a war, campaign or expedition for which a campaign badge has been authorized, or between April 28, 1952, and July 1, 1955.

Veterans are 10-point preference eligible if they served at any time and either:

- Have a service-connected disability.
- Received a Purple Heart.

Additional information about veterans' preference is available at <https://www.fedshirevets.gov/job-seekers/veterans-preference/#content>.

Commissary Privileges

The National Defense Authorization Act of 2019 expanded the group of eligible shoppers. Previously, veterans with 100% service-connected disabilities were able to shop; now, all with service-connected disabilities can shop. The benefit extends to Morale, Welfare & Recreation programs that are "revenue-generating facilities," according to the law.

Effective Jan. 1, 2020, all service-connected disabled veterans, Purple Heart recipients, former prisoners of war and primary veteran caregivers are eligible to shop at commissaries and exchanges.

Those eligible for commissary privileges who didn't have privileges before must provide the following proof of identification:

- **Disabled and other eligible veterans:** For access into the installation and to the stores, veterans will need to show their Department of Veterans Affairs Health ID card. The card must display the veteran's eligibility status, such as Purple Heart, former POW or service connected.
- **Caregivers:** For access into the installation, eligible caregivers must show an eligibility letter from the VA Office of Community Care along with their driver's license or other authorized form of ID. The benefit applies to the primary caregiver of disabled veterans, who may request an eligibility letter by calling 1-877-733-7927.

For more information, please visit the following sites:

- Veterans Canteen Service <http://shopvcs.va.gov>
- Army and Air Force Exchange Service: <https://www.shopmyexchange.com/veterans>
- Coast Guard Exchange: <https://shopCGX.com>
- Defense Commissary Agency: <https://www.commissaries.com>
- Navy Exchange: <https://www.mynavyexchange.com>
- Marine Corps Exchange: <http://www.mymcx.com>
- Military Star Card: <https://www.myecp.com>
- American Forces Travel: <https://www.americanforcestravel.com>

State Benefits

In addition to those benefits available through the federal government, numerous state benefits are available to veterans. Therefore, department and chapter service officers should acquaint themselves with the benefits provided by their state.

Some of the state benefits that may be available to veterans in a particular state are:

- State Veterans Bonus.
- Notary services (military records).
- Public records certification.
- Soldiers and Sailors Relief.
- State Veterans Trust Funds.
- Free or reduced tuition in state educational institutions.
- State employment preference (civil service).
- Property tax exemption.
- Business or occupational license tax exemption.
- Free motor vehicle license.
- Motor vehicle tax exemption.
- Special parking permits.
- Free hunting and fishing permits.

This listing is not all inclusive. Other benefits may be provided by a veteran's particular state. For a directory of state veteran services offices, visit <https://www.va.gov/statedva.htm>.

Please note: In most cases, the state will require a confirmation letter from the VA stating that the resident veteran is eligible to receive a particular state benefit. Contact the local DAV national service office for information about the process to apply for such eligibility letters.