

Post Service Officer Training



Agenda

- Veteran Service Officer (VSO) definition and what they do
- Post Service Officer (PSO) definition and what they do
- VA Forms, Submission & Samples (21-0966, 21-22 & 21-2680)
- VA Benefits/ Service Connection & Compensation
- Code of Conduct for PSO, “12 Rules To Live By”
- Resources for helping Veterans
- Important Reminders



What is a Veteran Service Officer?

- VA accredited **employees** of the VFW Department of California
- Referred to as VSO, Claims Consultant, Department Service Officer (DSO), or Assistant Department Service Officer (ADSO)
- Accredited means they have access to VA systems to help veterans with their claims



Veteran Service Officer Duties

- Reviews decisions and advocates for the veteran and veteran's family
- Meets with the veteran and assists with collecting evidence
- Answers request for assistance
- Represent veterans at VA hearings



VFW Regional Office Locations

- VFW VSO offices are located:
 - Elk Grove (Northern California)
 - San Diego/Los Angeles (Southern California)
 - Office contact information at vfwca.org
 - Go to “Resources” tab
 - Click on “Veterans Benefits & Assistance”



What are Post Service Officers?

- Post Service Officers (PSOs) are **volunteers** in their VFW Posts who help veterans in their local communities
- VFW Posts are the first place many members, veterans and survivors, turn to for assistance
- As a PSO, you share information about veterans' benefits to local communities. (Ex: community centers, nursing homes, places of worship, Veterans Centers, and other community places.)
- Assist veterans and their survivors. (Begin the process of receiving the help they are entitled to/need.)



Post Service Officer Responsibilities

- Know VA eligibility rules by established law
- Provide council to Veterans and survivors
- Help Veterans and survivors complete VA forms and direct submission to local office for completion. (DO NOT take possession of any documents, assist and review forms and supporting documents.)
- Stay informed to share knowledge about services offered (Ref: VSO, events, news, info pertaining to local, state, and federal veteran services.)



Why are PSO's so important?

- Knowledge of local benefits and resources
- Housing
- Employment
- Disaster Assistance
- Health Care



A PSO's responsibilities with claims

- Assist and review the veteran's claim documents and supporting evidence. (Examples on next slide)
- Must NOT take possession of ANY documents under any circumstance.
- Direct veteran to submit all documents to their respective VFW Regional Office.



VFW Guide for Post Service Officers

- VFW Manual of Procedure Section 218(a)(12) states in part, “The work of a Service Officer shall be performed in accordance with the instructions contained in the VFW Guide for Service Officers under the general supervision of the Department Service Officer.”

This is now an electronic Guide and no longer published. Go to www.vfw.org



VA Form 21-22

- Appointment of Veterans Service Organization as Claimants Representative.
- Also known as the Power of Attorney (POA) form.* This is necessary for the veteran to get help from the VFW with filing a claim.
- The veteran is giving the VA permission to give VSOs access to the veteran's information through the VA system.
- Under NO circumstance should any fee or compensation of any nature be charged to anyone for services or representation in connection with any claim with the VFW.

*Note: "POA" is only the word used by the VA to refer to the Veteran Service Organization that has access to the veteran's file. It does NOT give the VSO access or permissions to any of the veterans private, non-VA related documents or information.

Use only VA Form 21-22 (Not VA Form: 21-22a)



VA Form 21-0966 Intent to File

- Protects the veteran's effective date for receiving benefits.
- Sent to VFW Regional Office immediately by the veteran via mail, fax, or online (electronic upload).
- Form lets the VA know the veteran plans to submit a claim.
- Applies only to **new claims** (never claimed or rating increase)
- VA allows 1 year from the date the form was received for the veteran or claimant to submit their claim packet.



VA Form 21-0966 – Cont.

- The VA give claimants a 1-year period for evidence gathering.
- Supporting evidence means:
 - Medical documents- private medical records, doctor’s letters, diagnoses.
 - Military documents- medical records, DD214, ships’ logbooks, etc.
 - Other pertinent proof- marriage certificate, death certificate, invoices of medical out-of-pocket expenses, “buddy letters”



VA Form 21-0966 – Cont.

- Ways that Veterans and Claimants can submit a VA 21-0966:
 1. In person- Preferred method, have Veteran fill out VA 21-0966 form and submit to the VSO at the VFW Regional Office via email/fax.
 2. Call the VA directly- call **1-800-827-1000**, verbal “Intent to File” via VA Representative. Do this if the veteran/claimant did not bring a DD-214, marriage, or veteran death certificate when they first contacted you.
 3. Online/ eBenefits- log in online and begin the process of filing a claim, DO NOT complete the claim. Saving the incomplete claim will trigger an “Intent to File” date.
<https://www.ebenefits.va.gov/ebenefits/>



VA Form 21-2680

Aid & Attendance or Housebound

- Needs another person to help perform daily activities like eating, bathing, dressing, etc.
- Is bedridden or spends a significant amount of time in bed due to illness.
- In a nursing home due to physical or mental disability.
- Limited vision= 5/200 or less in both eyes; concentric contraction of visual field to 5 degrees or less despite using corrective lenses.
- Housebound-spends majority of time home due to a permanent disability.



SAMPLE

VA 21-2680

Aid & Attendance

or Housebound

(page 1)

OMB Control No. 2900-0721
Respondent Burden: 30 minutes
Expiration Date: 09-30-2021



California

Department of Veterans Affairs		VA DATE STAMP DO NOT WRITE IN THIS SPACE	
EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE			
SECTION I: VETERAN'S IDENTIFICATION INFORMATION			
NOTE: You can either complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.			
1. VETERAN/BENEFICIARY NAME (First, Middle Initial, Last)			
J o s e p h		B s n u f f y	
2. SOCIAL SECURITY NUMBER		3. VA FILE NUMBER (If applicable)	
9 8 7 - 6 5 - 4 3 2 1		9 8 7 6 5 4 3 2 1	
4. DATE OF BIRTH (MM/DD/YYYY)		5. VETERAN'S SERVICE NUMBER (If applicable)	
Month: 0 7 Day: 0 4 Year: 1 9 8 3			
6. GENDER		7. TELEPHONE NUMBER (Include Area Code)	
<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(310)999-8888	
8. PREFERRED E-MAIL ADDRESS (Optional)		9. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)	
JoeBSnuffy@email.com		No. & Street: 6 5 4 M a i n S t	
Apt./Unit Number: # 3 2 1 City: L o s A n g e l e s		State/Province: C A Country: U S ZIP Code/Postal Code: 9 8 7 6 5 -	
SECTION II: CLAIM INFORMATION			
10. CLAIMANT'S NAME (First, Middle Initial, Last)		11. CLAIMANT'S SOCIAL SECURITY NUMBER	12. RELATIONSHIP OF CLAIMANT TO VETERAN
Joseph B. Snuffy		9 8 7 - 6 5 - 4 3 2 1	Self
13. BENEFIT YOU ARE APPLYING FOR (Choose One) SMC - Service Connected Disability/ or DIC			
<input checked="" type="checkbox"/> Special Monthly Compensation (SMC) - Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or death and require aid and attendance of another person to perform personal functions required in everyday living such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting oneself from the hazards of the daily environment may be eligible for Special Monthly Compensation. A Veteran or a deceased Veteran's surviving spouse may also be eligible for Special Monthly Compensation based on being housebound (substantially confined to the immediate premises because of permanent disability). For a Veteran, the disability causing the need for aid and attendance or housebound status must be related to service. These benefits are paid in addition to monthly compensation. They are not paid without eligibility to compensation.			
<input type="checkbox"/> SMP - Veteran's Pension / Survivor's Pension			
Special Monthly Pension (SMP) - Veterans and survivors who are eligible for Veteran's Pension and/or Survivors benefits and require the aid and attendance of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him/her from the hazards of his/her daily environment, or are housebound (substantially confined to his/her immediate premises because of permanent disability), may be eligible for Special Monthly Pension (SMP). This benefit is an increased monthly amount paid to a Veteran or survivor who is eligible for Veterans Pension or Survivors benefits.			
STOP -Section III is completed by the physician of the Veteran or Veteran's Survivor			
SECTION III: INFORMATION OF EXAMINATION			
14. DATE OF EXAMINATION		15. HOME ADDRESS	
16A. IS CLAIMANT HOSPITALIZED?		16B. DATE ADMITTED	16C. NAME AND ADDRESS OF HOSPITAL
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete Items 16B and 16C)			



SAMPLE

VA 21-2680

Aid &
Attendance

or
Housebound

(page 2)

PATIENT/VETERAN'S SOCIAL SECURITY NO. [] [] [] - [] [] - [] [] [] []

NOTE: EXAMINER PLEASE READ CAREFULLY

The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person. The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable. Findings should be recorded to show whether the claimant is blind or bedridden. Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.

17. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of assistance described in questions 25 through 39)

18A. AGE	18B. WEIGHT ACTUAL: [] LBS. ESTIMATED: [] LBS.	18C. HEIGHT ACTUAL: [] INCHES ESTIMATED: [] INCHES
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19. NUTRITION	20. GAIT
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21. BLOOD PRESSURE	22. PULSE RATE	23. RESPIRATORY RATE	24. WOUND DISABILITIES	25. LISTED ACTIVITIES/FUNCTIONS?
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25. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED
 From 9 PM to 9 AM: [] From 9 AM to 9 PM: []

26. IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? (If "No," provide explanation.)
 YES NO

27. IS CLAIMANT ABLE TO PREPARE OWN MEALS? (If "No," provide explanation.)
 YES NO

28. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGIENE NEEDS? (If "Yes," provide explanation.)
 YES NO

29A. IS THE CLAIMANT LEGALLY BLIND? (If "Yes," provide explanation.) <input type="checkbox"/> YES <input type="checkbox"/> NO	29B. CORRECTED VISION	
	LEFT EYE	RIGHT EYE

30. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? (If "Yes," provide explanation.)
 YES NO

31. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanation.)
 YES NO

32. IN YOUR JUDGMENT, DOES THE VETERAN/CLAIMANT HAVE THE MENTAL CAPACITY TO MANAGE HIS OR HER BENEFIT PAYMENTS, OR IS HE OR SHE ABLE TO DIRECT SOMEONE TO DO SO? (If "No," provide examples and rationale to support your conclusion.)
 YES NO

**LEAVE BLANK
PHYSICIAN
WILL
COMPLETE**



VETERANS OF FOREIGN WARS.

California



SAMPLE

VA 21-2680

Aid &
Attendance

or
Housebound

(page 3)

PATIENT/VETERAN'S SOCIAL SECURITY NO. --



California

LEAVE BLANK

PHYSICIAN

WILL

COMPLETE

33. POSTURE AND GENERAL APPEARANCE (Attach a separate sheet of paper if additional space is needed)

34. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH SPECIAL REFERENCE TO GRIP, FINE MOTION, STIFFNESS, AND ABILITY TO FEED HIM/HERSELF, TO BUTTON CLOTHING, SHAVE AND ATTEND TO THE DETAILS OF DAILY LIFE. (Attach a separate sheet of paper if additional space is needed)

35. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH SPECIAL REFERENCE TO THE EXTENT OF LIMITATION OF MOTION, ATROPHY, AND CONTRACTURES OR OTHER INTERFERENCES AND THE COMBINED EFFECTS OF ALL ON WEIGHT BEARING, STANCE AND PROPULSION OF EACH LOWER EXTREMITY.

36. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK

37. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF BOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY.

38. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES

39. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? (If so, specify and describe effectiveness in terms of distance that can be traveled, as in Item 32 above)

YES (If "YES," give distance.) (Check applicable box or specify distance)

NO

1 BLOCK 5 or 6 BLOCKS 1 MILE OTHER (Specify distance)

40A. PRINTED NAME OF EXAMINING PHYSICIAN 40B. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN 40C. DATE SIGNED

41A. NAME AND ADDRESS OF MEDICAL FACILITY 41B. TELEPHONE NUMBER OF MEDICAL FACILITY (Include Area Code)

**Check that the #s 40A - 41B are completed
VA will return the form if these #s are blank**

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5701(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (e), 1115(l)(e), 1311(c) and (d), 1315(h), 1122, 1541(d)(e), and 1502 (b) and (c) allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-X2-7-1000 to get information on where to send comments or suggestions about this form.



Service-Connection and Compensation

- Service-Connection and Compensation
- 0% = Service Connection the veteran's disability is rated 0%, they receive free medical/ mental health treatment at a VA facility, hospital or clinic. No compensation is paid, because the disability is considered minor.
- 10% or more = Compensation payments are given monthly if a veteran is disabled due to military service.



Non-Service-Connected Pension

- Non-Service-Connected Pension
 - Age 65 or older, if under 65, are permanently 100% disabled, have limited or no income.
 - Active duty time-in-service requirements with at least 1 day served during wartime.
 - Seriously disabled veterans may qualify for Aid and Attendance (A&A) benefits.



VA Healthcare Benefits & Services

- Hospital, outpatient medical, dental, pharmacy and prosthetic services
- Domiciliary, nursing home and community base residential care
- Mental health treatment (inpatient and outpatient)
- Specialized health care for women veterans (includes prenatal care)
- Health and rehabilitation programs for homeless Veterans
- Readjustment counseling– Vet Centers (for Combat and MST only)
- Alcohol and drug dependency treatment
- Registries - Medical evaluation for disorders related to service in the Gulf Wars (Desert Shield/Storm, Iraq, Afghanistan, Kuwait). exposure to Agent Orange, burn pits, radiation, and other environmental hazards.



Education Benefits

- VA administers education benefits for active duty troops, veterans, reservists, and qualifying dependents.
- Post 9/11 GI Bill (Chapter 33) and Montgomery GI Bill (Chapter 30) for active duty veterans.
- MGIB Selected Reserve (Section 1606) for Reservists.
- Dependents Educational Assistance (Chapter 35) for dependents.

- For more info visit:

<http://explore.va.gov/education-training>



Veteran Readiness and Employment (VR&E)

- Commonly referred to or known as “Voc Rehab”
- Purpose is to aid Veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment, by providing job training, employment accommodations, resume development, and job seeking skills.

• For more info visit:

<http://www.benefits.va.gov/vocrehab/>



VA Home Loans

- Several VA home loan services are available to eligible veterans, some military personnel, and certain surviving spouses (DIC).
- Types of VA loans:
 - Guaranteed Loans
 - Purchase or Refinance
 - Special Grants

- For more info visit:

<https://www.benefits.va.gov/homeloans/>



Life Insurance

- Service-Disabled Veterans Insurance (SDVI)
- For Veterans with service-connected disabilities. Veterans must apply within 2 years of getting service connected for any new disability.
- Veterans Group Life Insurance (VGLI)
- Renewable term life insurance for veterans who want to convert their SGLI up to an amount not to exceed the coverage they had when separated from service. Must apply within a year & a half from their discharge date.
- For more info visit:
<https://www.va.gov/life-insurance/options-eligibility/>



Dependency and Indemnity Compensation (DIC)

- Payable to certain survivors of:
 - Veterans whose deaths were caused by service-connected illness or injury. This includes disabilities that can be proven to be service-connected. In other words, Vet did not have to be receiving disability benefits before death (i.e. AO exposure presumptive).
 - Veterans who were 100% P&T. One of the qualifying factors must be met:
 1. 10 yrs. before their death; or,
 2. Released from active duty for at least 5 yrs. before death; or,
 3. At least 1yr before their death, was a prisoner of war who died after Sept. 30, 1999
 - Service-members who died on active duty, active duty for training, or inactive-duty training.
 - For more info visit:
 - <https://www.va.gov/disability/dependency-indemnity-compensation/>



Survivors Pension

- Widow who has not remarried; OR
- Unmarried child under 18, permanently disabled before 18, or Age 18-23 and enrolled in an approved educational institution
- **Meets low income and net worth requirements**
- May qualify for Aid and Attendance (A&A) benefits even if they don't meet Pension income requirements

For the Survivor to qualify for Pension, the Deceased veteran must have:

- Other than dishonorable military discharge, AND
- Served the minimum time requirement on active duty, with at least 1 day served during an eligible war time period



Death Benefits (VA National Cemetery Administration)

- Burial Benefits - VA burial benefits can help service members, Veterans, and their family members plan and pay for a burial or memorial service in a VA national cemetery.
- Headstones and Markers - VA can provide a monument to mark the grave of an eligible veteran.
- Presidential Memorial Certificate - A Presidential Memorial Certificate (PMC) is a certificate signed by the President of the United States. It is given to honor the memory of a Veteran in recognition of their military service. Note: Vet must have an Honorable discharge to qualify.
- **VBA Burial Benefits-** Reimbursement for some funeral costs
- For more info visit: <https://www.va.gov/burials-memorials/>



Code of Conduct for Post Service Officers

“The 12 VFW Rules to Live By”



Code of Conduct for Post Service Officers

1. Will perform their duties under the supervision of the Department Service Officer (DSO) and their respective VFW Regional Office.
2. Shall assist members of the Post, their widows and orphans and other Veterans in obtaining rightful benefits from the federal and state governments.
3. Will never release confidential information, such as what conditions were claimed or address of the claimant, etc. to parties other than the claimant or VFW accredited representatives.



Code of Conduct for Post Service Officers

4. Should keep members informed of Veterans' entitlements and benefits offered and administered by federal, state, and local governments.
5. Assist Veterans and survivors free of charge; under no circumstances, shall they request, demand or accept cash or any other form of payment for such assistance, etc.
6. Shall not refuse to assist any Veteran or survivor unless the claimant is considered fraudulent. Shall not refuse to assist any Veteran or survivor because they do not feel the Veteran or survivor is eligible for the benefit sought. The VFW Regional Office will make the final decision as to whether the VFW will provide representation in all cases.



Code of Conduct for Post Service Officers

7. Inform the veterans (preferably in writing) that all application forms, evidence, etc., in connection with claims should be submitted to the Department Service Officer. Since VA Awards benefits are based on the date of the claim, it is vital the claims be sent to the VFW Regional Office IMMEDIATELY upon receipt.
8. Shall NOT keep original documents provided to them in connection with claims. The claimant will transmit copies to the DSO/ VFW Regional Office who will submit them to the VA on their behalf.
9. Shall refrain from the use of racial, religious, age related, sexual or ethnic epithets, innuendos, slurs or jokes in the workplace.



Code of Conduct for Post Service Officers

10. Must conduct themselves in a professional manner and refrain from sexual advances, verbal or physical conduct of a sexual nature, or request for sexual favors.
11. Should have access to current VA forms. Contact your VFW Regional Office or DSO if forms are not available in your office or visit <https://www.va.gov/find-forms/>
12. Should attend all Post Service Officer Training



38 CFR 14.629 Requirements for Accreditation of Service Organizations

(a) *Service Organization Representatives.* A recognized organization shall file with the Office of the [General Counsel](#) VA Form 21 (Application for [Accreditation](#) as [Service](#) Organization Representative) for each person it desires accredited as a [representative](#) of that organization. The form must be signed by the prospective [representative](#) and the organization's certifying official. For each of its accredited representatives, a recognized organization's certifying official shall complete, sign and file with the Office of the [General Counsel](#), not later than five years after initial [accreditation](#) through that organization or the most recent recertification by that organization, VA Form 21 to certify that the [representative](#) continues to meet the criteria for [accreditation](#) specified in paragraph (a)(1), (2) and (3) of this section. In recommending a person, the organization shall certify that the designee:

(1) Is of good character and reputation and has demonstrated an ability to represent [claimants](#) before the VA;

(2) Is either a member in good standing or a paid employee of such organization working for it not less than 1,000 hours annually; is accredited and functioning as a [representative](#) of another recognized organization; or, in the case of a county veterans' [service](#) officer or tribal veterans' [service](#) officer recommended by a recognized [State](#) organization, meets the following criteria:

(i) Is a paid employee of the county or [tribal government](#) working for it not less than 1,000 hours annually;

(ii) Has successfully completed a course of training and an examination which have been approved by the appropriate District [Chief Counsel](#); and

(iii) Will receive either regular supervision and monitoring or annual training to assure continued qualification as a [representative](#) in the [claim](#) process; and

(3) Is not employed in any civil or military department or agency of the United States.

(Authority: [38](#) U.S.C. [501\(a\)](#), [5902](#))

Resource Links

- VA Healthcare:
<http://www.va.gov/healthbenefits/apply/veterans.asp>
- Access VA Benefits & Healthcare: www.VA.gov
- eBenefits:
 - <https://www.ebenefits.va.gov/ebenefits/homepage>
- VFW Service Offices:
 - <https://vfwca.org/di/vfw/v2/default.asp?pid=74108>



Resource Links

- National Archives -DD214, Military Medical Records and Training Records: <http://www.archives.gov>
 - Note: must be connected to a printer when making the request
- Cal-Vets & DMV - “Veteran” designation on CA License or ID :
<http://www.calvet.ca.gov/VetServices/Pages/Veteran-Designation-on-California-Driver-License-and-ID-Card.aspx>
 - Note: must file with County VSO –bring DD-214 and ID/License
- Cal-Vets College Fee Waiver:
 - <http://www.calvet.ca.gov/VetServices/Pages/College-Fee-Waiver.aspx>
 - Note: must file with County VSO or Cal-Vets Regional Office VSO



Important Reminders!

- NEVER hold on to any veteran's documents (copies or originals)
- Don't sign VA 21-22 –the form will be signed at the Regional Office by DSO
- Ensure veterans submit docs to the VFW Regional Office
- Submit form 21-0966 immediately to establish an effective date – even if the veteran or claimant doesn't have DD-214, Marriage or Death Certificate
- Stay Informed
- Refer to DSOs with any questions you may have –contact information is found in vfwca.org website
- Alternative VA Contact and Information Sheet provided in your training packet
- Get current VA Forms and Information at <https://www.va.gov/> or <https://www.vfw.org/>



Summary of the Law

On August 10, 2022, President Biden signed the PACT Act into law

Herbicide Exposure:

Monoclonal gammopathy of undetermined significance

Hypertension

New locations and dates associated with herbicide exposure

Location	Dates
Thailand at any United States or Royal Thai base; without regard to where on the base the Veteran was located or what military job specialty (MOS) the Veteran performed.	January 9, 1962, to June 30, 1976
Laos	December 1, 1965, to September 30, 1969
Cambodia at Mimot or Krek; Kampong Cham Province	April 16, 1969, to April 30, 1969
Guam, American Samoa, or the territorial waters thereof	January 9, 1962, to July 31, 1980
Johnston Atoll or on a ship that called at Johnston Atoll	January 1, 1972, to September 30, 1977

Continued –New Law-Pact Act-Toxic Exposures-Presumptives

Asthma diagnosed after service

Head cancer of any type

Neck cancer any type

Respiratory cancer any type

Gastrointestinal cancer any type

Reproductive cancer any type

Lymphoma cancer any type

Kidney cancer

Brain cancer

Melanoma

Pancreatic cancer

Chronic bronchitis

Chronic Obstructive Pulmonary Disease
(COPD)

Constrictive bronchitis or obliterative
bronchiolitis

Emphysema

Granulomatous disease

Interstitial Disease

Pleuritis

Pulmonary fibrosis

Sarcoidosis

Chronic sinusitis

Chronic rhinitis

Glioblastoma

The PACT Act expands eligibility to presumptive service connection for Persian Gulf Veterans for undiagnosed illness and medically unexplained chronic multi-symptom illnesses (MUCMIs) by:

Afghanistan, Israel, Egypt, Turkey, Syria, Jordan	On or after August 2, 1990
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The PACT Act establishes the following conditions as presumptively associated with exposure to burn pits and other toxins:

Expanded conditions and diagnostic codes associated with burn pits/other toxins

In, or in the airspace above, Bahrain, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Somalia, and United Arab Emirates	On or after August 2, 1990
In, or in the airspace above, Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Yemen, or Uzbekistan	On or after September 11, 2001

This Concludes Basic Post Service Officer
Training
With the New Pact Act Included
Version: October 2022