

# 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 <u>vfwca.org</u>
  - 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 PSOs 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 <u>www.vfw.org</u>



### 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)

SAMPLE VA 21-22 (page 1) Appointment of Veterans Service Organization as Claimant's Representative

	OMB Control No. 2900-0321 Respondent Burden: 5 minutes Expiration Date: 02/28/2022
Department of Veterans Affairs	VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE	
IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.	1
NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organizatio Appointment of Individual as Claimant's Representative. When completed you can mail or fax this form to the shown on Page 4. VA forms are available at www.va.gov/vaforms.	
SECTION I: VETERAN'S INFORMATION	
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, near	tly, and legibly to expedite processing of the form.
1. VETERAN'S NAME (First, Middle Initial, Last)	
Joseph B Snuffy	
2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) 3. VA FILE NUMBER (If applicable) 4. VE' You can leave blank 4. VE'	rERAN'S DATE OF BIRTH Ih Day Year
987-65-4321 987654321 0	7 - 0 4 - 1 9 8 3
5. VETERAN'S SERVICE NUMBER (If applicable) 6. INSURANCE NUMBER(S) (If applicable) (Include letter p	refix)
Leave blank	
7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. 8	
Street         6         5         4         M         a         i         n         S         t         i <td></td>	
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8. VETERAN'S TELEPHONE NUMBER (Include Area Code) 9. VETERAN'S EMAIL ADDRESS (Optional)	
(310) 999-8877 JoeBSnuffy@email.com	
SECTION II: CLAIMANT'S INFORMATION (If other than ver	eran)
10. CLAIMANT'S NAME (First, Middle Initial, Last) Surviving Spouse = "claimant" Th	eir info goes here
11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)	
No. & Street	
Apt/Unit Number City	
State/Province Country ZIP Code/Postal Code	
12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)     13. CLAIMANT'S EMAIL ADDRESS (Optional)	14. RELATIONSHIP TO VETERAN
	H. REEMIONSHIP TO VETERAN
SECTION III: SERVICE ORGANIZATION INFORMATIO 15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIR	
organization)	e pre na on rege s sejore seresnig
Veterans of Foreign Wars (097)	
16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE 16B. JOB TI	TLE OF PERSON NAMED IN ITEM 16A
ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the Department	ent Service Officer (DSO)
organization) Leave this blank -will be completed at the	ave Blank
Lucia Hernandez Regional Office by accredited VSO	
17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15     18. DATE OF       vfw.vbalan@va.gov     Leave blank     06/22/202	Use the same date that the
	form is signed.
A FORM 21-22 SUPERSEDES VA FORM 21-22, AUG 2015.	form is signed. Page 1



SAMPLE VA	VETERAN'S SOCIAL SECURITY NUMBER 987 - 65 - 4321	
	SECTION IV: AUTHORIZATION INFORMATION	
21-22 (Page 2)	<ul> <li>19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.</li> <li>**Box hast to be checked ***</li> <li>X 1 authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the arriter of the following events: (1) I revoke this authorization by filing a written revocation with VA, or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.</li> <li>20. LIMITATION OF CONSENT: I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:</li> <li>Must be blank - NO checked boxes here</li> <li>DRUG ABUSE</li> <li>INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)</li> </ul>	VETERANS OF FOREIGN WARS. California
	ALCOHOLISM OR ALCOHOL ABUSE SICKLE CELL ANEMIA	
	21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records. Checking is optional I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.	
	I, the claimant named in Items 1 $or$ 10, hereby <b>appoint</b> the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1.1 authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Item 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.608. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitate d income verification. In such cases, the assignment of the service organization as the veteran's signed and accepted subject to the foregoing conditions.	
	SECTION V: SIGNATURES	
	NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC	
	22A. SIGNATURE OF VETERAN OR CLAIMANT (Do Not Print) 22B. DATE SIGNED (MM/DD/YYYY)	
	Veteran's signature Joseph B. Snuffy 06/22/2020	
	23A. SIGNATURE OF VETERANS SERVICE ORGANIZATION REPRESENTATIVE NAMED IN ITEM 16A (Do Not Print) 23B. DATE SIGNED (http://www.com/doi/10.00000000000000000000000000000000000	
	DO NOT SIGN - SIGNED ONLY BY VSO AT REGIONAL OFFICE 06/25/2020	
	<b>NOTE</b> : As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.	
	VA USE ONLY	
	PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.	
	VA FORM 21-22, FEB 2019 Page 2	
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#### 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/



#### SAMPLE

#### VA 21-0966 Intent to File Form

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OMB Control No. 2900-0826

California



#### 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	OMB Control No. 2900-0721 Respondent Burden: 30 minutes Expiration Date: 09-30-2021	
VA 21-2680	Va Department of Veterans Affairs Veterans Affairs Veterans OF FOREIGN	WARS
Aid &	EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE	ornia
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/BENEFICARY NAME (First, Middle Initial, Last)	
or Users als aread	Jos       s       e       p       h       b       S       n       u       f       f       y       u	
Housebound	987-65-4321 987654321 07-04-1983	
(page 1)	5. VETERAN'S SERVICE NUMBER (If applicable) 6. GENDER           Image: Service number (If applicable)         6. GENDER           Image: Service number (If applicable)         Image: Service number (If applicable)	
	7. TELEPHONE NUMBER (Include Area Code)     8. PREFERRED E-MAIL ADDRESS (Optional)       (310)999-8888     JoeBSnuffy@email.com	
	9. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)	
	No.8         6         5         4         M         a         i         n         S         t         I	
	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 $987 - 65 - 4321$	
	13. BEHEFIT YOU ARE APPLYING FOR (Choose One)       SMC - Service Connected Disability/ or DIC         Image: Special Monthy Compensation (SMC) - Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or denth and require aid and attendance or another person to perform personal functions required in one everyal pilong such as a bathing, feeding, dessing, 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 Veteraris surviving spouse may also be eligible for Special Monthly compensation. They are not paid without eligibility to redemand registration to motify compensation. They are not paid without eligibility to redemand registration to require 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 inder to perform personal functions required in addition to monthly compensation inder person in more religible for Veteran's Pension and/or Survivors benefits and require the aid and attendance or not paid without four everyal living, such as bathing, feeding, dessing, attending to the wants or adjustice and survivors who are eligible for Veteran's Pension addor Survivors benefits and require the aid and attendance or not religible for Veteran's Pension and/or Survivors benefits and require the aid and attendance or not paid without person (SMP) - Veterans and survivors who are eligible for Veterans Pension addor Survivors benefits.         Store I Monthy Pension (SMP) -	
	VA FORM SEP 2018 21-2680 EXISTING STOCK OF VA FORM 21-2680, MAY 2015, WILL BE USED. Page 1 19	

SAMPLE	PATIENT/VETERAN'S SOCIAL SECURITY NO.			
VA 21-2680	NOTE: EXAMINER PLEASE READ CAREFULLY The purpose of this examination is to record manifestations and findings pertinent home or immediate premises) or in need of the regular aid and attendance of anoth makers to determine the extent that disease or injury produces physical or mental in to dress and undress; to feed him/herself, to attend to the wants of nature; or keep 1 recorded to show whether the claimant is blind or bednidden. Whether the claiman reflect how well he/she ambulates, where he/she goes, and what he/she is able to d	to the question of whether the claima er person. The report should be in su mpairment, that loss of coordination d inn/herself ordinarily clean and prese it seeks housebound or aid and attend o during a typical day.	nt is housebound (confined to the afficient detail for the VA decision or enfeeblement affects the ability: entable. Findings should be lance benefits, the report should	VETERANS OF FOREIGN WARS.
Aid &	17. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of assistance described in question			California
Attendance			-	
	18A. AGE 19B. V EIGHT ACTU +LBS. B TIM.+D; L			
or	19. NUTRITION	20. GAIT		
Housebound	21. BLOOD PRESSURE 22. PULSE RATE 21. RE VIRAT RY RATE 24 M	AT DISABILITY AS STRUCTURE LISTED	ACTIVITIES/FUNCTIONS?	
(page 2)	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:			
(page 2)	26. IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? (jf "No, * prover braz in,			
		CTC		
	28. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYP	GIENE NEEDS? (If "Yes," provide explanatio	on)	
	29A. IS THE CLAIMANT LEGALLY BLIND? (If "Yes," provide explanation)		ECTED VISION	
		LEFT EYE	RIGHT EYE	
	30. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? (If "Yes," provide explanation)			
	31. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanate Yes NO	tion)		
	17-76 0010			
	32. IN YOUR JUDGMENT, DOES THE VETERAN/CLAIMANT HAVE THE MENTAL CAPACITY DIRECT SOMEONE TO DO SO? ((["No," provide examples and rationale to support your conclu-	TO MANAGE HIS OR HER BENEFIT PAY	MENTS, OR IS HE OR SHE ABLE TO	
	YES NO	Constrained		
	VA FORM 21-2680, SEP 2018		Page 2	

SAMPLE	
VA 21-2680	33. POSTURE AND GENERAL APPEARANCE (Attach a separate sheet of paper if additional space is needed) VETERANS OF FOREIGN WARS.
Aid & Attendance	34. DESCRIBE RESTRICTIONS FEACH DR EXTENT WITCH AN AR RECOVERTO GRIP, JE MC EMETTS AND RBILITY TO FEED HM/HERSELF, TO BUTTON CLOTHING, SHAVE AN ATTEN TO THE A TSO NA JR (dreck a septement and cape of a grad and approved at cape of a grad approved approved at cape of a grad approved at cape of a grad approved approved at cape of a grad approved at capproved at cape of a
or Housebound	35. DESCRIBE RESTRICTIONS OF EACH LO VER, X. LEMINT VICHLAR, CUDAR, EF, KENOL TI, THIND TEN THE L. ITATION OF MOTION, ATROPHY, AND CONTRACTURESOR OTHER INTERFERENCE CONTENTS, CONTENTS, CONTENTS, CONTENTS, CONTENTS, CONTENTS, CONTENTS, CONTENT, AND LA CE AND PROPULSION OF EACH LOWER EXTREMITY.
(page 3)	38. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK
	37. SET FORTH ALL OTHER PATHOLOGY INCLODING THE COSS OF SOMELOR BLADGER COMMENDED OF 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 Zen 32 ebove)           YES         (jf "YES" give distance) (Check         1 BLOCK         5 or 6 BLOCKS         1 MILE         OTHER           No         applicable box or specify distance)         1 BLOCK         5 or 6 BLOCKS         1 MILE         OTHER
	40A. PRINTED NAME OF EXAMINING PHYSICIAN     40E. 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     41B. TELEPHONE NUMBER OF MEDICAL FACILITY (Include Area Code)
	PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has beer authorized under the Privacy Act of 1974 cr Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or ciminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed 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 stats, and personnel administration) as identified in the VA system of records. 58V A21/22/28. Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to totain or retain tenefits. Griving us 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 to January 1, 1975, and still in cifect. The requested information is considered relevant and accessary to determine maximum banefits provide huder the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furmish may be utilized in computer matching pregrams with chter Federal or state accences 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 benefits. Title 38, United States Code 1521 (d) and (d), 1115(1)(e), 1311(e) and (d), 1315(b), 1122, 1541(d)(e), and 1502 (b) and (c) allows us to sak for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (d), 1115(1)(e), 1311(e) and (d), 1315(b),
	at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

# Service-Connection and Compensation



- Service-Connection and Compensation
- O% = 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)



California

- 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



California

- 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:
  - <u>https://www.va.gov/disability/dependency-indemnity-compensation/</u>



**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: <u>https://www.va.gov/burials-memorials/</u>



California

# "The 12 VFW Rules to Live By"





- 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.





- 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.



- 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.



- 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 <u>https://www.va.gov/find-forms/</u>
- 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 <u>General Counsel</u> VA Form 21 (Application for <u>Accreditation</u> as <u>Service</u> Organization Representative) for each person it desires accredited as a <u>representative</u> of that organization. The form must be signed by the prospective <u>representative</u> 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 <u>General Counsel</u>, not later than five years after initial <u>accreditation</u> through that organization or the most recent recertification by that organization, VA Form 21 to certify that the <u>representative</u> continues to meet the criteria for <u>accreditation</u> 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 <u>claimants</u> 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 <u>representative</u> of another recognized organization; or, in the case of a county veterans' <u>service</u> officer or tribal veterans' <u>service</u> officer recommended by a recognized <u>State</u> organization, meets the following criteria:

(i) Is a paid employee of the county or <u>tribal government</u> 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 <u>representative</u> in the <u>claim</u> process; and

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

(Authority: <u>38</u> U.S.C. <u>501(a)</u>, <u>5902</u>)



#### **Resource** Links

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



#### **Resource** Links

- National Archives -DD214, Military Medical Records and Training Records: <u>http://www.archives.gov</u>
  - 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-Designationon-California-Driver-License-and-ID-Card.aspx

- Note: must file with County VSO –bring DD-214 and ID/License
- Cal-Vets College Fee Waiver:
  - <u>http://www.calvet.ca.gov/VetServices/Pages/College-Fee-Waiver.aspx</u>
  - 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 <u>https://www.va.gov/</u>or <u>https://www.vfw.org/</u>



#### Summary of the Law

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

California

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



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