

IDVA
Quick Reference
Guide to
Veterans' Benefits
(QRG)
2009 Edition

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AGENT ORANGE

Eleven diseases are presumed by VA to be service-related for compensation purposes for veterans exposed to Agent Orange and other herbicides used in support of military operations in the Republic of Vietnam between Jan. 9, 1962, and May 7, 1975.

The following health conditions are presumptively recognized for service connection. Vietnam vets with any of these conditions do not have to show that the illness is related to their military

service to get disability compensation. A current medical diagnosis of the condition and a DD Form 214 showing Vietnam Service is normally all that is needed to accompany a completed Veterans Application For Compensation or Pension VA Form Number 21-526.

1. Chloracne (must occur within 1 year of exposure to Agent Orange). Chloracne is a skin condition that looks like common forms of acne seen in teenagers. The first sign may be excessive oiliness of the skin. This is accompanied or followed by numerous blackheads. In mild cases, the blackheads may be limited to the areas around the eyes extending to the temples. In more severe cases, blackheads may appear in many places, especially over the cheekbone and other facial areas, behind the ears, and along the arms.
2. Non-Hodgkin's Lymphoma. A group of malignant tumors (cancers) that affect the lymph glands and other lymphatic tissue. These tumors are relatively rare compared to other types of cancer, and although survival rates have improved during the past two decades, these diseases tend to be fatal.
3. Hodgkin's disease. A malignant lymphoma characterized by progressive enlargement of the lymph nodes, liver, and spleen, and by progressive anemia.
4. Kaposi's sarcoma or mesothelioma
5. Soft tissue sarcoma other than osteosarcoma and chondrosarcoma. A group of different types of malignant tumors (cancers) that arise from body tissues such as muscle, fat, blood and lymph vessels, and connective tissues (not in hard tissue such as bone or cartilage). These cancers are in the soft tissue that occurs within and between organs. The following conditions fall under the term "soft-tissue sarcoma):
 - a. Adult fibrosarcoma
 - b. Dermatofibrosarcoma protuberans
 - c. Malignant fibrous histiocytoma
 - d. Liposarcoma
 - e. Leiomyosarcoma
 - f. Malignant granular cell tumor
 - g. Alveolar soft part sarcoma
 - h. Rhabdomyosarcoma
 - i. Ectomesenchymoma
 - j. Malignant glomus tumor
 - k. Malignant hemangiopericytoma
 - l. Malignant Schwannoma
 - m. Malignant mesenchymoma
 - n. Epithelioid sarcoma
 - o. Extraskkeletal Ewing's sarcoma
 - p. Congenital and infantile fibrosarcoma
 - q. Malignant ganglioneuroma
 - r. Epithelioid Leiomyosarcoma (malignant leiomyblastoma)
 - s. Angiosarcoma (hemangiosarcoma and lymphangiosarcoma)
 - t. Proliferating (systemic) angioendotheliomatosis
 - u. Clear cell sarcoma of tendons and aponeuroses
 - v. Synovial sarcoma (malignant synovioma)
 - w. Malignant giant cell tumor of tendon sheath
6. Porphyria cutanea tarda (must occur within 1 year of exposure.) Porphyria cutanea tarda is a

disorder characterized by liver dysfunction and by thinning and blistering of the skin in sun-exposed areas.

7. Multiple myeloma. A cancer of specific bone marrow cells that is characterized by bone marrow tumors in various bones of the body.
8. Respiratory cancers, including cancers of the lung, larynx, trachea, and bronchus. (Previously these conditions must have manifested within 30 years of the veteran's departure from Vietnam to qualify but this 30 year time limit has now been eliminated.
9. Prostate cancer. A cancer of the prostate and one of the most common cancers among men.
10. Peripheral neuropathy (transient acute or subacute. It must appear within 1 year of exposure and resolve within 2-years of date of onset.) A nervous system condition that causes numbness, tingling, and muscle weakness. This condition affects only the peripheral nervous system, that is, only the nervous system outside the brain and spinal cord. Only the transient acute (short-term) and subacute forms of this condition (not the chronic persistent form) have been associated with herbicide exposure.
11. Diabetes mellitus: Often referred to as Type 2 diabetes: A condition characterized by high blood sugar levels resulting from the body's inability to respond properly to the hormone insulin.
12. Chronic lymphocytic leukemia (Final rule and regulations pending). A disease that progresses slowly with increasing production of and older) who live in areas where it's offered. Conditions secondary to the diabetes, such as eyesight, impotency, foot problems, can be secondary rated.
13. Effective May 7, 2009, VA finalized the proposed rule establishing AL Amyloidosis as a presumptive condition on the Agent Orange/herbicide list. AL amyloidosis is a rare monoclonal plasma cell disorder that shares biological and pathophysiological features of multiple myeloma and some lymphomas that have been associated with herbicide exposure in previous Institute of Medicine (IOM) reports. Veterans who had service in-country in Vietnam may now file for and received service connection for AL Amyloidosis regardless of when the disease was diagnosed after the veteran's return from Vietnam. Surviving spouses of Vietnam veterans who have died of AL Amyloidosis may also file for and receive VA service connected survivors benefits. Veterans and surviving spouses who had filed for this before could be eligible for retroactive benefits if they filed again under this new law and VA had denied the previous claim because VA had not yet authorized the presumptive link.

VA has developed databases called registries to help analyze the type of health conditions being reported by veterans who served in the Gulf War (Aug. 2, 1990 to a date not yet established), claim exposure to Agent Orange during the Vietnam War (between 1962 and 1975), served in Korea in 1968 or 1969, claim exposure to atomic radiation, or were treated with nasopharyngeal (NP) radium during military service. These veterans are provided with free, comprehensive medical examinations, including laboratory and other diagnostic tests deemed necessary by an examining physician to determine health status. Other veterans who may have been exposed to dioxin or other toxic substances in a herbicide or defoliant associated with the testing, transporting or spraying of herbicides for military purposes also are eligible to participate in the Agent Orange registry program.

Eligible veterans do not have to be enrolled in VA health care to participate in registry examinations. Examination results, along with reviews of veterans' military service and exposure histories, are entered into the registries. Participants are advised of the results of their examinations in personal consultations and by letters. Veterans wishing to participate should contact the nearest VA health-care facility for an examination.

The Nehmer case established an earlier effective date for Type II diabetes claims and it is possible for a veteran to be rated earlier than the date VA receives the claim.

Blue Water Navy Veterans Entitled to Presumption of Exposure to Agent Orange: On August 16, 2006, an United States Court of Appeals for Veterans Claims decision (Haas v. Nicholson) held that Vietnam veterans who served in the waters off Vietnam (known as “Blue Water Veterans”) are entitled to disability benefits for diseases related to Agent Orange exposure. This decision reverses the Department of Veterans Affairs’ policy that veterans had to step foot on Vietnam soil in order to be entitled to the presumption of exposure to Agent Orange.

Essentially, the court ruling was made possible by VA failing to comply with notice and comment requirements of the Administrative Procedures Act when it rescinded a more favorable provision from its operations manual (M21-1) concerning Agent Orange exposure. When asked at the recent American Legion Convention about how VA will respond to “Haas,” Ronald R. Aument, VA’s Deputy Under Secretary for Benefits, indicated VA is studying the situation but has not yet formulated an action plan.

It can only be assumed that VA will act adversely since this ruling will effect many veterans and likely require the government to pay millions of dollars in compensation benefits. We expect VA to either appeal Haas to the federal circuit or develop new limiting manual guidelines using the Administrative Procedures Act, or both.

Blue Water Veterans and possibly even other veterans who served in nearby countries directly supporting the Vietnam War effort (this includes all veterans who received the Vietnam Service Medal) will therefore likely have only a short period of time to file for and win claims concerning presumption of Agent Orange Exposure. These veterans who now have a disease on the Agent Orange presumptive list should therefore file their claims immediately. If the veteran had never filed a VA disability claim, he or she should complete and file an original claim application (VA Form 21-526). If the veteran had filed before and received a final VA decision prior to the date of this Court decision (8-16-06), the claimant can reopen the claim by filing a letter asking VA to reconsider their Agent Orange related disability claim due to the ruling in Haas v. Nicholson. If the claim had been filed and denied but the denial had not yet become final, the claimant should appeal VA’s decision. The Court decision also opens the doors for surviving spouses to file or re-file Agent Orange related death benefits claims of this nature.

BIRTH DEFECTS IN CHILDREN OF MALE VIETNAM VETERANS

The following health conditions are presumptively recognized in children of veterans for service connection. Vietnam veteran’s children with any of these conditions do not have to show that their illness is related to their parent’s military service to get disability compensation. A current medical diagnosis of the condition and a DD Form 214 showing the parent’s Vietnam Service is normally all that is needed to accompany a completed Veterans Application For Compensation or Pension VA Form Number 21-526.

Spina bifida (except spina bifida occulta): A neural tube birth defect that results from the failure of the bony portion of the spine to close properly in the developing fetus during early pregnancy.

Children of male Vietnam veterans may be eligible for vocational training, health care, and a monthly allowance. The monthly allowance for 2009 is: Level I, \$286; Level II, \$984, and Level III, \$1,678.

BIRTH DEFECTS IN CHILDREN OF FEMALE VIETNAM VETERANS

Other (than spinal bifida) disabilities in the children of women Vietnam veterans. Covered birth defects” means any birth defect identified by VA as a birth defect associated with the service of women Vietnam veterans in Vietnam from 28 FEB 61 to 7 MAY 75, and that has resulted, or may result, in permanent physical or mental disability. However, the term does not include a condition due to a familial (this is, inherited) disorder; birth-related injury; or fetal or neonatal infirmity with other well-established causes.

These children may be compensated for their birth defects at the following rates for 2009: Level I Monthly Rate - \$131; Level II Monthly Rate - \$286; Level III Monthly Rate - \$984; and Level IV Monthly Rate - \$1,678.

Covered birth defects include, but are not limited to, the following conditions:

- 1) achondroplasia,
- 2) cleft lip and cleft palate,
- 3) congenital heart disease,
- 4) congenital talipes equinovarus (clubfoot),
- 5) esophageal and intestinal atresia,
- 6) Hallerman-Streiff syndrome,
- 7) hip dysplasia,
- 8) Hirschprung’s disease (congenital megacolon),
- 9) hydrocephalus due to aqueductal stenosis,
- 10) hypospadias,
- 11) imperforate anus,
- 12) neural tube defects,
- 13) Poland syndrome,
- 14) pyloric stenosis,
- 15) syndactyly (fused digits),
- 16) tracheoesophageal fistula,
- 17) undescended testicle, and
- 18) Williams syndrome.

** Not covered are conditions that are congenital malignant neoplasms, chromosomal disorders, or developmental disorders. In addition, conditions that do not result in permanent physical or mental disability are not covered birth defects. All birth defects that are not excluded under the language above are covered birth defects. (Source: Extracted from Agent Orange Review, Vol. 19, No 2, Dated July 2003)

AID & ATTENDANCE (A&A) (Special Monthly Compensation)

Eligibility: veterans receiving VA Compensation or VA Pension who are helpless or "so nearly helpless as to require the regular aid and attendance of another person" may be eligible for this special monthly compensation (SMC). VA considers the veteran eligible if they are blind or nearly blind, or if they are a patient in a nursing home because of a mental or physical incapacity or other factors, such as the inability to dress or undress themselves, to be ordinarily clean and presentable, or to feed themselves. If the veteran has a prosthesis which needs to be adjusted frequently; is incapable of feeding themselves through the loss of upper extremity coordination or through extreme weakness; incontinence; or due to mental or physical incapacity to be protected from the hazards of their daily environment.

VA rules are clear that they do not need to meet each of these factors to qualify for A&A

allowance, nor do they have to be so helpless that they need someone attending them constantly.

Also, the spouse of a veteran may also be eligible for A&A due to any of the above conditions, if the veteran is rated 30% or higher disabled. (See [Allowance for Dependents](#)).

Our research has shown that veterans who are receiving *compensation* for SC disability or disabilities generally must require the aid & attendance due to their service-connected disability or be in a nursing home to be eligible for A&A. Veterans receiving *pension* are already considered to be permanently and totally disabled. In either case, have the doctor or doctor's office complete the VA Form 21-2680 to establish the need for A&A.

A&A Presumed: Nursing Home Care. A veteran entitled to disability *pension* is presumed to be in need of A&A if the veteran is a patient in a nursing home on account of mental or physical disability.

Application: VA Form 21-2680 completed by the physician.

ALLOWANCE FOR DEPENDENTS

Eligibility: veterans disabled 30% or higher can get this additional allowance for dependents. This happens automatically if spouse and/or children are put on the initial application for compensation or pension (VA Form 21-526), although it is recommended that VA Form 21-686c be completed and submitted with the claim packet. Note: "Spouse" must be a person of the opposite sex.

Children stay dependents until age 18 or until they graduate high school or until they graduate college (up to age 23). If there is some question about the dependency of a child, VA may occasionally require confirmation of dependency status via VA Form 21-686c. Birth certificate (s) and/or marriage license are substantiating documents for this benefit.

The additional amount is determined according to the number of dependents and degree of disability. The amount increases after the child reaches age 18 and remains increased through age 22.

Application: VA Form 21-686c with birth certificate(s) and/or marriage license.

ALS (LOU GEHRIG'S DISEASE)

The Department of Veterans Affairs (VA) published an interim final rule in the Federal Register on September 23, 2008 establishing a presumption of service connection for ALS for *any* veteran with at least 90 continuous days of active duty service who develops ALS *any* time after separation from service. The new regulation is effective immediately and applies to all applications for benefits received by VA on or after September 23, 2008. The regulation also applies to claims pending before VA or one of the various appellate courts on the effective date of the interim final rule. An older rule had established a presumption of service connection with the disease for veterans who developed ALS within a year of their separation from service. Veterans diagnosed with ALS, including those whose claims were denied in the past, or the surviving spouse of a veteran who died as a result of ALS, are encouraged to contact their County Veterans' Service Office. (Also see [GULF WAR SYNDROME](#))

APPEALS

Whenever a claim is denied by VA, and it is felt the VA did not make a good decision, either because they did not review all the evidence, or they did not correctly apply the law, the veteran can file an appeal.

The appeals process starts with the veteran filing a Notice of Disagreement (NOD) to the VA. This can simply be a statement on VA Form 21-4138 stating that, "This is Notice of Disagreement with VA Decision dated _____." followed by a brief reason for the disagreement, such as, "The VA doctor, at my latest examination, failed to consider any of my previous medical records."

In response to the Notice of Disagreement, the VA will advise the claimant of her/her opportunity to have the claim reviewed by another individual, one who did not participate in the original review. This is called a *de novo* review. Or, in the NOD, the claimant may ask for this *de novo* review. In either case, the claimant has 60 days after notification by VA of the opportunity for a *de novo* review to take advantage of the offer. The *de novo* review suspends the normal 1-year time limit to file an appeal.

If the claimant does not request a *de novo* review, the VA will send the veteran a Statement of the Case (SOC). The SOC will outline all the laws VA used to make their decision and all the evidence they considered. Once the SOC is received it should be reviewed carefully. **The veteran has one year from the date they were notified of the decision to file to formal appeal.** This is done on VA Form 9.

As a general rule, the VA will consider only the disability(ies) claimed in the original claim on which they made their decision. Do not introduce another disability in the appeal. The veteran would need to file another, completely new claim, for any newly claimed disability(ies). The *de novo* review, however, does consider all evidence, both old and new. If the veteran does not appeal and the time limits run out, and the veteran later decides to make another claim on the same disability, the claimant would need to introduce "new and material" evidence.

If it's felt the veteran could explain his case well, on the VA Form 9 ask for a hearing before the VARO Hearing Officer rather than a hearing at the Board of Veterans' Appeals (BVA) or before the traveling BVA.

Applications:

Notice of Disagreement (NOD): VA Form 21-4138

Formal (Substantive) Appeal: VA Form 9 (must be filed within the set time limits after the SOC).

APPEALS MANAGEMENT CENTER (AMC)

The Appeals Management Center (AMC) has been established outside of the BVA. It will function as a "national regional office" to handle most remands. It is located at the Washington Regional Office (WRO) and was to be fully staffed and operational by December, 2003. In October, 2003, it had 10,000 pending remands and is projected to handle about 14,000 new remands a year. This program is expected to improve the quality and completeness of remands and make it easier and quicker for the BVA to make a final decision.

APPEALS PROCESS

Following are the steps in the appeals process:

Claim;
Decision;
Notice of Disagreement;
Statement of the Case;
VA Form 9 (Substantive Appeal);
Board of Veterans' Appeals (BVA);
Court of Appeals for Veterans' Claims (CAVC).

1. The process of filing an appeal begins with the filing of the claim. Without a claim there can be no appeal.
2. After receiving and developing a claim, the local VA Regional Office makes a decision and notifies the veteran.
3. If the veteran disagrees with the decision, he or she files a Notice of Disagreement (time limit: within one year of the date of the letter notifying the veteran of the decision).
4. The VA send the veteran a Statement of the Case (SOC) which informs the veteran of the evidence reviewed in making the decision and the VA laws which were applicable to the decision.
Prior to sending the SOC, the local VA Regional Office will offer to have a Decision Review Officer, or DRO, (someone other than the person who made the original decision) look over the decision and make a new decision. This is called a *de novo* review. If the veteran agrees to the *de novo* review, the SOC will not be issued until after the decision of the DRO, and then only if the veteran is still unsatisfied with the decision. (Time limit for requesting a *de novo* review: 60 days from the date of the letter notifying the veteran of the decision.)
5. If the veteran still disagrees after the issuance of the SOC, the veteran completes the VA Form 9 (Substantive Appeal) and forwards to the VA Regional Office.
6. The claim is forwarded to the Board of Veterans' Appeals (BVA). The Board will do one of three things:
 - a. Uphold the decision of the VA Regional Office;
 - b. Grant the issue or issues requested in the appeal; or
 - c. Remand (send back) the claim to the VA Regional office for further development.
7. If the BVA upholds the decision and the veteran still disagrees, the claim will be sent to the Court of Appeals for Veterans' Claims (CAVC). The service organization which represented the veteran through the BVA will no longer represent the veteran.

AUTOMOTIVE ALLOWANCE

Veterans and servicemembers may be eligible for a one-time payment of not more than \$11,000 toward the purchase of an automobile or other conveyance if they have service-connected loss or permanent loss of use of one or both hands or feet, permanent impairment of vision of both eyes to a certain degree, or ankylosis (immobility) of one or both knees or one or both hips. They may also be eligible for adaptive equipment, and for repair, replacement or reinstallation required because of disability or for the safe operation of a vehicle purchased with VA assistance. To apply, contact a VA Regional Office at 1-800-827-1000 or the nearest VA Medical Center.

BIRTH CERTIFICATES (for children of service personnel born overseas)

Birth certificates for the children of U.S. service personnel born overseas in military hospitals are held by the U.S. Department of State. Contact:

U.S. Department of State

Passport & Vital Records
1111 19th Street Suite 510
Washington, DC 20036

The fee is \$30.00 and the applicant will need the names of both parents, the mother's maiden name, the date of birth of the child and the name and location of the U.S. Military facility on which the child was born.

Phone:
1-(877)-487-2778 (press "0")
1-(202)-955-0307

Web site: <http://travel.state.gov>

BOARD OF VETERANS' APPEALS (BVA)

If a claim cannot be resolved by the local VA Regional Office, the BVA is the next part of the appeals process.

The Board of Veterans' Appeals (also known as "BVA" or "the Board") is a part of VA, located in Washington, D.C. Members of the Board review benefit claims determinations made by local VA office (VA Regional Offices) and issue appeal decisions. These Board members, who are attorneys experienced in veterans' law, review benefit claims and are the only ones who can issue Board decisions.

Also see [APPEALS PROCESS](#)

BURIAL ALLOWANCE (State of Indiana Benefit)

Eligibility: Honorably discharged veterans

Benefit: Counties are authorized to pay up to \$1,000 for burial costs of veteran or spouse (but not both). Included in the \$1,000 is an amount to be determined by the county for setting of a federal headstone or marker in the county of burial. Most Indiana counties are paying \$100 for each.

This allowance is paid by the county of the veteran's residence at the time of death.

Application: County burial form obtained from the Auditor's Office. Normally filled out and submitted by the funeral director.

BURIAL AT SEA (Retired Navy members & dependents)

Retired Navy members and their dependents desiring burial at sea should indicate that preference in writing. At the time of death, the executor/executrix of the estate should contact:

Military Medical Support Office (MMSO)
Mortuary Affairs, Bldg 38H
Great Lakes IL 60085-5200
Toll Free: 1-888-647-6676

For further information contact

Casualty Assistance Branch
Naval Personnel Command (NPC-621)

5720 Integrity Drive

Millington TN 38055-6210

Toll Free: 1-800-368-3202

Or visit the web site at:

<http://www.npc.navy.mil/CommandSupport/CasualtyAssistance/MortuaryServices/Burial+At+Sea.htm>.

The disposition of remains involves getting all paperwork together and coordinating for the burial with a port of embarkation. Available ports can be found by calling Navy Mortuary Affairs at (866) 787-0081.

An information packet can be sent or faxed. The packet contains the Burial at Sea request/ authorization form. If the burial at sea preference was not put in writing, the person responsible for the disposition of the remains may authorize the burial at sea. Submit the following documents to the above address with the request form:

- a) Certificate of cremation or a transit permit issued by the appropriate civil authorities at the place of death; or
- b) Photocopy of civil Death Certificate; and
- c) Signed request/authorization for committal from the primary next of kin or executor of the estate, and d) photocopy of retirement orders. Authorization should include the decedents full name, grade, SSN, Serial Number (if available), branch of service, date of retirement or dates of service and date of death, type religious service preferred, whether the scattering of cremated remains or committal of casketed remains is desired from naval vessel, and body of water preferred.

A committal ceremony is performed while the ship is deployed; therefore, family members are not allowed to be present. The commanding officer of the ship assigned to perform the ceremony will notify the family of the date, time, and longitude and latitude once the committal service has been completed.

Cremated remains, or cremains, must be in an urn or plastic or metal container. The cremains package should be sent via certified mail, return receipt requested. Intact, or casketed, remains require very specific preparation, and all expenses are the responsibility of the person authorized to direct disposition.

For more information contact Navy Mortuary Affairs or visit the Web site listed above.

BURIAL EXPENSE (Reimbursement) (Federal)

Benefit: \$300 burial & funeral allowance.

Eligibility: veteran at time of death, was receiving VA Compensation or Pension - or - if death occurs in a VA facility or contracted nursing home.

Benefit: \$2,000 burial allowance. Also, VA will pay the cost of transporting the remains to the nearest national cemetery with spaces available.

Eligibility: veteran whose death is due to his service connected condition.

Benefit: \$300 plot or interment allowance.

Eligibility: Veteran not buried in cemetery under U.S. government jurisdiction - and - veteran was discharged from active duty because of a disability incurred or aggravated in line of duty - and -

veteran was in receipt of VA Pension or Compensation or death occurred in a VA facility or VA-contracted nursing home.

Note: Public Law 108-183 allows that this benefit can be paid to a State cemetery.

Note: Claims must be filed within 2 years (no time limit for service connected) .

Application: VA Form 21-530

BURIAL FLAG

Eligibility: Discharged under conditions other than dishonorable.

- and -

either a wartime veteran - or -

served after Jan. 31, 1955 - or -

served at least one enlistment during peacetime, - or -

National Guard & Reserves eligible after completion of one enlistment or if they have 20 years of service creditable towards retirement.

Application: VA Form 21-2008 (Veterans' Service Officers can obtain a flag by completing this form and taking it to their local Post Office)

BURIAL, HEADSTONE OR GRAVE MARKER

Eligibility: deceased active duty veteran of wartime or peacetime service (other than for training) if discharged under conditions other than dishonorable. Veterans discharged after Sept. 8, 1980 must have served 24 months on active duty, or the full period for which they were brought on active duty. Veterans discharged prior to that date have no minimum time-served requirement.

- or -

- deceased National Guardsman or Reservist who dies while performing initial active duty for training and those who have 20 years or more service creditable towards retirement.

Dependents: only if buried in National or State Military cemetery.

Note: Effective with Public Law 107-103 dated 12/27/01 the headstone can be placed on a marked or an unmarked grave. Prior to this law, the grave had to be an unmarked grave.

Application: VA Form 40-1330

Replacement headstones:

VA will replace incorrectly inscribed headstones or markers. Complete a new VA Form 40-1330 with all the appropriate information and explain in the Remarks block at the bottom of the application the circumstances requiring a new headstone or marker.

VA will replace headstones or markers which have been vandalized, stolen, or deteriorated and weather-worn to such a degree that inscriptions are no longer legible. VA requires a photograph of the deteriorated marker, or a report of the theft or vandalism and a completed VA Form 40-1330.

BURIAL – NATIONAL AND STATE CEMETERIES

Arlington National Cemetery

To be buried in Arlington National Cemetery the veteran must fall into one of the following groups:

- Died on active duty;
- Military retiree (including Guard & Reserves who haven't reached age 60);
- Holders of highest awards for valor;
- Certain former Prisoners of War;
- Veterans honorably discharged with at least 30% disability before Oct. 1, 1949;
- The spouse or unmarried child (under 21) of any veteran buried in Arlington;

Note: Public Law 108-183 permits the spouse of a deceased veteran who remarries after the veteran's death to be buried in a national cemetery, regardless of age at the time of the remarriage. Prior to this change in law, only a surviving spouse who had subsequent remarriage that was terminated by death or divorce was eligible. This change applies to deaths occurring on or after January 2000.

- Unmarried adult child with physical or mental disability acquired before age 21.
- Merchant Marine personnel who fit one or more of the above categories.

Other National & State Cemeteries

Most veterans can be buried in these type cemeteries. They include -

- Active duty personnel;
- Military retirees (including Guard & Reserve retirees who haven't reached age 60);
- Veterans with discharges rated higher than under dishonorable conditions;
- Reservists disabled by military service;
- ROTC cadets and midshipmen who die at summer camp or from military-related injuries or illnesses;
- Merchant Marine personnel.
- Spouse of a deceased veteran, even if remarried, regardless of his or her age at the time of the remarriage. (Public Law 108-183). Prior to this change in law, only a surviving spouse who had subsequent remarriage that was terminated by death or divorce was eligible. This change applies to deaths occurring on or after January 2000.

Most veterans qualify under the third category. Veterans discharged after Sept. 8, 1980 must have served 24 months on active duty, or the full period for which they were brought on active duty. Veterans discharged prior to that date have no minimum time-served requirement.

The **Indiana Veterans Memorial Cemetery** opened for interments on December 1, 1999. The cemetery is located adjacent to the Madison State Hospital and Clifty Falls State Park in Madison, Indiana. Any veteran eligible to be buried in a national cemetery will be eligible for burial in the cemetery. The spouse of an eligible veteran will also be eligible to be buried there. For an application for burial, contact the Indiana Department of Veterans Affairs. To schedule an interment, contact the cemetery superintendent at 1415 North Gate Road, Madison, IN 47250, 812-273-9220/FAX 812-273-9221.

Also see [CEMETERIES](#).

BVA (see [Board of Veterans' Appeals](#))

CEMETERIES - VETERANS

Arlington National Cemetery

There is no charge for a grave in Arlington. There is also no charge for opening and closing the grave nor for a government headstone or marker. All other costs must be borne by the family.

The family should inform the funeral director that burial at Arlington is desired. The funeral director usually contacts the Interment Services Office as soon as possible after notification of the death. The office is open 7:30 a.m. - 4:00 p.m. Monday thru Friday, and 9:00 a.m. - 1:00 p.m. on Saturday. Call (703) 695-3250 or (703) 697-9486. Voice mail can be left during non-duty hours.

National Cemeteries in Indiana

Crown Hill
700 W. 38th Street
Indianapolis, IN 46208
(765) 674-0284

Marion National Cemetery
1700 E. 38th Street
Marion, IN 46952
(765) 674-0284

New Albany
1943 Ekin Avenue
New Albany, IN 47150
(502) 893-3852

State Cemeteries in Indiana

Indiana Veterans Home
3851 North River Road
West Lafayette, IN 47906-3851
(765) 463-1502

(Note) (The deceased must have been a resident of the Home to be buried here)

Indiana Veterans Memorial Cemetery
Madison, IN 47250
Contact:
(812) 273-9220

Note: Public Law 108-183 allows State cemeteries to apply for and receive the veterans' burial plot allowance of \$300 normally paid for veterans not buried in a Federal cemetery and who were discharged for service-connected disability(ies), was receiving VA pension or compensation or who died in a VA facility or contracted nursing home.

Also see [Burial - National and State Cemeteries](#)

CHAMPVA

Eligibility: Spouse, surviving spouse and dependent children of a veteran rated as permanently and totally service connected disabled - or - who died as a result of a SC disability - or - died while on active duty in line of duty. They are still eligible after they become eligible for Medicare.

Contact:

CHAMPVA Center
P.O. Box 65023
Denver, CO 80206-5023
1-800-733-8387

For Claims, contact:

CHAMPVA Center
Denver, CO 80206-5024

Note: dependent children are those under the age of 18 - or - who became incapable of supporting themselves before attaining the age of 18 - or - are still attending school (up to age 23). Childrens' eligibility not affected by divorce or remarriage of spouse or surviving spouse (except, step-children's relationship ceases upon divorce of the spouse from the veteran).

Application: VA Form 10-10D

Claims: [VA Form 10-7959A](#)

If the veteran has died and the spouse, who was previously enrolled in CHAMPVA reaches the age of 65 and becomes eligible for Medicare, CHAMPVA will become the second payor after Medicare and any other Medigap (supplemental) policies.

If the spouse remarries before reaching age 55, he/she will regain eligibility of the health benefit if the subsequent marriage is terminated due to death or divorce. Effective Feb. 4, 2003 if they remarry after reaching age 55, even while married, they will retain eligibility for the health benefit.

If the spouse remarries after reaching age 65, he/she retains full eligibility (health insurance, home loan and education benefits), even while married.

Complete another [VA Form 10-10D](#) and [VA Form 10-7959c](#) (Other Health Insurance Certification).

CLAIMS

Claims are submitted to VA for benefits due veterans under various VA laws/ regulations.

Claims for compensation and claims for pension for either the veteran or their surviving spouse

are effective on the first day of the month following the month they are received by VA.

Claims should be submitted with substantiating documentation. For example, all claims for compensation or pension should have a certified copy of the veterans discharge attached (DD214 or Report of Separation, not the discharge certificate); if the veteran is married, submit a copy of the marriage license or certificate; if there are unmarried, dependent children still at home, submit birth certificate(s); if the veteran or spouse is on Social Security and is applying for Improved Pension, submit Social Security Award letter; and if the veteran has medical records from a civilian doctor which could be used to substantiate his claim, submit copies. Death certificates and divorce documents are not required if all names dates, and places are shown on the claim application.

The veteran or surviving spouse should always appoint one of the veterans organizations at VARO as his/her Power of Attorney. Use VA Form 21-22 and the County VSO supplement sheet.

To give a detailed account of the veteran's claim, recommend the use of VA Form 21-4138, Statement in Support of Claim for that purpose. It enables the veteran to give full and complete details of what he/she is claiming.

Minimum forms to submit a new claim:

VA Form 21-526 (or 21-534 or 21-535 for DIC/Death Pension);

VA Form 21-22 and CVSO supplement sheet

VA Form 21-4138.

Also see [VA FORMS](#)

CLOTHING ALLOWANCE

Veterans with service connected disabilities which require them to use a wheelchair or other prosthetic or orthopedic devices which may wear out or tear their clothing, may receive an annual clothing allowance in 2009 of \$716.00, payable the last of August each year. The veteran must apply by August 1st, each year. The allowance is also applicable to a veteran with a skin condition for which he uses a cream or other medication which may permanently stain the clothing.

Application: VA Form 21-8678

COMBAT-RELATED SPECIAL COMPENSATION (CRSC)

Effective January 1, 2004, CRSC will be paid for any combat- or training-related disabilities rated anywhere from 10% to 100%. Retirees must apply to their parent service for CRSC payments, and they will continue to receive their full retired pay.

Previously, Combat-Related Special Compensation (CRSC) laws paid only for disabilities which were rated by VA as 60% or higher disabling and were caused by combat conditions, or simulated combat conditions (such as training), or for disabilities which resulted in the award of the Purple Heart medal, regardless of the rating.

The 2008 National Defense Authorization Act (NDAA) as signed into law on January 28, 2008 to include Chapter 61 retirees, a new component for Combat-Related Special Compensation (CRSC).

This legislation expands eligibility to medically discharge retirees with less than 20 years of service, effective January 1, 2008. Medically retired veterans must still provide documentation that shows a causal link between a current VA disability and a combat related event.

Army Times 7/21/08: The Defense Department has issued implementing guidance for the newly expanded categories of the Combat-Related Special Compensation program. The changes extend benefits to select categories of disabled retirees of the active and reserve components who had fewer than 20 years of service.

Until Congress passed authorizing legislation early this year, benefits under the potential \$22 billion entitlements program were restricted to disabled retirees with at least 20 years of service.

The expanded CRSC program includes Chapter 61 medically retired service members, retirees on the Temporary Disabled Retirement List, and disabled retirees who left service with fewer than 20 years of service under the Temporary Early Retirement Act.

The new criteria do not include reserve soldiers who retired for a disability incurred outside the line of duty.

The new categories expand the potential eligible population for CRSC by more than 113,000 claimants, including 55,000 Chapter 61 and 58,000 TERA retirees.

Lt. Col. Christopher Drinkard, deputy director of the Army component of the CRSC program, said that within that new population, a percentage of people will have combat-related disabilities that qualify them for benefits.

The Defense Department issued implementing instructions for the new program in June, and the Army is accepting applications from the new categories of people.

The new eligibility criteria apply to disabled retirees "from any era," Drinkard said.

Payments for applicants in the expanded categories will be retroactive to Jan. 1, 2008.

As under the previous version of the program, there are four categories of "combat-related" disabilities that qualify a person for CRSC compensation, according to Drinkard: injury received from a military weapon or vehicle while performing military duties, hazardous service, conditions that simulate war such as training and armed conflict.

People who have injured themselves in training or combat, are drawing military retired pay and have a Department of Veteran Affairs rating can qualify if they can demonstrate with documentation how they were injured.

Drinkard said people who believe they may be eligible for compensation should access the Army's CRSC Web site, <http://www.crsc.army.mil>, for information. People may e-mail questions or requests for information to crsc.info@us.army.mil.

Those who do not have computer access or who want to talk to a CRSC specialist should call toll-free (866) 281-3254.

The Army web site is www.crsc.army.mil Direct questions toll free to 1-866-281-3254, local (703) 325-5163 Fax: (703) 325-0144

The Navy website is <http://www.hq.navy.mil/ncpb/CRSCB/combatrelated.htm> Neither the Branch nor the NCPB Webmaster is staffed to accept or respond to telephone or email inquiries. Mail requests to the Branch and they will respond to them as soon as practicable. In order to more efficiently process the large volume of applications received, please allow the time specified

in the Initial Notification of Receipt to expire before making inquiries into your case. Additional information is available at the CRSC Branch toll-free information line at 1-877-DON-CRSC (1-877-366-2772), or by mailing to the CRSC Branch..."

Previous Denials for 10-to-50% Ratings:

For those retirees who were previously denied CRSC under the 2003 program because their combat-related disabilities were rated at 10-to-50% an automatic approval process was implemented. If you are in this category, please do not reapply. You should receive an approval letter by February 2004. If you do not receive an approval letter within this timeframe and you believe you should have, feel free to mail an inquiry to the Branch. (See the address at the end of this section).

Previous Purple Heart-Related Approvals Containing other Combat-Related Disabilities:

For those retirees who were previously approved for CRSC under the 2003 program because they had Purple Heart-related disabilities but who did not receive CRSC for other combat-related disabilities because their total combat-related percentage was below 60%, they have implemented an automatic approval process. If you are in this category, please do not reapply. You should receive an approval letter by February 2004. If you do not receive an approval letter within this timeframe and you believe you should have, feel free to mail an inquiry to the Branch at the address listed below.

Department Of The Navy
Naval Council Of Personnel Boards
Combat Related Special Compensation Branch
720 Kennon Street SE Suite 309
Washington Navy Yard, DC 20374-5023

The Air Force website is: <http://www.afpc.randolph.af.mil/disability/CRSC/CRSCnew.htm>
Supporting documentation is essential to the review of each CRSC claim. The burden is upon you to provide supporting documentation to the best of your ability. They need to verify the cause of your diagnosis, or we cannot determine it to be combat related. Please include a complete copy of all documentation you have from the VA, especially documents that provide original VA rationale for determining your disabilities are service connected, documents that provide diagnostic codes, documents that indicated the current rating of your disabilities, and documents that show a condition as secondary or presumptive.

The address for applications from retired Air Force members is:

United States Air Force
Disability Division (CRSC)
550 C Street West Ste 6
Randolph AFB TX 78150-4708

If you need assistance or have any questions, please contact the AF Contact Center, DSN 665-5000; Commercial (210) 565-5000 or toll free 1-866-229-7074.

The US COAST GUARD website is <http://www.uscg.mil/hq/psc/customerconnection/cr.htm>
General tips: There is no particular problem with VA records verification, because the Coast Guard simply denies applications that are not verifiable with the M-13 record or the initial VA rating summary.

The CR Legislation advice to a "Coast Guard applicant is more pointed than to retirees of the other Services. Take your time, document your block 13 description and correlate it to your condition especially well and stay credible. Remember, a large and amorphous bureaucracy is not handling your application, but by the Coast Guard, whose leadership is focused and bright. If you take these

steps, we feel your service will do the best it possibly can to accommodate credible and well-documented and correlated applications.

The address for US Coast Guard CRSC and CDP inquires:

Commander (Adm-1-CRSC)
US Coast Guard
Personnel Command
4200 Wilson Blvd
Arlington, VA 22203-1804

Telephone: 1-800-772-8724

COMPENSATION

To be eligible for VA Compensation, veterans must have a service connected disability; one which occurred while in service or one which occurred prior to but was aggravated during the service. Veterans can file years later for compensation, but some chronic (lingering, continuous) diseases must manifest (display, or exhibit) themselves within 1 year after discharge.

Claims filed within 1 year after discharge are back-dated to the date of discharge.

Application must be in writing - either formal or informal.

Formal Application: VA Form 21-526

Informal Application: VA Form 21-4138

Minimum forms needed to submit a claim for Compensation for Service-Connected Disability: VA Form 21-526, Parts A, B and C; VA Form 21-4138 (to explain in detail items for which there was not enough room on the VA Form 21-526); VA Form 21-22 and CVSO Supplement to assign representation; VA Form 21-4142 to release medical records from private physicians/facilities.

Minimum documentation needed to complete the claim: Certified copy of DD Form 214 or Report of Separation; copy of marriage license, copy of birth certificates of dependent children. Death certificates and divorce documents are not required if all names dates, and places are shown on the claim application.

Also see [INFORMAL CLAIM](#).

CONCURRENT RETIREMENT DISABILITY PAYMENTS (CRDP)

Those military retirees who have service-connected disabilities rated at 50% or higher which are not combat- or combat training-related, but were incurred or aggravated while serving in the military, will receive all of their VA compensation, at whatever current rating they have, but only a percentage of their military retired pay until the year 2014, when they will get full concurrent receipt of both.

Effective January 1, 2004, they will receive their full VA disability compensation, but the amount of retired pay they will be able to draw depends on their VA disability rating.

Veterans rated at 100% disabled and those rated 100% due to unemployability will be able to draw 100% of their retired pay and full VA compensation.

Veterans rated 90% draw \$500 of their retired pay and full VA, currently \$1,344; or more if dependents.

The remaining schedule is as follows:

80% disability, \$350 per month;

70% disability, \$250 per month;

60% disability, \$125 per month; and

50% disability, \$100 per month.

No concurrent receipt for retirees rated 40% or below. They must continue to have their VA disability compensation payments subtracted from their military retired pay.

Each year for the next 10 years, the amount of the retired pay they will be able to draw in addition to their VA disability compensation will increase thusly:

In 2005 the retiree would get an additional 10% of the remaining offset in his retired pay. Example: if the veteran's retired pay was originally \$1500, he would start out getting the \$750, leaving an offset of \$750. In the year 2005 he would get 10% of the \$750, or \$75, leaving an offset of \$675. The amount of retired pay he is now drawing is \$750 plus the \$75, or \$825.

In 2006 the retiree would get an additional 20% of the remaining offset in his retired pay. Using the example above, he would get 20% of the remaining \$675, or \$135. Added to the retired pay he is already getting, he is now drawing \$960 retired pay with an offset of \$540. In 2007 an additional 30% of the offset. In 2008 an additional 40% and so on until January 2014 when they will be receiving their full military retired pay.

A service member who is 50% service-connected disabled and retires in the year 2008 starts out at the \$100 per month and the additional 40% of the offset immediately, not the 10%. A service member who is 50% service-connected disabled and retires in the year 2014 will get full VA compensation for the 50% rating and full military retired pay.

National Guard and Reservist career retirees will be treated the same as active duty retirees and are included in both programs.

Disabled retirees who qualify for both programs would have to choose between one or the other. Retirees cannot draw compensation from both programs. Because the CRSC program provides full payment immediately, rather than the 10-year phase-in, legislators plan to allow an annual election option for the CRSC-eligibles. This recognizes that a retiree who is 100% disabled, but only 60% of that is due to combat-related conditions, may find it advantageous to elect CRSC payments for a few years until the concurrent receipt payment rises to a level that exceeds the CRSC payment. Because CRSC payments are tax-free and retired pay is not, this could also figure into the qualifying retirees decision of which pay to accept.

CONCURRENT RECEIPT (of VA benefits and retired pay)

"Concurrent Receipt" is a term used to describe the receipt of both military retired pay and VA compensation by military retirees who have service-connected disabilities. These veterans fall into two categories:

Combat-Related Special Compensation: Veterans receiving VA compensation for a disability or disabilities which were incurred as a direct result of armed conflict; or while engaged in hazardous service; or in the performance of duty under conditions simulating war (training); or through an instrumentality of war (such as accidental gunfire, exposure to Agent Orange, accidents in military vehicles, Gulf War Syndrome) and has been rated by VA as 10% or higher disabling can draw their VA compensation equal to whatever their VA rating is and their full military retired pay.

See [Combat-Related Special Compensation \(CRSC\)](#).

Concurrent Retirement Disability Payments (CRDP): Veterans who have a VA rated disability or disabilities which are service connected but not related to the conditions outlined above and which are rated as 50% or higher disabling can draw their VA Compensation and their retired pay phased in increasing increments over a ten-year period until they are getting their full retired pay by the year 2014.

See [Concurrent Retirement Disability Payments \(CRDP\)](#).

COPAYMENTS (at VA Medical facilities)

Veterans receiving care for non-service connected causes whose income/net worth exceed certain amounts are required to make a copayment for care received at the VAMC.

There are some exceptions:

** Veterans receiving VA pension are exempt from making the outpatient copayment (but not necessarily the prescription copayment).

** Copayment obligation is waived for military retirees eligible for care under the [TRICARE program](#) (Millennium Health Care & Benefits Act).

Also see: [VA MEDICAL CENTER](#)
[VA MEDICAL CENTER COSTS](#)
[VA NURSING HOME CARE](#)
[PRESCRIPTIONS](#)

DATES IN HISTORY TO REMEMBER

May 8, 1945: V.E. Day (Victory in Europe)
May 30, 1868: Memorial Day (Formerly Decoration Day)
June 6, 1944: D-Day (Normandy Invasion)
June 14, 1777: Flag Day (Birthday of the American Flag)
July 4, 1776: Independence Day (Declaration of Independence signed)
August 6, 1945: Atomic Bomb dropped on Hiroshima
August 9, 1945: Atomic Bomb dropped on Nagasaki
August 15, 1945: V.J. Day (Victory over Japan)
September 3, 1955: Armed Forces Day (Changed from Victory Day in 1995)
September 11, 2001: Terrorist Attacks on the World Trade Center and the Pentagon
3rd Thursday in September annually: POW/MIA Remembrance Day
November 11, 1918: Veterans Day (Formerly Armistice Day)
December 7, 1941: Pearl Harbor Day

DEATH PENSION (Non-service connected death of veteran)

This pension has also been called Widow's Pension.

Veteran must have been discharged under conditions other than dishonorable and must have had 90 days or more of active military service, at least one day of which was during a period of war - or - a service connected disability justifying discharge for disability. 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.

Payable to the unmarried surviving spouse of the veteran and unmarried children under 18 or until age 23 if attending VA approved school.

Pension is based on need and all income of the spouse, including Social Security, is included. Benefit not payable to those with estates large enough to provide maintenance (\$80,000 or more).

Note: The Pension Center has indicated that they will grant pension for one year to survivors based on their income after paying the veteran's funeral expenses, and will review the pension after that one year. Our experience has shown that it takes several months to stop a pension once it starts and the survivor may have to pay back some of the money if VA continues to send the pension after the end of that one year. Survivors who apply for pension based on their annual income after paying funeral expenses should be aware of this possibility.

Application: VA Form 21-534

Minimum forms needed to submit a claim for Non-Service Connected Death Pension: VA Form 21-534; VA Form 21-4138 (to explain in detail items for which there was not enough room on the VA Form 21-534); VA Form 21-22 and CVSO Supplement to assign representation; VA Form 21-4142 to release medical records from private physicians/facilities; VA Form 21-2416 to report medical expenses.

Minimum documentation needed to complete the claim: Certified copy of DD Form 214 or Report of Separation; copy of marriage license, copy of birth certificates of dependent children, copy of Social Security Award letter, if applicable. Death certificates and divorce documents are not required if all names dates, and places are shown on the claim application.

Also see [DIC](#) if death was due to a service connected condition

Also see [RATE TABLES](#)

DENTAL CARE

Recently discharged veterans who served on active duty 90 days or more and who apply for VA dental care within 180 days (previously 90 days) of separation from active duty, may receive a one time dental treatment if their certificate of discharge does not indicate that they received necessary dental care within the 90-day period prior to their discharge.

Other veterans who may be eligible to receive dental care include:

1. Veterans with service-connected, compensable (at least 10% rating) dental conditions.
2. Former POWs.

3. Veterans with service-connected, non-compensable dental conditions which resulted from combat wounds or service injuries.
4. Veterans with nonservice-connected dental conditions determined by VA to be aggravating a service-connected medical problem.
5. Veterans with service-connected conditions rated permanently and totally disabling or 100% by reason of permanent unemployability.
6. Veterans in a VA vocational rehabilitation (Voc Rehab) program.
7. Certain enrolled homeless veterans.
8. Veterans with nonservice-connected dental conditions who received dental treatment while an inpatient in a VA facility.
9. Veterans requiring treatment for dental conditions clinically determined to be complicating a medical condition currently under treatment.

DEPENDENCY AND INDEMNITY COMPENSATION (DIC)

1. Eligibility: unremarried surviving spouse under age 57 (or surviving spouse under age 57 for whom all subsequent marriages have ended in death, divorce, or annulment), of a veteran who died of:

(a) a disease or injury incurred or aggravated in line of duty while on active duty or active duty for training or

(b) an injury incurred or aggravated in line of duty while on inactive duty for training, or

(c) a disability compensable by VA. Death cannot be due to willful misconduct.

- or -

2. Surviving spouse of a service-connected veteran who remarried after reaching age 57, regardless of whether or not he or she is still married.

Note: Remarried surviving spouses over age 57 who previously remarried prior to January 1, 2004 must have applied prior to December 16, 2004 or they will not be eligible to regain their DIC..

DIC may also be authorized if the death was not due to service connected causes but the veteran was totally service connected disabled and had been so rated , or could have been so rated, for ten continuous years preceding his death (five years if he was so rated from his date of discharge).

In all cases, discharge must have been under other than dishonorable conditions.

Surviving spouses of ex-POWs may be eligible for DIC if the veteran was rated 100% service-connected disabled (including unemployability) for one year or more preceding his death from any cause.

DIC may also be authorized for the surviving spouse of a veteran who died or was killed while still on active duty or, in the case of a Guardsman or reservist, died or was killed while on drill weekend or annual training.

Note: Survivor Benefits for Active Duty Deaths: The FY2007 Defense Authorization Act that Congress passed on 30 Sep 2006 and the President signed into law allows surviving spouses of members who died on active duty since 7 OCT 01 the option of transferring Survivor Benefit Plan (SBP) coverage to a child or children, if any. This effectively allows the survivor to receive both Dependency and Indemnity Compensation (DIC) from the VA and SBP from the military, without having the former deducted from the latter. However, transfer to the child is irrevocable, and eligibility is not restored to the spouse when the youngest child loses dependent status.

An additional \$246 per month can be paid if the veteran died after Jan. 1, 1993, was receiving or entitled to receive compensation at the 100% service connected rate (including individual unemployability) for a continuous period of at least 8 years immediately prior to the death AND the surviving spouse was married to the veteran for the same 8 years.

2009 rate for DIC is \$1,154.00

Add \$286 per month for each dependent child under age 18.

Add \$135 per month if spouse is housebound

Add \$286 per month if spouse requires A&A

Application:

VA Form 21-534 (Spouse and children)

VA Form 21-535 (Parents)

Minimum forms needed to submit a claim for DIC:

VA Form 21-534; VA Form 21-4138 (to explain in detail items for which there was not enough room on the VA Form 21-534); VA Form 21-22 and CVSO Supplement to assign representation.

Minimum documentation needed to complete the claim: Certified copy of DD Form 214 or Report of Separation; copy of marriage license, copy of birth certificate of dependent children. Death certificates and divorce documents are not required if all names dates, and places are shown on the claim application.

Also see [DEATH PENSION](#) if death was due to a non-service connected condition.

Also see [RATE TABLES](#).

DIABETES, TYPE II

Federal regulation (38 CFR 3.310) allows VA to compensate veterans for conditions caused by a service connected disability as if those secondary conditions were service connected. Many veterans in recent years have been service connected for diabetes type II based on its relationship to Agent Orange used in Vietnam. Diabetes can cause many complications. Veterans currently service connected for diabetes type II having any one of the following conditions should therefore file for secondary service connection:

- (1) Atherosclerotic heart disease (CAD, MI, hypertensive heart disease, CHF);
- (2) Atherosclerotic peripheral vascular disease (PVD);
- (3) Cerebrovascular accidents (CVA) – includes strokes and TIA;
- (4) Diseases of the large arteries (including aorta, carotid, femoral, etc.)
- (5) Hypertension (via diabetic nephropathy)

- (6) Nephropathy;
- (7) Peripheral neuropathy;
- (8) Mononeuropathy (foot drop, wrist drop, paralysis of nerves of the eye muscle)
- (9) Compression neuropathy (carpal tunnel syndrome);
- (10) Radiculopathy (sensory syndrome)
- (11) Autonomic neuropathy (GI – constipation, gastroparesis, dysphagia, bloating, nausea, vomiting, early satiety; CV – orthostatic hypotension, syncope, GU, -- bladder dysfunction, impotence, retrograde ejaculation, UTI, incontinence)
- (12) Neuropathic arthropathy – degenerative change of the bony structure of the foot;
- (13) Foot ulcers;
- (14) Injuries and burns caused by an accident associated with the diabetes or with non-healing residuals due to a diabetic complication;
- (15) Myopathy – atrophy and weakness of large muscle groups;
- (16) Retinopathy leading to blindness;
- (17) Cataracts;
- (18) Glaucoma;
- (19) Hearing loss;
- (20) Periodontal gum disease;
- (21) Skin disease – plaque like lesions on the legs, blisters on the hand and foot; and
- (22) Infections – bacterial and fungal (UTI, gallbladder, vaginal).

DISCHARGES (DD Form 214 or Report of Separation)

Some DD 214s are available from IDVA:

- 1989 – Current: IDVA
- 1979 – 1988: Indiana State Archives (IDVA)
- Jan 31, 1955 - 1978: **St. Louis (complete SF 180)**
- 1950 – Jan. 30, 1955: Archives (IDVA)
- 1940 – 1946: Archives (IDVA)
- 1917 – 1921: Archives (IDVA)
- 1861 – 1865: Archives (IDVA)

To obtain DD 214 or Report of Separation from IDVA, call (800) 400-4520. Make a note of who takes your call and allow 5 working days for delivery. Information required: name, date of birth, branch of service, Social Security number and year of separation from service.

For those discharges not available from IDVA, request from the National Personnel Records Center (NPRC) at St. Louis. To obtain a replacement DD 214 or Report of Separation, apply online at <http://www.archives.gov/veterans/evetrecs/> or complete Standard Form (SF) 180 and mail to appropriate Records Center indicated on the back of the form.

The VA Regional Office can sometimes verify service and will e-mail or fax a confirmation letter directly to the CVSO.

For National Guard discharges (NGB Form 22): call 1-317-964-7048 (Historical Branch at the Military Department of Indiana, Stout Field, Indianapolis).

Former Navy personnel with questions about their discharge should contact Customer Service at Navy Personnel Command, 5720 Integrity Drive, Millington, TN 38055-3120 or telephone 1-866-827-5672.

Types of Discharges

Honorable: eligible for all applicable veterans benefits.

Under Honorable Conditions (General): eligible for most veterans benefits.

Under Other Than Honorable Conditions (UOTHC): significant veterans benefits denied.

Entry Level Separation: does not characterize the service as either good or bad.

Bad Conduct Discharge (BCD): punitive discharge – ineligible for any veterans benefits.

Dishonorable Discharge (DD): punitive discharge, more severe than a BCD. Ineligible for any veterans benefits.

Dismissal: commissioned officer or cadet. Equivalent to DD for an enlisted member.

Upgrade of Discharges: Any decision made by a board for correction of military records is binding on the VA.

Discharge upgrades for veterans who have been discharged for **less than 15 years** are applied for on DD Form 293, Application for Review of Discharge or Dismissal from the Armed Forces of the United States.

Discharge upgrades for veterans discharged **more than 15 years** ago are applied for on DD Form 149, Application for Correction of Military Record. The applicant must explain why it is in the interest of justice to excuse the failure to apply within the prescribed time (3 years). (Most applicants are unaware they must reply within 3 years.)

The following organizations regularly furnish representation at no charge to the applicant: The American Legion, Disabled American Veterans, and Veterans of Foreign Wars. Complete VA Form 21-22 assigning one of the organizations as the applicant's representative and forward the application through that organization at the VA Regional Office.

DISCRIMINATION

The Americans with Disabilities Act prohibits discrimination against veterans just because they are disabled. As long as they can perform their job, an employer must provide reasonable accommodations, such as modifying the work schedule or modifying equipment to make it easier to use. The ban applies to the initial hiring stage, promotions, pay, health insurance and other terms of employment.

PVA (Paralyzed Veterans of America) or DAV (Disabled American Veterans) should be able to intercede for the veteran. 1-800-242-4782 is the KY/IN Chapter of PVA. EEOC Indianapolis is 1-317-226-7210; Fort Wayne is 1-219-427-1146. They process ADA charges.

DUTY TO ASSIST

The VA is obligated, by law, to assist veterans in the development of their claims. For this reason, VA after receipt of the claim from a veteran, will send a letter informing the veteran of receipt of the claim and the approximate length of time it normally takes to make a decision.

Additionally, VA will ask the veteran if there is any other evidence they wish to submit in support of their claim. This additional evidence could consist of medical records from the veteran's

doctor or doctors. This is information which is normally sent with the initial claim. But VA is obligated to ask if there are any more doctors who might have records relating to the claimed disability.

If no additional evidence or information is available, the veteran will sign the enclosed VCAA Notice Response sheet indicated this and mail back to their assigned POA or the Veterans' Administration whichever is appropriate.

EDUCATIONAL BENEFITS (GI Bill) (Active Duty) (Chap 30)

Eligibility: serve 3 years continuous active duty after June 30, 1985 - or - serve 2 years active duty followed by 4 years satisfactory participation in Selected Reserves. If required period not served, must have been discharged for service connected disability, for a pre-existing medical condition or involuntarily separated due to a reduction in force.

Note: if released for convenience of the government, must have served at least 20 months of an obligation of less than 3 years, or 30 months of an obligation of 3 years or longer.

Must have had \$100 per month reduction in pay for the first 12 months of their service (non-refundable).

Note: In case of death before entitlement is used, the next of kin may get the unused portion.

Benefit: 36 months based on 3 years continuous active duty.

Eligibility: normally ends after 10 years. Date may be extended if unable to train because of a disability.

Discharge: must be honorable. No others accepted.

Questions: 1-888-442-4551

Application: VA Form 22-1990.

EDUCATIONAL BENEFITS (Chapter 33) POST-9/11 G.I. BILL

The Post-9/11 GI Bill is for individuals with at least 90 days of aggregate service on or after September 11, 2001, or individuals discharged with a service-connected disability after 30 days. Must have received an honorable discharge to be eligible for the Post-9/11 GI Bill. The Post-9/11 GI Bill will become effective for training on or after August 1, 2009. This program will pay eligible individuals:

- tuition & fees directly to the school not to exceed the maximum in-state tuition & fees at a public Institution of Higher Learning.
- Housing allowance based on the Basic Allowance for Housing for an E-5 with dependents at the location of the school.
- an annual books & supplies stipend of \$1,000 paid proportionately based on enrollment
- a one-time rural benefit payment for eligible individuals

This benefit is payable only for training at an Institution of Higher Learning (IHL). **If enrolled exclusively in online training they will not receive the housing allowance. If they are on active duty they will not receive the housing allowance or books & supplies stipend.** This benefit provides up to 36 months of education benefits, generally benefits are payable for 15 years following release from active duty.

See http://www.gibill.va.gov/GI_Bill_Info/benefits.htm#CH33.

EDUCATIONAL BENEFITS (Chapter 35) (100% SC Disabled)

Eligibility: spouse, surviving spouse, children.

Living veteran: must be permanently and totally disabled from service-connected condition.

Deceased veteran: must have died as a result of a disability incurred while in active service - or - died while rated permanently and totally disabled from a service connected disability.

Benefit: up to 45 months of educational benefits. A previous limitation of 10 years to use the entitlement was recently invalidated by the Court of Appeals for Veterans Claims. There is no longer a time-limit on eligibility for spouses.

A little known provision of the law allows VA to pay the Chapter 35 Education Assistance Allowance while the qualifying child is attending high school following his or her 18th birthday. Usually, the State Approving Agency needs to approve the high school. But, if it is a public or charter school, it is merely a formality and is done very quickly in Indiana, normally within a month. The first 5 months of high school or remedial training isn't charged against the total Chapter 35 entitlement. When a qualifying child enrolls in the Chapter 35 program, VA discontinues the added dependency allowance the veteran receives in his or her compensation benefit for that child, but the Chapter 35 full time monthly allowance of \$915 is a much greater benefit than the additional \$240

dependency allowance the 100% disabled veteran receives on his VA compensation benefit check for a child over 18 but under 23 while attending school. VA Form 22-5490 is used for applying.

Questions: 1-888-442-4551

Application: VA Form 22-5490

Note: If permanent and total disability rating is withdrawn, or if the veteran returns from POW or MIA status, the spouse or children can continue to the end of the current quarter, then entitlement stops.

Note: If spouse remarries, entitlement stops, but children's continue. Marriage of children has no affect on benefits, only age (18 to 26 eligible).

Note: Indiana Remission of Fees program can be used concurrently with Chapter 35 benefits.

EDUCATIONAL BENEFITS (GI Bill) (Selected Reserves) (Chap 1606)

Eligibility: Enlist or extend for 6 years or more. Must complete initial period of active duty training and have high school diploma or equivalent before completing IADT.

Benefit: 36 months of educational assistance.

For those who stay in the Selected Reserves, eligibility ends 10 years from the date eligibility began if the reservist became eligible before October 1, 1992 - or - 14 years from the date eligibility began if the reservist became eligible on or after October 1, 1992, - or - the date of separation, whichever comes first. The date may be extended if unable to train because of a service connected disability.

If the reservist leaves the Selected Reserves prior to the eligibility-ending date, they could retain eligibility if:

Separation was because of a disability that wasn't caused by misconduct - or -

The reservist's unit was inactivated or the reservist was otherwise involuntarily separated during the period October 1, 1991 through December 31, 2001.

Must have satisfactorily participated in drills.

Application: VA Form 22-1990

**Guardsmen/Reservists may retain eligibility for five years after separation if they stay in 10 years or more after their GI Bill eligibility began.

Questions: 1-888-442-4551

EDUCATIONAL BENEFITS (GI Bill) (Selected Reserves) (Chap 1607)

This program is called the Reserves Education Assistance Program (REAP)

Eligibility: A member of a reserve component who serves on active duty on or after September 11, 2001 under title 10 U.S. Code for a contingency operation and who serves at least 90 consecutive days or more is eligible for chapter 1607. National Guard members also are eligible if their active duty is under section 502(f), title 32 U.S.C. and they serve for 90 consecutive days when authorized by the President or Secretary of Defense for a national emergency and is supported by federal funds. Individuals are eligible as soon as they reach the 90-day point whether or not they are currently on active duty. DoD will fully identify contingency operations that qualify for benefits under chapter 1607.

Disabled members who are injured or have an illness or disease incurred or aggravated in the line of duty and are released from active duty before completing 90 consecutive days are also eligible.

Benefit: 36 months of full time entitlement at the service member's given rate. A Chapter 1607 participant may not use more than 48 months of entitlement under any combination of VA Educational programs. For example, if they've already used 20 months of Chapter 1606, they will only receive 28 months of Chapter 1607. Remember, that's 36 months at the full time training rate.

Changes made by the 2008 National Defense Authorization Act

** Effective 10/1/2008 reservists otherwise eligible for MGIB-SR or REAP may receive accelerated payments for a non-degree program lasting 2 years or less. More information will be provided at a later date.

** The 2008 NDAA has made the 80% rate available to anyone who was mobilized for at least 2 continuous years of active duty **OR** served multiple mobilizations totaling 3 years or more. All qualifying mobilization periods beginning on or after 9/11/2001 may be used to determine eligibility for the 80% rate.
Payment of the higher rate is not authorized prior to January 28, 2008, the effective date of the law.

** Eligible REAP participants may now participate in the "buy-up" program. Eligible reservists may pay up to \$600.00 to increase their monthly rate of pay by as much as \$150.00 per month. You must be a member of a Ready Reserve component (Selected Reserve, Individual Ready Reserve, or Inactive National Guard) to pay into the "buy-up" program.

** Members who were called up from the Selected Reserve, completed their REAP qualifying period of active duty service, and then returned to the Selected Reserve for the remainder of their service contract are now eligible for REAP benefits for 10 years upon separation. In addition, members who were called up from the Individual Ready Reserve (IRR) or the Inactive National Guard (ING), completed their REAP qualifying period of active duty service, and then entered the Selected Reserve to complete their service contract are now eligible for REAP benefits for 10 years upon separation.

** A member who is involuntarily separated from the Selected Reserve due to a deactivation of his or her unit is now eligible for MGIB-SR for a period of 14 years from their original date of eligibility. The deactivation must occur between 10/31/2007 and 9/30/2014.

This provision is effective January 28, 2008, the effective date of the law. Reservists who were separated between 10/31/2007 and 1/28/2008 may receive benefits for training beginning on or after January 28, 2008.

** Under previous regulations reservists who had a break in service of 90 days or less maintained their eligibility to REAP. The new law has expanded that eligibility to anyone having a break in service (regardless of length) as long as they continue to serve in another component of the Ready Reserve (such as IRR or ING) during the break in service.

Application:

If no Education Claim to has ever been submitted to VA:

Submit VA Form 22-1990 and include available documents such as the Discharge from Military Service (DD Form 214), copies of orders to active duty and anything else available as evidence of qualifying service. **Annotate "Chapter 1607" prominently on all correspondence and documents. If the member thinks they have eligibility under both MGIB-Selected Reserve and REAP, state which benefit they want.** The statement is as simple as "I request payment of REAP benefits."

If a claim for Education has previously been filed:

A new application form is not required. However, the reservist should submit any available documents such as the Discharge from Military Service (DD Form 214), copies of orders to active duty and anything else available as evidence of qualifying service to help establish eligibility for this program. Submit VA Form 22-1995 which should be annotated "1607." **Annotate "Chapter 1607" prominently on all correspondence and documents. If the reservist thinks they have eligibility under both MGIB-Selected Reserve and REAP, they should state which benefit they want.**

EDUCATIONAL BENEFITS (GI Bill) (State Approving Agency)

Eligibility: veterans who have GI Bill eligibility may use this state benefit.

Applicability: In addition to being able to attend college (both state and private) on the GI Bill, GI Bill benefits may also be collected while attending other types of training programs. These include: non-college degree programs, medical educational programs, beauty and barber schools, police academies, flight schools, apprenticeship programs, and law enforcement programs.

A complete list of approved programs is contained in the IDVA/SAA publication entitled Directory of Approved Programs for Education Benefits or by calling IDVA/SAA at 1-800-400-4520.

Applications: VA Form 22-1990 (Student) and VA Form 22-1999 (Student & Employer) Send application to the Educational Center at St. Louis, MO.

Website: www.in.gov/veteran and click on SAA.

EDUCATIONAL BENEFITS (Remission of Fees) (State)

Eligibility: biological or adopted child of any age attending state supported college or university and **has lived in Indiana for at least a year** and:

father or mother can prove residence for 36 consecutive months (filed State income taxes) in the state of Indiana at some point in their life and:

father or mother served during specified wartime period (service in Panama, Lebanon, Grenada, etc., is acceptable, but proof must be provided of actual service in that campaign, expeditionary, etc.) and:

was discharged under conditions other than dishonorable and:

was wounded or gassed or disabled as evidenced by DoD or VA records - or -

has service connected disability - or -

received the Purple Heart Medal or can produce other proof the veteran suffered a wound or wounds in action..

Benefit: 100% of tuition fees paid at state supported colleges and universities.

Application: State Form 2234

Supported Colleges/Universities:

Ball State

Indiana State

Indiana University (all locations)

Purdue University (all locations)

IVY Tech Community College of Indiana (all locations)

University of Southern Indiana

Vincennes University

Graduates of Morton Memorial High School at the Indiana Soldiers' and Sailors' Children's Home at Knightstown, Indiana are also eligible for the Indiana Remission of Fees program.

Note 1: If either parent was POW or MIA after 1961 (Vietnam era), child will be eligible for total remission of fees.

Note 2: Student is ineligible if student has a grant from Indiana Higher Education.

Note 3: This benefit is for the child, no matter what the age or marital status.

Note 4: veteran and/or spouse are ineligible.

Note 5: stepchildren are not eligible. Only biological or adopted children. Children adopted by grandparents are eligible. All must be adopted by age 24.

Note 6: National Guard soldiers are eligible for 100% tuition. Remission of Fees pays remainder after all other grants, etc are exhausted.

Note 7: Out-of-State students are not eligible.

Questions, call IDVA at 1-800-400-4520.

Purple Heart Recipients

Effective May 7, 2009 any Purple Heart recipient, regardless of whether or not they have a disability and regardless of when they entered military service (previously must have joined after September 10, 2001), and who enters on active duty service from a permanent home address in Indiana, and ;

1. Receives an honorable discharge;
2. Receives the Purple Heart decoration for service.
3. Is eligible to pay the resident tuition rate at the state educational institution the person will attend as determined by the institution; and
4. Possesses the requisite academic qualifications.

is entitled to enter, remain, and receive instruction in a state educational institution upon the same conditions, qualifications, and regulations prescribed for other applicants for admission to or scholars in the state educational institution, without the payment of any educational costs for one hundred twenty-four (124) semester credit hours in the state educational institution.

The maximum amount that an eligible applicant is exempt from paying for a semester hour is an amount equal to the cost of an undergraduate semester credit hour at the state educational institution in which the eligible applicant enrolls.

The amount of the benefits under this chapter is equal to one (1) of the following:

1. If the eligible applicant does not receive financial assistance specifically designated for educational costs, the amount equal to the remission of fees outlined above.
2. If the eligible applicant receives financial assistance specifically designated for educational costs, the amount of the remission of fees minus the financial assistance specifically designated for educational costs.

EDUCATIONAL BENEFITS (VEAP) (Chapter 32)

Eligibility: Must have entered the service between Dec. 31, 1976 and Mar. 31, 1987. For every \$1 contributed, the government contributed \$2. Max contribution \$2700. 12 months max, \$25 per month minimum.

Benefit: Maximum 36 months of educational assistance.

Cut-off: 10 years from date of release or discharge from active duty. Date may be extended if unable to train due to disability.

Note: although this program ended Mar. 31, 1987, for active duty a one-year enrollment period commenced Oct. 1, 2000. VEAP can convert to MGIB.

Note: If veteran was discharged under conditions less than honorable, veteran should have received a refund within 60 days equal to the amount contributed.

Application: for refund of unused portion of benefit: VA Form 5281.

Questions: 1-888-442-4551

EMERGENCY CARE (in a non-VA facility)

VA is required to pay reasonable costs for emergency care provided in a non-VA facility (civilian hospital, for instance).

Veterans who are admitted under emergency conditions to a civilian hospital and who have received care at the VAMC within the past two years and have no insurance (including Medicare) may be eligible to have the emergency costs reimbursed by VA, but VA must be notified as soon as possible and the veteran must be prepared to prove that the emergency was so critical that there was no time to get to a VA facility.

Note: Veterans rated 50% or above disabled or veterans receiving VA Improved Pension at the Housebound or Aid & Attendance (A&A) rate and who have been approved Fee Basis status may also be eligible for reimbursement of emergency care costs but should receive approval by VA before being taken to a non-VA facility or hospital.

Also see: [FEE BASIS](#).

Also see: [RATE TABLES](#).

EVR (Eligibility Verification Report)

Veterans or their survivor collecting monthly VA pension must annually complete an EVR unless their only income is Social Security and it is below the maximum allowable rate (MAR) (see [RATE TABLES](#)).

Beginning around 1996 VA stopped sending EVRs to those veterans or survivors in the above category. The only problem with that system is if the veteran or the survivor had a lot of medical expenses to claim (which in turn would increase the amount of their monthly VA pension check), VA would have no way of knowing about it. For that reason, it is important that the veteran who has medical expenses keeps the VA informed.

To claim medical expenses, complete VA Form 21-8416.

Consult [MEDICAL EXPENSES](#) to determine allowable medical expenses.

Consult [MEDICARE PART B DEDUCTIONS](#) to determine the amount allowed as a deduction for the year in question.

For most veterans/survivors in this group, the required forms are the EVR form (VA Form 21-05---- series of forms) and the Medical Expense Report (VA Form 21-8416). The purpose of completing these forms is to keep the veterans/survivors income below the VA's maximum allowable rate (MAR) so they can continue to receive the VA pension benefit.

Applications:

Veteran with no children: VA Form 21-0516-1
Spouse of deceased veteran: VA Form 21-518-1
Medical Expense Report: VA Form 21-8416

EVR's are now processed by the VA Regional Office at Milwaukee.

Dept of Veterans Affairs
P.O. Box 342000
Milwaukee, WI 53234-2000

EYEGLASSES

Veterans who are enrolled in the VA Health Care System and who meet the following criteria may be eligible to receive free hearing aids and eyeglasses from the VA:

- are service connected for a hearing or vision impairment;
- receive increase pension based on the need for regular aid and attendance or being permanently housebound;
- receive compensation for a service-connected disability;
- receive compensation for a medical condition caused or worsened by VA healthcare;
- are former prisoners of war;
- received the purple heart medal;
- who incurred a hearing or vision problem associated with another medical condition being treated by VA, or a hearing or vision problem caused by VA treatment for another medical condition;
- have medical conditions causing deficiencies in performing activities of daily living, or
- have vision or hearing problems interfering with the ability to actively participate in their own medical treatment plan.

FAMILY MEDICAL LEAVE ACT

On January 28, 2008 President Bush signed into law a bill that expands the Family Medical Leave Act (FMLA) to include leave for military families. Specifically, employers must provide 26 weeks of FMLA leave during a single 12-month period to permit a "spouse, son, daughter, parent, or next of kin" to care for a "member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness." This portion of the expansion became effective upon the president's signature and is part of the 2008 National Defense Authorization Act (NDAA).

FEE BASIS PROGRAM

The Fee Basis Program is one by which the veteran can receive out-patient care by their own private physician and have it paid for by the VAMC. This includes prescription medicines if they are stocked by the VAMC.

Service connected (SC) disabled veterans can be placed in the program for their SC disability only.

Veterans who are receiving VA Improved Pension at the Housebound or Aid & Attendance (A&A) rate may be eligible for the program.

Veterans rated at 50% or higher SC disabled can receive fee basis for any condition *not treatable at the VAMC*.

If the disability or condition is not treatable by the nearest VAMC (conditions such as psychiatric or orthopedic), or if the VAMC is too far away for the veteran to make the trip comfortably, VA will consider the veteran for fee basis. For example, if the veteran is housebound, has had his legs amputated, and the doctor is only a few blocks away (as opposed to a 60 mile round-trip drive to the VAMC) it might be a case for fee basis.

Fee basis is considered on a case-by-case basis. Fully document the geographical as well as physical and medical circumstances which justify the veteran being treated by his/her own doctor rather than going to the VAMC.

Application: VA Form 10-10EZ with attached VA Form 10-10(M) signed by the veteran's doctor. Send to: VA Medical Center, ATTN: 04F, 1481W. 10th Street, Indianapolis, IN 46202.

FINAL CHECK (Due to the death of the veteran)

If a surviving spouse is not entitled to death benefits, the surviving spouse is entitled to the veteran's rate for the month of death. Further, if a veteran was in receipt of pension and the surviving spouse's claim for death benefits is disallowed, the application for death benefits (pension) will be considered as a claim for the veterans rate for the month of death. If the surviving spouse's claim is denied, the check can be kept.

In other words, the surviving spouse will be able to keep the check received on the first of the month following the death of the veteran, if that surviving spouse will not be eligible for Death Pension (sometimes called Widows Pension).

Note: Previously, the surviving spouse had a time limitation of two years to file for this and accrued benefits. Public Law 108-183 repealed that time limit.

Rather than filing VA Form 21-534, Application for Death Pension, recommend the VSO send VA Form 21-4138 to VA, signed by the surviving spouse, stating, "Since my income disallows me Death Pension, this is a claim for my spouse's check for the month of death. I have not returned the check."

If the **surviving spouse is eligible** for death pension and if the veteran's compensation or pension check was more than the check the surviving spouse will receive, the spouse can keep the last check received for the veteran. If the surviving spouse's check will be the higher of the two, the check should be sent back

If a TINQ (Treasury Inquiry) shows that the veteran's check or direct deposit was returned, a

letter will be sent stating, "Since you are entitled to the veterans payment for the month of death, you are not required to return the check or direct deposit."

Notification of the veteran's death: A phone call to the Regional Office is sufficient notification of the veteran's death, although a death certificate will still need to be sent.

M21-1, Part IV, section 26.01(i)(1) says:

"(1) Consider any communication from the surviving spouse requesting the veteran's rate for the month of death as a claim for this benefit. This includes a request over the telephone or written notification." Auth 38 U.S.C. 5101.

If in doubt, contact the local VA Regional Office at 1-800-827-1000.

FISHING LICENSE

See [HUNTING AND FISHING LICENSE, REDUCED FEE](#)

GOLDEN HOOSIER PASSPORT

The Golden Hoosier Passport enables a disabled veteran of the U.S. Armed Forces, or a veteran eligible to receive a prisoner of war license plate to obtain a Golden Hoosier Passport at half price (2006 price was \$36.00 – veteran cost \$18.00)

The Golden Hoosier Passport entitles the veteran, the veteran's motor vehicle and the passengers of the vehicle to unlimited admission for one (1) calendar year to the Indiana state parks, recreation areas, reservoirs, forests, historic sites, museums, memorials and other department properties for which the passport is issued. The passports are issued annually.

Eligibility: The disabled veteran must be eligible for a disabled veteran license plate or a veteran who is issued a former prisoner of war plate as authorized by the Indiana Department of Veterans Affairs (IDVA).

Application: The veteran must apply at the nearest Department of Natural Resources (DNR) and must show proof of eligibility for the license plate.

GULF WAR SYNDROME

Gulf War veterans who suffer from chronic disabilities resulting from undiagnosed illnesses, medically unexplained chronic multi-symptom illnesses (such as chronic fatigue syndrome, fibromyalgia, or irritable bowel syndrome) that are defined by a cluster of signs or symptoms, and any diagnosed illness that the Secretary of Veterans Affairs determines warrants a presumption of service-connection may receive disability compensation. The undiagnosed illnesses must have appeared either during active duty in the Southwest Asia Theater of Operations during the Gulf War or to a degree of at least ten percent at any time since then through December 31, 2011.

The following symptoms are among the manifestations of an undiagnosed illness: Chronic Fatigue Syndrome and Fibromyalgia, skin disorders, headache, muscle pain, joint pain, neurological symptoms, neuropsychological symptoms, symptoms involving the respiratory system, sleep disturbances, gastrointestinal symptoms, cardiovascular symptoms, abnormal weight loss and menstrual disorders. A disability is considered chronic if it has existed for at least six months.

Presumptive service connection will be granted to Gulf War veterans suffering from amyotrophic lateral sclerosis (ALS), sometimes called Lou Gehrig's Disease. This action covers members of the armed services who deployed to Southwest Asia from Aug. 2, 1990 through Jul. 31, 1991. The Southwest Asia Theater of Operations includes Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, Oman, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations. Veterans of the Gulf War suffering the effects of ALS can get immediate medical care from any VAMC.

Gulf War veterans who have not had the VA Gulf War protocol examination should contact the nearest VA facility.

HEADSTONES AND MARKERS

See [BURIAL, HEADSTONE OR GRAVE MARKER](#).

HEARING AIDS

Veterans who are enrolled in the VA Health Care System and who meet the following criteria may be eligible to receive free hearing aids and eyeglasses from the VA:

- are service connected for a hearing or vision impairment;
- receive increase pension based on the need for regular aid and attendance or being permanently housebound;
- receive compensation for a service-connected disability;
- receive compensation for a medical condition caused or worsened by VA healthcare;
- are former prisoners of war;
- received the purple heart medal;
- who incurred a hearing or vision problem associated with another medical condition being treated by VA, or a hearing or vision problem caused by VA treatment for another medical condition;
- have medical conditions causing deficiencies in performing activities of daily living, or
- have vision or hearing problems interfering with the ability to actively participate in their own medical treatment plan.

DoD Hearing Aid Program

The Retiree-At-Cost Hearing Aid Program (RACHAP) provides retired service members the opportunity to purchase hearing aids at government cost. The hearing aids are purchased directly from the manufacturer at substantial savings, often as much as 300%, over the cost for the same hearing aids sold and fitted in the civilian community. Unfortunately, the RACHAP is not available to family members.

Retirees are encouraged to call and inquire as to availability of the RACHAP at the nearest Military Treatment Facility (MTF). If the RACHAP is available, the retiree will be instructed on how to obtain an appointment in the Audiology Clinic. At the appointment, a complete diagnostic evaluation will be performed by the MTF Audiologist, along with any necessary medical referrals. If it's determined that the retiree may benefit from the use of amplification, the Audiologist will recommend a specific hearing aid(s) and prescription, along with the total cost. At most MTF's, the retiree will be asked to provide payment at the time the hearing aid(s) is ordered. Upon receipt, the retiree will be scheduled for a Hearing Aid Fitting appointment.

MTFs are at Fort Knox, KY, Post Operator is 502-624-1181 and ask for the hospital, or Wright-Patterson, OH., Post Operator is 937-257-1110. Or call the Appointments/TRICARE number at 800-941-4501.

HOME IMPROVEMENTS and STRUCTURAL ALTERATIONS for DISABILITY ACCESS

VA provides up to \$4,100 for service-connected veterans and up to \$1,200 for non service-connected veterans to make home improvements necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities. For application information, contact the prosthetic representative at the nearest VA health care facility.

VA also provides grants up to \$60,000 from its Specially Adapted Housing Program toward constructing a new home or modifying an existing home to meet adaptive needs of veterans with certain service-connected disabilities.

Call 1-877-827-3702 or www.homeloans.va.gov.

HOME LOAN GUARANTY

The VA will guaranty home loans up to 100% of the value of the property. The veteran selects his or her own lending company and the VA guarantees the loan. In most cases the veteran is not required to make a down payment. Loans can be secured up to \$729,750. Further information is available at 1-877-827-3702 or online at www.homeloans.va.gov.

Eligibility:

The following veterans must have served at least 90 days:

Served during World War II (9/16/40 – 7/25/47);

Served during the Korean War (6/27/50 – 1/31/55);

Served during the Vietnam era (8/5/64 – 5/7/75).

Persian Gulf Veteran Eligibility: activated on or after 8/2/90 - must have served at least 90 days of the period for which called to active duty and be honorable discharged.

Service during peacetime: must have served 180 days active service.

Veterans enlisting after 9/7/80 or commissioned after 10/16/81 must, in most cases, served at least 24 months.

Selected Reserves Eligibility: complete at least 6 years (not necessarily consecutive years) in the reserves or National Guard or was discharged for a service connected disability. Eligibility good through the year 2007.

Application: VA Form 26-1880

Others:

unremarried** spouse of veteran or reservist who died on active duty or as a result of service connected causes;

spouse of active duty servicemember missing in action or a POW for at least 90 days.

**spouses who remarry regain eligibility when subsequent marriage ends. Must be unmarried before they re-apply.

A new federal Internet-based system for mortgage bankers and other lenders will speed up the processing of home loans for veterans through the Department of Veterans Affairs (VA). Once the veteran's information is entered by the financial institution providing the loan, the lender will receive a certificate authenticating the veteran's eligibility in seconds. The new system, called Automated Certificate of Eligibility (ACE), should be especially beneficial for active-duty members and veterans who are using their home loan benefit for the first time.

VA anticipates the ACE system will be able to generate a certificate for 30 to 50 percent of these loans. However, some loans will still require manual processing by VA, including veterans whose eligibility is based on National Guard or Reserve service, those with irregular discharges and those in several other situations. Where the new electronic system is used, the eligibility certificate will be printed from the lender's computer and it will be customized, bearing the date and lender's name as well as a unique authorization number.

A veteran whose eligibility involves special issues requiring the traditional staff review may still request a certificate of eligibility in advance of approaching a bank or mortgage company with a loan application by sending in VA Form 26-1880, Request for Determination of Eligibility for VA Home Loan Benefits. All lenders participating in the VA loan guaranty program have access to the system.

HOOSIER VETERANS SEAMLESS TRANSITION PROGRAM

Another service offered by IDVA and the State of Indiana is this first class transition service for demobilized members of the National Guard and Reserves, as well as active duty soldiers. This service brings various agencies together at a central location to help the veteran with the processing of federal and state claims and applications.

HOUSEBOUND (Special Monthly Compensation, SMC)

Eligibility: veterans receiving VA Pension because they have a single disability rated at 100% (not based on unemployability) as well as other disabilities independently evaluated at 60% or more, or are so severely disabled as to be housebound in fact, may be eligible for this special monthly compensation (SMC).

Another way, if the veteran is institutionalized, is to be substantially confined to the ward.

Widows or widowers receiving Death Pension could also be eligible for this SMC.

Application: VA Form 21-2680 completed by the physician.

HUD HIGH COST AREAS

Some veterans who are in Priority Group 7 at the VA Medical Center (subject to inpatient hospital copayments) and who reside in areas determined by the U.S. Department of Housing and Urban Development (HUD) to be high cost areas, may be eligible to have their VA hospital **inpatient** copayments reduced by 80 percent, effective retroactively to October 1, 2002.

Veterans who apply for VAMC enrollment whose income is higher than the VA's Means Test ceiling but lower than the HUD Low Income ceiling, may be placed in Priority Group 8 and be eligible to receive VA health care but they will be required to make the normal co-payments for their care.

The HUD high cost areas are shown below:

Metropolitan Area	Counties Affected
Bloomington, IN	Monroe
Cincinnati, OH-KY-IN	Dearborn
Elkhart-Goshen, IN	Elkhart
Evansville-Henderson, IN-KY	Posey, Vanderburgh, Warrick
Fort Wayne, IN	Adams, Allen, De Kalb, Huntington, Wells, Whitley
Gary, IN	Lake, Porter
Indianapolis, IN	Boone, Hamilton, Hancock, Hendricks, Johnson,
Madison, Marion, Morgan, Shelby	Howard, Tipton
Kokomo, IN	Clinton, Tippecanoe
Lafayette, IN	Clark, Floyd, Harrison, Scott
Louisville, KY-IN	Delaware
Muncie, IN	Ohio
Ohio County, IN	St. Joseph
South Bend, IN	Clay, Vermillion, Vigo
Terre Haute, IN	

Veterans residing in the above metropolitan area counties whose income is above the VA Means Test threshold, (for the veteran alone, \$28,429; for the veteran and spouse, \$34,117) but below the HUD figures (which can be downloaded from <http://www.huduser.org/datasets/il.html>) should be encouraged to provide the VAMC with their income information in order to qualify for outpatient care and for this **reduced inpatient** copayment. The VA hospital inpatient copayment for 2009 is \$1,068 for the first 90 days. An 80 percent reduction amounts to \$854.40, leaving only \$213.60 copayment for the veteran to pay

The following non-metropolitan area counties are not affected by this benefit

Bartholomew, Benton, Blackford, Brown, Carroll, Cass, Crawford, Daviess, Decatur, Dubois, Fayette, Fountain, Franklin, Fulton, Gibson, Grant Greene, Henry, Jackson, Jasper, Jay, Jefferson, Jennings, Knox, Kosciusko Lagrange, La Porte, Lawrence, Marshall, Martin, Miami, Montgomery, Newton Noble, Orange, Owen, Parke, Perry, Pike, Pulaski, Putnam, Randolph, Ripley

Rush, Spencer, Starke, Steuben, Sullivan, Switzerland, Union, Wabash
Warren, Washington, Wayne, White

HUNTING AND FISHING LICENSE, REDUCED FEE

Indiana military veterans who have a service connected disability are entitled to a hunting and fishing license for reduced fees. To be qualified, the veteran must:

- (1) be a resident of Indiana
- (2) have served in the armed forces of the United States and;
- (3) have a service connected disability as evidenced by:
 - (a) records of the United States Department of Veterans Affairs; or
 - (b) disability retirement benefits awarded under the laws of the United States Department of Defense.

Each year a qualified individual may obtain a resident yearly license to fish and a resident yearly license to hunt or a resident yearly license to hunt and fish by paying the reduced license fee of two dollars and seventy-five cents (\$2.75) instead of the normal fee. No stamps are included on the license but veterans may purchase stamps at the regular price to affix to the license. The license does not cover deer or turkey hunting.

Application: Complete an application obtained from any CVSO, from IDVA or from a Department of Natural Resources office. Send the application and the required payment to the Customer Service Center, 402 W. Washington St., Room W160, Indianapolis, IN 46204. Enclose a stamped, self-addressed envelope. The certified application, which will be returned to the veteran, can be used annually to re-purchase the license. Lifetime licenses have been discontinued.

INCARCERATION (JAIL)

Veterans who become incarcerated for a felony and are receiving compensation or pension and who have a family to support must do two things if they are jailed:

- 1) Notify the VA that they have been incarcerated and,
- 2) Have the family ask for an apportionment and ask that the check be mailed directly to them.

Application: Letter to VA asking for apportionment.

Veterans who have no family and are drawing 100% SC compensation will be cut to 10% rate as of the 61st day of incarceration. Veterans drawing 10% will have it cut in half.

Veterans drawing VA pension who have no family will have the pension stopped completely if convicted of either a felony or a misdemeanor and are incarcerated for more than 60 days. If there is a family, they should ask for an apportionment.

It is advisable to send VA some notification from the Clerks Office or from the Probation Office officially notifying them of the veteran's sentence to prison/jail. Likewise, when the veteran is released, officially notify the VA of that fact.

Veterans, after release from prison or jail, should notify the VA that they have been released. VA will resume payments at that time.

Veterans in prison may apply for veterans benefits (it is permissible for them to do so) but, because they are in prison, there may be a problem with them being able to get out to go to scheduled physical examinations.

Educational benefits: veterans *incarcerated for other than a felony* can receive full monthly benefits, if otherwise entitled. Convicted felons residing in halfway houses or participating in work-release programs also can receive full monthly benefits. All benefits, *except section 901*, are reduced when a claimant is incarcerated for a felony conviction.

VA can authorize *only* the costs of tuition, fees, and necessary books, equipment, and supplies to a claimant incarcerated for a *felony conviction*.

VA cannot make payments for tuition, fees, books, equipment, or supplies if another federal, state, or local program pays these costs in full.

If another government program pays only a part of the cost of tuition, fees, books, equipment, or supplies, VA can authorize the incarcerated claimant payment for the remaining part of the costs.

For chapter 30, category II veterans (see pt. V, ch. 1, of M22-4 for definition), the monthly rate may not exceed the rate prescribed by law for a non-incarcerated veteran with *no* dependents. For all other incarcerated claimants, the monthly rate may not exceed the rate prescribed by law for a person who is not incarcerated. See subparagraph b to determine allowable costs.

Chapter 30 and chapter 35 claimants *pursuing training at less than half time* and chapter 30 servicepersons training at any rate may not receive reimbursement for books, equipment and supplies while incarcerated. These persons may only receive reimbursement for tuition and fees. (This restriction exists so that no one could receive more benefits while incarcerated than while not incarcerated.)

All claimed expenses must be certified by the school or training institution.

Charges certified for tuition, fees, books, equipment, or supplies cannot exceed the rates charged to similarly circumstanced non-veterans.

Charges for tuition, fees, books, equipment, or supplies which are certified must be required for all students in the course, including non veterans. If only incarcerated claimants who are in a particular program are required to pay these costs because of their entitlement to VA education benefits, then these costs are not reimbursable to a claimant convicted of a felony.

The same books, equipment, or supplies which have been paid for one enrollment period cannot again be paid for any subsequent period. The only exceptions to this rule are consumable supplies such as pens, pencils, notebooks, and paper.

Identifying Incarcerated Claimants. Prison officials will use VA Form 21-4193, Notice to [Department of Veterans Affairs] of Veteran or Beneficiary Incarcerated in Penal Institution, to notify stations of incarcerated education claimants in prison for a felony conviction.

INCOME TAX EXEMPTION (STATE)

Current members of the active branches of service, National Guard and Reserves are eligible to receive an exemption of \$5,000 on their Indiana state income tax return. Veterans who are military retirees over age 60 are eligible for the same exemption.

INDIANA SOLDIERS' AND SAILORS' CHILDREN'S HOME (ISSCH) (also known as KNIGHTSTOWN HOME)

The Indiana Soldiers' and Sailors' Children's Home (ISSCH) in Knightstown, Indiana was closed in May of 2009 after the graduation of the seniors of Morton Memorial High School.

All children who have ever been a resident of the ISSCH, regardless of whether or not they graduated from Morton Memorial High School, are eligible for the Indiana Remission of Fees program at any state supported college or university, if they otherwise meet eligibility criteria. IDVA has a roster of all the children who were in residence at the school at the time it closed and can verify their eligibility. Those who were there prior to 2008-2009 must show proof of their residency.

Application: State Form 20234. This form can be downloaded from the IDVA web site at www.in.gov/dva/2357.htm and mailed, faxed or hand-carried to IDVA. Processing time can be as long as 2 weeks. Students should insure they download the form for the school term for which they want to enroll.

Additionally, students may be eligible to have a portion of their book fees paid. Students must submit receipts and get reimbursed up to a certain amount from the Rec fund. They should contact Allen Collier at the Indiana Department of Health at acollier@isdh.in.gov or phone: 317-233-7852.

INDIANA VETERANS HOME (IVH)

Eligibility:

- 1) Veterans with at least 1 day wartime service who have received an honorable discharge.
- 2) Widows of qualified veterans if they were married for at least 5 years.
- 3) Spouses of veterans already in residence.
- 4) Applicants must meet a 3-year residency requirement (waiverable to 1 year).
- 5) Applicants eligible for Medicaid will be required to apply for that entitlement prior to admission.

Each member pays according to his/her ability, based on personal income and assets. Max is \$179 per day (about \$5,100 a month or \$61,200 a year), according to their ability to pay.

All doctor's bills are paid. Additionally, veterans keep \$130 personal needs income instead of the normal \$90 from Medicare.

Application: Special IVH application.

INFORMAL CLAIM

There may be occasions when the veteran may want to quickly file an informal claim in order to establish the earliest possible date of claim (such as the last part of the month and the VA Form 21-526 is not yet ready to send to the VARO). The informal claim need only contain the veteran's name, social security number, claim number, if known, and a description of the benefits sought. The following statement on VA Form 21-4138 can be used:

"This is a claim for service connected disability for (identify the disability) and for any benefits I may be entitled to if awarded. - or -

"This is a claim for non-service connected disability due to being over age 65, enrolled in Medicare and being low-incomed. I claim any benefits to which I may be entitled if awarded." or

"This is a claim for non-service connected disability due to being permanently and totally disabled due to (identify the condition causing total disability). I claim any benefits to which I may be entitled if awarded."

Finish with: "Additional documentation and supporting information will be submitted within an appropriate period of time. See 38 C.F.R. Section 3.155." (Time limit: the formal claim must be received by VA within one year from date of informal request in order to establish the earlier effective date.)

Application: Forward the above statement on VA Form 21-4138 .

If possible, also include VA Form 21-22 and CVSO supplement sheet appointing a representative (POA) and include proof of service (DD Form 214, etc.)

An informal claim can also be submitted by the veteran's accredited representative, a member of Congress, or someone to act as the claimant's next friend (someone who is authorized to act on behalf of an individual who is not capable of handling his or her own affairs).

INSURANCE

There are only three types of VA insurance available to veterans:

Veterans Group Life Insurance (VGLI). Upon release from the military a veteran has the option to convert his/her Servicemen's Group Life Insurance (SGLI) to VGLI. If converted within 120 days after discharge, the insurance is issued regardless of the veterans state of health. After 120 days, medical evidence is required. After one year and 120 days, applications will not be considered. Rates for VGLI are higher than those for SGLI. See SGL Pamphlet 74-3. Effective Nov. 11, 1998 holders of this insurance who are terminally ill can receive up to \$100,000 of face amount (lifetime limit) to defray the costs of medical bills and funeral expenses.

Application: SGLV 8714.

Effective Dec. 1, 2005 the new **Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI)** provides payments, ranging from \$25,000 to \$100,000, to service members who suffer certain traumatic injuries while on active duty. Benefits are also payable retroactively to October 7, 2001 for service members and veterans who suffered certain traumatic injuries while serving in Operation Enduring Freedom or Operation Iraqi Freedom.

Veterans with eligibility questions to visit VA's website at www.insurance.va.gov or to call the Office of Servicemembers' Group Life Insurance at 1-800-419-1473 for more information.

Service-Disabled Veterans Insurance (RH): Veterans rated at least 10% service connected disabled are eligible for up to \$10,000 of basic life insurance coverage. They must have left service AFTER April 24, 1951, must apply within 2 years of notification of award of SC disability, and must be in good health except for the service-related disability. Premiums vary depending on type of policy elected. Veterans rated totally disabled may purchase up to \$20,000 supplemental insurance (but must also do so within 2 years of being notified of the total rating). If a veteran is later rated for a **new** service connected disability, he or she has another 2 years of eligibility for this insurance. See VA Pamphlet 29-9.

Note: *If the veteran is mentally incompetent, call the toll-free number below for information about eligibility and time limits.*

Application: VA Form 29-0151.

Veterans Mortgage Life Insurance (VMLI): Up to \$90,000 mortgage insurance is available to disabled veterans who have received grants for the purchase of specially adapted housing. See VA Pamphlet 29-79-2.

There are no other VA sponsored insurance programs.

Questions: call 1-800-669-8477

JAIL

See [INCARCERATION](#).

KNIGHTSTOWN HOME

Eligibility:

- Child between age 3 and 18.
- Parent or child a physical resident of Indiana at least a year prior to application.
- Child in need of maintenance and education and is educable.

A relative must have at least 90 days service and been issued an other than dishonorable discharge.

Note: could even apply to grandchildren, step-children, brothers or sisters of veterans, nieces or nephews, etc., depending upon space available at the home.

Application: Special Children's Home application

Children are normally referred by the court system, i.e., Probation Officer, or by the division of special education.

Graduates of Morton Memorial High School at the home are eligible for the Indiana Remission of Fees program.

LICENSE PLATES

The State of Indiana, through the Indiana Department of Veterans Affairs (IDVA) offers special license plates to veterans. They are:

Hoosier Veteran License Plate – does not require an application form. Present a copy of DD 214, NGB Form 22 (National Guard) or discharge certificate reflecting character of service as either Honorable or under Honorable Conditions to the local license branch. Any Indiana resident who served in the U.S. armed forces and received the appropriate discharge (as stated above) is eligible for the Hoosier Veteran license plate. National Guard and reservists who served on active duty for training are also eligible. Service in the merchant marines does not qualify at this time. The applicant may receive one or more Hoosier Veteran license plate.

Disabled Veteran License Plate - Eligibility is determined by the severity of a service-connected disability and the impact of that disability on mobility. As the Disabled Veteran license plate authorizes handicapped parking privileges, the veteran must have a service-connected disability that limits walking. According to the law: "disabled veteran" means a veteran who has a service-connected disability resulting in:

- (1) lost sight in both eyes or permanent impairment of vision in both eyes; or
- (2) loss of one (1) or both feet or the permanent loss of use of one (1) or both feet; or
- (3) loss of one (1) or both hands or the permanent loss of use of one (1) or both hands; or
- (4) a physical condition that precludes the applicant from being able to walk without pain or difficulty.

The applicant for the Disabled Veteran license plate does not need to submit documentation as the disability rating will be verified with the U.S. Department of Veterans Affairs.

Purple Heart License Plate - Applications must be accompanied with evidence showing that the Purple Heart was awarded. This may be done by submitting a copy of orders, certificate, statement of service, or DD214. Applications for the Purple Heart license plate will be returned without action if supporting documents are not submitted with the application. Do not send original documents. An eligible applicant may receive one (1) or more Purple Heart license plates.

Ex-Prisoner of War License Plate - To be eligible, the veteran, while serving on active duty with the U.S. armed forces, was in the power of a hostile government and was imprisoned by the military or naval forces of a foreign nation during the United States' military involvement in World War I, World War II, the Korean War, or the Vietnam War, and who is either presently a member of the U.S. armed forces or has received an honorable discharge. An eligible applicant may receive one (1) or more Ex-POW license plates. The surviving spouse of a former prisoner of war is entitled to one (1) or more Ex-POW license plates. Remarriage revokes the spouse's eligibility. Effective July 1, 2009 a veteran with a former Prisoner of War license plate is not subject to pay for metered parking and cannot be ticketed for parking for longer than permitted at a metered parking space.

Support Our Troops Plate - Effective January 1, 2007, this special plate with a yellow ribbon will be available for purchase by all Hoosiers, whether or not they are a veteran. Most of the proceeds from this plate will go into the Military Family Relief Fund.

Vehicles registered with veterans' license plates are not exempt from the payment of registration fees or property taxes due on the vehicles. There is an additional charge for the Hoosier Veteran license plate.

Applications for all of the above license plates are available from IDVA.

LOU GEHRIG'S DISEASE (ALS)

On July 21, 2008 Secretary of Veterans' Affairs James Peake declared amyotrophic lateral sclerosis (ALS), often referred to as "Lou Gehrig's Disease," a service connected disability. According to Secretary Peake, the change should go into effect Aug.1, 2008. In addition to moving the VA towards making the change, U.S. Representative Henry Brown has introduced legislation (H.R.

5454) that would establish a presumption of service connection for all veterans with ALS. The House Veterans' Affairs Committee held a hearing on Brown's legislation just a month ago, and it was expected to move to the House floor before the end of the year. ALS affects veterans at a rate at 1.6 times the general population. (Also see [GULF WAR SYNDROME](#))

MEDALS

To obtain medals and ribbons, complete **SF 180** or a letter with name, address, SSN, service number, date of birth and telephone number and send to appropriate records center with a copy of the DD Form 214 or Report of Separation attached.

Note: for a veteran who was discharged, retired or date of death in service was more than 62 years old, these records are considered archival and replacement medals will only be processed at the request of the veteran or retiree.

Navy, Marine Corps & Coast Guard:

Bureau of Naval Personnel Liaison Office
Room 5409
9700 Page Ave.
St. Louis, MO 63132-5100.

Air Force:

National Personnel Records Center
Air Force Reference Branch (NRPMF)
9700 Page Ave.
St. Louis, MO 63132-5100.

Army:

National Personnel Records Center
Medals Section (NRPMA-M)
9700 Page Ave.
St. Louis, MO 63132-5100

MEDAL OF HONOR PENSION

VA Administers pensions to recipients of the Medal of Honor. The monthly pension for 2009 is \$1,194.

MEDICAL EXPENSES

Allowable expenses for medical deductions include, but are not limited to:

[Medicare Part B](#) premiums and Medicare deductibles;
supplemental health insurance premiums;
doctors visits;
hospital stays;
eye examinations;
glasses;

hearing aids;
prescriptions;
funeral or burial expenses for spouse or dependent child.

All these must be out-of-pocket, unreimbursed expenses, not paid back by any insurance.

MEDICAL EXPENSE REPORT

Purpose: to report unreimbursed medical expenses, usually for non-service connected pension. Can be used to list medical expenses and submitted with an original claim, but normally used when submitting an Eligibility Verification Report (EVR) filed annually by NSC pensioners to report income.

VA will consider all medical expenses after first deducting an amount equal to 5% of the maximum annual rate (MAR) for that veteran or spouse. Report all medical expenses, let VA deduct the 5%.

Application: VA Form 21-8416

Also see:

[MEDICAL EXPENSES](#), and [RATE TABLES](#)

MEDICAL RECORDS

To obtain medical records from military personnel files, send Standard Form (SF) 180 to:

National Personnel Records Center
Military Personnel Records
9700 Page Ave.
St. Louis, MO 63132-5100.

For medical records at VA Medical Center(s), complete VA Form 3288 and forward to the appropriate VAMC.

For medical records of dependents who received care at a military facility while the veteran was in service, write to:

NRPC Depository
Civilian Personnel Records
111 Winnebago St.
St. Louis, MO 63118-4126

MEDICARE PART B PREMIUMS

This is the amount withheld from Social Security checks for Medicare Part B premiums. This is a legitimate medical expense for VA purposes. The Medicare deductible for 1009 is \$135.00.

1997: \$43.80
1998: \$43.80
1999: \$45.50
2000: \$45.50
2001: \$50.00
2002: \$54.00
2003: \$58.70
2004: \$66.60
2005: \$78.20
2006: \$88.50
2007: \$98.20
2008: \$96.40
2009: \$96.40

MEDICARE PART D

Starting January 1, 2006, the new Medicare prescription drug coverage becomes available to everyone with Medicare Part A and/or Part B. Beneficiaries that live overseas or are in prison are not eligible for the Medicare pharmacy program.

For nearly all TRICARE-Medicare beneficiaries, as well as most users of the VA Health care system, there is no added value in purchasing Medicare prescription drug coverage. The exception to this general rule may be for those with limited incomes and assets who qualify for Medicare's extra help with prescription drug plan costs, or those who have qualified for Medicaid and the costs of prescription medications is paid by Medicaid.

MERCHANT MARINE

In 1998, Merchant Marines who served any time between December 7, 1941 and August 15, 1945 were granted veterans status for VA benefits.

Additionally, in November 1998 Public Law 105-368 granted veterans benefits, mostly burial benefits, to merchant mariners who served from August 16, 1945 through December 31, 1946.

According to VA Pamphlet 80-01-1, the 2001 Federal Benefits for Veterans and Dependents, a number of groups who have provided military-related services to the United States have been granted VA benefits. For the service to qualify, the Defense Secretary must certify that the group has provided active military service. Individual members must be issued a discharge by the Defense Secretary to qualify for VA benefits. Service in the following groups has been certified as active military service for benefits purposes. Included in those groups is: "U.S. merchant seamen who served on blockships in support of Operation Mulberry in the World War II invasion of Normandy"; and "American merchant marines in oceangoing service during World War II."

In order to apply for these benefits, the merchant marine must request and receive a DD Form 214. Veterans in the first group will be provided one free-of-charge. Veterans in the second group must purchase theirs.

Both groups can apply by completing DD Form 2168 and mailing it, along with copies of any merchant marine documents proving dates of service to U.S. Coast Guard, USCG WW2, P.O. Box 804118, Chicago, IL 60601-4118. Members in the latter group should enclose a check or money

order for \$30, payable to the U.S. Coast Guard.

The USCG has one year to process the application. The merchant mariner will receive a DD Form 214 issued by the Department of Defense. He may then apply for the appropriate VA benefits.

MILITARY FAMILY LEAVE

Indiana Code 22-1-13, effective July 1, 2007, established the Military Family Leave. This law applies to an employer that employs at least fifty (50) employees for each working day during each of at least twenty (20) calendar work weeks.

Basically, the law allows the parent, grandparent or sibling (includes adoptive, foster and step) of a person who is serving on active duty to annually take up to ten (10) working days of unpaid leave during the following periods:

During the thirty (30) days before active duty orders are in effect.

During a period in which the person ordered to active duty is on leave while active duty orders are in effect.

During the thirty (30) days after active duty orders are terminated.

An eligible employee may elect, or an employer may require that the employee must substitute any earned paid vacation leave, personal leave or other paid leave (except for medical or sick leave) for any part of the ten (10) day period of such leave.

Further information can be obtained by downloading of copy of the law at http://www.in.gov/legislative/ic_iac/ or by calling the Indiana Department of Veterans Affairs at 1-800-400-4520.

MILITARY FAMILY RELIEF FUND

Families of Hoosier National Guard and Reserve members, as well as active duty members may apply to the Indiana Department of Veterans Affairs for emergency grants for non receipt of pay, loss of funds, medical, dental & hospital expenses, clothing, utilities, fire or other disasters, essential private owned vehicle, unexpected repairs, dependent funeral expenses, emergency travel, rent, food and other essential family support expenses which were caused by the mobilization of the service member.

Items not covered include: divorce/^ marriage expenses, rental, lease, or purchase of a vehicle, ordinary leave, continuing assistance, bad checks, liquidation or consolidation of debts, business ventures or investments, goods or items of convenience or luxury, civilian court fees, fines, judgments, liens, bail legal fees, income tax or child support and credit cards.

Grants up to \$5,000 are available annually while the National Guard member or Reservist is on active duty orders or within 1 year of their return from active duty. Active duty members must have joined from Indiana and must show Indiana as their Home of Record.

Application can be obtained online at <http://www.in.gov/dva/2970.htm> or by telephone from IDVA at (800) 400-4520.

MILITARY PAY VS. STATE PAY

Executive Order 05-18 allows Hoosiers who are employed by the state and who are called to active duty in the Guard or Reserves to receive the difference between their military pay (either state or federal active duty) and their state salary.

MILITARY RECORDS

To obtain a copy of military records, send Standard Form (SF) 180 to:

National Personnel Records Center
(Military Personnel Records)
9700 Page Ave.
St. Louis, MO 63132-5100

Follow-up telephone numbers:

Air Force: (314) 538-4218
Navy/Marines/Coast Guard: (314) 538-4200/4199
Reg Army (1965 to present): (314) 538-4132
Army Reserve/Nat. Guard before 1972: (314) 538-4144
National Guard (Indiana): (317) 247-3226 (Stout Field, Indianapolis).

MILITARY RETIRED PAY

The advantage of waiving military retired pay for VA compensation is that VA benefits are not taxable. Veterans rated at 10-40% service-connected disabled, will have their military retired pay reduced dollar-for-dollar by the amount they receive from VA.

”Concurrent Receipt” is a term used to describe the receipt of both military retired pay and VA compensation by military retirees who have service-connected disabilities. These veterans fall into three categories:

Military Retirees with Non-Combat-Related Disabilities Rated 40% or Below Service-Connected: These retirees will continue to have their military retirement pay reduced dollar-for-dollar in an amount equal to their VA compensation.

Combat-Related Special Compensation: Military retirees receiving VA compensation for a disability or disabilities which were incurred as a direct result of armed conflict; or while engaged in hazardous service; or in the performance of duty under conditions simulating war (training); or through an instrumentality of war (such as accidental gunfire, exposure to Agent Orange, accidents in military vehicles, Gulf War Syndrome) and has been rated by VA as 10% or higher disabling can draw their VA compensation equal to whatever their VA rating is and their full military retired pay. See [Combat-Related Special Compensation \(CRSC\)](#).

Concurrent Disability Payments (CDP): Military retirees who have a VA rated disability or disabilities which are service connected but not related to the conditions outlined above and which are rated as 50% or higher disabling can draw their VA Compensation and their retired pay phased in increasing increments over a ten-year period until they are getting their full retired pay by the year 2014. See [Concurrent Disability Payments \(CDP\)](#).

NATIONAL GUARD

Members of the National Guard activated for federal service during a period of war or domestic emergency, or who are injured during an annual training period or during weekend training may be eligible for certain VA benefits, such as VA health care or compensation for injuries or conditions connected to that service. Activation for other than federal service does not qualify guardsmen for all VA benefits. Claims for VA benefits based on federal service filed by guardsmen should include a copy of the military orders, presidential proclamation or executive order that clearly demonstrates the federal nature of the service.

Because of a revised transitional health care benefit plan, Reserve and Guard members who are ordered to active duty for more than 30 days in support of a contingency **and have more than six years total active federal service** are eligible for 120 days of health care following their period of active service. Members with less than six years service will get 60 days of continued medical care.

Under a worldwide demonstration project, family members are also covered under the plan. The program is retroactive to Jan. 1, 2002.

Eligibility will be determined by information in the Defense Enrollment Eligibility Reporting System. Members and families who were enrolled in Tricare Prime while on active duty will automatically be disenrolled upon release from active duty. The Reserve component member or family must actively re-enroll in order to continue Tricare Prime during the transitional health care period.

VA Health-Care Eligibility: Discharged active duty member and members of the National Guard and Reserves who are demobilized from federal active duty in support Operations Enduring Freedom and Iraqi Freedom have a five-year window of eligibility for VA health care. During this five-year period they have priority for care at the VAMC. All they need to do is go to the VAMC with their DD Form 214 and they will be processed on the spot for care. At the end of the five-year period they will be re-evaluated for continued eligibility.

GUARD/RESERVES-RELATED STATE BENEFITS

Educational Benefits (National Guard): 100% tuition paid when attending state colleges or universities for first Associates or Bachelors degree.

Eligibility: Indiana National Guard members.

Remission of Fees for Service-Connected Death: Public Law 157-2005 (IC 20-12-19.7) provides that the spouse and eligible children of National Guard members who suffered a service-connected death while serving on state active duty, are exempt from the payment of tuition and mandatory fees at any state educational institution (college).

Eligibility: Dependents of Indiana National Guard members.

Employment Assistance: State employees receive 15 days military leave per year.

Eligibility: Indiana National Guard members.

Military Pay vs. State Pay: Executive Order 05-18 allows Hoosiers who are employed by the state and who are called to active duty in the Guard or Reserves to receive the difference between their military pay (either state or federal active duty) and their state salary.

Eligibility: Indiana National Guard or Reserve members.

Exemption from Jury Duty: Indiana National Guard members are exempt from jury duty.

Eligibility: Indiana National Guard members.

Medical Benefits: National Guard members on State Active Duty are entitled to medical, dental and hospital benefits.

Eligibility: Indiana National Guard members.

Injury/Death Benefits: National Guard members on State Active Duty: members receive pay, allowance and medical expenses for 90 days. If disabled after 90 days, benefits are the same as federal, including death gratuities, widows pension and funeral expenses up to \$500.

Eligibility: Indiana National Guard members.

Group Insurance: (Provided by the Indiana National Guard Association) \$5,000 for \$2/mo; \$10,000 for \$3.66; \$15,000 for \$5.33; \$20,000 for \$7.00; \$25,000 for \$8.67/mo; \$50,000 for \$17/mo and family plan of \$5,000/\$10,000 for \$3.66 or \$6.66 + \$1,000 to \$10,000 for each child depending on age.

Eligibility: Indiana National Guard members.

Legal Benefits: Limited arrest immunity to and from drill. Legal defense is available for line-of-duty acts.

Eligibility: Indiana National Guard members.

NON-SERVICE CONNECTED PENSION

Eligibility: Low income veterans who are permanently and totally disabled, or are age 65 and older, may be eligible for monetary benefits if they meet the income requirement. To apply, veterans must have 90 or more days of active military service, at least one day of which was during a period of war. Veterans who entered active duty on or after Sep 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. Discharge must be other than dishonorable.

For those 65 and older, the requirement to be determined permanently and totally disabled has been dropped. Veterans under age 65 must show proof of total disability or unemployability. Notify the POA or RO if the veteran is drawing social security disability so the VA can take this into consideration when adjudicating veterans' claims for pension benefits.

All of the above veterans must meet VA low income criteria to be eligible and have less than \$80,000 net worth.

Application: VA Form 21-526

See [RATE TABLES](#) (Improved Pension)

Minimum forms needed to submit a claim for Non-Service Connected Pension:

VA Form 21-526 Parts A, C and D; VA Form 21-4138 (to explain in detail items for which there was not enough room on the VA Form 21-526); VA Form 21-22 and CVSO Supplement to assign representation; VA Form 21-4142 to release medical records from private physicians/facilities; VA Form 21-8416 to report medical expenses.

Minimum documentation needed to complete the claim: Certified copy of DD Form 214 or Report of Separation; copy of marriage license, copy of birth certificates of dependent children; copy of Social Security Award letter, if applicable. Death certificates and divorce documents are not required if all names dates, and places are shown on the claim application.

NURSING HOME CARE

Veterans enrolled in the VA Health Care System who have service connected disability(ies) and are rated at 70% or above - or - enrolled veterans who need nursing home care specifically for their service connected disability may be eligible for civilian nursing home services. Veterans who are ineligible for VA extended care are normally transferred to a civilian facility from the VA hospital after they are stable.

Also See: [VA NURSING HOME CARE](#)

NURSING HOME REDUCTION

Veterans who are receiving VA pension or compensation and who are admitted to a nursing home will have their VA pension reduced or adjusted as follows:

Improved Pension, 0 dependents: pension will be reduced to \$90.

Old Law Pension, 0 dependents: pension will be reduced to \$30.

Improved or Old Law Pension, married: if combined income is less than that being charged by the nursing home, the A&A rate is automatically approved (maximum pension rate).

Compensation: unless ruled incompetent, the veteran will continue receiving compensation unless the nursing home is a Medicaid Facility. If Medicaid will be paying, he benefit will be reduced to \$90. If the claimant is paying, he/she will continue to receive the full rate of compensation. If on housebound or A&A status, compensation will be reduced only by those extra amounts.

PEDDLERS, VENDORS OR HAWKERS LICENSE

State law provides that any wartime veteran who has an honorable discharge shall be granted these licenses by all cities and counties free-of-charge. Apply at the County Auditor's Office.

Reference Indiana Code 25-25-2-1. (Note: Senate Bill 39, signed into law by Governor Daniels on May 7, 2009, and effective July 1, 2009, repealed a provision in the law which excluded a county

having a consolidated city (city-county government) from this exemption. This law included Lake and Marion Counties. They will now be required to grant these licenses free-of-charge.

PENSION (Non-Service Connected)

Eligibility: Low income veterans who are permanently and totally disabled, or are age 65 and older, may be eligible for monetary benefits if they meet the income requirement. To apply, veterans must have 90 or more days of active military service, at least one day of which was during a period of war. Veterans who entered active duty on or after Sep 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. Discharge must be other than dishonorable.

For those 65 and older, the requirement to be determined permanently and totally disabled has been dropped. Veterans under age 65 must show proof of total disability or unemployability. Notify the POA or RO if the veteran is drawing social security disability so the VA can take this into consideration when adjudicating veterans' claims for pension benefits.

All of the above veterans must meet VA low income criteria to be eligible and have less than \$80,000 net worth.

Application: VA Form 21-526

See [RATE TABLES](#) (Improved Pension)

Possible Increased Non-Service Connected Pension Benefits Available for Wartime Era Veterans Age 65 or Over Having a Disability Rated at Least 60% Disabling

The Court of Appeals for Veterans Claims in *Hartness v. Nicholson* 20 Vet.App 216 (2006) held that VA must award a wartime era veteran a special monthly pension at the 100% + 60% rate (also known as housebound rate) if, in addition to being at least 65 years old, the veteran possesses a minimum disability rating of 60%, or is considered permanently housebound as defined under the controlling statute.

This means that veterans age 65 or over now in receipt of a non-service connected pension and who have either service connected or non-service connected disabilities rated at least 60% disabling should file a new claim. That claim should ask VA to consider granting an increase Special Monthly Pension Benefit by properly applying of 38 USC Sections 1513(a), 1513(e), and 1521 as directed in *Hartness v. Nicholson* 20 Vet.App. 216 (2006).

New non-service pension applicants 65 years of age and over having a disability that could possibly be rated at least 60% disabling should also ask for this Special Monthly Pension Benefit. The difference between these two pension programs is \$2,627 a year. Veterans Service Officers should encourage all qualified veterans to file as soon as possible before VA has a chance to persuade Congress to change the law. It is also likely that this new court ruling will only stand if VA decides either not to appeal to the Supreme Court, or if a VA appeal to the Supreme Court fails.

See [RATE TABLES](#) (Improved Pension)

See [MEDICAL EXPENSES](#).

Application: VA Form 21-526

Minimum forms needed to submit a claim for Non-Service Connected Pension:

VA Form 21-526 Parts A, C and D; VA Form 21-4138 (to explain in detail items for which there was not enough room on the VA Form 21-526); VA Form 21-22 and CVSO Supplement to assign representation; VA Form 21-4142 to release medical records from private physicians/facilities; VA Form 21-8416 to report medical expenses.

Minimum documentation needed to complete the claim: Certified copy of DD Form 214 or Report of Separation; copy of marriage license, copy of birth certificates of dependent children; copy of Social Security Award letter, if applicable. Death certificates and divorce documents are not required if all names dates, and places are shown on the claim application.

POST TRAUMATIC STRESS DISORDER (PTSD)

PTSD is most commonly associated with Vietnam War veterans and usually consists of a present-day inability to get along with, or cope with, persons and/or situations at home or at work or the inability to cope with events in the daily life of the veteran.

A valid, well-documented claim for PTSD would include the veteran's statement which consists of a list of the stressors which the veteran feels caused the PTSD, the symptoms the veteran presently exhibits which the veteran believes were caused by the PTSD and, ideally, a doctor's statement that the veteran is suffering from PTSD.

Stressors are those events which caused the trauma being claimed by the veteran. In relating a stressor, the veteran should be as specific as possible: the date and location of the event; the event itself; which unit the veteran was assigned to; if other people were involved, the name of those people and their unit of assignment; the names and units of assignment of other people who witnessed the event. Using unit records and other eyewitness accounts, VA will attempt to verify that the stressor occurred and that the veteran was there when it happened. In some cases, however, the VA will take the veteran's word that what happened actually did happen. VA's M21-1, Part 6 11.38 states:

"If the claimed stressor is related to combat, in the absence of information to the contrary, receipt of any of the following individual decorations will be considered evidence of participation in a stressful episode:

Air Force Cross
Air Medal with "V" Device
Army Commendation Medal with "V" Device
Bronze Star Medal with "V" Device
Combat Action Ribbon
Combat Infantryman Badge
Combat Medical Badge
Distinguished Flying Cross
Distinguished Service Cross
Joint Service Commendation Medal with "V" Device
Medal of Honor
Navy Commendation Medal with "V" Device
Navy Cross
Purple Heart
Silver Star"

It should be noted that, in many cases, the stress involved in simply listing and detailing the stressors can cause the veteran's condition to worsen. Veterans who wish to file for PTSD and who seem to be able to cope fairly well in their lives, should be cautioned that their condition may worsen over the years as they are forced to recall and detail these stressors. It can also worsen if the veteran, while seeking confirmation from other people who were there, is forced to re-live the event or events vocally and may remember even more stressors they had otherwise forgotten. This is not meant to imply that a veteran should not file for PTSD, only that they should be prepared for what seems to be a common occurrence.

POW (Prisoners of War)

Purple Heart

The Department of Defense announced on October 6, 2008 it has expanded the Purple Heart eligibility criteria allowing prisoners-of-war who died in captivity to receive the award.

The revised department policy presumes, for service members who die in captivity as a qualifying prisoner-of-war, that their death was the "result of enemy action," or the result of wounds incurred "in action with the enemy" during capture, or as a result of wounds incurred as a "result of enemy action" during capture, unless compelling evidence is presented to the contrary.

The revised policy allows retroactive award of the Purple Heart to qualifying prisoners-of-war since Dec. 7, 1941. Posthumous award will be made to the deceased service member's representative, as designated by the secretary of the military department concerned, upon application to that military department.

Each military department will publish application procedures and ensure they are accessible by the general public. Family members with questions may contact the services: Army: Military Awards Branch, (703) 325-8700; Navy: Navy Personnel Command, Retired Records Section, (314) 592-1150; Air Force: Air Force Personnel Center, (800) 616-3775; Marine Corps: Military Awards Branch, (703) 784-9340. For further information, media representatives should contact Eileen Lainez, (703) 695-3895, eileen.lainez@osd.mil.

Former Prisoners

Former prisoners of war who were imprisoned for any length of time are presumed to be service-connected if they become at least 10 percent disabled anytime after military service for any of the following: psychosis, any of the anxiety states, dysthymic disorder (or depressive neurosis), organic residuals of frostbite, and post-traumatic osteoarthritis, heart disease or hypertensive vascular disease and their complications, stroke and residuals of stroke.

Former prisoners of war who were imprisoned for at least 30 days are presumed to be eligible for disability compensation if they become at least 10 percent disabled from diseases associated with POWs. These presumptive diseases are avitaminosis, beriberi heart disease, chronic dysentery, helminthiasis, malnutrition (including optic atrophy), pellagra and/or other nutritional deficiencies, irritable bowel syndrome, peptic ulcer disease and peripheral neuropathy and cirrhosis of the liver.

Former POWs are in Priority Group 3 at VA Medical Centers and facilities and are treated free-of-charge. They do not make co-payments for medical care nor prescription medicines and are provided with free dental care, regardless of whether or not the need for the dental care is service-connected.

Former POWs who have not had the POW protocol examination should contact the nearest VA facility for an appointment.

Extended Benefits for Survivors of Former Prisoners of War: The major benefit is Dependency and Indemnity Compensation (DIC) which is a monthly benefit payable to the surviving spouse (and the former POW's children and parents in some cases) when the former POW:

- Was a service member who died on active duty; or
- Died from service-related disabilities; or
- Died on or before September 30, 1999 and was continuously rated totally disabled for a service connected condition (including individual unemployability) for at least 10 years immediately preceding death; *or*
- *Died after September 30, 1999, and was continuously rated totally disabled for a service-connected condition (including individual unemployability) for at least 1 year immediately preceding death. .*

DIC is terminated for a surviving spouse who remarries, but can be resumed if the remarriage ends in death, divorce, or annulment. However, a surviving spouse who remarries on or after attaining age 57, and on or after December 16, 2003, can continue to receive DIC.

(The words in italics note the extended part of DIC regulation concerning POWs.)

Also see: [UNEMPLOYABILITY](#)

PRESCRIPTIONS

Eligibility: must be a patient at a VA Medical Center (either in- or out-patient status) and medicines must be prescribed by a VA doctor. - or –

Be rated 50% or higher and be in the Fee Basis Program - but family doctor-prescribed medicines must be stocked by the VA Pharmacy or VA will not reimburse.

For free prescriptions for NSC conditions, the veteran must have family income below the following 2009 limits:

- Veteran, 0 dependents: \$11,830;
- Veteran, 1 dependent: \$15,493;
- Veteran, 2 dependents: \$17,513;
- Add \$2,020 for each additional dependent.

Prescription co-pay: \$8.00 per 30-day supply of each medication.

Effective Apr. 1, 2001 military retirees and their dependents are eligible for prescription benefits under the TRICARE for Life program, which includes the National Mail Order Pharmacy Program (NMOP). Information on DEERS and ID cards must be current. If age 65 prior to Apr. 1, 2001 need not be enrolled in Medicare Part B. If age 65 after that date *must* be enrolled in Part B. May also obtain prescriptions within the TRICARE network for 20% co-payment. Call 1-800-903-4680.

If the retiree or dependent has insurance from some other source for prescriptions (other than prescription cards which simply offer a percentage off the regular price) they are ineligible for the TRICARE for Life Prescription Program.

Note: If the spouse of a retiree remarries, he/she loses this benefit even if they are subsequently divorced or widowed.

See [VA MEDICAL CENTER](#).

See [FEE BASIS PROGRAM](#).

See [TRICARE FOR LIFE](#).

See [CHAMPVA](#).

PROTECTED PENSION PROGRAMS

Veteran who were receiving VA pension on December 31, 1978 who did not wish to elect the Improved Pension will continue to receive the pension rate they were receiving on that date. This rate generally continues as long as their income remains within established limits (see [RATE TABLES](#)), his or her net worth does not bar payment, and they do not lose any dependents. They must continue to meet basic eligibility factors, such as permanent and total disability for veterans, or status as a surviving spouse or child. VA must adjust rates for other reasons, such as the veteran's hospitalization in a VA facility.

PROTECTED RATINGS

10-Year Rule: Title 38 U.S.C. provides that a disability deemed service connected which has been in effect for 10 or more consecutive years shall not be severed unless it can be proven that the claim was based on fraud, or it is clearly shown from military records that the person concerned did not have the requisite service or character of discharge.

20-Year Rule: Title 38 U.S.C. provides that a disability rated at or above any evaluation for 20 or more years, including total disability based on unemployability...shall not be reduced, unless the original claim was based on fraud.

RATE TABLES

2009

COMPENSATION

IMPROVED PENSION

<u>Percent</u>	<u>Mo</u>	<u>Annual</u>	<u>Dep</u>	<u>Regular</u>	<u>Housebound</u>	<u>A&A</u>
10%	\$123	\$1,476	0	\$11,830	\$14,457	\$19,736
20%	243	2,916	Monthly	986	1,205	1,645
30%	376	4,512	5%	592	723	987
40%	541	6,492				
50%	770	9,249	1	\$15,493	\$18,120	\$23,396
60%	974	11,688	Monthly	1,291	1,510	1,941
70%	1,228	14,736	5%	775	906	1170
80%	1,427	17,124				
90%	1,604	19,248	Ea	2,020	2,020	2,020

100% 2,673 32,076 Additional dependent

DEATH PENSION (Surviving Spouse)

Dep	Regular	Housebound	A&A
0	\$7,933	\$9,696	\$12,681
Monthly	661	808	1,057
5%	397	485	634
1	\$10,385	\$12,144	\$15,128
Monthly	865	1,012	1,261
5%	519	607	756
Ea	2,020	2,020	2,020
Additional dependent			

SECTION 306

Dep	Basic	w/A&A
0	\$13,456	\$13,956
1	18,087	18,587
Spouse income exclusion: \$4,295		
<u>SECTION 306 (Death)</u>		
Dep	Basic	
0	\$ 13,456	
1	18,087	
Child only	11,001	

OLD LAW

DIC: \$1,154 per month	Single: \$11,780
If married over 8 years	w/Dep: \$16,982
at 100% rate, add \$246 per month	Child Only: \$11,780
Spouse housebound add: \$135 per month	
Spouse A&A add: \$286 per month	
Each dependent child add: \$286 per month	

REMAND

A remand is an appeal that is returned by the Board of Veterans Appeals (BVA) to the local VA Regional office, usually to perform some additional development of the case or to take into account a particular aspect of the law. After performing the additional work, the regional office may issue a new decision. If a claim is still denied, the case is returned to the Board for a final decision.

In the appeals process, when a claim goes to the Board of Veterans Appeals (BVA) in Washington, D.C., the Board can do one of four things:

- Affirm the decision of the VA Regional Office;
- Grant the issue or issues requested in the appeal;
- Remand the case back to the VA Regional Office for further development (see AMC, below);
- Further develop the claim themselves by directly contacting the veteran.

AMC - The Appeals Management Center (AMC) has been established outside of the BVA. It will function as a "national regional office" to handle most remands. It is located at the Washington Regional Office (WRO) and was to be fully staffed and operational by December, 2003. In October, 2003, it had 10,000 pending remands and is projected to handle about 14,000 new remands a year. This program is expected to improve the quality and completeness of remands and make it easier and quicker for the BVA to make a final decision.

RETIRED PAY

See [MILITARY RETIRED PAY \(waiver in lieu of VA benefits\)](#)

See [COMBAT-RELATED SPECIAL COMPENSATION \(CRSC\)](#)

See [CONCURRENT DISABILITY PAYMENTS \(CDP\)](#)

See [CONCURRENT RECEIPT](#)

Note: The special compensation program administered by the Department of Defense for veterans rated 60% or above service connected disabled within 4 years of their retirement and who retired with 20 years and at least 7,200 retirement points, will be phased out due to passage of concurrent receipt laws.

SECTION 1151 CLAIMS

Veterans who suffer an injury, aggravation of injury; or death as a result of VA hospitalization, medical or surgical treatment or while pursuing Vocational Rehabilitation may have that injury rated as service connected. If that injury resulted in additional disability, VA may find that the additional disability is service connected. These claims are informal medical malpractice claims.

Make a claim by submitting VA Form 21-4138 (or a letter from the veteran) stating, "I claim Section 1151 benefits for disability suffered while hospitalized on [date], at [name of VAMC]," and outline what happened. Send the letter to the VA Regional Office (through a veterans' organization).

If the VA agrees that its staff made a mistake and it grants service connection for the additional disability, the amount of money it will pay is calculated the same as for any other disability.

These are called Section 1151 claims, the section number of the VA law. They were previously called Section 351 claims. Prior to 1991 VA misapplied the law governing these claims by requiring the veteran prove the injury was the result of negligence or fault of VA personnel. Veterans who were denied service connection under the old Section 351 should file a VA Form 21-4138 stating, "I claim Section 1151 benefits on the basis of clear and unmistakable error of law."

Also see [TORT CLAIM](#).

SERVICE CONNECTED DISABILITY

Definition: A disability which is proven to have resulted from an injury or illness suffered while in the military and adjudicated by VA as such. Such a disability can also be a condition which existed before entry in the service and which was worsened as a result of service. Does not have to have happened on the base, in the fort, on the ship, or while in uniform, but does have to be in line of duty and not due to willful misconduct. The injury does not have to have occurred in combat. Claims filed within one year of discharge can be backdated to the date of discharge. Service can be wartime or peacetime.

SERVICEMEMBERS GROUP LIFE INSURANCE (SGLI)

SGLI is a program of low-cost group life insurance for service members on active duty and ready reservists. Coverage is available in \$50,000 increments up to the maximum of \$400,000 and, as of 2006, premiums were 65 cents per \$1,000 of insurance, regardless of the member's age. For information on converting SGLI to Veterans Group Life Insurance (VGLI) after discharge, see [INSURANCE](#)

Note: Service members who are totally disabled while on active duty have an extended time to retain SGLI after their discharge from active duty.

1. 2 years after the date of separation or release from such active duty or active duty for training, in the case of such a separation or release during the period beginning on the date that is one year before the date of the enactment of Veterans' Housing Opportunity and Benefits Improvement Act of 2006 and ending on September 30, 2011; and

2. 18 months after the date of separation or release from such active duty or active duty for training, in the case of such a separation or release on or after October 1, 2011. (PL 109-233 signed into law on June 15, 2006.)

Also See: [Traumatic Injury SGLI](#)

SPECIALLY ADAPTED HOUSING PROGRAM

VA provides grants up to \$60,000 from its Specially Adapted Housing Program toward constructing a new home or modifying an existing home to meet adaptive needs of veterans with certain service-connected disabilities.

VA also provides up to \$4,100 for service-connected veterans and up to \$1,200 for non service-connected veterans to make home improvements necessary for the continuation of treatment or for disability access to the home and essential lavatory and sanitary facilities. For application information, contact the prosthetic representative at the nearest VA health care facility.

Call 1-877-827-3702 or www.homeloans.va.gov.

SPECIAL MONTHLY COMPENSATION (SMC)

See [AID AND ATTENDANCE](#) .

See [HOUSEBOUND](#).

SPINA BIFIDA

Spina bifida patients who are children of Vietnam veterans may be eligible for vocational training, health care, and a monthly allowance. The monthly allowance for 2009 is: Level I, \$286; Level II, \$984, and Level III, \$1,678.

Vocational Training.

The Vocational Rehabilitation and Employment program administers a vocational training program to enable a qualified child to prepare for and attain suitable employment. Services may include counseling and rehabilitative services, education, training and employment services leading to suitable employment. VA pays for the cost of these services.

Eligibility

To qualify for entitlement to a vocational training program, an applicant must be a child:

1. to whom VA has awarded a monthly allowance for spina bifida, and
2. for whom VA has determined that achievement of a vocational goal is reasonably feasible. A vocational training program may not begin before a child's 18th birthday or the date the child completes secondary schooling, whichever comes first. Depending on the need, a child may be provided up to 24 months of full-time training.
3. A recent change in law extends the same benefits now afforded to children of Vietnam veterans born with spina bifida to such children of veterans who served in or near the Korean demilitarized zone between September 1, 1976 and August 31, 1971, and determined by the VA to have been exposed to herbicides during such service.

Spina Bifida Allowance

The monthly allowance is set at three levels, depending upon the degree of disability suffered by the child. The three levels are based on neurological manifestations that define the severity of disability: impairment of the functioning of the extremities, impairment of bowel or bladder function, and impairment of intellectual functioning.

STATE INCOME TAX EXEMPTION

Current members of the active branches of service, National Guard and Reserves are eligible to receive an exemption of \$5,000 on their Indiana state income tax return. Veterans who are military retirees over age 60 are eligible for the same exemption.

STUDENT LOANS INFORMATION

Direct Consolidation Loans (consolidate all student loans) 1-800-848-0982.

Federal Student Aid Information Center (finding a student loan lender) 1-800-433-3243.

National and Community Service (full-time educational awards of \$4,725 a year) 1-800-942-2677.

Student Aid Report (SAR) Received by the student after completion of the Free Free Application for Federal Student Aid (FAFSA) Call if its been more than 4 weeks since sending in the FAFSA. 1-319-337-5665.

Pell Grant (does not have to be repaid). For undergraduates who have not earned a bachelors or professional degree. Maximum 1994/95 was \$2,300. Apply on FAFSA.

Direct Loan (DL) and Federal Family Education Loan (FFEL). DL available directly to students and parents from the federal government through the school. FFEL available through banks, credit unions, and Savings & Loans. Once a DL is made it is managed by the U.S. Department of Educations Direct Loan Servicing Center. 1-800-848-0979.

DL Plus and FFEL Plus also available. Apply for both or either on the FAFSA.

G.I. Bill Payments: ICS - 1-717-342-7701. ICS VA Rep is Betty Jean Lewellen.

SURVIVOR BENEFIT PLAN (SBP)

A 2008 federal court ruling (Sharp, et al. v. United States) held that the DoD's dollar-for-dollar deduction of DIC payments from SBP benefits was based on a faulty interpretation of federal law. The decision would restore an estimated \$30 million in death benefits wrongly withheld from the surviving spouses of disabled military retirees, and said basically that recipients of DIC should not be penalized a dollar-for-dollar reduction of their Survivor Benefit Plan annuities, but should receive both.

The FY2007 Defense Authorization Act that Congress passed on 30 Sep 2006 and the President signed into law allows surviving spouses of members who died on active duty since 7 OCT 01 the option of transferring Survivor Benefit Plan (SBP) coverage to a child or children, if any. This effectively allows the survivor to receive both Dependency and Indemnity Compensation (DIC) from the VA and SBP from the military, without having the former deducted from the latter. However, transfer to the child is irrevocable, and eligibility is not restored to the spouse when the youngest child loses dependent status.

SURVIVORS PENSION

See [DEATH PENSION](#).

See [DIC](#).

Application: VA Form 21-534 (Spouse & children) (DIC or Death Pension)

For Death Pension, complete the entire form. For DIC, no income or net worth information is required.

VA Form 21-535 (Parents) (DIC)

Note: In some cases, Death Pension may be more than DIC payments. If that is the case, VA will award the better benefit.

TAX ABATEMENT/EXEMPTION QUALIFICATION

Code 2 – Partially Disabled

Wartime period service connected disabled (10-90%):

Benefit: \$24,960

Qualifications: owns home or buying on contract; served during a wartime period; 10% or more service connected disabled; pension certificate, check or award; surviving spouse may qualify. No income or assessed valuation limitations.

Code 1 – Totally Disabled

100% service connected or a Pension recipient:

Benefit: \$12,480

Qualifications: 90 days of military service w/honorable discharge; is either totally disabled - or - at least 62 years old (on or after March 1) and has a disability of at least 10% - and - disability is evidenced by certificate of award of compensation issued by VA. Veteran could have served in peacetime or wartime. Surviving spouse would receive if the veteran would qualify for the deduction if he/she was still alive.

Assessed Valuation of real property limitation of \$143,160.

Code 3 – Combination of the above two; or 100% service connected and wartime.

Benefit: \$37,440

Application: Fax or send to IDVA the completed IDVA Certificate of Eligibility Disabled Veteran Tax Deduction form. Fax number: 1-317-232-7721. For questions call 1-800-400-4520. When the application is returned, the veteran or the surviving spouse then take it to the Auditors Office to apply for the deduction. (Not later than May 10th of the year, for exemption the following year).

Note: When CVSO is notified of the award of the service connected disability or the award of the pension – the request for tax abatement should automatically be submitted.

Note: If the veteran transfers the property to a living trust, he loses the exemption.

Note: widow may keep the deduction, as long as the property stays in her name.

License Plates: credit of \$2 per each \$100 of remaining exemption can be applied to excise tax for license plates.

TELEPHONE NUMBERS

VA Regional Office.....	1-800-827-1000
IDVA (Indiana Department of Veterans Affairs).....	1-800-400-4520
VA Medical Center (Fort Wayne).....	1-800-360-8387
VA Medical Center (Marion).....	1-800-498-8792
VA Medical Center (Indianapolis).....	1-888-878-6889
American Legion Service Office.....	1-317-916-3605
AMVETS Service Office.....	1-317-916-3612
DAV Service Office.....	1-317-916-3615
PVA Service Office.....	1-317-916-3626
VFW Service Office.....	1-317-916-3629

Note: The addresses and telephone numbers of any County Veterans' Service Officer in the State of Indiana can be obtained at the following website:

<http://invsoa.homestead.com/CVSO.html>

TORT CLAIMS

Veterans injured in a VA hospital may recover money through a process called the Federal Tort Claim Act (FTCA). Do not wait for the VA to rule on a Section 1151 Claim. As soon as the veteran suspects he/she is worse after being in a VA hospital, they should contact an attorney who specializes in medical malpractice.

Filed through the VA Regional Office, the deadline to file a Standard Form (SF) 95, Claim for Damage, Injury or Death, is 2 years after the injury arose.

If the veteran receives money from the FTCA claim, and the VA agrees to pay under Section 1151, the VA will suspend (offset) its payments until it recovers most of what the veteran claimed under the FTCA.

Also see [SECTION 1151 CLAIMS](#).

TRAUMATIC INJURY SERVICEMEMBERS GROUP LIFE INSURANCE (TSGLI)

PL 109-13, enacted in May 2005, provided for one sum TSGLI payments ranging from \$25,000 to \$100,000 for those Servicemembers Group Life Insurance (SGLI) insureds incurring certain physical traumatic injuries on or after the effective date of December 1, 2005. A provision of the legislation provided a retroactive period back to October 7, 2001 for SGLI insureds whose injury was a direct result of being incurred in Operations Enduring Freedom and/or Iraqi Freedom. For the purposes of TSGLI only, "incurred in Operation Enduring Freedom or Operation Iraqi Freedom" means that the member must have been deployed outside the United States on orders in support of OEF or OIF or serving in a geographic location that qualified the service member for the Combat Zone Tax Exclusion under the Internal Revenue Service Code.

Payments under this provision are based on the severity of the physical trauma incurred, and must involve a scheduled loss such as loss of limbs, sensory organ loss, physical brain trauma resulting in loss of brain function(s), certain types of paralysis, etc. Mental illnesses will not be covered by this insurance. A schedule of covered injuries/losses and the related insurance payments is included below.

All service members who have SGLI will also have TSGLI coverage effective December 1, 2005. This is automatic for those insured under basic SGLI and cannot be declined except by a service member declining basic SGLI itself. This coverage does not include dependent coverage and is not available to Veterans Group Life Insurance (VGLI) policyholders. Covered losses must be a scheduled loss and must be a direct result of a traumatic injury suffered prior to midnight of the day the member separates from his or her uniformed service. The scheduled loss must be suffered within 365 days of the traumatic injury.

Contact the member's service department point of contact or the Office of Servicemembers' Group Life Insurance by phone at 1-800-419-1473, or by email at osgli.claims@prudential.com

TRAVEL REIMBURSEMENT FOR VA MEDICAL APPOINTMENTS

VA will provide partial reimbursement for the cost of travel to and from VA medical center appointments when the veteran: (1) is rated 30% or more for a service connected condition; (2) is rated less than 30% for a service connected condition, but needs treatment for the service connected disability; (3) receives VA pension; (4) reports for a compensation or pension examination; (5) has income less than the annual aid and attendance pension rate (currently \$18,654 for the single veteran); or (6) needs a special mode of transportation if unable to defray the cost and travel is pre-authorized, or travel is necessary for a medical emergency.

As of November 17, 2008, the VA travel reimbursement rate is 41.5 cents per mile subject to a deductible of \$7.77 for a one-way trip and \$15.54 for a round trip with a \$46.62 monthly deductible cap. On January 9, 2009, these deductibles will decrease to \$3 for a one way trip, \$6 for a round trip, with a maximum of \$18 per calendar month. Deductibles can be waived if they cause a financial hardship to the veteran. Veterans traveling to VA for compensation or pension examinations and traveling by special modes of transportation, such as, an ambulance or specially equipped van are not subject to the travel reimbursement deductible.

Veterans should apply for their travel reimbursement allowance at the VA Medical Center travel reimbursement office on the day of their visit before leaving the VA.

TRICARE FOR LIFE

Effective Oct. 1, 2001 military retirees and their dependents became eligible for this program. TRICARE became their secondary insurance after Medicare and any other Medigap (supplemental) policies. To be eligible, retirees must be enrolled in Medicare Parts A and B. TRICARE will pay out-of-pocket expenses for services covered under Medicare, including the Medicare deductible.

If the spouse of a deceased veteran has not remarried, he/she is eligible for this benefit.

If the spouse of a deceased veteran has remarried, but the marriage is terminated due to divorce or death of the subsequent spouse, the spouse is not eligible for TRICARE, but is eligible for CHAMPVA if the deceased veteran was 100% disabled.

In preparation, retirees and/or spouses should ensure their enrollment in DEERS is up-to-date, that they have current ID cards, and they are enrolled in Medicare Part B.

Also see [PRESCRIPTIONS](#).

Also see [CHAMPVA](#)

UNEMPLOYABILITY, 100% RATING DUE TO

A rating of 100% may be assigned when the veteran is rated less than total if, in the judgment of the rating board, the claimant is unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities.

If there is only one disability, it must be rated at 60% or more.

If there are two or more disabilities, at least one of the disabilities must be rated at 40% or more and sufficient additional disabilities which bring the combined total to at least 70%.

The following will be considered as one disability for the purposes of this rule:

- 1) disabilities of one or both upper extremities, or of one of both lower extremities, including the bilateral factor, if applicable. So, if the claimant had a disability of both legs, each rated at 20% for a combined total of 40%, they would be considered as one disability.
- 2) disabilities resulting from common etiology or a single accident. In other words, a claimant who is rated 30% for frostbite residuals and 10% for peripheral neuropathy due to the frostbite, if they are combined to 40% are considered one disability. Also, all injuries sustained in an accident may be combined as one injury for the purposes of this rule.
- 3) disabilities affecting a single body system, e.g. orthopedic, digestive, respiratory, cardiovascular-renal, or neuropsychiatric. An example could be, a throat injury which affected the stomach, could be combined as one digestive system disability.
- 4) multiple injuries incurred in an action, or
- 5) multiple disabilities incurred as a prisoner of war.

Note: an applicants *age* should have no bearing on the granting of unemployability. The rating is based strictly on ability to work.

Former Prisoners of War (POW): Prisoners of War and veterans injured in action against the enemy have an advantage. VA's Manual M21-1: Adjudication Procedure, Part VI, para. 7.10, says VA adjudicators should follow this guidance:

“In determination of entitlement to a total disability rating under 38 CFR 4.16, consider multiple injuries incurred in action as one disability. POW status is a continuation of action against the enemy. Therefore, consider multiple disabilities incurred while a POW, and disabilities incurred in action prior to or subsequent to POW status, as one disability.”

This means that multiple disabilities incurred in action or while a POW need only combine to 60 percent for the former POW to qualify for individual unemployability.

Application: VA Form 21-8940

VA FORMS

Type of Claim/Application

Form Number

Aid and Attendance, Application for	VA Form 21-2680
Allowance for Dependents	VA Form 21-686c
Appeal	VA Form 9
Compensation (service connected disabled)	VA Form 21-526
Death Pension (unremarried spouse of non-service connected disabled veteran)	VA Form 21-534
DIC (unremarried spouse of service connected veteran)	VA Form 21-534
Educational Benefits	VA Form 22-1990
Flag, Burial	VA Form 21-2008
Headstone/Marker	VA Form 40-1330
Home Loan Guaranty	VA Form 26-1880
Housebound Status, Application for	VA Form 21-2680
License Plates	State Form 32584
Medical Expense Report	VA Form 21-8416
Military Medals/Records	SF 180
Notice of Disagreement (NOD)	VA Form 21-4138
Pension (non-service connected, permanently and totally disabled)	VA Form 21-526
Power of Attorney (to veterans organization)	VA Form 21-22 CVSO Supplement
Release of Medical Information	VA Form 21-4142
Remission of Fees (Education)	State Form 20234
Statement in Support of Claim	VA Form 21-4138

VA HOSPITALS and Community-Based Outpatient Clinics (CBOC)

VAMC
2121 Lake Ave.
Fort Wayne, IN 46805-5199
1-800-360-8387

VAMC
1700 E. 38th St.
Marion, IN 46953-4589
1-800-498-8792

VAMC
1481 W. 10th St.
Indianapolis, IN 46202-2884
1-800-360-VETS (8387)

CBOC
330 Broadway
Crown Point, Indiana 46307-8602
(219) 662-5000

CBOC
500 East Walnut St.
Evansville, IN 47713-2499
(812) 465-6202

CBOC
110 West Honey Creek Pkwy
Terre Haute, IN 47802
(812) 232-2890

CBOC
3851 N/ River Road
West Lafayette, IN 47806
(765) 464-2280

Vincennes CBOC
1813 Willow Street Suite 6A
Vincennes, IN 47591
(812) 882-0894

Bloomington VA Outpatient Clinic Scottsburg VA Healthcare Center
455 S. Landmark Ave. 279 N. Gardner St.
Bloomington, IN 47403 Scottsburg, IN 47170
(812) 336-5723 (812) 752-8375

CBOC South Bend VA Clinic
2600 White River Blvd 5735 S. Ironwood Rd.
Muncie, IN 47303 South Bend, IN 46614
(765) 284-6822 (574) 299-4847
(888) 354-6072

Dearborn County CBOC Richmond VA Outpatient Clinic
1600 Flossie Dr. 4351 South A. Street
Greendale, IN 47025 Richmond, IN 47274
(812) 539-2313 (765) 973-6915

VA Health Care Center Goshen CBOC
811 Northgate Blvd 2014 Lincolnway East Suite 3
New Albany, IN 47150 Goshen, IN 46526
(812)542-0104 (574) 534-6108

VAMC PRIORITY LEVELS FOR ENROLLMENT

Priority Group 1: veterans with service connected disability(ies) rated 50% & above. (Do not have to enroll but are encouraged to do so).

Priority Group 2: veterans with service connected disabilities rated 30% or 40%.

Priority Group 3: Veterans rated at 10% or 20%; former POWs; Purple Heart recipients; veterans whose discharge was for disability incurred (or aggravated) in service in line of duty; military retirees who have reached Medicare eligibility; veterans awarded Section 1151 disability (see [SECTION 1151 CLAIMS](#)).

Priority Group 4: veterans receiving benefits at the A&A or Housebound rates; veterans determined to be catastrophically disabled (rules for this determination being developed).

Priority Group 5: non-service connected (NSC) and service connected (SC) veterans rated 0%, but have limited income (below free-care [means test] threshold); veterans receiving VA pension benefits; veterans eligible for Medicaid benefits.

Priority Group 6: WWI and Mexican Border veterans, veterans receiving care for toxic substances, environmental hazards and Gulf War disorders; 0% compensable service connected veterans (such as certain veterans with tuberculosis); veterans seeking care for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.

Priority Group 7: Veteran who agree to pay specified copayments with income and/or net worth

above the VA Means Test threshold and income below the HUD geographic index.

Subpriority 7a. 0% non-compensable service connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date.

Subpriority 7c. Non-service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date.

Subpriority 7e. Noncompensable 0% service-connected veterans not included in Subpriority a above.

Subpriority 7g. Nonservice-connected veterans not included in Subpriority c above.

Note: there are no veterans in subpriority 7b.

Priority Group 8: Veterans who agree to pay specified copayments with income and/or net worth above the VA Means Test threshold and the HUD geographic index.

Subpriority 8a. 0% non-compensable service connected veterans enrolled as of January 14, 2003 and who have remained enrolled since that date.

Subpriority 8c. Non-service-connected veterans enrolled as of January 14, 2003 and who have remained enrolled since that date.

Subpriority 8e. Noncompensable 0% service-connected veterans applying for enrollment after January 14, 2003.

Subpriority 8g. Nonservice-connected veterans applying for enrollment after January 14, 2003.

Note: there are no veterans in subpriority 8b.

Relaxation of Priority Group 8 Enrollment Restrictions

Public Law 110-329 provides VA additional funding to allow expanded enrollment opportunity for certain Priority 8 veterans who may have been previously denied enrollment in VA's health care system because their income exceeded VA's means tests thresholds. The proposed provision will allow veterans whose incomes do not exceed these thresholds by more than 10 percent to enroll in VA's health care system. It has been determined that this relaxation will not negatively impact the timeliness or quality of care to enrollees. This provision is expected to take effect this June and will be applied retroactively to all enrollment applications received on or after January 1, 2009.

Two new subpriorities have been established within enrollment priority group 8 (8b and 8d). Beginning on the effective date of the regulation, VA would enroll priority category 8 veterans whose income exceeds the current means test threshold (MTT) and geographic means test income thresholds (GMIT) by 10 percent or less. It is anticipated that this rule will take effect by June 30, 2009.

On the effective date of the regulation, a veteran who has applied for enrollment, who does not qualify for a higher priority group and whose income exceeds the MTT or GMIT by 10% or less will be placed in priority group 8b (if the veteran is 0% service-connected, non-compensable) or 8d (if the veteran is non service-connected) and enrolled in the VA health care system.

Prior to the effective date of the rule, a veteran who applies for enrollment, who does not qualify for a higher priority group and whose income exceeds the MTT or GMIT by 10% or less will continue to be placed in priority group 8e or 8g.

However, while VA is not advising veterans who may meet the new eligibility criteria to apply prior to effective date of the regulation, VA will inform veterans and Veterans Service Organizations of plans for the Health Eligibility Center (HEC) to re-determine the enrollment status of those veterans who applied after January 1, 2009 but were rejected for enrollment due to income. This approach reduces burdens to the sites (by not requiring veterans to apply for enrollment twice in the same year), provides for greater benefit to veterans, and uses consistent income information in the application process. For those veterans who apply

on or after January 1, 2009 and are placed into a rejected priority group due to income, VA enrollment correspondence will indicate that VA will re-determine enrollment after the effective date of the new rule.

HEC is distributing scripts for use by frontline Medical Center staff to assist in communicating with veterans and to assist with processing enrollment applications. Additionally, the Health Revenue Center (HRC) Health Benefits Service Center is developing scripts for call agents to assist veterans with questions related to this enrollment change.

HEC is also developing a Means Test Calculator to assist the field in a Preliminary enrollment determinations based on the data entry.

Questions should be directed to the VHA HEC Alert group at 404-828-5257

Also see: [VA MEDICAL CENTER COSTS](#)

Also see: [HUD HIGH COST AREAS](#)

VA MEDICAL CENTER

Veterans rated 10% or higher service-connected disabled will be treated for any disability but may be required to make copayments for conditions not related to their military service. Free glasses and hearing aid(s), if prescribed by a VA doctor, are available to those veterans rated 10% service-connected disabled.

Cost-free treatment for non-service connected problems is available to veterans who have limited income and are unable to defray the cost of necessary care. For 2009 those annual income figures are:

Single veteran: \$ 29,402

Veteran w/1 dependent: \$ 35,284

Add \$ 2,020 for each additional dependent.

See [PRESCRIPTIONS](#) for income criteria for free medicines.

Veterans rated at 50% or more will be treated for any condition (other than dental) and are eligible for treatment by their own, private, physician if they are unable to make the trip to the VAMC (see [FEE BASIS PROGRAM](#)). Veterans rated at 100% are also eligible for dental treatments, Fee Basis, and free prescriptions.

Veterans receiving routine care at the VAMC who are admitted to a civilian facility for an emergency, should contact the VAMC within 72 hours. VA may ask that the veteran be transported to the VAMC and may pay for the ambulance and the services rendered by the civilian facility.

Veterans who are admitted under emergency conditions to a civilian hospital and who have received care at the VAMC within the past two years and have no insurance (including Medicare) may be eligible to have the emergency costs reimbursed by VA, but VA must be notified as soon as possible and the veteran must be prepared to prove that the emergency was so critical that there was no time to get to a VA facility.

Also see [VA MEDICAL CENTER COSTS](#).

VA MEDICAL CENTER COSTS

Veterans receiving care for non-service connected condition(s) whose income/net worth is over the free-care limits shown above must make co-payment for their care. The co-payments are:

Out-patient care:

Preventive care such as flu shots, routine lab tests, routine x-rays, hepatitis C screening: \$0

Primary care outpatient visits: \$15.00

Specialty clinics such as outpatient surgery, audiology, and optometry: \$50.00

Outpatient copayment is waived for Medicare-eligible military retirees eligible for care under the TRICARE program (Millennium Health Care and Benefits Act, 1999).

In-patient care: \$1,068 copayment for the first 90 days of care (equal to the Medicare deductible) plus \$10 per day for hospital care. Each additional 90 days: \$534 copayment, plus the \$10 per day.

Veterans in certain high cost areas of Indiana which have been identified by the HUD geographic index as low income will have their inpatient copayments reduced by 80 percent effective retroactively to October 1, 2002.

Also see: [HUD HIGH COST AREAS](#)

Extended-care (nursing home) copayments: See [VA NURSING HOME CARE](#)

VA NURSING HOME (EXTENDED) CARE

Some VA Medical Centers have nursing home facilities available for veterans. Some veterans without service-related medical problems will be charged copayments for extended care.

The copayments are individually calculated and based on the veteran's ability to pay. The following veterans will not be required to make extended-care copayments:

** veterans with any compensable service-connected disability,

** veterans whose incomes are below the VA single pension level in 2009 of \$11,830, and who have received extended care from VA continuously since November 1999.

Formerly, higher income, nonservice-connected veterans paid \$5 per day, plus \$1,068 (the Medicare deductible) for each 90 days of nursing home care. Billing for the new copayments began the end of July 2002.

Under the new regulations, eligible veterans will get the first 21 days of care free in any 12-month period. After that, the **maximum** that veterans could pay is:

** \$97 for each day of nursing home care,

** \$15 for each day of adult day health care,

** \$5 for each day of domiciliary care,

** \$97 for each day of institutional respite care (authorized for a limited time for veterans who are being cared for by family members who need a break, normally up to 2 two-week periods a year),

** \$15 for each day of non-institutional respite care,

** \$97 for each day of institutional geriatric evaluation,

** \$15 for each day of non-institutional geriatric evaluation.

A complex formula will enable VA to individualize the copayments, with amounts varying from veteran to veteran. Among the factors used to determine the copayment will be the veteran's income, expenses and assets, as well as a daily \$20 allowance. For example, a veteran will be allowed to keep enough money to pay the mortgage or rent on a home, land, farm or ranch; to pay for an automobile, education, utilities, taxes and insurance; plus a daily \$20 allowance each for the veteran and spouse.

After the first 21 days of care, which are free, veterans will make predetermined, individual copayments. **These could vary from the maximum of \$97 a day to as little as \$97 a month, depending on the veteran's assets and expenses.**

Also see: [NURSING HOME CARE](#)

VETERAN (For VA Benefits Purposes)

To officially be a veteran for VA purposes you must have served in the active military, naval or air service. Active service includes the following:

- active duty;
- any period of active duty for training during which you became disabled (or die) from an injury incurred in the line of duty;
- any period of inactive duty for training during which you became disabled (or die);
- any service as a civilian that the Air Force certifies is active military service.

Active duty for training is the period of active duty required for Basic Training and Advanced Individual Training upon enlistment in the National Guard or Reserves. It can also be attendance at active duty schools for which the individual is under orders.

Inactive duty training is the weekend training and 15-day annual training period for the National Guard and Reserves.

Duty during either of these two periods (including the 6 months of active duty for training service during the 1950's and 1960's) does not qualify the individual as a veteran for VA benefits unless he/she is injured/disabled in the line of duty while attending those training periods or from an acute myocardial infarction, cardiac arrest, or a cerebrovascular accident occurring during such service. Likewise for ADSW duty for recruiting – the individual must have been injured or disabled to be eligible for benefits.

Note: some benefits, such as VA Home Loan Guaranty and certain burial benefits are available to Guardsmen/Reservists.

Minimum required active duty time served:

- prior to Sep. 7, 1980 - no minimum time-served requirement.
- after Sep. 7, 1980 - must have served 24 months unless discharged for hardship or disability.

VOCATIONAL REHABILITATION (VOC REHAB)

Eligibility: disability or disabilities which VA has rated at least 20% compensable - or - may be 10% if VA finds that the disability causes serious employment/personal problems or if the veteran first applied for Voc Rehab before Nov. 1, 1990 and is now reapplying because of continued difficulty in keeping a suitable job.

Eligibility period: generally 12 years after date of discharge or notification of entitlement. May be adjusted if unable to train as a result of medical condition or handicap.

Benefit: counseling; up to 48 months in college or university, vocational school, farm, etc; job placement assistance; subsistence allowance.

Application: VA Form 28-1900

Injuries suffered while in the Voc Rehab program may be compensated as though they were service connected.

Voc Rehab entitles the veteran to treatment at the VAMC for any condition.

In considering a veteran for the Voc Rehab program, VA should consider NSC disabilities along with those which are service connected.

Veterans awarded NSC before Jan. 1, 1996 may be eligible for Voc Rehab even if VA Pension is terminated. To apply, use VA Form 28-8966 dtd Nov 95. Eligible for up to 24 months or more.

WAIVER OF DEDUCTIBLE FOR VAMC MEDICAL CARE

Sample letter to request waiver of co-payments. (Send to VAMC).

SUBJECT: Waiver of Deductible for Medical Services

If my income places me in Priority Group 7 (Category C), I request you grant me a hardship waiver and place me in Priority Group 5, eligible for cost-free care, under 38 U.S.C. Sections 1710(a)(1)(G) (formerly 1710(a)(1)(I) and 1722(e),(f). Granting this request will prevent the Department of Veterans Affairs from collecting a co-payment for my medical services.

The hardship waiver I am requesting should be granted for the following reason(s): [use only the appropriate reason(s)]

_____ My projected income for the current year is less than last year and is under the threshold.
[attach evidence]

_____ My living standard has been financially affected by personal debts not covered by insurance, or as a result of a natural disaster. [attach evidence]

_____ My living standard has been affected by medical debts incurred by myself or a member of my family. [attach evidence]

_____ Because of the following circumstances, I believe I warrant hardship consideration. See M-1, Part 1, para 4:30. [list circumstances]

If my claim for hardship waiver is denied, please provide me with notice of my procedural and appellant rights.

Sincerely,

(Your signature)

WARTIME SERVICE (to meet VA requirements)

Mexican Border Period: May 9, 1916 - Apr. 5, 1917

WWI: Apr. 6, 1917 - Nov. 11, 1918

WWII: Dec. 7, 1941 - Dec. 31, 1946

Korea: Jun. 27, 1950 - Jan. 31, 1955

Vietnam: Feb. 28, 1961 - Aug. 5, 1964 (in-country veterans only)

Vietnam: Aug. 5, 1964 - May 7, 1975 (all others)

Persian Gulf: Aug. 2, 1990 - to a date not yet announced.

WHEELCHAIR RAMPS

See [HOME IMPROVEMENTS and STRUCTURAL ALTERATIONS for DISABILITY ACCESS](#).

WOMEN VETERANS COORDINATOR

The Indiana Department of Veterans Affairs has on staff a Women Veterans Coordinator to assist female veterans with claims and applications and to assist with matters which may be female-unique.