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VETERANS

MONTHLY INFORMATION PACKAGE

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TOXIC EXPOSURE SCREENINGS: VETS REPORT SPOTTY FOLLOW-UP ON QUESTIONNAIRE MEANT TO BOOST HEALTH CARE AND BENEFITS

Military.com | By [Rebecca Kheel](#)
Published April 24, 2024 at 10:24am ET

This story, part of a series of investigative reporting projects by Military.com on service member and veteran health, was supported by the [Pulitzer Center](#).
Confusing. Lackluster. Generic. A little bit of a letdown.

Those are some of the ways veterans are describing toxic exposure screenings they've gotten at [Department of Veterans Affairs](#) health centers, screenings that were designed as a tool to get more vets help after medical evidence accumulated that service had made many sick.

Rolled out with [great fanfare in November 2022](#), toxic exposure screenings for all VA patients were mandated by the [PACT Act](#), the sweeping law passed in August of that year that expanded benefits and health care for millions of veterans exposed to environmental hazards during their military service.

Through December, in the first year screenings were available, the VA recorded conducting a little less than 5.1 million screenings, according to data obtained by Military.com through a public records request. That number had risen to about 5.3 million as of the end of March, according to the VA's public PACT Act dashboard.

Whether these screenings are driving a wave of veterans to then get better medical care and benefits is unclear, as vets themselves are painting a mixed picture of the process and experts question whether the screenings are asking the right questions. Millions of veterans of the post-9/11 wars were exposed to massive trash fires known as burn pits, with many since developing breathing and heart issues, as well as debilitating and fatal cancers such as glioblastoma. Contaminated water at [Camp Lejeune](#), North Carolina; chemical warfare such as using Agent Orange during the Vietnam War; and radiation from working near nuclear weapons have also sickened scores of veterans through the years.

Military.com spoke to a dozen veterans and family members about their experiences with the screenings. Some credited the questionnaire with leading to their doctors conducting more thorough medical exams. But others say it appeared

to be a check-the-box exercise that has had no apparent effects on their health care or benefits.

"They didn't do the connecting step, I think is the biggest thing," said Geoffrey Threats, an Army veteran whose deployments included Iraq, Afghanistan, Kuwait and Jordan. "The connecting step of saying, 'OK, now here's how you file a claim if you think you have these things.'"

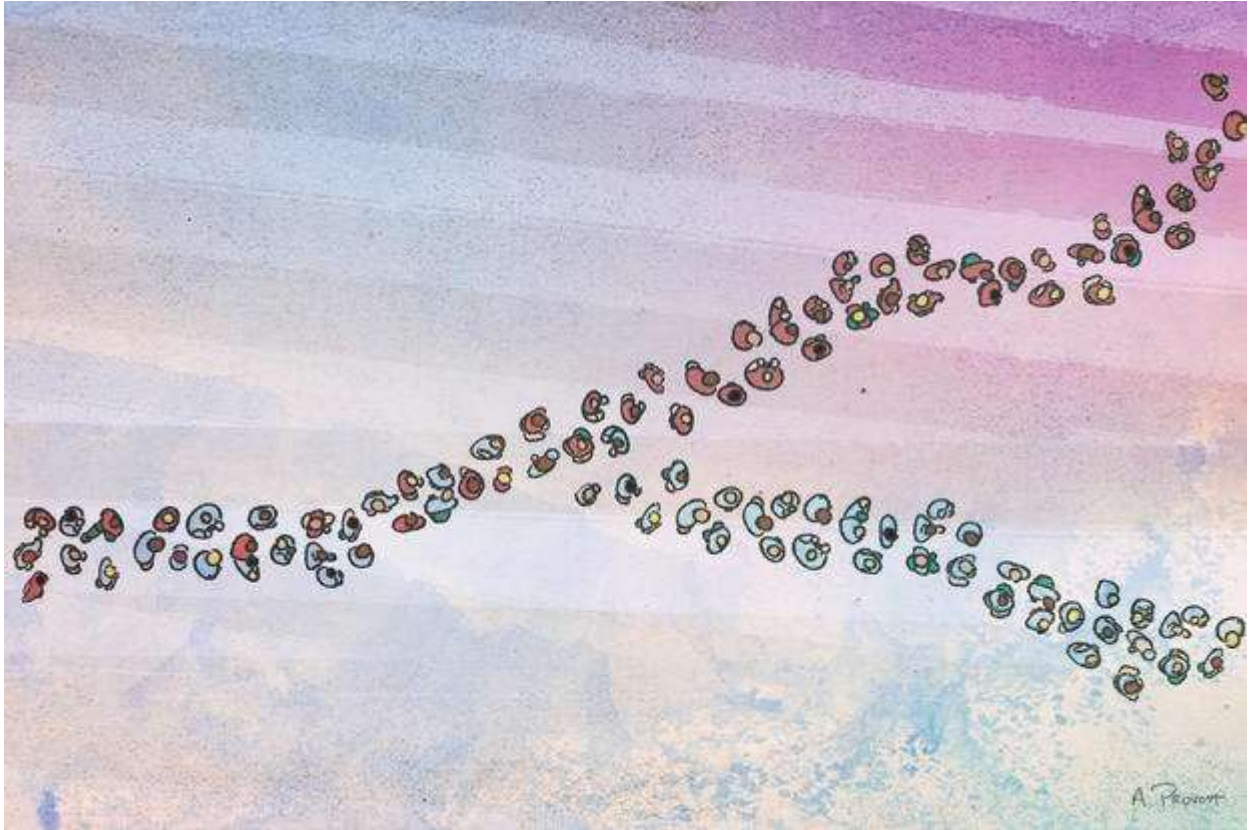
Threats had a toxic exposure screening in January after scheduling a special appointment for one. A doctor asked him where he had deployed and what his suspected exposures were, then handed him a pamphlet with background information on the PACT Act, he said. He had already filed a disability benefits claim prior to his screening, but he expressed concern for other veterans who may need more guidance on how to file a claim.

"Because you do have veterans who walk in there, they give the survey, and then they walk out, and they continue on with their life," Threats said.

Several veterans who spoke to Military.com said they haven't gotten the follow-up they asked for or that the response was lacking. Military.com solicited feedback on the screenings from its readers, and of 76 people who said they asked for follow-up information, 56 said they did not get it.

In response to the public records request from Military.com, the VA said it isn't systematically tracking any follow-up resulting from the screenings to see whether veterans are getting additional help.

When the agency started the screenings, VA officials promised the three-part questionnaire would help "enhance" benefits for veterans who are already in the system. Lawmakers who wrote the PACT Act touted the screenings as a way to "bolster" VA resources.



Aaron Provost Illustration for Military.com

Of the patients who were screened as of December, about 2.2 million veterans reported at least one potential exposure. The top issue cited was burn pits as mentioned by just over 1 million veterans, followed by Agent Orange at 708,315 veterans, according to the data obtained by Military.com. Veterans are allowed to name more than one potential exposure.

About one-third of veterans who reported concerns didn't ask for any follow-up information, according to the data. Of those who did want follow-up services, being connected with the Veterans Benefits Administration, or VBA, was the most popular choice, with 807,490 veterans requesting that.

Roughly 600,000 veterans asked for information about the Airborne Hazards and Open Burn Pit Registry, and a little less than that wanted to be connected with a veterans service organization.

Meanwhile, 155,464 veterans asked to be contacted by a "toxic exposure screening navigator." The navigators oversee implementation of the screenings, conduct the

screenings when they are done outside of a primary care appointment, and serve as veterans' point of contact when they have follow-up questions or concerns.

But the Veterans Health Administration has no way of tracking whether veterans got the follow-up they asked for, according to the agency's response to Military.com's records request. The VHA is working with the VBA to improve the communication between the two agencies and establish a process to relay important information from the screenings that could help the benefits claims process, the VHA said in its response.

Asked for comment on the veterans who were disappointed in the screenings or said they haven't gotten the follow-up information they requested, VA spokesperson Terrence Hayes told Military.com that veterans with concerns should contact their care team to check on the status of their follow-up or, if they feel their care team is unresponsive, the patient advocate at their local VA facility.

"We will make sure that they get the care they deserve," Hayes said in an emailed statement. "The experience of these screenings varies based on the individual veteran and their circumstances, but our goal is to provide a toxic exposure screening to every veteran we see, and if exposure is reported, to follow up with additional testing. These screenings serve as a resource to provide veterans with the exposure-informed care they deserve."

Are Three Questions the Right Answer?

The screenings were one of the first high-profile actions the VA took after the passage of the PACT Act, a law that's been described as the biggest expansion of veterans benefits in a generation, and the volume of screenings done has become a frequently cited data point for VA officials arguing that the PACT Act has been successful.

The law mandated the screenings be done at least once every five years for every veteran enrolled in VA health care but did not require any specific questions or tests, beyond stipulating that the screening should at a minimum ask about potential exposure to burn pits and about exposures to other toxins "commonly associated" with military service.

The law also didn't mandate any follow-up services after the screenings but said the VA should provide print materials and "outline related resources" available to veterans.

The screenings entail three questions: Do you believe you were exposed to toxins during your military service, what do you think you were exposed to, and do you want any follow-up support?

The screening was developed by the VA's director of primary care operations, according to a September 2022 regulatory filing by the department.

The answers to the questions are being added to patients' medical records to support "longitudinal care" so that physicians can be more alert for symptoms from health problems that may arise later, the VA said in background information included in Hayes' email. Research does not support lab tests or specialty referrals based solely on exposure, so "for most veterans, there will not be testing completed simply as a result of an endorsed exposure," the email said.

Victoria Cassano, a doctor with expertise in occupational and environmental medicine who previously served as the VA's director of radiation and physical exposures, expressed doubt the screenings could provide much useful information, calling the questionnaire "vague." A better screening, she argued, would be for the VA to collect full occupational histories from patients that discuss in detail every job they had in the military.

"Most people, even in the military, don't know what they're exposed to," said Cassano, a Navy veteran. "And so asking those three questions really doesn't help at all, especially when most of the doctors they're talking to don't understand what the exposures are in a given [military occupational specialty] or a given environment."

Cassano agreed that further medical testing wouldn't be warranted after a screening unless a patient has symptoms. Ideally, she said, the screenings should be used to establish a medical surveillance plan to be able to catch "subtle signs" of the development of a disease.

The pamphlets handed to patients after the screening include basic information on types of exposures, web addresses and phone numbers to schedule doctor appointments or file a benefits claim, and a summary of health registries for different types of exposures, according to copies posted on the VA's website and provided to Military.com by a caregiver of a veteran who was screened.

Joe Moss, an Army veteran exposed to toxins when he was stationed at the now-defunct Fort McClellan, went to get a screening at a PACT Act outreach event in

March at a VA clinic in Orlando, Florida. There, he discovered his medical records showed he'd already been screened. It turned out that questions he was asked by a VA emergency room doctor when he was having a heart attack months earlier counted as his screening, he said.

"The doctor asked me if I'd ever been exposed to anything, and I said yeah. I thought that was part of their protocol" for diagnosing the heart attack, he said.

The Missing Link

The connection, or lack thereof, between the screening and getting other benefits was one of the top issues cited by veterans who spoke to Military.com.

Tasha Carnahan, an Army veteran who served in Iraq and suffers from chronic sinusitis and rhinitis, said she went into her screening thinking it would help her disability benefits claim, only for the doctor to tell her the screening was just for the VA to collect data.

"You see everything that says about the PACT Act and benefits for veterans that have been exposed to toxic exposures, but when you actually go there, they just say, 'Thank you for letting us know, it's going to be annotated,' and that's it," she said, adding that her primary care doctor has also made no reference to the screening since she had it.

Walter Kenna, a Marine Corps veteran who briefly served at Camp Lejeune, said that, in addition to the pamphlet he was given at his screening, he got a letter in the mail explaining how to file a claim for disability benefits. The letter said it was sent because he had reported a toxic exposure at his screening, Kenna added. But he said he felt the letter wasn't relevant to him because he hasn't been diagnosed with one of the conditions presumed to be connected with service at Camp Lejeune.

Others, though, described more positive outcomes from their screenings.

One Navy veteran who asked for anonymity to discuss his health issues said he had to prod the nurse at his annual exam to give him a screening, which he found out the department was doing only because he spotted a brochure about the PACT Act during a previous VA visit. But after he told the nurse he was concerned he had been exposed to asbestos, she relayed that information to his doctor and the doctor immediately ordered a CT scan, which revealed scarring in his lungs, the veteran said.

He's also been contacted by a toxic exposure screening navigator since that appointment, he said. Despite believing the VA could do a better job informing veterans about the screenings, he said he thinks his outcome shows the screenings are "an outstanding idea."

To make the screenings more useful, there should be better coordination between VHA and VBA so that any information gleaned by the questionnaire could help with benefits claims, said Cassano, who now runs a consulting firm that works with veterans advocates on disability claims.

"I think that questionnaire is helpful to an extent," she said, "but I don't think it's enough."

Related: [VA Starts Doing Toxic Exposure Screenings as Advocates Press for Medical Testing](#)

REPORTS OF MEDIOCRE DISABILITY EXAMS BY VA CONTRACTORS PROMPTS SENATOR'S DEMAND FOR ANSWERS

Military.com | By [Rebecca Kheel](#)
Published April 24, 2024 at 12:02pm ET

A prominent Democratic senator is demanding the [Department of Veterans Affairs](#) review the quality of its privatized disability benefits exams after receiving what she described as "disturbing reports of inadequate and unprofessional treatment" of veterans.

In a letter to VA Secretary Denis McDonough, Sen. Elizabeth Warren, D-Mass., pushed for answers by May 14 to an array of questions about VA compensation and pension exams done by private contractors in light of "multiple complaints" she said she received about the quality of exams both in her home state and across the country.

"For example, constituents have reported to my office that contractor examiners failed to review service treatment records of veterans prior to their appointments, and shredded medical questionnaires instead of adding them to medical files as evidence because" VA policy doesn't allow examiners to add anything to veterans' medical records, she wrote in the letter obtained by Military.com ahead of its public release. "They have indicated that contractors directed veterans to meet them for exams outside of medical facilities, including co-working offices, broom closets and hotel rooms."

Asked for comment on the letter, a VA spokesperson told Military.com the department appreciated Warren's outreach and will respond to her directly. The department also [stressed that it is processing benefits](#) claims at a record rate and that more veterans are receiving VA benefits than ever before.

"VA's mission is to provide every veteran with the benefits that they have earned for their service to our nation, and we will never settle for anything less," VA Press Secretary Terrence Hayes said in an emailed statement. "Whenever a veteran applies for benefits, our goal is to provide them with the best experience possible -- and do everything in our power to get to 'yes.'"

Compensation and pension, or C&P, exams are a key step for veterans filing disability benefits claims to help determine whether their disability is service-connected and what disability rating they will get.

Congress first allowed the VA to use contractors, rather than VA physicians, for C&P exams in a limited capacity in 1996, and the scope of the privatization has significantly expanded in recent years. Nowadays, about 90% of all VA disability exams are done by contractors.

While the goal of allowing contractors to do the exams was to alleviate the VA's workload and the disability claims backlog, government watchdogs have flagged numerous issues with the privatized exams over the years.

A [2019 VA inspector general report](#) found that department staff was hampered in its ability to oversee exam contractors because of limitations with the Veterans Benefits Administration's electronic exam management systems, a lack of reliable data and inadequate staffing. Another [inspector general report in 2022](#) found that deficiencies in the contracts left veterans at risk for incorrect claims decisions.

A [2021 Government Accountability Office report](#) also found that the VBA had trouble processing benefits claims for traumatic brain injuries, military sexual trauma and Gulf War illness in part because of problems with exams done by contractors. VBA claims processors returned exam reports for veterans with those three conditions to examiners for correction or clarification at about twice the rate of exam reports overall, according to the GAO.

In her letter, Warren pointed to the watchdog reports as well as the concerns she said were voiced to her by constituents as she demanded to know the eligibility requirements for contractors, how the quality of service is measured, the average wait times for contracted exams, and how appeals after contracted exams compare to appeals after exams by VA doctors, among other questions.

In addition to the odd locations of exams and cavalier attitudes of examiners, Warren said constituents have told her the contracted exams take 30 to 45 days or longer to complete, compared to about 10 days for exams conducted by VA doctors. Veterans have also told her they've had to travel to multiple locations over the several days to complete the contracted exams, she wrote.

"Additionally, my office has heard numerous heartbreaking reports from veterans who described the financial hardship and emotional pain and stress that they

endured when they experienced a denial or a slow-moving appeal in cases where their exam was inadequate," she wrote. "These veterans would have been spared such hardship if the contracted exam was conducted correctly the first time."

Editor's note: This story has been updated with comment from a VA spokesperson.

400,000+ VETERANS ENROLLED IN VA HEALTH CARE OVER PAST 365 DAYS, 30% INCREASE OVER LAST YEAR

This historic enrollment driven by the bipartisan PACT Act, which President Biden signed into law as a part of his Unity Agenda for the nation. New enrollees increased in all 50 states year-over-year.

WASHINGTON — Today, the Department of Veterans Affairs announced that it has enrolled 401,006 Veterans in VA health care over the past 365 days — 30% more than the 307,831 it enrolled the previous year. This is the most yearly enrollees in at least the past five years at VA, and nearly a 50% increase over pandemic-level enrollment in 2020.

The number of new enrollees increased in all 50 states year-over-year. The states with the most new enrollees over the past year include Texas (41,287 Veterans), California (33,468) Florida (32,712), Virginia (20,537), North Carolina (17,562), Pennsylvania (16,167), Georgia (15,747), Ohio (12,717), Washington (11,873), Illinois (10,167), Colorado (10,028), Arizona (9,789), Tennessee (9,584), and Michigan (9,294).

This historic enrollment has been made possible by the bipartisan PACT Act — signed into law by President Biden as a part of his Unity Agenda for the nation — which allowed VA to [expand VA health care](#) and [benefits](#) to millions of Veterans.

VA is also conducting the most aggressive outreach campaign in its history, including hosting over 2,600 events since the passage of the PACT Act, launching a \$16+ million [advertising campaign](#), using [public service announcements](#), and — for the first time ever — sending text messages to Veterans encouraging them to enroll in VA health care. VA is continuing these aggressive outreach efforts throughout 2024, with more than 550 in-person events already scheduled for this year.

Enrolling Veterans in health care is a top priority for VA and the entire Biden-Harris Administration because VA has proven to be the best care in America for Veterans. Veterans who receive VA health care have better health outcomes than non-enrolled Veterans, and VA hospitals have dramatically outperformed non-VA hospitals in [overall quality ratings](#) and [patient satisfaction ratings](#). Additionally, VA health care is often [more affordable](#) than non-VA health care for Veterans. Today,

VA is delivering more care and more benefits to more Veterans than ever before in our nation's history, setting [an all-time record for health care appointments provided in 2023](#).

“We want every eligible Veteran to enroll in VA health care for one simple reason: Veterans who come to VA are proven to have better health outcomes — and pay less — than Veterans who don't,” said VA Secretary Denis McDonough. “That's why we've spent the past year meeting Veterans where they are – hosting thousands of events, sending millions of texts, advertising on every corner, and much more — to get them to come to VA. This aggressive outreach campaign has led more Veterans to enroll in VA care than during any year in at least a decade, and we're not slowing down now.”

“VA is the best, most affordable care in America for Veterans, so we want all eligible Veterans to enroll today,” said VA Under Secretary for Health Shereef Elnahal, M.D. “Our clinicians know Veterans—they often are Veterans – and they know exactly how to help. Even if you don't need this care today, you might need it tomorrow, or the next day, or 30 years from now. It's quick and easy to apply, and once you're in, you have access for life.”

Under the PACT Act, VA has also upgraded the health care [priority groups](#) for 693,962 Veterans over the past year — meaning that many of those Veterans are now paying lower copays. Since the PACT Act was passed into law, VA has upgraded the priority groups of more than 746,500 Veterans.

VA recently [expanded health care eligibility](#) for millions of Veterans nationwide, years earlier than called for by the PACT Act. As of March 5, all Veterans who were exposed to toxins and other hazards while serving in the military and meet certain requirements became eligible to enroll directly in VA health care. This means that all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror, or any other combat zone after 9/11 will be eligible to enroll directly in VA health care without first applying for VA benefits.

Additionally, Veterans who never deployed but were exposed to toxins or hazards while training or on active duty in the United States will also be eligible to enroll. VA also [recently expanded health care to all World War II Veterans](#).

VA is able to serve these new enrollees, in part, due to last year's record hiring in VA's Veterans Health Administration. Last year, VA exceeded hiring goals in the Veterans Health Administration — growing at the fastest rate in 15 years and

bringing in more than 61,000 new hires — to prepare for an increase in VA health care enrollment among Veterans under the PACT Act. In total, VHA now has more employees than ever before in our history, and VA's retention efforts also led to a 20% decrease in turnover rate among VHA employees from 2022 to 2023.

Moving forward, VA will continue to aggressively reach out to Veterans to encourage them to come to VA. VA encourages all Veterans, family members, caregivers, and survivors to [learn more about VA](#) and apply for their world-class [health care](#) and [earned benefits](#) today.

For more information about VA care, visit [VA's health care website](#). For more information about the impact of the PACT Act, visit [VA's PACT Act dashboard](#).

VA CALLS FOR APPLICANTS FOR SPECIALLY ADAPTED HOUSING ASSISTIVE TECHNOLOGY GRANT



March 27, 2024
Craig Coleman
Public Affairs Specialist, VBA
Office of Strategic Engagement

VA is calling for applicants for the 2024 [Specially Adapted Housing Assistive Technology](#) grant.

Since 2016, assistive technology grants have been awarded each year to selected individuals, researchers and organizations to develop new technology that enhances the ability of very seriously disabled Veterans and service members to live more independently. This year, applicants have until 11:59 p.m. EST on April 28 to submit their proposals.

SAHAT applications are evaluated by VA staff with professional experience in construction and housing adaptations for disabled Veterans. These reviewers include SAH adaptation officers, occupational therapists and rehabilitation engineers. Their recommendations are then used by the VA Loan Guaranty Service's executive director to select the grantees.

The SAHAT grant program was authorized in Section 203 of the [Veterans' Benefits Act of 2010](#) to expand home adaptation options for SAH-eligible Veterans and service members. Grants of up to \$200,000 are awarded each approved year to

SAHAT innovator candidates selected by the VA Loan Guaranty Service executive director.

These research grants are proven to have an impact on Veterans' lives. Products developed as a part of the SAHAT program include thought-based control of assistive technology for Veterans with neuromuscular impairments, smart home mobility modifications and safety monitoring, and an interface between smart devices to allow voice-controlled actions.

A list of previous SAHAT grant awardees and technological innovations developed from SAHAT grant funding can be found [here](#).

For more information about specially adapted housing at VA, visit [our website](#).

VA INTRODUCES NEW 'LAST RESORT' LOAN PROGRAM TO HELP ROUGHLY 40,000 VETERANS KEEP THEIR HOMES



The [Department of Veterans Affairs](#) will launch a new program in May designed to help veterans who are in financial dire straits to keep their homes.

The Veterans Affairs Servicing Purchase program, or VASP, will serve as a "last resort" option for former service members who have defaulted on their home loans and aren't eligible for other VA loan assistance programs.

Under VASP, the VA will purchase delinquent loans from holders and become the primary loan servicer, providing borrowers a stable payment plan at a fixed rate of 2.5% for the remainder of their loan, according to VA Under Secretary for Benefits Joshua Jacobs.

Read Next: [Military Pharmacies Return to Full Operation Following Breach by Transnational Hacking Group](#)

The purpose, Jacobs said during a call with reporters on Tuesday, is for the program to serve as a safety net for an estimated 40,000 veterans at the highest risk for foreclosure and who "cannot resolve their delinquency through traditional VA home retention options."

"Let me be clear, VASP is a last resort option that may be available when it is the most appropriate home retention option under VA's home retention waterfall," Jacobs said.

Since the VA began backing home loans in 1944, it has helped active-duty troops, veterans and survivors purchase more than 28 million homes. Currently, more than 3.7 million veterans have a VA-guaranteed home loan, with the VA backing nearly 401,000 home loans in 2023 alone.

The department announced in November that it would ask mortgage service providers with VA-backed loans [to pause foreclosures and extend a modification program](#) instituted during the COVID-19 pandemic through the end of this year.

The move [followed a report by NPR](#) that found [veterans who used the COVID-19 Refund Modification program](#), which allowed them to defer their payments, were at risk of losing their homes after the VA ended a program it had in place that allowed them to make partial payments.

Instead, when the VA ended the Partial Claim Payment program, veterans and their families received bills from their mortgage companies for the total payments missed, facing large amounts of debt to either keep existing low-interest mortgages or refinancing under rates that rose significantly in 2023.

According to the NPR report, roughly 6,000 VA homeowners were in the foreclosure process at the time, while another 34,000 were delinquent.

VASP will allow the department to purchase defaulted VA loans from mortgage companies, modify them, and then put them in the VA's direct loan portfolio.

"This new program will help more than 40,000 veterans and their families stay in their homes, and there's nothing more important than that," VA Secretary Denis McDonough said in a release Wednesday.

Most loans described as "VA home loans" are VA-backed loans, in which the department guarantees a portion of the loan, ensuring that if a veteran homeowner goes into foreclosure, the lender will recoup some or all of its losses.

The VA has a number of programs to help veterans who need assistance in covering payments. In addition to asking mortgage services to pause

foreclosures, it extended its COVID Refund Modification program that helped veterans obtain a second mortgage at 0% interest and modified existing loans to ensure that payments were affordable.

The VA also provides counseling and other types of assistance for homeowners.

Veterans will not apply directly to the program, which will begin on May 31. Instead, mortgage holders will identify borrowers in need and submit requests for the program on behalf of the veterans, VA officials said.

VA officials stressed that the program is only for those "facing seriously delinquent and serious default situations."

"If you are not in default, this program is not for you. You have to be in default and you have to be in default a certain amount of time," said John Bell, executive director for the home loan guarantee program at the VA.

Veterans who do not qualify but are facing financial hardship should work with their mortgage servicers to explore other options, officials said.

According to Jacobs, the new program is projected to be "net revenue positive" for the federal government, resulting in a benefits reduction of \$1.5 billion over 10 years. That's because the savings associated with foreclosure outweighs the cost of purchasing the loans, he said.

In 2023, the VA helped 145,000 veterans avoid foreclosure and stay in their homes, according to the department.

VA officials said any veteran struggling with making their mortgage payments should check out the department's [housing assistance website](#) or call 877-827-3702.

VETERAN TRAVEL 101: APPLYING FOR TRAVEL REIMBURSEMENT

VA may reimburse you for travel expenses to and from medical appointments

VA wants to make it easy for you to receive care, and to help you travel to and from your appointments. VA offers many options for quality health care tailored for Veterans, from VA medical centers and community-based outpatient clinics to virtual care and telehealth appointments.

If you do need a face-to-face appointment, you may incur a cost to travel to see a provider. Did you know you may be eligible for reimbursement of some or all of those travel expenses?

VA's travel reimbursement program can help.

“Our mission is to ensure timely access to world class health care regardless of your location or the way you choose to get care—in-person, over the phone or video appointments, at VA or in the community,” said Hillary Peabody, acting assistant under secretary of Health for Integrated Veteran Care. “Travel reimbursements can make a real difference when it puts money back in the wallets of Veterans and their beneficiaries. We know the challenges of getting to an appointment. The cost to get there shouldn't be one of them.”

Who is eligible?

Veterans who travel for care at a VA health facility or for VA-approved care at a non-VA health facility in their community and who also meet one of the following: You have a VA disability rating of 30% or higher.

You're traveling for treatment of a service-connected condition even if your VA disability rating is less than 30%.

You receive a VA pension.

You have an income below the maximum annual VA pension rate.

You can't afford to pay for your travel, as defined by VA [guidelines](#).

You're traveling for a scheduled VA claim exam, also called a compensation and pension (C&P) exam), to get a service dog or for VA-approved transplant care. Eligible Veterans can file claims for:

Regular transportation, such as by car, plane, train, bus, taxi or light rail.
[Approved meals and lodging expenses.](#)

VA can also reimburse caregivers for transportation and related lodging and meals if they meet any one of the three requirements below:

They are a family caregiver under the National Caregiver Program traveling to receive caregiver training or support your care.

They are a medically required attendant traveling with you to support your care.

They are your transplant care donor or support person.

Before filing

Before filing a claim:

Keep your receipts for all transportation and approved meals or lodging. Be sure to track your mileage to and from appointments.

[Set up direct deposit.](#) VA will deposit reimbursements into your bank account.
[File your claim on time.](#) You must file within 30 days of the appointment or 30 days from when you become eligible for reimbursement. File a new claim for each appointment.

To file a claim:

Use the step-by-step [instructions](#) online to file a claim through the Beneficiary Travel Self Service System (BTSSS) and refer to the [Beneficiary Travel Frequently Asked Questions](#).

You can also file your claim by mail, fax, email or in-person at the VA facility where you received care. Complete the Veteran/Beneficiary Claim for Reimbursement of Travel Expense Form ([VA Form 10-3542](#)) and use the [VA facility locator](#) to find your facility's contact information.

You can also contact your local Beneficiary Travel [point of contact](#) if you need help with your travel claim.

For more information, visit [VA travel pay reimbursement](#).

Support and resources

[Beneficiary Travel FAQs](#)

[VA travel pay reimbursement](#)

[Learn how to set up direct deposit for VA travel pay reimbursement](#)

[Get step-by-step instructions for how to file a travel pay claim online](#)

[Find out what expenses we pay for and current mileage rates](#)

[\(Video Tutorial\) Beneficiary Travel Self-Service System – YouTube](#)

A DECADE AFTER SCANDAL, VA HEALTH CARE MAY BE AT ANOTHER CROSSROADS



Ten years after a scandal over wait times at [Department of Veterans Affairs](#) medical centers sparked new programs to increase veterans' access to private health care services, a divided Congress is debating the future of VA medical care and how best to fund the department.

The VA has requested \$369.3 billion for its fiscal 2025 budget, including nearly \$150 billion for health care. Within that amount, the VA has allocated \$86 billion for care provided in VA hospitals and clinics and \$41 billion for private network care.

The rise in cost and utilization of the latter, commonly referred to as community care, and the Biden administration's focus on providing care to veterans in VA facilities, have set off debate among lawmakers during this year's budget deliberations over how to fund VA care and where veterans should get their medical treatment.

Democrats largely want to strengthen the VA's own medical infrastructure and staff, which they argue is less expensive and provides better care for veterans, while Republicans want the VA to focus on providing quality care while also allowing veterans to choose who they want to see, including outside the VA.

VA officials have warned that the department's community care budget is growing unsustainably, and they favor improving VA programs and services and ensuring that veterans get care in VA hospitals and clinics.

"Right now, we're at a critical moment for shaping and securing the future of veteran health care in America, so we will work reliably to offer a VA care option to every veteran, even vets who qualify for community care admission," VA Secretary Denis McDonough said Thursday in a hearing before the House Veterans Affairs Committee. "We want to bring as many vets as possible into our care, because study after study shows that vets do better at VA."

A scandal erupted throughout the VA in the spring of 2014 after allegations surfaced that as many as 40 veterans died while waiting for treatment at the VA Phoenix Health Care System.

A 2014 VA inspector general's report found that Phoenix medical center staff manipulated wait-lists to meet department standards, delaying appointments for veterans, and the wait time issues were not confined to Phoenix: The VA inspector general found that appointment scheduling subsequently was a nationwide problem, with issues found at 77 other VA facilities.

To increase access to care, Congress passed the Choice Act in 2014 under President Barack Obama that consolidated the VA's community care programs and allowed veterans who lived more than 40 miles from a VA medical facility or spent hours on the road going to appointments to receive community care.

The access standards were expanded under the Mission Act, signed by President Donald Trump in 2018, to include those who faced more than a 30-minute drive for primary care or mental health services or 60 minutes for specialty care. The law also allowed veterans who faced more than a 20-day wait for a primary care or mental health appointment and more than 28 days for specialty care to get private care.

The introduction of the [PACT Act](#), which broadened health care and benefits for millions of combat veterans, expanded the number of veterans eligible for VA care. In the past year, the department has enrolled more than 401,000 veterans, 30% more than the previous year.

To handle the influx and increase demand for services, the VA has requested a budget increase of nearly 13% for fiscal 2025. But those increases are

largely for mandatory spending, while the \$134 billion in discretionary spending represents one-tenth of a percentage point lower than the 2024 amount.

Operating within budget constraints, the VA has backed off a hiring spree it initiated last year within the Veterans Health Administration, and proposed in its budget to cover nearly half of community care costs by using alternative funding sources such as the Toxic Exposures Fund and medical debt collections.

The strategy leaves lawmakers on both sides of the aisle concerned about benefits and services for veterans.

California Rep. Mark Takano, the ranking Democrat on the House Veterans Affairs Committee, said the VA's health care budget is "out of balance."

"Rather than directing billions of dollars to the community, we must provide VA with the necessary resources and staffing to ensure that direct care is robust, modern and meeting veterans where they are," Takano said.

On the other side of the dais, Rep. Matt Rosendale, R-Mont., said Congress' job is to ensure that veterans get needed health care and services regardless of delivery.

"What our job here is, is to make sure that veterans get the care that they have earned, that they deserve, when they want it, where they want it -- not to protect the VA," Rosendale said.

The debate over where veterans should receive their health care comes as the Defense Department is [seeking to draw more patients back to DoD hospitals and clinics](#) after it spent seven years engaged in reforms designed to focus the system on providing treatment to service members and sending retirees and family members to care through the civilian [Tricare](#) network.

In a memo to senior Pentagon leaders in December, Deputy Defense Secretary Kathleen Hicks said the reforms had left military treatment facilities "chronically understaffed" and unable to provide timely, quality care.

In the hearing Thursday, McDonough warned against any congressional moves that would take money away from funding VA-provided health services and staff and could, essentially, lead VA to functioning as a medical insurance entity, managing payments for community care.

"Let me just underscore, again, my appreciation for this committee's support, and the entire Congress' support, on a bipartisan basis for historic investments in VA, including throughout the pandemic," McDonough said. "Those investments mean that the unit cost per care over time -- because of the investment in infrastructure to date -- makes VA a longer-term, better outcomes-based investment for the taxpayers."

The majority of veterans service organizations support the VA's efforts to invest in its own staff, infrastructure and patients. In [their annual Independent Budget](#), Disabled American Veterans, Paralyzed Veterans of America and the Veterans of Foreign Wars said that the VA's proposed 2025 budget "raises concerns" over the the reduction of health care personnel and what they described as the "continued over-reliance on community care rather than investing in VA's internal capacity."

Concerned Veterans for America, a conservative-backed veterans group, held a press conference Tuesday to highlight the issues at the VA a decade after the Phoenix scandal, saying that the department continues to block access to community care nationwide and denies veterans information about their benefits.

According to CVA, wait times for primary care at Phoenix area facilities are between 20 and 59 days for primary care and 45 to 105 days for mental health care.

"Arizona veterans are still struggling," CVA officials said in a release.



Going Overseas? TRICARE For Life Goes With You

TFL Basics

TFL is available to military retirees and their eligible dependents who are eligible for TRICARE and have Medicare Part A and Part B. This is regardless of your age or where you live. TFL is Medicare wraparound coverage. This means that if both Medicare and TRICARE cover a health care service, TRICARE pays last.

Medicare provides coverage in the United States and U.S. territories. It also covers health care services you get on ships in U.S. territorial waters.

But Medicare doesn't provide coverage in any other overseas locations. This means that TRICARE is the primary payer for [TRICARE covered services](#) you receive overseas, unless you have [other health insurance](#) (OHI). If you have OHI, that plan always pays first.

All TFL beneficiaries are subject to the TRICARE catastrophic cap, [deductibles, and cost-shares](#). [Pre-authorization](#) may be required for some care. Use the [TRICARE Compare Cost Tool](#) to find the costs associated with TFL stateside and overseas.

Getting Care Overseas

You have options for where you get care overseas. You can get care at [military hospitals and clinics](#), if space is available. You may also get care from civilian providers, as described in the [TRICARE For Life Handbook](#). You can use the [Overseas Provider Directory](#) to find an International SOS network provider near you. International SOS is the TRICARE Overseas Program administrator. If you see a civilian provider, be prepared to pay up front. Be sure to ask the provider for an itemized bill and be sure to keep your receipt as proof of payment. If you're traveling overseas, you may want to consider [buying travel insurance](#) if you don't want to pay up front for health care.

If you live in or travel to the [Philippines](#), you must get care from a Preferred Provider or Certified Provider. If you need to get emergency care in the Philippines, go to the nearest emergency facility. Contact [Global 24 Network Services](#) before leaving the facility, preferably within 24 hours or the next business day, to coordinate continued care. Global 24 Network Services is a subcontractor of International SOS.

Overseas Claims

After you pay for care, you can [file a claim](#) with International SOS for reimbursement. You must submit proof of payment with all claims for care you receive overseas. Additionally, you must file claims with the claims processor for the overseas areas where you got care. Remember to file within three years of either the date of service or the date of inpatient discharge. Contact your [TRICARE Overseas Program Regional Call Center](#) and choose option 2 for [claims assistance](#).

There may be no limit on the amount TRICARE nonparticipating, non-network providers charge you overseas. Keep in mind, you're responsible for paying your deductible, cost-shares, and any amount that exceeds the [TRICARE-allowable charge](#).

Prescriptions Overseas

TFL makes it easy to get your prescriptions overseas. You can fill prescriptions at military pharmacies or through [TRICARE Pharmacy Home Delivery](#), where available. Use the [Find a Military Hospital or Clinic](#) tool to find nearby military pharmacies.

Non-network overseas pharmacies can also fill your prescriptions. In this case, you'll pay the full cost up front and [file a claim](#) with International SOS for

reimbursement. Be sure to submit proof of payment with all overseas pharmacy claims. This includes an itemized bill or invoice.

No matter where you live or travel, TRICARE For Life has you covered. Check out the [TRICARE For Life Handbook](#) and the [TRICARE For Life Cost Matrix](#) to learn more.

Would you like the latest TRICARE news sent to you by email? Visit [TRICARE Subscriptions](#), and create your personalized profile to get benefit updates, news, and more.



ACTION CORPS WEEKLY



April 22, 2024



VFW Shares Testimony Despite Cancelled

Hearing: VFW National Legislative Director Patrick Murray was slated to testify on more than two dozen issues before the Senate Committee on Veterans' Affairs. However, the chance to speak was taken away. "Just because the hearing was cancelled due to politics completely unrelated to veterans, it doesn't mean we don't still have something to say about proposed bills," Murray said. [Read the prepared testimony.](#)



Veteran Wins Supreme Court Case on VA

Education Benefits: The Supreme Court sided with James Rudisill in the case *Rudisill v. McDonough* by a 7-2 ruling. This decision could impact up to 1.7 million veterans, allowing those who accrue benefits under both the Montgomery GI Bill and the Post-9/11 GI Bill to use both benefits. Previously, a veteran could earn a maximum of only 36 months of education benefits, and had to either use the Montgomery GI Bill or transfer the entitlement to the newer and more expansive Post-9/11 GI Bill. The court found that Mr. Rudisill, who served in the U.S. Army during three separate time periods, accrued 48 months of benefits under the two different programs. VA is currently reviewing the decision. The VFW will provide updates as we learn the full impact of this ruling. [Read more.](#)



VFW Claims Assistance for K2 Troops: Veterans with prior service in Uzbekistan at the Karshi Khanabad Air Base, known as K2, who need assistance with their VA disability claims should contact a VFW Service Officer. The VFW is ready to assist K2 veterans who currently have health conditions they believe were caused by toxic exposures during their service in Uzbekistan. This includes veterans who have had VA claims denied, have claims in appeal, or who have never applied. Contact the VFW at vfw@vfw.org or find a [VFW Service Officer](#) in your area.



MIA Update: The Defense POW/MIA Accounting Agency announced three burial updates for service members who have been missing and unaccounted for from World War II. Returning home for burial with full military honors are:

-- **Seaman First Class James W. Holzhauer, 23**, of Abingdon, Virginia, was assigned to the battleship USS Oklahoma, which was moored at Ford Island, Pearl Harbor, when the ship was attacked by Japanese aircraft on Dec. 7, 1941. He was among 429 crewmen killed that day. He will be buried on May 20, 2024, at the National Memorial Cemetery of the Pacific (Punchbowl), Honolulu, Hawaii. [Read about Holzhauer.](#)

-- **Army Air Force Tech. Sgt. Kenneth J. McKeeman, 23**, of Brooklyn, New York, was assigned to the 724th Bombardment Squadron, 451st Bombardment Group, 15th Air Force. He was killed in action on March 11, 1944. He will be buried in Middletown, Connecticut, on June 7, 2024. [Read about McKeeman.](#)

-- **Army Private 1st Class Harry Jerele, 26**, of Berkeley, Illinois, was a member of the 192nd Tank Battalion. He was among those captured in the surrender of the Bataan peninsula on April 9, 1942. He died while a prisoner of war on Dec. 28 that same year. He will be buried in Elwood, Illinois, on Oct. 6, 2024. [Read about Jerele.](#)

[Click here to view this week's edition.](#)

[Click here for past editions of the VFW Action Corps Weekly.](#)

[Click here to view VFW-supported bills in the 118th Congress.](#)

[Click here to sign up new veterans' advocates.](#)

As always, we want to hear your advocacy stories. To share your stories or photos with us, simply email them directly to vfwac@vfw.org.

TAPS: HOW A MEDAL OF HONOR RECIPIENT GAVE AMERICA ITS MOST FAMOUS MILITARY BUGLE CALL EVER



Military.com | By [Stephen Ruiz](#)

Published April 16, 2024

Daniel Butterfield could not read or write music, but he knew what he liked. A brigadier general in the Union [Army](#) who would go on to receive the [Medal of Honor](#) in 1892 for gallantry during the Civil War, Butterfield was not particularly enamored with the bugle call that signaled lights out to U.S. troops at the end of the day.

One day in July 1862, Butterfield summoned his brigade's bugler, Oliver Willcox Norton, and suggested he play a series of notes that were less formal than the official call of "[Extinguish Lights.](#)" Norton followed Butterfield's instructions, and after a few tweaks, what resulted was the U.S. military's most popular bugle call of them all: Taps.

"There is something singularly beautiful and appropriate in the music of this wonderful call," Norton would later recall in an undated article called "[The Origin of 'Taps'](#)". "Its strains are melancholy, yet full of rest and peace. Its echoes linger in the heart long after its tones have ceased to vibrate in the air."

The easily recognizable 24 notes of taps have become so ingrained into military life that every U.S. service member, veteran, their families and even the public at

large have become intimately familiar with them. While originally intended to encourage service members to go to sleep -- it is [sounded at 9 p.m.](#) on U.S. bases -- it is also now synonymous with military funerals and wreath-laying ceremonies.

It is the only bugle call in America's armed forces with multiple purposes, according to former [Taps for Veterans](#) President Jari Villanueva.

"I strive to play that call as perfectly as I can," Villanueva, who estimated he has played taps thousands of times since he first sounded it as a Boy Scout in the late 1960s, said in a phone interview with Military.com. "It really means a lot to me that when the family hears that call, they know that the government -- the United States Army, [Air Force](#), [Navy](#), whatever -- is paying the last respects to that veteran for his service."



'Taps' historian Jari Villanueva performs the solo piece in 'Taps Eternal Father' with the Maryland Defense Force Band at the Taps 150th Anniversary Ceremony, May 19, 2012, in Arlington National Cemetery on Fort Myer, Va. (Sgt. Justin Wagoner/U.S. Army photo)

Butterfield was working for a company [co-founded by his father](#) -- a little enterprise called American Express -- when he joined the 12th New York Militia; he was serving as a colonel when the Civil War began. In September 1861, he was promoted to brigadier general, and after his unit was transferred to the Army of the

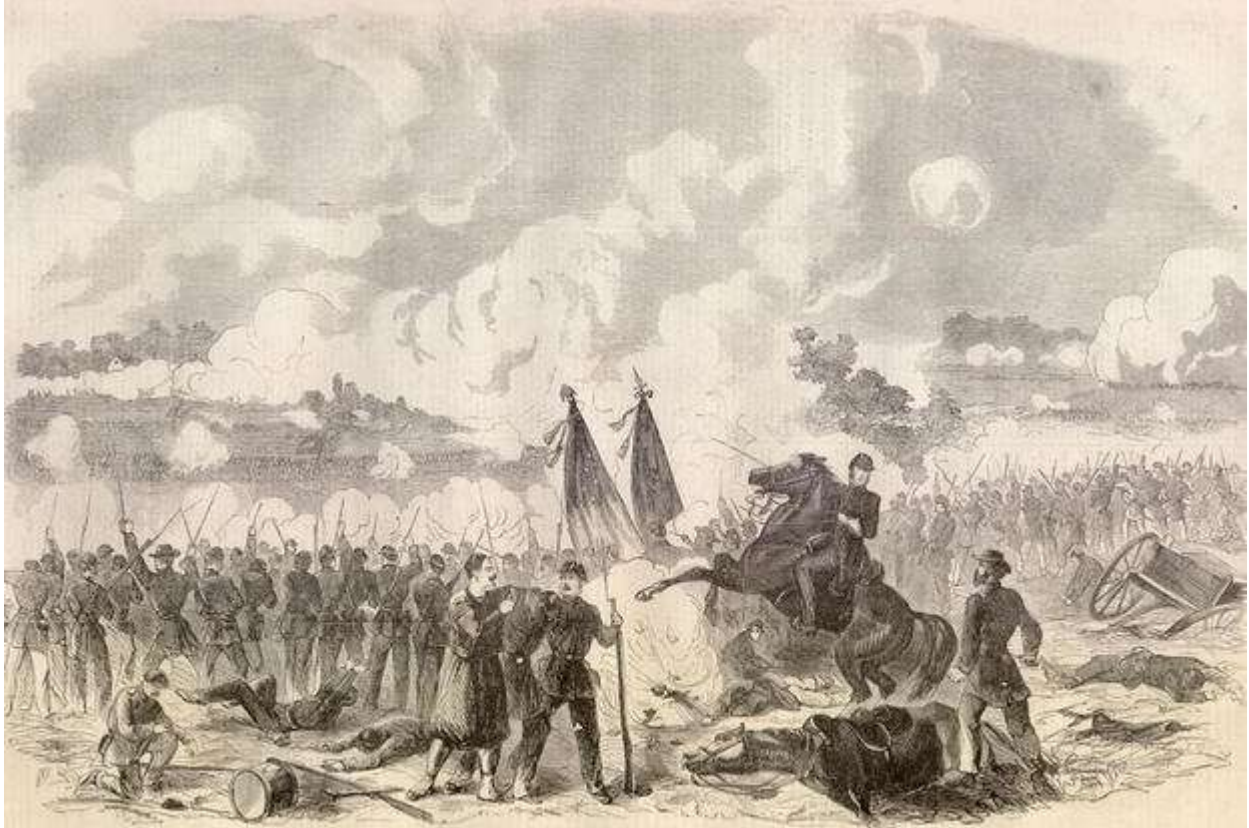
Potomac, Butterfield and his men found themselves at the [Battle of Gaines' Mill](#), Virginia, on June 27, 1862.

Part of the [Peninsula Campaign](#) -- the Union's bid to capture the Confederate capital, Richmond -- Butterfield was injured at Gaines' Mill while commanding the 3rd Brigade, 1st Division, V Army Corps. Despite the pain, Butterfield would "[seize] the colors of the [Union Army's] 83d Pennsylvania Volunteers at a critical moment and, under a galling fire of the enemy, [encourage] the depleted ranks to renewed exertion," according to [his Medal of Honor citation](#).

The next month, Butterfield and his men camped near the James River in Virginia. While recuperating from his injuries, Butterfield worked on a solution to his "Extinguish Lights" dilemma.

Butterfield lacked any type of musical background, but he was "a little bit of an aficionado of bugle calls," according to Villanueva; he also was well-versed in Army procedure, as he wrote a manual, ["Camp and Outpost Duty for Infantry: 1862,"](#) to chronicle a soldier's daily duties.

Taps was not an original composition but rather something inspired by Butterfield's time in the New York Militia, when he learned about ["Tattoo,"](#) a bugle call signaling the final roll call of the day, Villanueva said.



Union Army Brig. Gen. Daniel Butterfield, who is credited with revising the bugle call that we know as 'taps,' earned the Medal of Honor for his actions at the Battle of Gaines' Mill, Virginia, during the Civil War in 1862. (Wikimedia Commons)

Assisted by Norton, Butterfield reworked the last portion of "Tattoo" into taps, according to Villanueva.

"When the soldiers first heard it played, it was a much slower call, and it was like a melancholy type of song to them, a way of putting them to sleep," Villanueva said. Other Union brigades heard Norton's playing of taps and requested permission to play it; the call also spread across battle lines, [with some Confederates using it, too](#). The Army [officially recognized taps in 1874](#), almost a decade after the Civil War ended, and although Butterfield's revision was first played at a military funeral during the Peninsula Campaign, it did not become mandatory at military services until 1891.

The central role that Butterfield played in taps was largely unknown until the late 19th century, only coming to light after a magazine article in 1898, [“The Trumpet in Camp and Battle”](#) by music historian and critic Gustav Kobbe, purposely omitted the bugle call because [it was unsure of its origin](#). That piece prompted Norton to write in and explain how Butterfield’s taps came to be, and the bugler encouraged the publication to contact his former commander.

“The call of taps did not seem to be as smooth, melodious and musical as it should be, and I called in someone who could write music and practiced a change in the call of ‘taps’ until I had it suit my ear, and then, as Norton writes, got it to my taste without being able to write music or knowing the technical name of any note, but, simply by ear, arranged it as Norton describes,” [Butterfield replied](#).



An Army bugler plays ‘taps’ during a Veterans Day ceremony at Arlington National Cemetery in Virginia, Nov. 11, 2014. (Photo by Master Sgt. Adrian Cadiz)

Butterfield, who resigned from the Army with the rank of major general in 1870, was buried at [West Point](#) in 1901 at the age of 69 despite never attending the [U.S. Military Academy](#). And yes, taps, [which has no official lyrics](#), was sounded at his funeral. More than a century later, Congress recognized taps as the "[National Song of Military Remembrance](#)" through the 2013 National Defense Authorization Act. "Of all the military bugle calls, there is none that is so easily recognized or more apt to evoke emotion," Villanueva said.

More than 1,000 U.S. military veterans die daily, according to Taps for Veterans. To request a bugler, go to tapsforveterans.org; while the nonprofit does not charge for its services, [some buglers may request a fee](#).



Instructions on how to complete the quiz.

- Flip the pamphlet over to see the three quizzes
- Identify which of the three quizzes you should take by finding the statement at the top of the quiz that most closely relates to your situation.
- Answer the questions to the **best of your knowledge** by checking any of the boxes that apply to your situation.

If you're having difficulty answering the questions and aren't sure how to track down the answer, we recommend connecting with a professional advocate. Information on how to do so can be found on the next page under next steps.

Checking your results:

- Answers with **[high]** at the end may provide an automatic high likelihood for survivor benefits if **checked**.
- **0-3 checks** may indicate a low likelihood of eligibility for survivor benefits.
- **4-5 checks** may indicate a medium likelihood of eligibility for survivor benefits.
- **6 or more checks** may indicate a high likelihood of eligibility for survivor benefits.

Use any of the following **next steps** to learn more or to begin your application process.

Take the QUICK ELIGIBILITY QUIZ for VA Survivor Benefits

You will be asked a brief set of questions to quickly assess your likelihood of eligibility for certain VA benefits.

This quiz will provide initial guidance on where to begin for newcomers and those who are curious to learn more about what VA benefits are available.

What you should know:

Your score is not proof of eligibility.

This is an informational pamphlet only and not an application for VA benefits.

It's ok if your answers are not 100% accurate. Scores are not final and are meant to provide a general understanding when beginning your benefit journey.

VA is here to help you. We know that applying for benefits can be a complex and lengthy journey, which is why we recommend contacting an advocate to help you through this process.

This quiz is based on the major contributors to eligibility, so a high score does not guarantee that you are eligible for the benefit.

There are many additional considerations for eligibility that are not addressed in this quiz.

Eligibility and the provision of benefits is not conducted by the Office of Survivors Assistance, but by adjudicators within VA.

Do not mail in this pamphlet.

If you believe you are eligible for a benefit, take this to your nearest VA regional office or Vet Center to start the conversation or -

Visit www.va.gov/survivors to:

- Learn more about planning your Veteran's legacy
- Browse available resources

Speak with a representative by:

- Calling 1-800-827-1000
- Emailing officeofsurvivors@va.gov

It is recommended that you contact an advocate to help navigate the benefit application process:

- Reach out to your local Vet Center to speak with a VA representative. **1-877-927-8387 / vetcenter.va.gov** or find your state VA office at department.va.gov/about/state-departments-of-veterans-affairs-office-locations/
- Reach out to any Veteran Service Organization (Tragedy Assistance Program for Survivors (TAPS), American Legion, DAV, VFW, AmVets, etc.) to connect with a service officer.

Say the following to your advocate:

"Hello, my name is [name] and I think I'm eligible for certain benefits based on the VA's Quick Eligibility Quiz and would like to learn more about starting my application process."

VA



U.S. Department
of Veterans Affairs

I have a living Veteran family member or friend and am seeking information.

[High] means an automatic high likelihood for eligibility. Check your results on the front.

Please tell us more about your Veteran family member or friend.

- Discharged from active duty under conditions other than dishonorable.
- Has never been convicted of a federal or state capital crime.
- Has a 100% service-connected disability. *[high]*
 - for 5-Years or more starting when s/he exited service.
 - for 10-Years or more in total.
- Was a Prisoner of War (POW). *[high]*
- Is currently Missing In Action (MIA) for more than 90-days, or being detained by a foreign government. *[high]*

Which best describes your relationship to the Servicemember or Veteran?

- I am a spouse.
- I am a child/dependent of the Veteran or Servicemember
 - I am under the age of 18.
 - I am a full-time student under the age of 23.
- I am a parent of the Veteran or Servicemember

Do either of these options describe the Veteran's household annual income?

- Less than \$9,200 annually (\$766 monthly)
- Between \$9,201 - \$18,119 annually (\$767 - \$1,510 monthly)

I have lost my Servicemember or Veteran spouse, parent, or child.

[High] means an automatic high likelihood for eligibility. Check your results on the front.

Please tell us more about your Servicemember or Veteran family member.

- Died in the line of duty, on active duty, or from causes directly related to a service-connected disability. *[high]*
- Discharged from active duty under conditions other than dishonorable.
- Was never convicted of a federal or state capital crime.
- Had a 100% service-connected disability. *[high]*
 - for 5-Years or more starting when s/he exited service.
 - for 10-Years or more in total.
- Was a Prisoner of War (POW). *[high]*
- Is currently Missing In Action (MIA) for more than 90-days, or being detained by a foreign government. *[high]*

Which best describes your relationship to the Servicemember or Veteran?

- I am a surviving spouse who has not remarried.
- I am a surviving child/dependent of the Veteran or Servicemember.
 - I am under the age of 18.
 - I am a full-time student under the age of 23.
- I am a surviving parent of the Veteran or Servicemember

Do either of these options describe your current annual income?

- Less than \$9,200 annually (\$766 monthly)
- Between \$9,201 - \$18,119 annually (\$767 - \$1,510 monthly)

I am a Veteran seeking information for my family.

[High] means an automatic high likelihood for eligibility. Check your results on the front.

Please tell us more about yourself.

- Discharged from active duty under conditions other than dishonorable.
- Have never been convicted of a federal or state capital crime.
- Have a 100% service-connected disability. *[high]*
 - for 5-Years or more starting when s/he exited service.
 - for 10-Years or more in total.
- Was a Prisoner of War (POW). *[high]*
- Am married.
- Have a child/children.
 - Who is/are under the age of 18.
 - Who is/are a full-time student under the age of 23.
- Have living parents dependent on me / my income.

Do either of these options describe your current annual income?

- Less than \$9,200 annually (\$766 monthly)
- Between \$9,201 - \$18,119 annually (\$767 - \$1,510 monthly)

DAV Scholarship Program:

The cutoff date to submit applications for the DAV Scholarship Program for fiscal year 2024/2025 will be in February 2025

If you have a candidate,

Now is the perfect time to recruit applicants for next year's program.

Anyone age 21 or younger can be eligible to participate in our scholarship program.

They do not have to be related to a member or a veteran.

Anyone who is willing to volunteer to serve the needs of a veteran and accumulates a minimum of 100 lifetime volunteer hours may apply. See complete details at

www.dav.org/scholarship

Every DAV chapter should have at least one young person (age 21 or under) volunteering for the chapter so they can apply for this scholarship program (ten scholarships from \$5,000 to \$30,000) If your chapter is not participating in this program, it is a terrible waste of a valuable resource.

Volunteerism is critical to successfully serving the needs of the veteran community and the high school age youth are an untapped resource in many locations. Our Scholarship program with a top award of \$30,000 is an outstanding tool to attract this group