



DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office
1776 Constitution Parkway
Midville, Iowa 00434

10/10/2020

Ms. Andrea Gale
1207 Bailey Ave.
Midville, Iowa 00436

In Reply Refer to:
379/28
Last 4 digits: 2222/ 00

Dear Ms. Gale:

Congratulations, I am writing to inform you of the following decision that grants your Department of Veterans Affairs (VA) benefits.

What decision did I make and what authority did I use?

When making a decision on your VA benefits that are provided by the Vocational Rehabilitation and Employment (VR&E) program, I must base my decision on specific laws and regulations. These laws are found in title 38 of the United States Code (U.S.C.); and the regulations are found in title 38 of the Code of Federal Regulations (CFR). Based on a review of these laws and regulations, I have decided that you are entitled to VR&E benefits and services. I based this decision on Section 1631(b)(2) of Public Law 110-181.

Why did I make this decision?

I made this decision based on the following reason(s):

- You are within your 12-year basic period of eligibility and have at least a 20% service-connected disability rating
- We determined that the extent of barriers presented by your service connected and non-service connected disabilities to return to work is significant. You will need extensive services to return to suitable employment.

What evidence did I use to make this decision?

- Your eligibility termination date is 3/12/2026 and your current VA disability rating is 40%.
- Your Rehabilitation Needs Inventory (RNI) noted the following: Paralysis of the ulnar nerve, left; depression; Limited flexion of the forearm and hearing loss. Your service-connected disabilities affect you in the following areas of work: job performance and job opportunities.
- Your VA decision rating noted the following limitations:
- Additionally, you reported: Difficulty lifting and with overhead work. Sometimes get down and problems understanding people.

If you would like copies of this information, please contact me to arrange the most efficient way to get this information to you.

What if you disagree with my decision?

If you disagree with my decision, either you or your accredited representative, such as a Veterans Service Organization representative, independent claims agent, or private attorney, can request a review of the decision at the regional office level or file a request for a formal appeal at the Board of Veterans Appeals (Board). You have one year from the date of this letter to select and file a review option in order to protect your initial filing date for effective date purposes.

- **Request a Higher-Level Review (HLR) at the Regional Office Level**

If you disagree with my decision, you can request a HLR to be completed at the regional office where I work, or an alternate regional office (see note below) within one year of the date of this letter. You may also request an informal conference during the HLR process. An informal conference provides you, and your representative if you have one, the opportunity to tell the reviewer why you disagree with my decision and to discuss the decision before the reviewer completes his/her review. To request a HLR, please complete VA Form 20-0996, Decision Review Request: Higher-Level Review, and return it to the address at the top of the letter. If you have new evidence to provide, this option is not available to you. Please see below for your options if you have new evidence to provide. Also, you may not request a HLR of a HLR decision issued by VA.

Note: Due to the specialized processing needs of VR&E, by default your HLR will be completed at the regional office where I work, which contradicts the information listed in box 13 on VA Form 20-0996. If you want your HLR to be completed at an alternate regional office, please indicate that in writing in box 13.

- **File a Supplemental Claim (SC) at the Regional Office Level**

If you disagree with my decision and you have new evidence to provide, you can request a SC to be completed at the regional office where I work. A SC is completed by either myself or another Vocational Rehabilitation Counselor that works at the same regional office in which I work. To request a SC, please complete VA Form 20-0995, Decision Review Request: Supplemental Claim. There is no time limit to request this review; however, if you submit a SC later than one year after the date of this letter, the effective date for any resulting award of benefits generally will be tied to the date VA receives the request for a SC.

- **File a Formal Appeal with the Board of Veterans Appeals**

If you disagree with my decision, you may appeal the decision to the Board of Veterans Appeals. If you want to file a formal appeal, please complete VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement), and follow the instructions on the form regarding how to submit the appeal. You have one year from the date of this letter to file an appeal.

It is important to note that you may elect either a HLR or a SC at the regional office level, or elect an appeal by the Board. You may not have the same issue under review at both the regional office and the Board at the same time. You must elect which option you wish to pursue.

The enclosed VA Form 20-0998, "Your Rights To Seek Further Review of Our Decision", explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter letting us know what you would like to obtain. Some evidence may be obtained online by visiting VA.gov.

What if you have questions or concerns?

If you have any questions about this letter or need additional information on VA benefits, please contact me at «CaseMgrPhone», via email at «CaseMgrEmailAddress», or call 1-800-827-1000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,



Robert Brumfield
Vocational Rehabilitation Counselor

Enclosure: VA Form 20-0998, Your Rights to Seek Further Review of our Decision

cc:

How can eBenefits assist you?

eBenefits is a web portal that provides resources and self-service capabilities to Veterans, Servicemembers, and their families to research, access and manage their VA and military benefits and personal information. It is a joint effort between VA and the Department of Defense. eBenefits uses secure credentials to allow access to personal information and gives users the ability to perform numerous self-service functions. The eBenefits portal also provides access to the Veterans Employment Center, a one-stop career website for Veterans, transitioning Servicemembers and GI Bill beneficiaries, as well as military spouses and dependents. You will also find a list of links to other sites

that provide information about military and Veteran benefits. It is an essential way for Veterans, Servicemembers, and their families to receive access to services. To access eBenefits, go to www.ebenefits.va.gov.



FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Andrea Gale

VA FILE NUMBER

TRA-11-2222

Is achievement of a vocational goal currently reasonably feasible? (38 CFR 21.53)

Achievement of a vocational goal is currently reasonably feasible.

Explain and justify decision:

Achievement of a vocational goal is not currently reasonably feasible.

Explain and justify decision:

Andrea is currently rated at 40% for service-connected conditions with major problems with paralysis of the ulnar nerve and associated pain, hearing problems, and depression, none of which are being treated. Due to these problems, Andrea does not possess the energy and motivation required to hold down even the most sedentary employment. VRC reviewed the medical information available in the eFolder folder and VAMC medical records through (CAPRI). The medical records substantiate her reported increasing pain, physical problems and psychological difficulties and lack of compliance with treatment. Medical records and discussions with Andrea reveal that she is limited physically and psychologically. She experiences considerable pain and not able to hold and maintain substantial gainful employment. Further, her issues associated with depression, i.e., difficulty sleeping, a tendency to isolate herself, feeling depressed most of the time, and being irritable and difficult to get along with, make the possibility of employment in any capacity even more doubtful. Another complicating factor is with Andrea's hearing and communicating with others. Therefore, it is determined that the achievement of a vocational goal is not currently reasonably feasible.

Achievement of a vocational goal cannot currently be determined.

Explain and justify decision:

DATE OF DETERMINATION: 10/10/2020

SIGNATURE

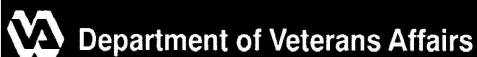
Robert Brumfield

TITLE

VRC

DATE

10/10/2020



PRELIMINARY INDEPENDENT LIVING (IL) ASSESSMENT

IMPORTANT: A preliminary evaluation of Independent Living (IL) needs is to be conducted with the veteran by the VA case manager. If potential IL needs are identified through a preliminary assessment, then a comprehensive IL evaluation is to be completed. (M28, Part IV, Subpart iv, Ch 9)

READ TO VETERAN: ACTIVITIES OF DAILY LIVING: This questionnaire focuses on Activities of Daily Living. Activities which should be examined during the initial assessment include: Alcohol/Substance Abuse; Housing; Personal/Emotional/Spiritual Needs; and Leisure/Vocational Activities. The veteran's responses to the questions will help determine how much difficulty the veteran may have had in performing these activities during the past month. Difficulty is defined as how hard it was or how much effort it took to complete an activity because of the veteran's disability(ies).

1. FIRST, MIDDLE, LAST NAME Andrea Gale	2. VA FILE NUMBER TRA-11-2222	3. SOCIAL SECURITY NO. TRA-11-2222	4. DATE 10/10/2020
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PART I - ACTIVITIES OF DAILY LIVING

This questionnaire focuses on types of activities related to independent living. Your responses to the questions will help determine how much difficulty you may have had in performing these activities during the past month. By difficulty, we mean how hard was it or how much effort did it take to do the activity because of your disability(ies). Check the box in the column that most closely identifies your response.

ITEM NO.	DURING THE PAST MONTH, HOW MUCH DIFFICULTY DID YOU HAVE DOING THE FOLLOWING TASKS?	USUALLY DID WITH NO DIFFICULTY	USUALLY DID WITH SOME DIFFICULTY	USUALLY DID WITH HELP OR ASSISTIVE DEVICE	USUALLY DID NOT DO BECAUSE OF DISABILITIES	USUALLY DID NOT DO FOR OTHER REASONS
5	TAKING CARE OF SELF, INCLUDING EATING, DRESSING, OR BATHING	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6	MOVING IN AND OUT OF A BED OR CHAIR	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7	WALKING SEVERAL BLOCKS	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
8	WALKING ONE BLOCK, OR CLIMBING ONE FLIGHT OF STAIRS	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
9	WALKING INDOORS, SUCH AS AROUND YOUR HOME	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
10	DOING WORK AROUND THE HOUSE SUCH AS CLEANING, LIGHT YARD WORK, OR LAUNDRY	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
11	DOING ERRANDS, SUCH AS SHOPPING	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
12	DRIVING A CAR, OR USING PUBLIC TRANSPORTATION	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
13	VISITING WITH RELATIVES OR FRIENDS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0
14	PARTICIPATING IN COMMUNITY ACTIVITIES, SUCH AS RELIGIOUS SERVICES, SOCIAL ACTIVITIES, OR VOLUNTEER WORK	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0
15	TAKING CARE OF OTHER PEOPLE SUCH AS FAMILY MEMBERS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0

PART I - ACTIVITIES OF DAILY LIVING (Continued)						
ITEM NO.	DURING THE PAST MONTH, HOW MUCH DIFFICULTY DID YOU HAVE DOING THE FOLLOWING TASKS?	USUALLY DID WITH NO DIFFICULTY	USUALLY DID WITH SOME DIFFICULTY	USUALLY DID WITH HELP OR ASSISTIVE DEVICE	USUALLY DID NOT DO BECAUSE OF DISABILITIES	USUALLY DID NOT DO FOR OTHER REASONS
16	PARTICIPATING IN MODERATE RECREATIONAL ACTIVITIES, SUCH AS PLAYING GOLF	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0
17	WRITING USING PEN OR PENCIL	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
18	BENDING, STOOPING, LIFTING	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
19	SLEEPING	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
20	TAKING OWN MEDICATIONS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0
21	USING TELEPHONE	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
22	HANDLING OWN MONEY	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
23	PREPARING OWN MEALS	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
24	USING TOILET	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
25	PARTICIPATING IN VIGOROUS ACTIVITIES	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0
26	MEMORY AND CONCENTRATION	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
27	GETTING IN AND OUT OF RESIDENCE	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
28	CONTROLLING ENVIRONMENT, SUCH AS OPERATING A FAN, THERMOSTAT, OR TV	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
29	COMMUNICATING WITH FAMILY OR FRIENDS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 0

30. FOR ANY ACTIVITY WHICH YOU MARKED 3 OR LOWER, PLEASE EXPLAIN

#5: Andrea has trouble sometimes with buttons and zippers because of left wrist pain and tremors. She has difficulty getting in and out of the bathtub due to fear of falling. She has difficulty washing her hair due to left wrist pain and left arm weakness. She would like to do these activities more independently.

#6: Andrea's bed frame/mattress is high and she has difficulty sometimes getting into/out of bed. Currently she uses a step and holds onto headboard. Sometimes has difficulty getting up out of a chair.

#10: Andrea is unable to lift large baskets of laundry due to wrist pain and weakness. Her daughter does most of cleaning and laundry and she and her daughter have hired someone to mow lawn.

#11: Andrea's adult daughter does most of grocery shopping and errands. Andrea is unable to lift grocery bags due to pain/weakness.

(Explanations for Box 30 continued on Page 2)

31. IN GENERAL, HOW WOULD YOU RATE YOUR OVERALL LEVEL OF INDEPENDENCE?

VERY HIGH HIGH MODERATE LOW VERY LOW

32. DO YOU HAVE A PERSONAL CARE ATTENDANT?

YES NO

PART II - ALCOHOL/SUBSTANCE ABUSE

33. DO YOU NOW, OR HAVE YOU EVER HAD A PROBLEM WITH ALCOHOL OR DRUG ABUSE?

YES NO

34. ARE YOU NOW ABSTINENT?

YES NO (If "No," complete Item 35)

35. HOW MUCH, HOW OFTEN, AND WHAT SUBSTANCE (ALCOHOL AND/OR DRUGS) DO YOU USE?

PART III - HOUSING

36. WHERE DO YOU CURRENTLY LIVE?

- | | |
|------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> PRIVATE HOME | <input type="checkbox"/> HALF-WAY HOUSE |
| <input type="checkbox"/> OWN <input type="checkbox"/> RENT | <input type="checkbox"/> VA DOMICILIARY |
| <input checked="" type="checkbox"/> APARTMENT | <input type="checkbox"/> HOMELESS SHELTER |
| | <input type="checkbox"/> OTHER <i>(Please explain)</i> |

37. WHO LIVES WITH YOU?

- | | |
|------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> LIVE ALONE | <input type="checkbox"/> RELATIVES |
| <input type="checkbox"/> LIVE WITH SPOUSE | <input type="checkbox"/> FRIENDS |
| <input type="checkbox"/> LIVE WITH SIGNIFICANT OTHER | <input checked="" type="checkbox"/> OTHER <i>(Please explain)</i> Lives with adult daughter |

38. ARE YOU HAVING ANY PROBLEMS IN YOUR CURRENT HOUSING OR LIVING ARRANGEMENTS?

- YES NO *(If "Yes," please explain)*
have lived with my sick mother some and with my children at times

39. DO YOU FEEL SAFE AT HOME AND ON THE STREET?

- YES NO *(If "No," please explain)*

PART IV - PERSONAL, EMOTIONAL, AND SPIRITUAL NEEDS

40. HOW MUCH CONTROL DO YOU FEEL THAT YOU HAVE IN YOUR LIFE AND THE CHOICES THAT MATTER TO YOU?

Just don't seem right most days

41. IN GENERAL, HOW DO YOU FEEL ABOUT YOURSELF AND YOUR LIFE?

I don't know how to answer that

42. HOW MUCH SUPPORT DOES YOUR FAMILY PROVIDE FOR YOU?

Live with daughter and she helps. Son sends money sometimes.

43. DO YOU HAVE ANY PROBLEMS GETTING ALONG WITH OTHER PEOPLE?

- YES NO *(If "Yes," please explain)*
Sometimes people don't understand some of the stuff that I am going through. Being around a lot of people is stressful and I'd rather just be by myself.

44. DO YOU HAVE SPIRITUAL NEEDS THAT ARE NOT BEING MET?

YES NO (If "Yes," please explain)

PART V - LEISURE/AVOCATIONAL ACTIVITIES

45. HOBBIES

ITEM NO.	A. CURRENT HOBBIES	B. AMOUNT OF TIME SPENT ON EACH HOBBY PER MONTH
1		
2		
3		
4		

46. ARE THERE ANY HOBBIES THAT YOU CAN NO LONGER DO?

YES NO (If "Yes," please explain)

Used to bowl in Army but I can't do that now due to arm

PART VI - ADDITIONAL COMMENTS

Andrea has some hearing problems that may be a major part of her problem with communication. Based on observations during the interview, the hearing issue may be inhibiting her ability to communicate. During the interview Andrea asked for questions to be repeated and sometimes misunderstood the question.

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for the purpose of educational and vocational planning and to help you make the best use of your rehabilitation benefits. This information will not be released outside VA unless you authorize its release in writing or the disclosure is authorized under the Privacy Act, including the routine use identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect.

Respondent Burden: We need this information to evaluate your independent living needs. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 1 hour to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

Andrea Gale

VA Form 28-0791 – Box 30 Continuation

30. FOR ANY ACTIVITY WHICH YOU MARKED 3 OR LOWER, PLEASE EXPLAIN

#13. She reports she doesn't have any friends, doesn't get out much and when she does doesn't really get along with people. She hasn't talked with her son since Christmas and would rather "keep to myself" most of the time.

#14. She does not attend church now and attended church in the past only a few times. She indicates she likes to stay home on Sundays. She doesn't participate in any social activities or visit with people outside her apartment. She indicates she gets "stressed out" around too many people. Being around too many people makes her "sweat and get upset."

#15. She indicates she does not take care of family members; her daughter takes care of her. She would like to do more things for herself and others.

#16. She does not participate in recreational activities. She used to bowl in the Army but can no longer do this because of left arm pain. She indicates she doesn't "need to" bowl and believes if she bowled being around people would cause her to be stressed.

#18. Activities such as bending, overhead work, and carrying heavy objects are potentially aggravating to left arm weakness and left wrist pain. Hurts when she reaches up to a cabinet.

#19. She has difficulty sleeping and wakes up once or twice in the night and sometimes can't go back to sleep.

#20. Andrea has been prescribed multiple medications but states she does not take any medications. She is unsure what the medications are for. She last attended physical therapy about a year ago, stopped going and does not currently attend prescribed physical therapy as recommended by her physician. She also does not see a psychologist or take prescribed medications for depression.

#23. Andrea has difficulty standing at the kitchen counter while preparing meals. In addition, she has difficulty bending down to reach pots and pans in her lower cabinets. She wants to have more independence and less discomfort as she works in the kitchen preparing meals.

#25. Andrea does not participate in vigorous activities. She indicates she'd rather read and watch T.V.

#26. Andrea reports some difficulty with memory and concentration, noting her daughter has to remind her about things if she doesn't do things right away. She has difficulty reading or focusing on things for longer than 15-20 minutes due to headaches.

#27. She has difficulty getting out of her residence due to fear of too many people stressing her out and prefers to stay at home.

#29. Communicating with her son is difficult because she asks him to repeat himself a lot and she doesn't like talking on the phone. Doesn't have any friends or neighbors she talks with - keeps to herself.

	Department of Veterans Affairs	NOTES FROM COUNSELING AND NEXT STEPS
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1. NAME (First, Middle, Last) <p style="text-align: center;">Andrea Gale</p>	2. FILE NUMBER <p style="text-align: center;">TRA-11-2222</p>
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PLANS AGREED UPON

3. LONG RANGE GOAL To be determined

4. PROPOSED PROGRAM	5. DESIRED PROGRAM BEGINNING DATE
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NEXT STEPS TO BE TAKEN

6A. PREFERRED SEQUENCE	6B. NECESSARY ACTIONS	6C. DATE ACTION COMPLETED
1	Entitlement to chapter 31, vocational rehabilitation services was established on this date	10/10/2020
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

NEXT COUNSELING APPOINTMENT

7A. DATE	7B. TIME	7C. LOCATION
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8A. COUNSELING PSYCHOLOGIST OR VOCATIONAL REHABILITATION SPECIALIST <p style="text-align: center;">Robert Brumfield</p>	8B. TELEPHONE NUMBER TO CONTACT	9A. SIGNATURE OF COUNSELEE <p style="text-align: center;"><i>Andrea Gale</i></p>	9B. DATE OF SIGNATURE <p style="text-align: center;">10/10/2020</p>
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VA FORM 28-8606



1. FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Andrea Gale

2. VA FILE NUMBER

TRA-11-2222

3. REGIONAL OFFICE NUMBER

379

SECTION I - OVERTURNING PRIOR REHABILITATION, DISCONTINUANCE, OR PREVIOUS DETERMINATION OF MAXIMUM REHABILITATION GAIN (MRG) CLOSURE

(References: 38 U.S.C. 3101, 3109, 3111 and 3117; 38 CFR 21.198, 21.284 and 21.364)

NOTE: The section below is used only for justifying the decision for overturning previous rehabilitation, discontinuance, or previous determination of MRG.

4. BASED ON REVIEW OF THE CITED LAWS AND REGULATIONS:

- CLAIMANT MEETS THE CRITERIA FOR RE-ENTRANCE FOLLOWING A DETERMINATION OF REHABILITATION. (References: 38 U.S.C. 3101, 3109 and 3117; and 38 CFR 21.284)
CLAIMANT DOES NOT MEET THE CRITERIA FOR RE-ENTRANCE FOLLOWING A DETERMINATION OF REHABILITATION. (References: 38 U.S.C. 3101, 3109 and 3117; and 38 CFR 21.284)
CLAIMANT MEETS THE CRITERIA FOR RE-ENTRANCE FOLLOWING A DETERMINATION THAT REASONS FOR DISCONTINUANCE HAVE BEEN REMOVED. (Reference: 38 U.S.C. 3111; 38 CFR 21.198 and 21.364)
CLAIMANT DOES NOT MEET THE CRITERIA FOR RE-ENTRANCE FOLLOWING A DETERMINATION THAT REASONS FOR DISCONTINUANCE HAVE BEEN REMOVED. (Reference: 38 U.S.C. 3111; 38 CFR 21.198 and 21.364)
CLAIMANT MEETS THE CRITERIA TO SET ASIDE THE PREVIOUS DETERMINATION OF MRG.
CLAIMANT DOES NOT MEET THE CRITERIA TO SET ASIDE THE PREVIOUS DETERMINATION OF MRG. (Reference: 38 U.S.C. 3111; 38 CFR 21.198)

EXPLAIN AND JUSTIFY DECISION:

NOTE: If the claimant does not meet the criteria to set aside the previous determination of rehabilitation or MRG, the Vocational Rehabilitation and Employment (VR&E) Counselor must determine if claimant is entitled to limited employment services under the provisions of 38 U.S.C. 3117. Refer to Section VI.

SECTION II - AUTOMATIC ENTITLEMENT TO CHAPTER 31 BENEFITS UNDER THE PROVISIONS OF PUBLIC LAW 110-181 (NDAA)

5. CLAIMANT'S ENTITLEMENT IS ESTABLISHED WITHOUT REGARD TO A VA SERVICE-CONNECTED DISABILITY RATING OR DETERMINATION OF AN EMPLOYMENT HANDICAP AND MEETS ALL THE FOLLOWING CRITERIA:

- RECEIPT OF VA FORM 28-1900, DISABLED VETERANS APPLICATION FOR VOCATIONAL REHABILITATION
RECEIPT OF QUALIFYING DOCUMENTATION
ATTENDANCE AT THE INITIAL APPOINTMENT WITH THE IDES VRC

SECTION III - EMPLOYMENT HANDICAP (EH) DETERMINATION

(References: 38 U.S.C. 3102; 38 CFR 21.40 and 21.51)

6. AN EH EXISTS ONLY IF A CLAIMANT HAS A VOCATIONAL IMPAIRMENT, THE CLAIMANT'S SERVICE-CONNECTED DISABILITY (SCD) CONDITIONS CONTRIBUTE IN SUBSTANTIAL PART TO THE VOCATIONAL IMPAIRMENT, AND THE CLAIMANT HAS NOT OVERCOME THE VOCATIONAL IMPAIRMENT.

6A. DOES THE CLAIMANT HAVE A VOCATIONAL IMPAIRMENT?

YES NO

EXPLAIN THE DECISION IF THE CLAIMANT HAS OR DOES NOT HAVE A VOCATIONAL IMPAIRMENT:

Service Connected Disabilities:

Paralysis left ulnar nerve (CAPRI/rating)- Limited to occupations requiring light to moderate physical demands. She has restrictions in lifting, carrying pulling, and overhead work.

Depression (CAPRI/rating)-Isolation and unable to motivate herself to find employment

Hearing loss (CAPRI/rating)-Communication restrictions

Non Service Connected:

None

6B. DOES THE CLAIMANT'S SCD CONDITIONS CONTRIBUTE IN SUBSTANTIAL PART TO THE VOCATIONAL IMPAIRMENT?

YES NO

EXPLAIN HOW THE CLAIMANT'S SCD CONDITIONS CONTRIBUTE OR DO NOT CONTRIBUTE TO THE VOCATIONAL IMPAIRMENT:

Since the service-connected paralysis of the ulnar nerve of the left arm, depression, and hearing problems are the predominant reasons for Andrea's impairment of employability; She has both significant physical limitations caused by the paralysis of the ulnar nerve, hearing problems, and emotional issues regarding depression which severely limit her ability to prepare for, obtain or maintain employment of any kind.

SECTION III - EMPLOYMENT HANDICAP (EH) DETERMINATION (CONTINUED)

(References: 38 U.S.C. 3102; 38 CFR 21.40 and 21.51)

6C. HAS THE CLAIMANT OVERCOME THE EFFECTS OF THE VOCATIONAL IMPAIRMENT?

YES NO

EXPLAIN HOW THE CLAIMANT HAS OVERCOME OR HAS NOT OVERCOME THE EFFECTS OF THE VOCATIONAL IMPAIRMENT:

Andrea has no job skills that have direct transfer to employment as her job skills were developed in the military. Her military work experience as a field wireman and MP do not provide skills that would be marketable in the local employment area.

6D. DOES THE CLAIMANT HAVE AN EMPLOYMENT HANDICAP?

YES, THE CLAIMANT MEETS THE CRITERIA FOR A EMPLOYMENT HANDICAP
 NO, THE CLAIMANT DOES NOT MEET THE CRITERIA FOR A EMPLOYMENT HANDICAP

SECTION IV - SERIOUS EMPLOYMENT HANDICAP (SEH) DETERMINATION

(References: 38 U.S.C. 3102, 3103 and 3106; 38 CFR 21.44 and 21.52)

7. An SEH EXISTS WHEN A SIGNIFICANT VOCATIONAL IMPAIRMENT IS ESTABLISHED, THE SCD CONDITIONS CONTRIBUTE TO THE OVERALL SIGNIFICANT VOCATIONAL IMPAIRMENT, AND THE CLAIMANT HAS NOT OVERCOME THE SIGNIFICANT VOCATIONAL IMPAIRMENT. THE CLAIMANT'S SCD CONDITIONS MUST CONTRIBUTE TO THE **SIGNIFICANT** VOCATIONAL IMPAIRMENT OR MAJOR DEFICIENCIES THAT IMPACT THE CLAIMANT'S ABILITY TO PREPARE FOR, OBTAIN, AND MAINTAIN SUITABLE EMPLOYMENT.

7A. DOES THE CLAIMANT HAVE A SIGNIFICANT VOCATIONAL IMPAIRMENT?

YES NO

EXPLAIN HOW THE CLAIMANT HAS OR DOES NOT HAVE A SIGNIFICANT VOCATIONAL IMPAIRMENT:

A serious employment handicap is determined at this time as she has met the criteria per CFR 21.52. Andrea has a number of disabilities and severe disability limitations which require ongoing medical management. Her lack of transferable skills, long term unemployment, lack of education/training for suitable employment, and employer bias toward the disabled further impact the severity of the employment handicap. Furthermore, she has some service-connected conditions which are progressive and may evolve to greater levels of problems and limitations.

7B. DOES CLAIMANT'S SCD CONDITIONS CONTRIBUTE TO THE OVERALL SIGNIFICANT VOCATIONAL IMPAIRMENT?

YES NO

EXPLAIN HOW THE CLAIMANT'S SCD CONDITIONS CONTRIBUTE OR DO NOT CONTRIBUTE TO THE SIGNIFICANT VOCATIONAL IMPAIRMENT:

She has both significant physical limitations caused by the paralysis of the ulnar nerve, hearing problems, and emotional issues regarding depression which severely limit her ability to prepare for, obtain or maintain employment of any kind.

SECTION IV - SERIOUS EMPLOYMENT HANDICAP (SEH) DETERMINATION (CONTINUED)

(References: 38 U.S.C. 3102, 3103 and 3106; 38 CFR 21.44 and 21.52)

7C. DOES THE CLAIMANT HAVE A SERIOUS EMPLOYMENT HANDICAP?

- YES, THE CLAIMANT MEETS THE CRITERIA FOR A SERIOUS EMPLOYMENT HANDICAP
- NO, THE CLAIMANT DOES NOT MEET THE CRITERIA FOR A SERIOUS EMPLOYMENT HANDICAP

SECTION V - ENTITLEMENT DETERMINATION

(Reference: 38 CFR 21.40)

8. SELECT ONE OF THE ENTITLEMENT DECISIONS BELOW THAT SUMMARIZES THE CONCLUSION BASED ON THE EXPLANATIONS ABOVE:

- ENTITLED:** AUTOMATIC ENTITLEMENT TO CHAPTER 31 BENEFITS UNDER THE PROVISIONS OF PUBLIC LAW 110-181 (NDAA)
- ENTITLED:** EMPLOYMENT HANDICAP (WITH 20% OR MORE SCD RATING)
- ENTITLED:** SERIOUS EMPLOYMENT HANDICAP (EXPIRED ETD)
- ENTITLED:** SERIOUS EMPLOYMENT HANDICAP (WITH 10% OR MORE SCD RATING)
- NOT ENTITLED:** NO EMPLOYMENT HANDICAP (WITH 20% OR MORE SCD RATING) PROCEED TO SECTION VI, IF APPLICABLE
- NOT ENTITLED:** NO SERIOUS EMPLOYMENT HANDICAP (WITH 10% SCD RATING) PROCEED TO SECTION VI, IF APPLICABLE
- NOT ENTITLED:** NO SERIOUS EMPLOYMENT HANDICAP (WITH EXPIRED ETD) PROCEED TO SECTION VI, IF APPLICABLE

DATE THE CLAIMANT WAS NOTIFIED IN WRITING OF THE ENTITLEMENT DECISION: 10/10/2020

IF CLAIMANT IS DETERMINED "NOT ENTITLED," DOCUMENT RESOURCES PROVIDED AND RESULTS OF VOCATIONAL ASSESSMENT BELOW:

SECTION VI - DETERMINATION FOR LIMITED EMPLOYMENT SERVICES

(Reference: 38 U.S.C. 3117)

9. CLAIMANT IS ELIGIBLE FOR LIMITED EMPLOYMENT AND MUST MEET THREE OF THE FOLLOWING CRITERIA

NOTE: CLAIMANT MUST MEET CRITERIA LISTED IN ITEMS (A) AND (B), AND EITHER (C) OR (D) BELOW.

- A. HAS A SERVICE-CONNECTED DISABILITY RATING OF 10% OR MORE.
- B. IS DETERMINED EMPLOYABLE IN A SUITABLE OCCUPATION (DETERMINATION FOR EMPLOYABILITY IS EXPLAINED IN SECTION III, ITEM 6C)
- C. PREVIOUSLY PARTICIPATED IN A VOCATIONAL REHABILITATION PROGRAM ADMINISTERED UNDER CHAPTER 31, **OR**
- D. PREVIOUSLY PARTICIPATED IN A VOCATIONAL REHABILITATION PROGRAM ADMINISTERED OUTSIDE VA - DESCRIBE PREVIOUS REHABILITATION PROGRAM, FACILITY, AND PROVIDED SERVICES BELOW.

10. SIGNATURE

Robert Brumfield

11. TITLE

VRC

12. DATE SIGNED

10/10/2020



PROTECTION OF PRIVACY INFORMATION STATEMENT

(For Use by Counselees and Rehabilitation Program Participants)

I have been informed and understand that the information requested in this and any later interviews is requested under the authorization of Title 38, United States Code of Federal Regulations 1.576, Veterans Benefits. This information is needed to assist in vocational and educational planning, to authorize my receipt of rehabilitation services, to develop a record of my vocational progress, and to assure I obtain the best results from my rehabilitation program. I understand that the information I provide will not be used for any other purpose and that my responses may be disclosed outside VA only if the disclosure is authorized under the Privacy Act of 1974, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. Generally, disclosures under the authority of a routine use will be made to develop my claim for vocational rehabilitation benefits under Title 38, United States Code.

My giving the requested information is voluntary. I understand that the following results might occur if I do not give this information:

- (1) I may not receive the maximum benefit either from counseling or from my education or rehabilitation program.
- (2) If certain information is required before I may enter a VA program, my failure to give the information may result in my not receiving the education or rehabilitation benefit for which I have applied.
- (3) If I am in a program in which information on my progress is required, my failure to give this information may result in my not receiving further benefits or services.

My failure to give this information will not have a negative effect on any other benefit to which I may be entitled.

I HEREBY CERTIFY THAT the information I have given is true and correct to the best of my knowledge and belief.

Andrea Gale

(Veteran's Signature)

10/10/2020

(Date Signed)



VOCATIONAL REHABILITATION AND EMPLOYMENT (VR&E) PROGRAM ORIENTATION

VR&E MISSION

The VR&E program assists veterans with service-connected disabilities prepare for, obtain, and maintain suitable employment, and/or live as independently as possible.

ENTITLEMENT TO THE VR&E PROGRAM

A Vocational Rehabilitation Counselor (VRC) will work with you to determine if an employment handicap exists. An employment handicap exists if your service-connected disability impairs your ability to obtain and maintain employment. You are entitled to VR&E services if you have an employment handicap, are within your 12-year basic period of eligibility, and have at least a 20% service-connected disability rating. The 12-year period of eligibility will begin on:

1. The date of separation from active military duty, OR
2. The date you were first notified of your service-connected disability rating, whichever occurs later.

If the service-connected disability rating is less than 20%, or if you are beyond the 12-year basic period of eligibility, then a serious employment handicap must be found to establish entitlement to VR&E services. A serious employment handicap is based on the extent of services required for you to overcome the barriers presented by your service and nonservice-connected disabilities, permitting the return to suitable employment. If entitled to VR&E services, then you will work with a VRC to determine an appropriate track of service.

5 TRACKS TO EMPLOYMENT

- **Re-employment:** The goal of the re-employment track is to provide assistance to veterans who have served on active duty military, or in the National Guard or Reserves, to return to work where they were employed prior to active duty.
- **Rapid Access to Employment:** The goal of the rapid access to employment track is to provide direct job readiness and placement services to veterans who have expressed a desire to seek immediate employment and who already have most of the necessary skills to be competitive in the job market.
- **Self-employment:** The goal of the self-employment track is to provide services and assistance that will enable qualified veterans to achieve rehabilitation through self-employment. For more information, visit the Veterans Entrepreneurship Portal website, <http://www.va.gov/osdbu/veteran/vep.asp>, and click on Operation Boots to Business found under "Starting a Business" or "Training and Employment."
- **Employment through Long Term Services:** The goal of the employment through long term services track is to provide veterans with extended training and education to become suitably employed.
- **Independent Living:** The goal of the independent living program is to make sure that each veteran is able, to the maximum extent possible, to live independently and participate in family and community life.

TYPES OF SERVICES OFFERED BY THE VR&E PROGRAM

Services may include, but are not limited to:

- Comprehensive vocational evaluation to determine abilities, skills, and interests for employment.
- Vocational counseling and rehabilitation planning for employment services.
- Employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance.

- Assistance obtaining and maintaining a job, including the use of special employer incentives, special hiring authorities, on-the-job training, apprenticeships, and non-paid work experiences.
- Post-secondary training at a college, university, vocational, technical or business school, including the payment of tuition, fees, books, supplies, and subsistence allowance.
- Supportive rehabilitation services including case management, counseling, and medical referrals. Independent living services for veterans unable to work due to the severity of the disabilities.
- Independent living services for veterans unable to work due to the severity of their disabilities.

YOUR ROLE

- Take an active, cooperative role in the process.
- Maintain regular contact with your VRC and/or other service providers.
- Seek assistance from your VRC for any specific barriers or issues that may prevent you from actively participating in the VR&E program, or obtaining and maintaining employment.
- Inform your VRC of any job acceptance, to include: employer's contact information, start date, job title/duties, salary, and benefits.
- Inform your VRC of your progress in your training program, including class schedules, grades, requested changes to your major, and changes in class schedule, for example if you add or drop a class.
- Discuss any special services you need with our VRC, including activities of daily living, classroom and/or on-the-job accommodations, tutoring, or other special needs.

VRC's ROLE

- Inform you on how VR&E decisions will be made.
- Provide case management and support to facilitate successful completion of your goals.
- Explore your unique circumstances to identify your specific vocational assets, limitations, and services needed to develop an effective plan to achieve suitable employment.
- Coordinate any other vocational rehabilitation services that may be needed to achieve successful rehabilitation.
- Develop an individualized rehabilitation plan to assist you in reaching your goals.
- Follow-up with you after you complete your plan to ensure your successful transition and to assist you with any on-the-job or independent living needs.

Andrea Gale

Veteran's Signature

10/10/2020

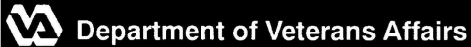
Date

Robert Brumfield

VRC Signature

10/10/2020

Date



REHABILITATION NEEDS INVENTORY (RNI)

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., to determine entitlement to vocational rehabilitation benefits and to plan a program of rehabilitation services) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information for educational and vocational planning to help you make the best use of your vocational rehabilitation benefits. Title 38, United States Code chapter 31, allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. NAME (First, middle, last) Andrea Gale		2. TELEPHONE NUMBER(S) HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER		
3. CURRENT ADDRESS 1207 Bailey Avenue Midville, IA 00436 (US)		(555) 555-3344	(555) 555-3344	
5. GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		4a. E-MAIL ADDRESS 1 agale@hotmail.com		4b. E-MAIL ADDRESS 2
6. MARITAL STATUS Never Married		7. CLAIM NUMBER TRA-11-2222		8. SOCIAL SECURITY NUMBER TRA-11-2222
9. CLAIMING DEPENDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO # _____		10. NICKNAME/AKA		
11. EMERGENCY CONTACT INFORMATION				
CONTACT NAME				
Stephanie Gale				
CONTACT PHONE NUMBER			CONTACT RELATIONSHIP	
(555) 987-6543			Daughter	
12. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU? Not sure what I can do exactly.				
13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN? Need to get myself squared away first and then I might like to help other Veterans.				
14. HAVE YOU EVER PARTICIPATED IN OR ARE CURRENTLY PARTICIPATING IN A VA EDUCATION BENEFIT PROGRAM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
14A. HAVE YOU EVER PARTICIPATED IN A PROGRAM OF VOCATIONAL REHABILITATION BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 14B and 14C)		14B. CHECK ALL THAT APPLY IN WHICH YOU HAVE PARTICIPATED <input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE VOCATIONAL REHABILITATION <input type="checkbox"/> OTHER (Please explain) <input type="checkbox"/> VA VOCATIONAL REHABILITATION		
14C. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED (i.e., training, medical, vocational testing, functional capacities, job search activities):				

EMPLOYMENT

Please fill out each area as completely as possible. If you have a resume, please attach it.

15. CIVILIAN EMPLOYMENT HISTORY: Please start with your most current position.

A	JOB TITLE Security Guard	DATES FROM TO 10/15/2017 05/20/2018		AVERAGE GROSS MONTHLY SALARY 0.00
	COMPANY NAME Midwestern Security	STATUS <input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT POSITION <input type="checkbox"/> FULL TIME		
	DESCRIBE JOB DUTIES IN DETAIL Guarding access and egress to building. Maintaining regular traffic control and patrols.			
	REASON FOR LEAVING Contract expired.			
B	JOB TITLE Mail clerk	DATES FROM TO 11/13/2016 01/26/2017		AVERAGE GROSS MONTHLY SALARY 0.00
	COMPANY NAME Mail Service Contracting	STATUS <input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT POSITION <input checked="" type="checkbox"/> FULL TIME		

15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)				
B	DESCRIBE JOB DUTIES IN DETAIL Receiving and sorting mail to be transported to the main post office building downtown.			
	REASON FOR LEAVING Problems with the lifting and had to take care of my sick mother			
C	JOB TITLE Child care worker	DATES FROM 04/09/2015 TO 08/20/2015		AVERAGE GROSS MONTHLY SALARY 0.00
	COMPANY NAME Happy Days Child Care	STATUS <input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> PERMANENT POSITION <input checked="" type="checkbox"/> FULL TIME		
	DESCRIBE JOB DUTIES IN DETAIL Care for children in a day care center and after school facility. Ages 2-9 years old.			
	REASON FOR LEAVING Decided to go back to school.			
D	JOB TITLE Casino attendant	DATES FROM 05/23/2014 TO 12/10/2014		AVERAGE GROSS MONTHLY SALARY 0.00
	COMPANY NAME Silver Star Casino	STATUS <input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT POSITION <input type="checkbox"/> FULL TIME		
	DESCRIBE JOB DUTIES IN DETAIL Assigned in the customer service area providing brochures and directions.			
	REASON FOR LEAVING Temporary position ended.			
16. MILITARY WORK HISTORY: What did you do in the military? Please fill out the following area as completely as possible. Please start with your last assignment.				
HIGHEST RANK ACHIEVED: E-4 ARMED SERVICES: <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD				
A	JOB TITLE Military Police 31B MOS	DATES FROM 04/15/2006 TO 12/14/2013		AVERAGE GROSS MONTHLY SALARY 0.00
	LIST ANY HONORS AND COMMENDATIONS			RANK E-4
	DESCRIBE JOB DUTIES IN DETAIL Served as an MP enforcing military law and regulations, controlling traffic, preventing crime, and responding to emergencies.			
	HIGHEST RANK ACHIEVED: E-3 ARMED SERVICES: <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD			
B	JOB TITLE Field Wireman 36K MOS	DATES FROM 09/18/2000 TO 09/17/2003		AVERAGE GROSS MONTHLY SALARY 0.00
	LIST ANY HONORS AND COMMENDATIONS			RANK E-3
	DESCRIBE JOB DUTIES IN DETAIL Worked with other electricians doing repair and replacement of electrical parts in commercial and some residential areas. Also did some new construction wiring briefly.			
	HIGHEST RANK ACHIEVED: ARMED SERVICES: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD			
C	JOB TITLE	DATES FROM TO		AVERAGE GROSS MONTHLY SALARY
	LIST ANY HONORS AND COMMENDATIONS			RANK
	DESCRIBE JOB DUTIES IN DETAIL			
17. WOULD IT BE POSSIBLE FOR YOU TO RETURN TO WORK IN A FORMER OCCUPATION OR FOR A FORMER EMPLOYER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

MILITARY WORK HISTORY (CONTINUED)

18. WHAT WORK SKILLS DID YOU USE IN YOUR PREVIOUS POSITIONS THAT YOU THINK YOU MAY BE ABLE TO USE IN A NEW JOB?

19. PLEASE EXPLAIN WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT 3 MONTHS OR LONGER:

EDUCATION AND TRAINING

Please fill out the area below regarding your education/training background as completely as possible.
Please include vocational, college, on-the-job, and other training. NOTE: Please include civilian and military schools/training.

20. MARK HIGHEST LEVEL COMPLETED:

- SOME HS - HIGHEST GRADE COMPLETED: ____
 HS - YEAR ____
 GED - YEAR ____
 ASSOCIATE
 BACHELOR
 MASTER
 DOCTORAL

21A. NAME OF SCHOOL	21B. DATES (MM/YYYY)		21C. GPA	21D. CREDITS/ CLOCK HOURS	21E. MAJOR COURSE OF STUDY	21F. DEGREE (if any), YEAR RECEIVED
	FROM	TO				
Community College	08/2017	12/2017	2.20		Childhood Development	
Community College	01/2004	12/2005	1.90		Core Curriculum	

22A. WHAT SUBJECTS DID YOU LIKE?

22B. WHAT SUBJECTS DID YOU DISLIKE?

1	Psychology	1	History
2		2	
3		3	

23A. DO YOU HAVE ANY CURRENT VOCATIONAL CERTIFICATES AND/OR LICENSES?

- YES NO

(If "Yes," complete Items 23B and 23C)

23B. LIST CERTIFICATES/LICENSES

(Apprentices or journeyman card, truck driver/CDL, etc.)

23C. DATE EXPIRES

1		
2		
3		

24. HAVE YOU BEEN DIAGNOSED WITH A LEARNING DISABILITY? (If "Yes," please describe below):

No

DISABILITIES

List and describe your service-connected disability(ies). Please list the disability(ies) in order of severity.

25A. SERVICE-CONNECTED DISABILITY	25B. RATING (%)	25C. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITIES?
30% for Paralysis of the ulnar nerve, left 10% depression 0% Limited flexion of the forearm 0% hearing loss	40.00	Lifting and overhead work is difficult. Sometimes get down and problems understanding people.
26A. NON SERVICE-CONNECTED DISABILITY	26B. RATING (%)	26C. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITIES?

27. HAS YOUR SERVICE-CONNECTED DISABILITY(IES) AFFECTED YOU IN THE FOLLOWING AREAS OF WORK? (Check all that apply)

- JOB PERFORMANCE
 JOB OPPORTUNITIES
 CO-WORKER RELATIONS
 OTHER (Please explain) _____
 JOB SATISFACTION
 MISSED WORK TIME
 MANAGER RELATIONS _____

DISABILITIES (CONTINUED)

28. ARE ANY OF YOUR DISABILITIES IMPROVING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	29. ARE YOUR DISABILITIES STABLE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30. ARE ANY OF YOUR DISABILITIES WORSENING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------

31. DO YOU RECEIVE ANY OF THE FOLLOWING? *(Check all that apply)*

<input type="checkbox"/> RETIREMENT <i>(Military/civilian)</i>	<input type="checkbox"/> WORKERS COMPENSATION BENEFITS	<input checked="" type="checkbox"/> WELFARE ASSISTANCE
<input type="checkbox"/> DISABILITY PENSION <i>(Military/civilian)</i>	<input type="checkbox"/> SOCIAL SECURITY DISABILITY INCOME (SSDI/SSI)	<input type="checkbox"/> MEDICARE/MEDICAID
<input type="checkbox"/> UNEMPLOYMENT	<input type="checkbox"/> ALIMONY/CHILD SUPPORT	<input type="checkbox"/> OTHER _____

32. DO YOU HAVE A CLAIM PENDING FOR ANY OF THE FOLLOWING? *(Check all that apply)*

<input type="checkbox"/> RETIREMENT <i>(Military/civilian)</i>	<input type="checkbox"/> WORKERS COMPENSATION BENEFITS	<input type="checkbox"/> WELFARE ASSISTANCE
<input type="checkbox"/> DISABILITY PENSION <i>(Military/civilian)</i>	<input type="checkbox"/> SOCIAL SECURITY DISABILITY INCOME (SSDI/SSI)	<input type="checkbox"/> MEDICARE/MEDICAID
<input type="checkbox"/> UNEMPLOYMENT	<input type="checkbox"/> ALIMONY/CHILD SUPPORT	<input type="checkbox"/> OTHER _____

MEDICAL TREATMENT

Please describe medical treatment you have received or are receiving.

33A. CONDITION	33B. NAME OF VA OR PRIVATE MEDICAL FACILITY	33C. HOW OFTEN SEEN FOR TREATMENT	33D. MEDICATION(S) PRESCRIBED
Left arm	Midville VAMC	as scheduled	Advil
Depression	Midville VAMC	as scheduled	
Hearing	Midville VAMC	as scheduled	

34A. DO YOU HAVE MEDICAL NEEDS THAT ARE NOT BEING MET? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 34B)</i>	34B. WHAT DO YOU NEED? My arm seems to be bothering me more, more pain.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------

35A. DO YOU USE ANY ADAPTIVE EQUIPMENT SUCH AS BRACES, ARTIFICIAL LIMBS, HEARING AIDS, ETC? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Item 35B)</i>	35B. PLEASE DESCRIBE YOUR ADAPTIVE EQUIPMENT
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------

36A. ARE THERE OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 36B)</i>	36B. PLEASE LIST OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP Need some advice about what I can do next.
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

37. DO YOU HAVE ANY PENDING VA CLAIMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," please describe below)</i>	38. DO YOU NEED INFORMATION ABOUT OTHER VA BENEFITS OR PROGRAMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," please describe below)</i> Anything that can help me feel better and get a good job.
--------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

MISCELLANEOUS

The following information will be used for employment planning purposes.

39A. DO YOU: <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input checked="" type="checkbox"/> OTHER	39B. DO YOU HAVE STABLE HOUSING AT PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 39C)</i>	39C. DESCRIBE YOUR CURRENT LIVING SITUATION: Moved around some, stayed with mom, daughter, and son. Now I'm living with my daughter.
----------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

40A. WHAT MODE OF TRANSPORTATION DO YOU USE? <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> OTHER	40C. DO YOU HAVE A VALID DRIVER'S LICENSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
40B. HOW FAR ARE YOU WILLING TO COMMUTE FOR WORK AND/OR SCHOOL? 10 miles	

MISCELLANEOUS (CONTINUED)

41. ARE YOU WILLING TO RELOCATE FOR A JOB?

YES NO

42. IF YOU HAVE HAD A HISTORY OF OR ARE CURRENTLY DEALING WITH LEGAL ISSUES, PLEASE SELECT AND DESCRIBE BELOW:

BANKRUPTCY MISDEMEANOR FELONY PROBATION PAROLE OTHER N/A

43. IF YOU HAVE HAD AND/OR PRESENTLY HAVE SUBSTANCE ABUSE ISSUES, PLEASE SELECT AND DESCRIBE BELOW:

ALCOHOL DRUGS (*Illicit*) DRUGS (*Prescription*) OTHER

44. IF YOU HAVE A HISTORY OF OR ARE CURRENTLY IN ON-GOING TREATMENT(S) FOR SUBSTANCE ABUSE(S), PLEASE DESCRIBE BELOW:

45. DID ANYONE HELP YOU COMPLETE THIS FORM?

YES NO

DATE COMPLETED

10/10/2020

PROTECTION OF PRIVACY INFORMATION STATEMENT

(For use by counselees and rehabilitation program participants)

I have been informed and understand that the information requested in this and any later interviews is requested under the authorization of Title 38, United States Code, 1.576, Veterans Benefits. This information is needed to assist in vocational and educational planning, to authorize my receipt of rehabilitation services, to develop a record of my vocational progress, and to assure I obtain the best results from my rehabilitation program. I understand that the information I provide will not be used for any other purpose and that my responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act of 1974, including the routine uses identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the Federal Register. Generally, disclosures under the authority of a routine use will be made to develop my claim for vocational rehabilitation benefits under title 38, United States Code.

My giving the requested information is voluntary. I understand that the following results might occur if I do not give this information:

- (1) I may not receive the maximum benefit either from counseling or from my education or rehabilitation program.
- (2) If certain information is required before I may enter a VA program, my failure to give the information may result in my not receiving the education or rehabilitation benefit for which I have applied.
- (3) If I am in a program in which information on my progress is required, my failure to give this information may result in my not receiving further benefits or services.

My failure to give this information will not have a negative effect on any other benefit to which I may be entitled.

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

SIGNATURE OF VETERAN

Andrea Gale

DATE SIGNED

10/10/2020

SIGNATURE OF CASE MANAGER OR VOCATIONAL REHABILITATION COUNSELOR (VRC)

Robert Brumfield

DATE SIGNED

10/10/2020



**DEPARTMENT OF VETERAN AFFAIRS
VA Regional Office
1776 Constitution Parkway
Midville, Iowa 00434**

September 27, 2020

Ms. Andrea Gale
1207 Bailey Avenue
Midville, IA 00436 (US)

In Reply Refer to:
RO 379/28

Dear Ms. Gale:

We have received your application for Vocational Rehabilitation and Employment (VR&E) benefits. We have scheduled an appointment for you to meet with a VA counselor. During this meeting, we will gather information to determine if you qualify for these benefits. This letter tells you the following:

- What you need to do
- What you should do to prepare for the meeting
- What will happen during this meeting
- What other criteria you might need to meet
- What you will need if you previously participated in VR&E
- Who will pay for your travel expenses
- What to do if you have questions or concerns

What do you need to do?

You need to report on time for the meeting. We have scheduled your meeting for the following date, time, and place:

Date: 10/10/2020
Time: 9:00 AM
Place: VARO Midville, Iowa

What should you do to do to prepare for the meeting?

You should plan for the meeting to last two hours or more. This meeting may also involve some vocational testing. Please do not bring your unaccompanied, minor children with you.

You need to bring the following items with you to the meeting:

- A completed *Rehabilitation Needs Inventory* (VA Form 28-1902w), which we have enclosed with this letter. This form is also available online at <http://www.va.gov/vaforms/> and can be filled out electronically, printed, and brought to the meeting.
- Training records, to include military training, college or university transcripts, vocational training records and and resume(s)
- Job certifications or licenses, such as an apprentice or journeyman rating card
- Recent medical records that VA may not have

VR-03

Even if you don't qualify for vocational rehabilitation, you will still receive career and educational counseling at no expense to you. This counseling is a considerable benefit even by itself.

What will happen during the meeting?

We will discuss the following:

- Your work history, job interests, past training and education
- Your disabilities and how they affect your everyday life
- Any other questions you may want answered
- Whether you are entitled to vocational rehabilitation benefits
- Next Steps – If you are entitled, we will begin your vocational planning immediately. If you are not entitled, we will refer you to other agencies for assistance.

What other criteria might you need to meet to qualify for VR&E?

If your combined service-connected disability rating awarded by VA is 10 percent, or it has been more than 12 years since you received your initial rating from VA, we must be able to determine the following:

- You have serious difficulties obtaining or maintaining employment that matches your talents, skills, and interests
- Your service-connected disability condition(s) is/are a substantial part of the reason you have difficulties obtaining and maintaining employment

What if you previously received VR&E services?

To reenter the VR&E program, you must meet the basic eligibility and entitlement criteria, and a VRC must determine that you need additional vocational rehabilitation services. To reenter after you have been rehabilitated, we must determine that one of the following conditions is met:

- Your service-connected disability has worsened to the point that you can no longer perform the duties of the occupation for which you were found rehabilitated; or
- The occupation for which you were found rehabilitated is no longer suitable due to your specific level of functioning; or
- If you received a plan of Independent Living services (IL), either your conditions have worsened and you need additional services, or your conditions have improved and you now need assistance to pursue employment; or
- If your prior case was considered rehabilitated while you pursued additional training, and you wish to receive assistance finding a job, VR&E may be able to assist you with this.

You should bring any evidence you have to show why you need further vocational rehabilitation services. For example, you might bring medical information, a doctor's statement, or a recent notice of an increase in your VA disability rating.

Who will pay for your travel expenses?

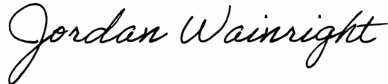
We will pay the cost of your travel under the following general guidelines:

Public transportation costs, or if public transportation is not available, the current mileage rate for the total mileage (round trip) plus cost of parking, ferry fares, and bridge, road and tunnel tolls (with receipts). Requests for reimbursement of travel expenses must be received within 30 days after completion of travel.

What if you have questions or concerns?

If you have any questions about this letter or need additional verification of VA benefits, please contact us at 1-800-827-7000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,



Jordan Wainwright
Vocational Rehabilitation and Employment Officer

Enclosure: VA Form 28-1902w

How can eBenefits assist you?

eBenefits is a web portal that provides resources and self-service capabilities to Veterans, Servicemembers, and their families to research, access and manage their VA and military benefits and personal information. It is a joint effort between VA and the Department of Defense. eBenefits uses secure credentials to allow access to personal information and gives users the ability to perform numerous self-service functions. The eBenefits portal also provides access to the Veterans Employment Center, a one-stop career website for Veterans, transitioning Servicemembers and GI Bill beneficiaries, as well as military spouses and dependents. You will also find a list of links to other sites that provide information about military and Veteran benefits. It is an essential way for Veterans, Servicemembers, and their families to receive access to services. To access eBenefits go to www.ebenefits.va.gov.



DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office
Regional Office
1776 Constitution Parkway
Midville, Iowa 00434

August 15, 2020

Ms. Andrea Gale
1207 Bailey Ave.
Midville, Iowa 00436

In Reply Refer to:

379/28
Last 4 digits: 2222/ 00

Dear Ms. Gale:

Congratulations, I am writing to inform you of the following decision that grants your Department of Veterans Affairs (VA) benefits.

What decision did I make and what authority did I use?

When making a decision on your VA benefits that are provided by the Vocational Rehabilitation and Employment (VR&E) program, I must base my decision on specific laws and regulations. These laws are found in title 38 of the United States Code (U.S.C.); and the regulations are found in title 38 of the Code of Federal Regulations (CFR). Based on a review of these laws and regulations, I have decided that you are eligible to apply for VR&E benefits and services. The next step is for you to meet with a counselor to determine if you are entitled to receive these services. I based this decision on 38 U.S.C. § 3103 and 38 CFR § 21.40.

Why did I make this decision?

I made this decision based on the following reason(s):

- You have a service-connected disability rating of 10 % or more and you are within your 12 year period of eligibility.
- You were discharged from military service under conditions other than dishonorable

What evidence did I use to make this decision?

Review of eligibility termination date 12/15/2025 and VA disability award decision.

If you would like copies of this information, please contact me to arrange the most efficient way to get this information to you.

What if you disagree with my decision?

If you disagree with my decision, either you or your accredited representative, such as a Veterans Service Organization representative, independent claims agent, or private attorney, can request a review of the decision at the regional office level or file a request for a formal appeal at the Board of Veterans Appeals (Board). You have one year from the date of this letter to select and file a review option in order to protect your initial filing date for effective date purposes.

- Request a Higher-Level Review (HLR) at the Regional Office Level

If you disagree with my decision, you can request a HLR to be completed at the regional office where I work, or an alternate regional office (see note below) within one year of the date of this letter. You may also request an informal conference during the HLR process. An informal conference provides you, and your representative if you have one, the opportunity to tell the reviewer why you disagree with my decision and to discuss the decision before the reviewer completes his/her review. To request a HLR, please complete VA Form 20-0996, Decision Review Request: Higher-Level Review, and return it to the address at the top of the letter. If you have new evidence to provide, this option is not available to you. Please see below for your options if you have new evidence to provide. Also, you may not request a HLR of a HLR decision issued by VA.

Note: Due to the specialized processing needs of VR&E, by default your HLR will be completed at the regional office where I work, which contradicts the information listed in box 13 on VA Form 20-0996. If you want your HLR to be completed at an alternate regional office, please indicate that in writing in box 13.

- File a Supplemental Claim (SC) at the Regional Office Level

If you disagree with my decision and you have new evidence to provide, you can request a SC to be completed at the regional office where I work. A SC is completed by either myself or another Vocational Rehabilitation Counselor that works at the same regional office in which I work. To request a SC, please complete VA Form 20-0995, Decision Review Request: Supplemental Claim. There is no time limit to request this review; however, if you submit a SC later than one year after the date of this letter, the effective date for any resulting award of benefits generally will be tied to the date VA receives the request for a SC.

- File a Formal Appeal with the Board of Veterans Appeals

If you disagree with my decision, you may appeal the decision to the Board of Veterans Appeals. If you want to file a formal appeal, please complete VA Form 10182, Decision Review Request: Board Appeal (Notice of Disagreement), and follow the instructions on the form regarding how to submit the appeal. You have one year from the date of this letter to file an appeal.

It is important to note that you may elect either a HLR or a SC at the regional office level, or elect an appeal by the Board. You may not have the same issue under review

at both the regional office and the Board at the same time. You must elect which option you wish to pursue.

The enclosed VA Form 20-0998, "Your Rights To Seek Further Review of Our Decision", explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting www.va.gov/vaforms/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

You can visit www.va.gov/decision-reviews to learn more about how the disagreement process works.

If you would like to obtain or access evidence used in making this decision, please contact us by telephone, email, or letter letting us know what you would like to obtain. Some evidence may be obtained online by visiting VA.gov.

What if you have questions or concerns?

If you have any questions about this letter or need additional information on VA benefits, please contact me at «CaseMgrPhone», via email at «CaseMgrEmailAddress», or call 1-800-827-1000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,



Robert Brumfield
Vocational Rehabilitation Counselor

Enclosure: VA Form 20-0998, Your Rights to Seek Further Review of our Decision
Cc:

How can eBenefits assist you?

eBenefits is a web portal that provides resources and self-service capabilities to Veterans, Servicemembers, and their families to research, access and manage their VA and military benefits and personal information. It is a joint effort between VA and the Department of Defense. eBenefits uses secure credentials to allow access to personal information and gives users the ability to perform numerous self-service functions. The eBenefits portal also provides access to the Veterans Employment Center, a one-stop career website for Veterans, transitioning Servicemembers and GI Bill beneficiaries, as well as military spouses and dependents. You will also find a list of links to other sites that provide information about military and Veteran benefits. It is an essential way for Veterans, Servicemembers, and their families to receive access to services. To access eBenefits, go to www.ebenefits.va.gov.



Department of Veterans Affairs

DO NOT WRITE IN THIS SPACE
(VA DATE STAMP)

**APPLICATION FOR VOCATIONAL REHABILITATION FOR CLAIMANTS
WITH SERVICE-CONNECTED DISABILITIES
(Chapter 31, Title 38, U.S.C.)**

PURPOSE OF VOCATIONAL REHABILITATION: Vocational Rehabilitation and Employment provides services that will assist certain claimants with disabilities in obtaining and maintaining suitable employment. If employment is not an option because of the severity of the claimants' disability conditions, services to assist them to achieve maximum independence in their daily living activities may also be provided.

IMPORTANT: To decide if you should fill out this form, please read the information on back of this form.

1. FIRST, MIDDLE, LAST NAME OF CLAIMANT Andrea Gale	2. SOCIAL SECURITY NO. TRA-11-2222	3. VA FILE NO. (If different from Item 2)	4. DATE OF BIRTH (Month, Day, Year) 02/26/1977
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code, OR write "None," if no mailing address.) 1207 Bailey Avenue Midville, IA 00436 (US)		6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.) (555) 555-3344	
7. E-MAIL ADDRESS OF CLAIMANT agale@hotmail.com		8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.)	
9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS , PROVIDE US YOUR NEW ADDRESS		10. NUMBER OF YEARS OF EDUCATION 14	
I HEREBY CERTIFY THAT the information I have entered on this form is true and complete to the best of my knowledge and belief. I realize that making willful false statements concerning a material fact in a claim of vocational rehabilitation benefits is a punishable offense that may result in a fine or imprisonment, or both. (Reference: 38 U.S.C. 3802(a))			
11A. SIGNATURE OF CLAIMANT (Do not print) (Sign in ink) Andrea Gale		11B. DATE SIGNED 08/15/2020	



DEPARTMENT OF VETERANS AFFAIRS

Midville Regional Office (379)

1776 Constitution Parkway

Midville, Iowa 00434

Andrea Gale

VA File Number

TRA-11-2222

Represented by:

N/A

Rating Decision

March 12, 2014

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era. You served in the Army during two periods: 09/18/**2000** to 09/17/**2003** and 04/15/**2006** to 12/14/**2013**.

DECISION

1. Service connection for paralysis of the ulnar nerve, left is granted with an evaluation of 30 percent effective December 15, 2013.
2. Service connection for depression is granted with an evaluation of 10 percent effective December 15, 2013.
3. Service connection for limited flexion of the forearm is granted with an evaluation of 0 percent effective December 15, 2013.
4. Service connection for hearing loss and tinnitus is granted with an evaluation of 0 percent effective December 15, 2013.

EVIDENCE

- Service treatment records from 09/18/2000 to 09/17/2003 and 04/15/2006 to 12/14/2013.
- VCAA letter of January 26, 2014
- Orthopedic examination by private physician dated December 10, 2013
- VA Medical Examination conducted at the VA medical center on February 18, 2014

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all Veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.

Rating Decision		<i>Department of Veterans Affairs</i> Veterans Benefits Administration		Page 1 03/04/2014	
NAME OF VETERAN Andrea Gale	VA FILE NUMBER TRA-11-2222	SOCIAL SECURITY NR TRA-11-2222	POA	COPY TO	

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
04/15/2006	12/14/2013	Army	Honorable

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
	1		None

SUBJECT TO COMPENSATION (1.SC)

8516 PARALYSIS OF THE ULNAR NERVE, LEFT
Service Connected, Gulf War Era, Incurred
30% from December 15, 2013

9434 DEPRESSION
Service Connected, Gulf War Era, Incurred
10% from December 15, 2013

5309 LIMITED FLEXION OF THE FOREARM
Service Connected, Gulf War Era, Incurred
0% from December 15, 2013

6260 HEARING LOSS AND TINNITUS
Service Connected, Gulf War Era, Incurred
0% from December 15, 2013

COMBINED EVALUATION FOR COMPENSATION: 40% from December 15, 2013

The effective date of the 40% rating is December 15, 2013 and the rating is considered effective December 15, 2013.

Roland W. Stedman 03/04/2014
Roland W. Stedman, RVSR