

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 David L. King	2. VA FILE NUMBER TRA-22-4444	3. SOCIAL SECURITY NO. TRA-22-4444	4. DATE 05/10/2019
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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 type="checkbox"/> 3	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
7	WALKING SEVERAL BLOCKS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0
8	WALKING ONE BLOCK, OR CLIMBING ONE FLIGHT OF STAIRS	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0
9	WALKING INDOORS, SUCH AS AROUND YOUR HOME	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" 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 type="checkbox"/> 2	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0
11	DOING ERRANDS, SUCH AS SHOPPING	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 0
12	DRIVING A CAR, OR USING PUBLIC TRANSPORTATION	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input checked="" 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 checked="" type="checkbox"/> 1	<input type="checkbox"/> 0

PART I - ACTIVITIES OF DAILY LIVING <i>(Continued)</i>						
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 checked="" type="checkbox"/> 1	<input 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 type="checkbox"/> 3	<input type="checkbox"/> 2	<input checked="" 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 checked="" type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input 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 type="checkbox"/> 4	<input type="checkbox"/> 3	<input checked="" 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 checked="" type="checkbox"/> 1	<input 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 type="checkbox"/> 3	<input checked="" 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: David has difficulty bathing because of his instability due to left side paralysis. He is afraid of falling and injuring himself while taking a shower.

#6: David has a lift chair which assists him getting out of his chair.

#7: He cannot walk one or several blocks because of partial paralysis of left side effecting the left arm and left leg. He has problems with balance and stamina and must use a cane when ambulating.

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 checked="" type="checkbox"/> PRIVATE HOME | <input type="checkbox"/> HALF-WAY HOUSE |
| <input checked="" type="checkbox"/> OWN <input type="checkbox"/> RENT | <input type="checkbox"/> VA DOMICILIARY |
| <input 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 checked="" type="checkbox"/> LIVE WITH SPOUSE | <input type="checkbox"/> FRIENDS |
| <input type="checkbox"/> LIVE WITH SIGNIFICANT OTHER | <input type="checkbox"/> OTHER <i>(Please explain)</i> |

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

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

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?

About like everybody else I guess.

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

Okay, I guess.

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

Not very close to my family who all live far away.

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

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

I stay to myself. I become frustrated and easily angered by people.

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)*

PART VI - ADDITIONAL COMMENTS

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.

David L. King
VA Form 28-0791 – Box 30 Continuation

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

#8: David has a lot of trouble going up and down steps due to his paralysis, leg brace and leg pain. He needs assistance with stairs. David has considerable difficulty in entering and leaving his home because of the number of steps involved. The property is on a sloping lot with uneven ground between the driveway, steps, and entry to the front door. Due to uneven ground and a number of steps David cannot enter house without great difficulty and assistance.

#9: David has difficulty walking indoors. He can ambulate indoors with his cane. He gets tired easily and has trouble with balance.

#10: David doesn't do any work around the house due to his paralysis, leg pain, shortness of breath and fatigue.

#11: His wife does most of the grocery shopping. David gets fatigued easily and must use a cane to ambulate so errands are difficult. He also gets anxious around crowds.

#12: He does not drive due to medical problems. His wife drives him.

#13: He indicates he doesn't get out much to see friends or relatives and would rather keep to himself. Being around a lot of people makes him nervous. He talks on the phone sometimes with relatives and sees them sometimes at Christmas.

#14: He doesn't attend church or social activities due to anxiety and stress being around crowds.

#15: He takes care of paying bills; otherwise reports his wife takes care of him.

#16: He cannot participate in recreational activities because of the severity of his disabilities (leg pain, fatigue, dizziness, paralysis).

#18: David cannot bend, stoop, or lift due to paralysis, pain, shortness of breath and dizziness.

#19: David has difficulty sleeping due to nightmares. He only sleeps 4-5 hours a night.

#20: David is prescribed multiple medications and admits he does not take any of his medications daily as prescribed. He says he only takes medications for hypertension sporadically. He seems to be noncompliant in monitoring and administering his insulin dosages. He does take his medication for anxiety (Xanax).

#23: David has some difficulty preparing meals due to his left side paralysis.

#24: David has a raised toilet with seat handles which assists him in getting on and off the toilet.

#25: David is unable to participate in vigorous activities due to his paralysis, hypertension, and leg pain. He fatigues easily, has chronic pain in his legs if he is on his feet for long periods of time, and uses a cane to ambulate.

#26: Sometimes he forgets things and has trouble concentrating, which he believes is due to medications.

#27: David has considerable difficulty in entering and leaving his home because of the number of steps involved. His overall physical condition, particularly his left-sided paralysis and lower extremity issues, make climbing and descending these steps difficult and somewhat dangerous. He also admits he doesn't like to go out much - he gets anxious and frustrated easily.

#29: David does not communicate with family or friends regularly. He relates that he does not enjoy being in public and stays at home, except for short trips to the VAMC or to the grocery. He reports a very low frustration tolerance when dealing with others. He fears that his anger may result in his being out of control in public and cites this as the primary reason he isolates himself for much of the time.



For Training Purposes Only
DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
1776 Constitution Parkway
Midville, Iowa 00434

05-10-2019

Mr. David King
1644 Potts Road
Clearview, IA 00662 (US)

In Reply Refer to:
RO 379/28

Dear Mr. King:

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, which include counseling and healthcare services. I based this decision on 38 U.S.C. §§ 3102 and 3103; and 38 CFR §§ 21.40, 21.44, 21.51 and 21.52.

Why did I make this decision?

I made this decision based on the following reason(s): You attended the scheduled Orientation and completed the qualification process regarding your claim for Vocational Rehabilitation and Employment services. We found that you are qualified and entitled to Chapter 31, Vocational Rehabilitation & Employment services. We determined that you have barriers to gainful employment and that you need assistance to become suitably employed.

What evidence did I use to make this decision?

We reviewed the information you provided during your initial appointment, the Rehabilitation Needs Inventory and supporting documentation to evaluate the limitations brought about by your disability. We determined you do need assistance to overcome those limitations and impairments to employment. If you would like copies of this information, please contact me to arrange the most efficient way to get this information to you.

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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 an 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 an 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 an HLR of an 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.

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It is important to note that you may elect either an 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 448-555- 0228, via email at casey.tisdale@va.gov or call 1-800-827-1000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,

Casey Tisdale
VRC

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

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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		NOTES FROM COUNSELING AND NEXT STEPS		
1. NAME (First, Middle, Last) David L. King		2. FILE NUMBER TRA-22-4444		
PLANS AGREED UPON				
3. LONG RANGE GOAL Independent Living Services				
4. PROPOSED PROGRAM				5. DESIRED PROGRAM BEGINNING DATE
NEXT STEPS TO BE TAKEN				
6A. PREFERRED SEQUENCE	6B. NECESSARY ACTIONS			6C. DATE ACTION COMPLETED
1	Entitlement to vocational rehabilitation services was established on this date			05/10/2019
2	Comprehensive Independent Living Evaluation			
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
NEXT COUNSELING APPOINTMENT				
7A. DATE TBD	7B. TIME	7C. LOCATION		
8A. COUNSELING PSYCHOLOGIST OR VOCATIONAL REHABILITATION SPECIALIST Casey Tisdale	8B. TELEPHONE NUMBER TO CONTACT (448) 555-0228	9A. SIGNATURE OF COUNSELEE <i>David King</i>	9B. DATE OF SIGNATURE 05/10/2019	

VA FORM 28-8606



FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

David King

VA FILE NUMBER

TRA-22-4444

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:

Achievement of a vocational goal cannot currently be determined.

Explain and justify decision:

David is currently rated at 100% for his multiple service-connected conditions and is rated as individually unemployable. Medical records and discussions with David reveal that he is very limited physically and does not possess the stamina required to hold down even the most sedentary employment. Further, his issues associated with PTSD, i.e., anger control, anxiety in public, inability to deal with authority figures and people in general, make the possibility of employment in any capacity even more remote. Therefore, based on the overwhelming evidence, it is determined that achievement of a vocational goal is not currently feasible. David has severe limitations due to his coronary artery disease, left sided paralysis, PTSD, and multiple other physical disabilities. He cannot be on his feet for prolonged periods, nor can he engage in prolonged lifting. Activities such as climbing, bending, running and carrying heavy objects are potentially aggravating to most all conditions. Therefore, it is determined that employment is not feasible.

DATE OF DETERMINATION: 05-10-2019

SIGNATURE

Casey Tisdale

TITLE

VRC

DATE

05-10-2019



1. FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

David L. King

2. VA FILE NUMBER

TRA-22-4444

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:

NA

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:

Mr. King was a career military Veteran with 20 years where he served in multiple roles in the military including leadership and artillery. His experience in leadership and his long time military service should have provided him some of the skills necessary to obtain employment as a civilian. However, since leaving the military he has been through multiple jobs. His jobs consisted of driving trucks, and multiple jobs in the sales department. He has held four jobs since leaving the military. However, he has left all of these jobs due to medical issues and unable to maintain employment.

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

X YES NO

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

Since being discharged, David suffered severe medical complications with a resulting significant increase in his SCD rating to 100%. His hypertension became much worse and did not respond to medication, and he underwent bypass heart surgery. His diabetes has gradually worsened as he has experienced significant weight gain due to his inability to engage in exercise or physical activity without experiencing shortness of breath and debilitating angina. Additionally, as a result of his combat experiences in Iraq and Afghanistan, he experiences multiple symptoms associated with PTSD. He has recurrent nightmares related to combat and is able to get very little sleep at night. He avoids crowds and only leaves home for short trips to the VA Medical Center (VAMC) or to the grocery. He relates that his anxiety is significantly increased when he is out in public. His overall medical status is such that he fatigues easily with very little energy or motivation to do anything productive due to his multiple disabilities and concomitant functional limitations. A review of medical records and discussion of the medical conditions with David reveal a number of issues with which he is coping. It is suspected that David's multiple health issues have resulted in some depression symptoms. He relates that he cannot motivate himself to be more disciplined in taking his prescribed medications for his various conditions, even though he is aware that not doing so will worsen his overall health. He is partially resistant to any type of mental health treatment for depression, anger management or PTSD. As a result of his medical conditions and appointments, he has not been able to maintain suitable and stable employment and ultimately these conditions have resulted in him having to leave each job.

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 X NO

David has a BS in History that is over 30 years old and has no direct employment linkage other than he meets some minimum criteria when a BS degree is required.

David has been in the military for 20 years and has little transferable skills to civilian employment essentially having no civilian employment history. David is lacking requisite occupational and academic skills to secure suitable employment within the local area.

David has been unemployed since 02/28/2012 and is unable to return to substantial gainful employment. Although he had actively sought employment in the past, he was not able to maintain substantial gainful employment. He does not possess a level of education or skill which would enable him to successfully seek employment in a job compatible with the limitations of his service connected disabilities. He, therefore, has not been able to overcome the vocational impairment.

6D. DOES THE CLAIMANT HAVE AN EMPLOYMENT HANDICAP?

X 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?

X YES NO

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

Select the following factors that contribute to a significant impairment:

NOTE: Skip items that do not apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Number of disabling condition(s) | <input checked="" type="checkbox"/> Extent and complexity of needed rehabilitation services |
| <input checked="" type="checkbox"/> Record of or current neuropsychiatric condition(s) | <input type="checkbox"/> Limitations in education/training for suitable employment |
| <input checked="" type="checkbox"/> Withdrawal from society | <input checked="" type="checkbox"/> A pattern of reliance on government support programs (e.g. worker's compensation, social security, etc.) |
| <input type="checkbox"/> Alcohol/Substance abuse | <input type="checkbox"/> Difficulties with communicating |
| <input checked="" type="checkbox"/> Severity of disabling condition(s) | <input type="checkbox"/> Other evidence of significant restrictions to employability |
| <input checked="" type="checkbox"/> Negative attitudes towards the disabled | <input type="checkbox"/> Criminal record |
| <input checked="" type="checkbox"/> Long or substantial periods of unemployment | <input type="checkbox"/> Other (List: _____). |
| <input type="checkbox"/> Frequent hospitalizations | |
| <input checked="" type="checkbox"/> Unstable work history | |
| <input checked="" type="checkbox"/> Chronic pain | |

Does the individual have a Serious Employment Handicap (SEH)? YES NO

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

X YES NO

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

He has both significant physical and emotional issues which severely limit his ability to prepare for, obtain or maintain employment of any kind. His lack of transferable skills and employer bias toward the disabled further impact the severity of the employment handicap. Furthermore, he has some service-connected conditions which are progressive and may evolve to greater levels of problems and limitations.

Considering that David's physical limitations are particularly severe and, considering that he does experience other factors which make finding employment especially difficult, i.e., lack of transferable skills, no civilian work history, long term unemployment, a number of complicated, disabling conditions, etc., a serious employment handicap is determined.

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?

- X 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)
- X **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: 05-10-2019

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

Casey Tisdale

11. TITLE

VRC

12. DATE SIGNED

05-10-2019



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.

David L. King

Veteran's Signature

05/10/2019

Date

Casey Tisdale

VRC Signature

05/10/2019

Date



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.

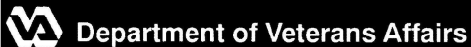
I HEREBY CERTIFY THAT the information I have given is true and correct to the best of my knowledge and belief.

David L. King

(Veteran's Signature)

05/10/2019

(Date Signed)



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) David L. King		2. TELEPHONE NUMBER(S) HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER		
3. CURRENT ADDRESS 1644 Potts Road Clearview, IA 00662 (US)		(515) 222-4444		
5. GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4a. E-MAIL ADDRESS 1 david.king@gmail.com		4b. E-MAIL ADDRESS 2
6. MARITAL STATUS Married		7. CLAIM NUMBER TRA-22-4444		8. SOCIAL SECURITY NUMBER TRA-22-4444
9. CLAIMING DEPENDENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO # <u>1</u>		10. NICKNAME/AKA		
11. EMERGENCY CONTACT INFORMATION				
CONTACT NAME				
Margaret King				
CONTACT PHONE NUMBER			CONTACT RELATIONSHIP	
(515) 234-4444			Wife	
12. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU? Not sure. My disabilities keep me from working or doing many things.				
13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN? Don't know what I can do.				
14. HAVE YOU EVER PARTICIPATED IN OR ARE CURRENTLY PARTICIPATING IN A VA EDUCATION BENEFIT PROGRAM? <input type="checkbox"/> YES <input checked="" 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.

	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
		FROM	TO	
A	Sales Representative	01/20/2013	05/15/2013	1,500.00
	COMPANY NAME	STATUS		
	Owen Furniture Co	<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 Sold furniture to customers. Assisted customers in determining their furniture needs.				
REASON FOR LEAVING Medical				
B	Sales Representative	12/13/2011	10/06/2012	2,100.00
	COMPANY NAME	STATUS		
	Peak Business Machines	<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT		<input type="checkbox"/> PART TIME
		<input checked="" type="checkbox"/> PERMANENT POSITION		<input checked="" type="checkbox"/> FULL TIME

15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)				
B	DESCRIBE JOB DUTIES IN DETAIL Called on business accounts to determine business machine needs and sold copiers, faxes.			
	REASON FOR LEAVING Missed too much time due to medical issues.			
C	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
	Sales Representative	FROM 11/01/2010	TO 08/27/2011	
	COMPANY NAME	STATUS		
	Allied Trucking	<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input checked="" type="checkbox"/> PERMANENT POSITION		<input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> FULL TIME
DESCRIBE JOB DUTIES IN DETAIL Called on prospective business customers to contract with them to utilize our logistics.				
REASON FOR LEAVING Had complications with my heart condition. Could not travel extensively as required.				
D	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
		FROM	TO	
	COMPANY NAME	STATUS		
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION		<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
DESCRIBE JOB DUTIES IN DETAIL				
REASON FOR LEAVING				
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: O-5 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	DATES		AVERAGE GROSS MONTHLY SALARY
	Company Executive Officer	FROM 06/15/2008	TO 02/28/2010	
	LIST ANY HONORS AND COMMENDATIONS			RANK O-5 (Lt. Col.)
	DESCRIBE JOB DUTIES IN DETAIL Served as company executive officer in charge of logistics of deployment of soldiers and equipment in the Iraq theater.			
HIGHEST RANK ACHIEVED: O-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				
B	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
	Artillery Officer	FROM 06/30/1999	TO 06/15/2008	
	LIST ANY HONORS AND COMMENDATIONS			RANK O-3 to O-4
	DESCRIBE JOB DUTIES IN DETAIL Served as artillery officer in Iraq during Persian Gulf War and at Ft. Benning.			
HIGHEST RANK ACHIEVED: O-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				
C	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
	Artillery Officer	FROM 02/20/1997	TO 06/30/1999	
	LIST ANY HONORS AND COMMENDATIONS			RANK
	DESCRIBE JOB DUTIES IN DETAIL Assigned to the Pentagon and worked on a task force to develop effective strategies for use of new artillery weapons.			
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?

I have been an artillery officer for 20 years. There is no civilian counterpart to this occupation. Was somewhat successful in sales, but health prevented me from continuing.

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

I have been battling deteriorating health and have had to apply for SSDI benefits which began last August. Tried employment on three occasions, but lost all three jobs due to health issues.

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 1985 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				
Central State Univ	08/1985	08/1989	2.73	128.00	Social Studies	1989

22A. WHAT SUBJECTS DID YOU LIKE?

22B. WHAT SUBJECTS DID YOU DISLIKE?

1	History	1	Sciences
2	Math	2	
3	Sociology	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):

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?
Coronary Artery Disease, Left side paralysis, TPSD, High Blood Pressure, Diabetes	100.00	Can't do anything physical. On many medications which make me feel out of it at times. Hard to concentrate or find anything I can do, except watch TV and read the newspaper. Have management ability.
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	30. ARE ANY OF YOUR DISABILITIES WORSENING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	--	--

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

<input checked="" type="checkbox"/> RETIREMENT <i>(Military/civilian)</i>	<input type="checkbox"/> WORKERS COMPENSATION BENEFITS	<input type="checkbox"/> WELFARE ASSISTANCE
<input checked="" type="checkbox"/> DISABILITY PENSION <i>(Military/civilian)</i>	<input checked="" 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
Heart and HBP	VA and Walter Reed	every 3 months	multiple
Paralysis, left	VA	as needed	
Diabetes	VA	every 2 months	insulin
Vein problem	VA	every 3 months	blood thinner
PTSD	VA	not seen any longer	not sure

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

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

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

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," please describe below)</i>
--	--

MISCELLANEOUS

The following information will be used for employment planning purposes.

39A. DO YOU: <input type="checkbox"/> RENT <input checked="" type="checkbox"/> OWN <input 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: Own a house with my wife.
--	---	---

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

05/10/2019

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

David L. King

DATE SIGNED

05/10/2019

SIGNATURE OF CASE MANAGER OR VOCATIONAL REHABILITATION COUNSELOR (VRC)

Casey Tisdale

DATE SIGNED

05/10/2019



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

April 27, 2019

Mr. David King
1644 Potts Road
Clearview, IA 00662 (US)

In Reply Refer to:
RO 379/28

Dear Mr. King:

We have received your application for Vocational Rehabilitation and Employment (VR&E) benefits. We have scheduled an appointment for you to meet with a Department of Veterans Affairs (VA) Vocational Rehabilitation Counselor (VRC). 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: 05/10/2019
Time: 9:00 AM
Place: VARO Midville, Iowa

What should you 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 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.

VR-03



DEPARTMENT OF VETERANS AFFAIRS

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

April 27, 2019

In Reply Refer to:

Mr. David King
1644 Potts Road
Clearview, IA 00662 (US)

379/28
Last 4 digits: 2222/ 00

Dear Mr. King:

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 3/1/2024 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,

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 David L. King		2. SOCIAL SECURITY NO. TRA-22-4444	3. VA FILE NO. (If different from Item 2) TRA-22-4444	4. DATE OF BIRTH (Month, Day, Year) 04/20/1960
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code, OR write "None," if no mailing address.) 1644 Potts Road Clearview, IA 00662 (US)			6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.) (515) 222-4444	
7. E-MAIL ADDRESS OF CLAIMANT david.king@gmail.com			8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.) (515) 222-4444	
9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS , PROVIDE US YOUR NEW ADDRESS			10. NUMBER OF YEARS OF EDUCATION 16	
<p>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))</p>				
11A. SIGNATURE OF CLAIMANT (Do not print) (Sign in ink) <i>David King</i>			11B. DATE SIGNED 02/15/2019	



DEPARTMENT OF VETERANS AFFAIRS

Midville Regional Office (379)

1776 Constitution Parkway

Midville, Iowa 00434

David King

VA File Number

TRA-22-4444

Represented by:

N/A

Rating Decision

March 01, 2012

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era. You served in the Army from 02/20/1990 to 02/28/2010. You filed an original claim for service connected disability on February 10, 2012. Based on the evidence of record, the VA has made the following determination on your claim.

DECISION

1. Service connection for partial paralysis of left side requiring long leg brace is granted with an evaluation of 30 percent effective March 01, 2010.
2. Service connection for coronary artery disease is granted with an evaluation of 50 percent effective March 01, 2010.
3. Service connection for post traumatic stress disorder is granted with an evaluation of 30 percent effective March 01, 2010.
4. Service connection for hypertension is granted with an evaluation of 20 percent effective March 01, 2010.
5. Service connection for diabetes mellitus is granted with an evaluation of 20 percent effective March 01, 2010.
6. Service connection for venous insufficiency in lower extremities is granted with an evaluation of 20 percent effective March 01, 2010.

EVIDENCE

- Service treatment records from February 20, 1990 to February 28, 2010.
- VCAA letter of February 15, 2012
- VA Medical Examination conducted at the VA medical center on February 21, 2012

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 03/01/2012
NAME OF VETERAN David L. King	VA FILE NUMBER TRA-22-4444	SOCIAL SECURITY NR TRA-22-4444
	POA	COPY TO

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
02/20/1990	02/28/2010	Army	Honorable

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

JURISDICTION: Original Claim Received 02/10/2012

ASSOCIATED CLAIM(s): 110; Initial Compensation 7 or less issues; 02/10/2012

SUBJECT TO COMPENSATION (1.SC)

<p>8521 PARTIAL PARALYSIS OF LEFT SIDE REQUIRING LONG LEG BRACE Service Connected, Gulf War Era, Incurred 30% from March 01, 2010</p> <p>7005 CORONARY ARTERY DISEASE ASSOCIATED WITH MYOCARDIAL Service Connected, Gulf War Era, Incurred 50% from March 01, 2010</p> <p>9411 PTSD Service Connected, Gulf War Era, Incurred 30% from March 01, 2010</p> <p>7101 HYPERTENSION Service Connected, Gulf War Era, Incurred 20% from March 01, 2010</p> <p>7913 DIABETES MELLITUS Service Connected, Gulf War Era, Incurred 20% from March 01, 2010</p> <p>7121 VENOUS INSUFFICIENCY IN LOWER EXTREMITIES Service Connected, Gulf War Era, Incurred 20% from March 01, 2010</p> <p>COMBINED EVALUATION FOR COMPENSATION: 100% from March 01, 2010</p> <p>The effective date of the 100% rating is March 01, 2010 and the rating is considered permanent and total effective March 01, 2010.</p>
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Roland W. Stedman 03/01/2012
Roland W. Stedman, RVSR