



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.

Dina M. Kosinski

Veteran's Signature

05/03/2021

Date

Logan Scowden

VRC Signature

05/03/2021

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.

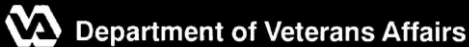
I HEREBY CERTIFY THAT the information I have given is true and correct to the best of my knowledge and belief.

Dina Marie Kosinski

(Veteran's Signature)

05/03/2021

(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 (<i>First, middle, last</i>) Dina M. Kosinski		2. TELEPHONE NUMBER(S)		
		HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
3. CURRENT ADDRESS 4617 Vista Cove Springfield, IA 57095 (US)		(641) 555-2233		
		4a. E-MAIL ADDRESS 1 dina0907@comcast.net	4b. E-MAIL ADDRESS 2	
5. GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	6. MARITAL STATUS Married	7. CLAIM NUMBER TRA-55-7777	8. SOCIAL SECURITY NUMBER TRA-55-7777	
9. CLAIMING DEPENDENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # <u>0</u>	10. NICKNAME/AKA	11. EMERGENCY CONTACT INFORMATION		
		CONTACT NAME		
		CONTACT PHONE NUMBER		
		CONTACT RELATIONSHIP		
12. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU? I want to continue my education so I can have a good career.				
13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN? Computer programming, information systems, teaching, business management				
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 (<i>Please explain</i>) <input type="checkbox"/> VA VOCATIONAL REHABILITATION		
14C. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED (<i>i.e., training, medical, vocational testing, functional capacities, job search activities</i>):				

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 Cable installer	DATES FROM TO 05/11/2020 12/02/2020		AVERAGE GROSS MONTHLY SALARY \$2,500
	COMPANY NAME Comcast	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 Installed cable TV and internet into homes and businesses. Ran cable from terminal to TV.			
	REASON FOR LEAVING Terminated for missing work because of my leg injury.			
B	JOB TITLE Restaurant hostess	DATES FROM TO 12/01/2015 05/06/2017		AVERAGE GROSS MONTHLY SALARY \$1,600
	COMPANY NAME The Chop House Grille	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		

15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)				
B	DESCRIBE JOB DUTIES IN DETAIL Greeted diners, escorted them to their assigned table; distributed work among wait staff.			
	REASON FOR LEAVING Enlisted in Navy			
C	JOB TITLE Waitress / Bartender	DATES FROM 09/23/2012 TO 11/16/2015		AVERAGE GROSS MONTHLY SALARY \$1,600
	COMPANY NAME O'Donnell's Irish Pub	STATUS <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 Mixed drinks at bar and waited on customers. Served food.			
	REASON FOR LEAVING Got tired of dealing with drunks.			
D	JOB TITLE Waitress	DATES FROM 10/30/2011 TO 06/05/2012		AVERAGE GROSS MONTHLY SALARY \$800
	COMPANY NAME TGI Fridays	STATUS <input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input checked="" type="checkbox"/> PERMANENT POSITION		<input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	DESCRIBE JOB DUTIES IN DETAIL Took orders from diners and served their meals. Bussed tables after meals.			
	REASON FOR LEAVING Personal reasons.			
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-2 ARMED SERVICES: <input type="checkbox"/> ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD				
A	JOB TITLE Electronics Technician	DATES FROM 06/21/2017 TO 03/29/2025		AVERAGE GROSS MONTHLY SALARY \$2,100
	LIST ANY HONORS AND COMMENDATIONS			RANK
	DESCRIBE JOB DUTIES IN DETAIL Installed and maintained communication equipment. Installed software for various computer programs related to communication equipment.			
	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			
B	JOB TITLE	DATES FROM TO		AVERAGE GROSS MONTHLY SALARY
	LIST ANY HONORS AND COMMENDATIONS			RANK
	DESCRIBE JOB DUTIES IN DETAIL			
	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			
	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			
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?
 Knowledge of electronics and computers.

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				
U of Calif-Riverside	08/2011	06/2012	2.00	20.00	General education	

22A. WHAT SUBJECTS DID YOU LIKE?

22B. WHAT SUBJECTS DID YOU DISLIKE?

1	History	1	English
2	Math	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):

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?
Fracture of right femur, nerve damage with pain and numbness. Depression.	40.00	Can't be on my feet for a long time. No heavy lifting, climbing, squatting, or crawling. These activities cause pain. Lost job because of leg injury. Get down easily because of what I can no longer do
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? <i>(Check all that apply)</i>		
<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 _____
32. DO YOU HAVE A CLAIM PENDING FOR ANY OF THE FOLLOWING? <i>(Check all that apply)</i>		
<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
Leg fracture	VAMC, Midville	as needed	Celebrex
Depression	VAMC, Midville	not seen any more	Xanax

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? I would like to see a specialist outside VA to see if something could be done about the nerve damage in my right leg.
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 I have a cane that I can use if needed. Usually do not need unless I have been on my feet a lot and am in pain.
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 Due to financial issues, I have had to move in with my mother.
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> I want to learn about any programs that can help me complete school so I can get a good job and move into my own place.

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: Live with my mother at the moment and she does not charge me rent.
40A. WHAT MODE OF TRANSPORTATION DO YOU USE? <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> OTHER		
40B. HOW FAR ARE YOU WILLING TO COMMUTE FOR WORK AND/OR SCHOOL? 20 miles	40C. DO YOU HAVE A VALID DRIVER'S LICENSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

MISCELLANEOUS (CONTINUED)	
41. ARE YOU WILLING TO RELOCATE FOR A JOB? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
42. IF YOU HAVE HAD A HISTORY OF OR ARE CURRENTLY DEALING WITH LEGAL ISSUES, PLEASE SELECT AND DESCRIBE BELOW: <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY <input type="checkbox"/> PROBATION <input type="checkbox"/> PAROLE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> N/A	
43. IF YOU HAVE HAD AND/OR PRESENTLY HAVE SUBSTANCE ABUSE ISSUES, PLEASE SELECT AND DESCRIBE BELOW: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (<i>Illicit</i>) <input type="checkbox"/> DRUGS (<i>Prescription</i>) <input checked="" type="checkbox"/> 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE COMPLETED 05/01/2021
PROTECTION OF PRIVACY INFORMATION STATEMENT <i>(For use by counselees and rehabilitation program participants)</i>	
<p>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.</p> <p>My giving the requested information is voluntary. I understand that the following results might occur if I do not give this information:</p> <ol style="list-style-type: none"> (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. <p>My failure to give this information will not have a negative effect on any other benefit to which I may be entitled.</p> <p>I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.</p>	
SIGNATURE OF VETERAN <i>Dina M. Kosinski</i>	DATE SIGNED 05/01/2021
SIGNATURE OF CASE MANAGER OR VOCATIONAL REHABILITATION COUNSELOR (VRC) <i>Logan Snowden</i>	DATE SIGNED 05/03/2021



DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office
Department of Veterans Affairs
1776 Constitution Parkway
Midville, Iowa 00434

04/26/2021

Ms. Dina Kosinski
4617 Vista Cove
Springfield, IA 57095

In Reply Refer to:
379/28
Last 4 digits: 7777/ 00

Dear Ms. Dina Kosinski:

We 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 to receive these benefits.

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: 05-03-2021
Time: 9:00 AM
Place: VARO

What will happen during the meeting?

We will discuss information about you that may help us make informed decisions on your request for vocational rehabilitation services. The information may include 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

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

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 based on your specific employment handicap and capabilities; 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 now need assistance to find a suitable employment.

You should bring any evidence that will indicate 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. The costs must be verifiable by presenting receipts. Requests for reimbursement of travel expenses must be received within 30 days after completion of travel.

What are the next steps?

- If you are determined entitled for VR&E benefits, we will begin your vocational planning immediately.
- If you are not determined entitled, we will refer you to other agencies for assistance.

What can you do if you have questions or concerns?

If you have any questions about this letter or need additional information on VA benefits, please contact us at (800) 827-1000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,

Jordan Wainwright

Jordan Wainwright
Vocational Rehabilitation and Employment Officer

Enclosure: VAF 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
Department of Veterans Affairs

04/26/2021

Ms. Dina Kosinski
4617 Vista Cove
Springfield, IA 57095

In Reply Refer to:
329/28
Last 4 digits: 7777 / 00

Dear Ms. Dina Kosinski

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.***

Within a week or two you will receive an Initial Orientation Appointment Letter from your Vocational Rehabilitation Counselor, providing the Date, Time, and Location of your Appointment. Included with the Letter will be other documents that you will need to complete and bring with you to the Appointment.

Why did I make this decision?

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

- You have a Compensable Service-Connected Disability Rating of 10% or Greater.

What evidence did I use to make this decision?

- Rating Information Available in Veterans Benefits Management System (VBMS).

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 call 1-800-827-1000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,

VR&E Officer

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

cc: KENTUCKY CENTER FOR VETERANS AFFAIRS

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 Dina Marie Kosinski	2. SOCIAL SECURITY NO. TRA-55-7777	3. VA FILE NO. (If different from Item 2) TRA-55-7777	4. DATE OF BIRTH (Month, Day, Year) 09/07/1988
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code, OR write "None," if no mailing address.) 4617 Vista Cove Springfield, IA 57095 (US)		6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.) (641) 555-2233	
7. E-MAIL ADDRESS OF CLAIMANT dina0907@comcast.net		8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.) (641) 555-2233	
9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS , PROVIDE US YOUR NEW ADDRESS		10. NUMBER OF YEARS OF EDUCATION 13	
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) <i>Dina Kosinski</i>		11B. DATE SIGNED 04/19/2021	



DEPARTMENT OF VETERANS AFFAIRS

Midville Regional Office (379)

1776 Constitution Parkway

Midville, Iowa 00434

Dina M. Kosinski

VA File Number

TRA-55-7777

Represented by:

N/A

Rating Decision

September 23, 2020

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era. You served in the U.S. Navy from June 21, 2017 to March 29, 2020. You filed an original claim for service connected disability on September 24, 2020. Based on the evidence of record, the VA has made the following determination on your claim.

DECISION

1. Service connection for chronic pain syndrome with neuropathy, secondary to right femur fracture, is granted with an evaluation of 20 percent effective March 30, 2020.
2. Service connection for fracture, right femur is granted with an evaluation of 20 percent effective March 30, 2020.
3. Service connection for depression, mild, is granted with an evaluation of 10 percent effective March 30, 2020.

EVIDENCE

- Service treatment records from June 21, 2017 to March 29, 2020.
- VCAA letter of May 22, 2020
- VA Medical Examination conducted at the VA medical center on August 02, 2020

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 09/23/2020
NAME OF VETERAN Dina Marie Kosinski	VA FILE NUMBER TRA-55-7777	SOCIAL SECURITY NR TRA-55-7777
		POA COPY TO

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
06/21/2017	03/29/2020	Navy	Honorable

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

JURISDICTION: Original Claim Received 07/14/2020

ASSOCIATED CLAIM(s): 110; Initial Compensation 7 or less issues; 07/14/2020

SUBJECT TO COMPENSATION (1.SC)

<p>8726 CHRONIC PAIN SYNDROME, SECONDARY TO RIGHT FEMUR FRACTURE Service Connected, Gulf War Era, Incurred 20% from March 30, 2020</p> <p>5255 FRACTURE, RIGHT FEMUR Service Connected, Gulf War Era, Incurred 20% from March 30, 2020</p> <p>9434 DEPRESSION, MILD Service Connected, Gulf War Era, Incurred 10% from March 30, 2020</p> <p>COMBINED EVALUATION FOR COMPENSATION: 40% from March 30, 2020</p> <p>The effective date of the 40% rating is March 30, 2020.</p>

Carla R. Vincent

06/17/2021

Carla R. Vincent, RVSR