



COUNSELING RECORD - NARRATIVE REPORT (SUPPLEMENTAL SHEET)

FIRST NAME, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Dina Kosinski

VA FILE NUMBER

TRN-55-7777

PLAN DEVELOPMENT NARRATIVE

1. VOCATIONAL EXPLORATION - Document the activities, assignments and results of the vocational exploration activities:

The Veteran further explored vocational goals as an architect, systems analyst, information systems manager and computer programmer. The Veteran's previous college and some of her military training and experience were found to apply to this degree. Veteran agrees that this is her best option and to pursue with plan development.

2. OBSERVATIONS FROM APTITUDE AND INTEREST TESTING AND ABILITIES (38 CFR 21.50)

results indicate that the veteran has the highest likelihood of success working in the following areas: electrical/electronic engineer, architect, and computer systems analyst

3. ASSESSMENT OF BASIC INDEPENDENT LIVING (IL) NEEDS

A. Can the claimant manage his or her personal hygiene, clothing, and dressing without help?

[X] YES [] NO

B. Can the claimant manage his or her nutrition, health care, and medication management without help?

[X] YES [] NO

C. Can the claimant drive a car or use public transportation safely, if available?

[X] YES [] NO

D. Can the claimant enter and exit his or her home without assistance?

[X] YES [] NO

IDENTIFIED IL NEEDS:

[] E. For each identified need, explain how the need affects the claimant's activities of daily living below:

[X] F. There were no identified basic IL needs

4. FOR AUTOMATIC ENTITLEMENT (NDAA) ONLY- identify and explain the claimant's disabilities that contribute to his or her vocational impairment(s) below:

NA

5. TYPE OF REHABILITATION PLAN (38 CFR 21.80) - select the type of plan and explain the reason for selecting the plan.

[] IEPP:

[] IEAP (Limited Employment Services under 38 U.S.C. 3117):

[] IILP:

[X] IWRP/IEAP:

The plan was written based on the feasibility & expected success of obtaining employment.

[] IWRP/IEAP (Fast Track):

[] IWRP:

6. SUITABILITY OF SELECTED VOCATIONAL OR EMPLOYMENT GOAL (For IEPP, IWRP, and IEAP - identify the selected vocational goal and justify compatibility of the chosen vocational goal with the claimant's service-connected disabilities).

The goal was selected based on the Veteran's interests, aptitudes, and goal of becoming a or related occupation which they are expected to obtain suitable employment. This field is not expected to aggravate their SCD conditions.

7. DESCRIPTION OF THE OBJECTIVES AND SERVICES NEEDED TO ACHIEVE PLANNED GOAL (For selected type of plan - include any needed special services).

The IWRP/IEAP states that the Veteran will:

- 1.) Complete a Bachelor of Science Degree in Management Info Systems through Eastern State University - Academic instruction and/or vocational training at a VA approved facility and payment of tuition, fees, required books, equipment, tools, and supplies.
- 2.) Manage their disability conditions to achieve success in completing the IWRP/IEAP goal - Services provided; Referrals to the VAMC for medical and/or dental services as needed.
- 3.) Gain and maintain entry-level employment as a Information Systems Manager or related occupation
- Services Provided; Referral to ESC, DVOP and/or LVER. Two months of EAA payment for satisfactory participation in employment services.

8. ELECTION OF BENEFITS (38 CFR 21.264, Public Law 111-377)

- CHAPTER 31 SUBSISTENCE ALLOWANCE
 POST 9/11 SUBSISTENCE ALLOWANCE

9. RETROACTIVE INDUCTION/RETROACTIVE REIMBURSEMENT (38 CFR 21.282) (For IWRP only, and Claimant must actively participate in the proposed plan of services):

- YES NO

If "Yes", identify and briefly explain the reason for reimbursement below:

10. LEVEL OF CASE MANAGEMENT APPOINTMENT (For selected type of plan):

- LEVEL 1 LEVEL 2 LEVEL 3

Justify selected case management level below:

Level 2 - Veteran has demonstrated the willingness to cooperate through evaluation and plan development with attending all scheduled appointments and providing required documentation. She has not been in training for a while and may need assistance and close guidance initially when she starts the program. She also has medical issues that may need close monitoring and coordination of services to ensure a smooth transition into training for employment in Management of Information Systems

11. LEVEL OF APPROVAL:

- PROGRAM COST (High Cost Facility, Self-Employment, Independent Living). Select highest level of approval:
- VR&E Counselor
 - VR&E Officer or Designee
 - RO DIRECTOR
 - VR&E SERVICE DIRECTOR
- REDUCED WORK TOLERANCE (Approved by VA Physician)
- CHAPTER 31 ONLY PROGRAMS OF TRAINING OR COURSES (Approved by the Director of VR&E Service)
- ENTITLEMENT EXTENSION (Approved by VR&E Officer)

SIGNATURE

Logan Snowden

TITLE
VRC

Logan Snowden

DATE SIGNED

07/05/2021



ELECTION FOR CH 31 SUBSISTENCE ALLOWANCE (CH31SA) RATE OR POST 9/11 SUBSISTENCE ALLOWANCE (P911SA) RATE

First, Middle Initial, Last Name of Claimant

Dina Kosinski

VA File No.

TRA-555-7777

This is to certify that I understand and agree with the following statements for election of my subsistence allowance rate:

- a. I have been found entitled to VA Chapter 31 and Chapter 33 (VA Post 9/11 GI Bill) benefits.
b. My entitlement to both benefits means that I may elect to receive P911SA instead of CH31SA; however, I cannot receive benefits from both programs at the same time.
c. I have reviewed the P911SA and CH31SA rates.
d. I have provided a copy of my Certificate of Eligibility (COE) from Education in order to receive P911SA rate.
e. I acknowledge that my remaining entitlement under CH33 is 36 months and 00 days.
f. I acknowledge that my remaining entitlement under CH31 is 48 months and 00 days.

Below is my election for my subsistence allowance rate:

- I elect to receive my P911SA rate to begin effective
I elect to receive my CH31SA rate to begin effective
[X] I authorize my assigned VRC to elect the subsistence allowance rate that is the most beneficial (the highest rate) based on the type of training program to begin effective 07-05-2021

Note: My election above is in effect unless I elect a new rate by notifying my VRC in writing.

Claimant's Signature

Dina Kosinski

Date

07-05-2021



FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

VA FILE NUMBER

Last 4 Digits: _____ / 00

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:
 Yes, Achievement of a vocational goal is currently reasonably feasible
 Achievement of a vocational goal is reasonably feasible because we have identified a suitable vocational goal of information systems manager. The vocational goal she has identified does not appear to aggravate her service-connected disabilities or could be accommodated through reasonable accommodations by consulting JAN. The Veteran's physical, psychological and cognitive functioning permits training for the vocational goals and can begin within a reasonable period of time. The Veteran has the necessary background to pursue the vocational goal she just lacks the education and the education will be provided services by the Department of Veterans Affairs to develop such necessary skills as part of their rehabilitation program.

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:

DATE OF DETERMINATION:

SIGNATURE


Logan Snowden

TITLE

Vocational Case Manager

DATE

5/06/2021

 Department of Veterans Affairs		NOTES FROM COUNSELING AND NEXT STEPS		
1. NAME (First, Middle, Last) Dina M. Kosinski		2. FILE NUMBER TRA-55-7777		
PLANS AGREED UPON				
3. LONG RANGE GOAL Not determined at this point				
4. PROPOSED PROGRAM Not determined				5. DESIRED PROGRAM BEGINNING DATE
NEXT STEPS TO BE TAKEN				
6A. PREFERRED SEQUENCE	6B. NECESSARY ACTIONS			6C. DATE ACTION COMPLETED
1	You have been determined to be entitled to VA vocational rehabilitation services			05/03/2021
2	Return for your next appointment for a vocational evaluation on 05/16/2021 at 9:00 AM			
3	Bring a copy of your college transcript to your next appointment.			
4				
5				
6				
7				
8				
9				
10				
11				
12				
NEXT COUNSELING APPOINTMENT				
7A. DATE 05/16/2021	7B. TIME 09:00 AM	7C. LOCATION Midville Va Regional Office, Room 110		
8A. COUNSELING PSYCHOLOGIST OR VOCATIONAL REHABILITATION SPECIALIST Logan Snowden, VRC	8B. TELEPHONE NUMBER TO CONTACT (448) 555-0228	9A. SIGNATURE OF COUNSELEE <i>Dina Kosinski</i>	9B. DATE OF SIGNATURE 05/03/2021	

VA FORM 28-8606



DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office
Department of Veterans Affairs
1776 Constitution Parkway
Midville, Iowa 00434

05/03/2021

Ms. Dina Kosinski
4617 Vista Cove
Springfield, IA 57095

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

Dear Ms. Dina Kosinski:

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.

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 448-555-0228, via email at Logan.snowden@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,

Logan Snowden

Logan Snowden
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.



1. FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT	2. VA FILE NUMBER	3. REGIONAL OFFICE NUMBER 346/28
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SECTION I - OVERTURNING PRIOR REHABILITATION, DISCONTINUANCE, OR PREVIOUS DETERMINATION OF MAXIMUM REHABILITATION GAIN (MRG) CLOSURE

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

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

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

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

EXPLAIN AND JUSTIFY DECISION:

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

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

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

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

SECTION III - EMPLOYMENT HANDICAP (EH) DETERMINATION

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

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

6A. DOES THE CLAIMANT HAVE A VOCATIONAL IMPAIRMENT?

YES NO

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

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

YES NO

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

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

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

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

YES NO

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

6D. DOES THE CLAIMANT HAVE AN EMPLOYMENT HANDICAP?

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

SECTION IV - SERIOUS EMPLOYMENT HANDICAP (SEH) DETERMINATION

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

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

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

YES NO

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

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

YES NO

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

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

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

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

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

SECTION V - ENTITLEMENT DETERMINATION

(Reference: 38 CFR 21.40)

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

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

DATE THE CLAIMANT WAS NOTIFIED IN WRITING OF THE ENTITLEMENT DECISION: .

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

Logan Snowden, VRC

11. TITLE

12. DATE SIGNED



VOCATIONAL REHABILITATION AND EMPLOYMENT (VR&E) PROGRAM ORIENTATION

VR&E MISSION

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

ENTITLEMENT TO THE VR&E PROGRAM

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

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

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

5 TRACKS TO EMPLOYMENT

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

TYPES OF SERVICES OFFERED BY THE VR&E PROGRAM

Services may include, but are not limited to:

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

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

YOUR ROLE

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

VRC's ROLE

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

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)



Department of Veterans Affairs

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 (641) 555-2233	CELL PHONE NUMBER	WORK PHONE NUMBER
3. CURRENT ADDRESS 4617 Vista Cove Springfield, IA 57095 (US)		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?
 YES NO

14A. HAVE YOU EVER PARTICIPATED IN A PROGRAM OF VOCATIONAL REHABILITATION BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," complete Items 14B and 14C)</i>	14B. CHECK ALL THAT APPLY IN WHICH YOU HAVE PARTICIPATED <input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> STATE VOCATIONAL REHABILITATION <input type="checkbox"/> VA VOCATIONAL REHABILITATION <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER (<i>Please explain</i>)
---	---

14C. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED (*i.e., training, medical, vocational testing, functional capacities, job search activities*):

EMPLOYMENT

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

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

A	JOB TITLE 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 checked="" type="checkbox"/> PERMANENT POSITION		
	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 checked="" type="checkbox"/> PERMANENT POSITION		
	DESCRIBE JOB DUTIES IN DETAIL			
	REASON FOR LEAVING			

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			

17. WOULD IT BE POSSIBLE FOR YOU TO RETURN TO WORK IN A FORMER OCCUPATION OR FOR A FORMER EMPLOYER?

YES 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? *(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 _____

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
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)

8726 CHRONIC PAIN SYNDROME, SECONDARY TO RIGHT FEMUR FRACTURE
Service Connected, Gulf War Era, Incurred
20% from March 30, 2020

5255 FRACTURE, RIGHT FEMUR
Service Connected, Gulf War Era, Incurred
20% from March 30, 2020

9434 DEPRESSION, MILD
Service Connected, Gulf War Era, Incurred
10% from March 30, 2020

COMBINED EVALUATION FOR COMPENSATION: 40% from March 30, 2020

The effective date of the 40% rating is March 30, 2020.

Carla R. Vincent 06/17/2021
Carla R. Vincent, RVSR