

Department of Veterans Affairs

REHABILITATION PLAN

1. DATE

05/10/2020

2. FIRST - MIDDLE - LAST NAME OF VETERAN

Lee Styron

3. CLAIM NUMBER

C- TRA-33-6666

4. SOCIAL SECURITY NUMBER

TRA-33-6666

5. PROGRAM PLAN

IEEP

DOT 075, medical nurse

6A. TYPE OF PLAN

Original

6B. AMENDMENT NO. TO IWRP

6C. DATE OF IWRP

7. PROGRAM GOAL

To determine if Lee has the capacities (physical, mental, and other) to achieve employment in the occupational goal of medical nurse (DOT code 075).

NOTE: INTERMEDIATE OBJECTIVES TO ACHIEVE PLANNED GOAL COVERED IN ITEMS 8 THRU 11.

8A. OBJECTIVE ONE (Description)

Lee will demonstrate compliance with medical management treatment for depression.

8B. ANTICIPATED COMPLETION DATE

12/06/2020

8C. SERVICES PROVIDED

Medical and Mental health counseling/therapy services provided by the VAMC

8D. DURATION OF SERVICES

FROM (Mo., Yr.)

TO (Mo., Yr.)

06/10/20

12/06/20

8E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

VAMC

Midville, IA 00422

8F. PERSON TO CONTACT (If institution)

Tracy Freeman, CM

8G. TELEPHONE NO. (Include Area Code)

448-554-4000

8H. EVALUATION CRITERIA

Lee will take all medications as prescribed by his treating VAMC physicians and will keep at least 90% of medical appointments as scheduled. Vet to provide prior notification and reschedule any cancelled appointments.

8I. EVALUATION PROCEDURE

Lee will advise his case manager of all medical appointments as scheduled. He will take medications as prescribed and will discuss his medical status with his case manager during regularly scheduled case management appointments.

8J. EVALUATION SCHEDULE

Case manager will monitor Lee's compliance with medical appointments and medications prescribed during monthly case management appointments via CAPRI and/or medical consultation.

8K. PROGRESS NOTES

9A. OBJECTIVE TWO (Description)

Demonstrate positive work behaviors such as regular attendance at college level education class.

9B. ANTICIPATED COMPLETION DATE

12/06/2020

9C. SERVICES PROVIDED

Completion of one semester of entry level college studies in approved courses after meeting with advisor and evaluation of prior college credits

9D. DURATION OF SERVICES

FROM (Mo., Yr.)

TO (Mo., Yr.)

07/10/20

12/06/20

9E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

Midville Community College

Midville, Iowa 00442

9F. PERSON TO CONTACT (If institution)

Terry Ford, VA Certifying Official

9G. TELEPHONE NO. (Include Area Code)

448-555-2000

9H. EVALUATION CRITERIA

Lee will attend all classes and have satisfactory progress in coursework according to the school catalog. Lee is to complete the semester with a 2.5 GPA in all courses registered from the beginning of the semester.

ITEM 9 (CONTINUED)

9I. EVALUATION PROCEDURE

Progress to be reviewed with the registrar's office and mid semester and final grades examined to ensure meeting the agreed upon criteria.

9J. EVALUATION SCHEDULE

Case manager will monitor Lee's progress during monthly case management appointments and validate progress.

9K. PROGRESS NOTES

10A. OBJECTIVE THREE (Description)

10B. ANTICIPATED COMPLETION DATE

10C. SERVICES PROVIDED

10D. DURATION OF SERVICES

FROM (Mo., Yr.)

TO (Mo., Yr.)

10E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES

10F. PERSON TO CONTACT (If institution)

10G. TELEPHONE NO. (Include Area Code)

10H. EVALUATION CRITERIA

10I. EVALUATION PROCEDURE

10J. EVALUATION SCHEDULE

10K. PROGRESS NOTES

11. CLOSURE STATEMENT

I CERTIFY THAT I have participated in the development of this program plan. I understand it is my responsibility to cooperate in the program and make reasonable efforts on my behalf. There will be periodic and/or an annual review of the plan, at which time the VA staff members and I will have a chance to jointly redevelop it.

12. SIGNATURE OF VETERAN

Lee Styron

13. SIGNATURE OF COUNSELING PSYCHOLOGIST

Leslie Barksdale

14. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST

Leslie Barksdale

15. ANNUAL REVIEW DATE

01/10/2021

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



COUNSELING RECORD - NARRATIVE REPORT (SUPPLEMENTAL SHEET)

FIRST NAME, MIDDLE INITIAL, LAST NAME OF CLAIMANT
Lee Styron

VA FILE NUMBER
TRA-33-6666

PLAN DEVELOPMENT NARRATIVE

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

The results of the evaluation were discussed with Lee. Lee does not have past education or training , or current transferable skills to obtain substantial gainful employment. He agrees that he needs education training to offset the effects of his SCD and be able to obtain and maintain employment. Lee is more reticent in discussing the medical and mental health treatment compliance needed to assist him in his rehabilitation efforts.

This VRC and Lee engaged in a lengthy and rather open discussion regarding the implications of his continued noncompliance with medical recommendations and medications . The subsequent discussion regarding treatment for his anxiety and depression was difficult for Lee. He is very lackadaisical regarding mental health treatment and has pointedly disregarded previous recommendations to seek treatment. He acknowledges, however, that the symptoms of depression , anxiety have become more prevalent over time and have resulted in his becoming more and more socially isolated. With encouragement from his mother, Lee agreed to give treatment for his SCD another try as part of his overall plan of IEEP services.

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

Lee completed the Career Scope. His interests and aptitudes match the work group of Nursing, Therapy, and Specialized. He expressed an interest in Nursing and has completed college courses in the past with successful completion of the courses.

3. ASSESSMENT OF BASIC INDEPENDENT LIVING (IL) NEEDS

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

YES NO

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

YES NO

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

YES NO

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

YES NO

IDENTIFIED IL NEEDS:

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

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:

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

IEEP: An Individualized Extended Evaluation Plan (IEEP) was developed with Lee with a goal to determine if he has the capacities to achieve employment in the occupational goal of nursing occupational group (DOT code 075). Lee does not have skills to obtain or maintain suitable employment. His military experience offers little transferable work skills toward obtaining substantial gainful employment in civilian employment in the private sector. The severity of his service-connected disability for depression and shoulder injury is such that there is a real question whether he could hold or maintain employment even if he had work skills to do so. He has a history of severe depression and a tendency to isolate himself due to feeling depressed most of the time and a past history of long-term unemployment.

IEAP (Limited Employment Services under 38 U.S.C. 3117);

IILP:

IWRP/IEAP:

IWRP/IEAP (Fast Track):

IWRP

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

Since Lee expressed interest is in the medical service area with a focus on nursing, it was agreed that one semester in the nursing area would be pursued as the IEEP vocational goal to be determined. Case manager will verify compliance with mental health appointment schedule and will monitor progress in treatment by maintaining contact with Lee and with his treatment coordinator at the VAMC. VRC will validate appointment times and report rate by CAPRI records and/or medical consultation.

Lee will attend one semester of college in the core curriculum to demonstrate positive work behaviors in regular attendance in college level education classes. Lee will attend all classes and have satisfactory progress in coursework according to the school catalog. Lee is to complete the semester with a 2.5 GPA in all courses registered from the beginning of the semester. He will have the support of his VRC, department advisor, VA certifying official on campus, and other student personnel staff on campus .

Lee indicated that he would comply with treatment recommendations for his depression and would follow up with the community college regarding registration and course selection for the coming semester. His previously earned hours should count toward the general core education requirements although he may need to take some developmental studies courses to upgrade some basic educational weaknesses. Since he has 48 months of creditable entitlement and has an SEH, he has sufficient time and entitlement to achieve the IEEP goal. He was advised to visit the college and have his prior credits evaluated to determine how many credit hours would transfer. He will return for a follow-up appointment at a future date. He will keep his case manager advised of any problems which may potentially affect his progress toward his goal.

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

Lee agrees to demonstrate compliance with medical management treatment for depression as prescribed by his VAMC treatment coordinator. He agrees to fully participate in mental health treatment for depression and related issues. Lee agreed that, with VR&E assistance, he would make an effort to keep all medical appointments, follow physicians' advice and take medications as prescribed in order to begin improving his overall health.

Lee is in need of treatment for depression to assist problems with meeting and dealing with people due to current levels of stress and anxiety. Lee is experiencing ongoing and increasing problems related to internal and external stressors. He is reporting feeling of depression, low energy and motivation, tendency to isolation, difficulty with getting along with people, problems with authority figures , and irritability. This objective will address his level of depression issues and focus on his internal control and emotional self-management to reduce stress and depression. Secondary gain in this area should be increased social skills and interaction with peers and community.

We agreed to work with Lee to demonstrate positive work behaviors such as regular attendance at college level education class. Lee has been unemployed since leaving the Army and has isolated himself with no efforts to enter substantial gainful employment. He has demonstrated little motivation for entering employment and seems to verbalize only a monetary interest in entering Chapter 31. A semester in school could answer the question whether he would be able to get out of the house daily, interact with others, exhibit goal-oriented behavior of studying and lesson follow through. A semester of college success would display and help develop transferable worker trait type behavior that could be utilized to achieve employment.

After meeting with Lee and discussing the details in his case, it was agreed to develop an IEEP plan. He was provided with a formal orientation to the IEEP program. Lee expressed agreement with proceeding with the development of an IEEP plan to

determine if he has the capacities (physical, mental, and other) to achieve employment in an occupational goal of nursing occupational group (DOT code 075).

IEEP is needed completed to initiate treatment for stabilization of his depression and attempt to ease into the academic areas taking core curriculum/Developmental Studies courses to ensure as much as possible successful pursuit in this area. Mental Health treatment to be provided by the VA Medical Center and one semester in the Nursing area DOT 075 provided at the Community College e. Lee is to return at the end of semester to review his progress in the treatment and academic area and to formulate the next steps in his rehabilitation program.

As soon as feasibility can be determined, VRC will complete the comprehensive evaluation and determine the appropriate Track selection. IEEP will be developed with joint consultation between Lee and this VRC.

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:

The extended evaluation will require monthly follow-ups to evaluate feasibility.

11. LEVEL OF APPROVAL: N/A – Less than \$25,000

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

Leslie Barksdale

TITLE

Vocational Rehabilitation Counselor

DATE SIGNED

5-10-20



DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office
1776 Constitution Parkway
Midville, Iowa 00434

January 6, 2020

Mr. Lee Styron
103 Main Street
Midville, IA 00466

In Reply Refer to:
RO 379/28

Dear Mr. Styron:

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

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

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

Why did I make this decision?

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

You have an employment handicap and need of services to achieve suitable employment.

What evidence did I use to make this decision?

I based this information on our initial interview on 01/06/2020, vocational assessment, DD214, VA Rating Decision, and Rehabilitation Needs Inventory.

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 448-555-0212, via email at Leslie.Barksdale@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,

Leslie Barksdale

Leslie Barksdale
Vocational Rehabilitation Counselor

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

cc:

How can eBenefits assist you?

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



1. FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT Lee Styron	2. VA FILE NUMBER TRA-33-6666	3. REGIONAL OFFICE NUMBER TRA-33-6666
---	----------------------------------	--

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. DISCONTINUANCE HAVE BEEN REMOVED. (Reference: 38 U.S.C. 3111; 38 CFR 21.198)
- 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: N/A

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:

Disability Condition/Diagnosis	SCD/NSCD	Documentation Source	Impairments/Functional Limitations that impede the Individual's Ability to Prepare for, Obtain, or Retain Employment
30% depression	SCD	VA Rating Decision and Medical Records	Inability/Limited/Guarded ability to engage in employment related duties that require the performance of duties under significant stress, pressure, demanding timeframes and under difficult or aggravating workplace conditions.
10% deviated septum	SCD	VA Rating Decision and Medical Records	Inability/Limited/Guarded limitations in ability to work within an employment setting that requires exposure to fumes, chemicals, pollens, aerosols, and related airborne particles and conditions that aggravate condition.
10% left shoulder injury	SCD	VA Rating Decision and Medical Records	Inability/Limited/Guarded ability to engage in activities that require prolonged above shoulder work, constant use of arm placing pressure on shoulder as in pushing, pulling, lifting, carrying, stacking, balancing, and other related activities. Limited to light to moderate physical demands.
10% tinnitus	SCD	VA Rating Decision and Medical Records	Inability/Limited/Guarded ability to comprehend verbal communication and follow verbal directives in loud / noisy environments. Condition distracts Veteran from

			concentration and gaining restful sleep thereby interfering with ability to maintain alertness and physical stamina.
0% irritable colon	SCD	VA Rating Decision and Medical Records	No Impairments reported

A review of Lee's medical records and discussion of the medical conditions with him reveal a number of issues with which Lee is coping. These impairments are summarized in the following paragraphs.

Lee reports feeling depressed much of time and not having the motivation to do anything. He often stays at home watching TV or sleeping. He has little energy toward initiating any productive activities and reports low frustration tolerance dealing with people. He relates that he does not participate in any kind of treatment, except for taking medication occasionally for depression (Wellbutrin). He is difficult to extract information from, but reluctantly admits to difficulty sleeping, a tendency to isolate himself, feeling depressed most of the time, and being irritable and difficult to get along with at times. He relates that he does not enjoy being in public and mostly stays at home, except for short trips to the VAMC or to the grocery.

Lee is limited to the light to moderate physical demands area due to his shoulder injury and minor environmental restrictions associated with his deviated septum. It seems doubtful that he is compliant with treatment and medications and he may have other problems that he has not disclosed. Based on these issues, it is obvious that Lee is restricted in any activity or work in which he has to relate with and get along with others, or in which he engages in lifting or overhead work.

It is suspected that Lee's multiple health issues have added to his depression symptoms. He relates that he cannot motivate himself to be more disciplined in taking his prescribed medications for his various conditions, even though he is aware that not doing so will worsen his overall health. He is partially resistant to any type of mental health treatment for depression and anxiety.

Impairment and functional limitations of each condition and the impact on his ability to prepare for, obtain and retain employment are documented. Based on these functional vocational limitations, he has impairment to employability.

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:

Lee's service-connected depression and other minor physical conditions directly contribute to his vocational impairments as described above. He has a combined 50% for his SCDs and these disabilities place him at an employment disadvantage compared to similarly circumstanced Veterans. His service-connected disabilities are the cause for the above limitations as he is unable to obtain, maintain or prepare for specific employment in the labor market that does not aggravate his service-connected disability. Therefore, the effects of the impairment contribute in an identifiable, measurable or observable way to his ability to obtain, maintain or retain employment that is consistent with his disabilities. The impairments were found to result in substantial part from his service-connected disabilities.

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:

Lee has not overcome his impairment to employability. Although Lee developed skills as a medic in the military, he does not have the formal credentials which would make him employable in the medical field other than those of orderly or nurse aid. However, these jobs would require physical demands which would have the potential to aggravate Lee's shoulder condition. Therefore, Lee has no suitable job skills that would transfer to civilian employment. He essentially has no civilian employment history.

Lee has been unemployed since leaving the military and is unable to obtain substantial gainful employment. Although he claims to have actively sought employment in the past, he was not able to obtain substantial gainful employment. He does not possess a level of education or skill which would enable him to successfully seek employment in a job compatible with the limitations of his service-connected disabilities. He, therefore, has not been able to overcome the vocational impairment.

6D. DOES THE CLAIMANT HAVE AN EMPLOYMENT HANDICAP?

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

SECTION IV - SERIOUS EMPLOYMENT HANDICAP (SEH) DETERMINATION

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

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

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

- YES NO

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

- Number of disabling conditions:.
- Record of or current neuropsychiatric condition(s):.
- Withdrawal from society:.
- Alcohol/Substance abuse:.
- Severity of disabling condition(s):.
- Negative attitudes toward the disabled:.
- Long or substantial periods of unemployment:.
- Frequent hospitalizations:.
- Unstable work history:.
- Chronic pain:.
- Extent and complexity of needed rehabilitation services:.
- Limitations in education/training for suitable employment:.
- A pattern of reliance on government support programs (*e.g. welfare, service-connected disability compensation, nonservice-connected disability pension, worker's compensation, or Social Security disability, etc.*):.
- Difficulties with communicating:.
- Other evidence of significant restrictions to employability:.
- Criminal record:.
- Other (List):.

Lee suffers from depression and admits he has not consistently participated in treatment to include routine counseling and daily prescription medications. As a result, he has experienced decreased motivation, increased self-isolation, and low tolerance for crowds or interacting with others. These impairments are significant and require medical attention. In addition, he has relied on governments support such as his VA compensation and unemployment. He has also applied for Social Security Disability Income but was denied. He has been unemployed and not been involved in other productive activity such as school or volunteer work since his discharge from the military four years ago.

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:

Lee's service-connected disability is found to have contributed in substantial part to the significant vocational impairment. His lack of motivation and withdrawal from society are substantially related to his service connected depression. These impairments have severely limited his ability to prepare for, obtain or maintain employment and have contributed to his long periods of unemployment. His lack of transferable skills and education/training for suitable employment further impact the severity of the employment handicap. Furthermore, all his service-connected conditions have the potential for becoming progressively worse and may evolve to greater levels of problems and limitations.

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: 01/06/2020

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

SECTION VI - DETERMINATION FOR LIMITED EMPLOYMENT SERVICES

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

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

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

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

10. SIGNATURE

Leslie Barksdale

11. TITLE

Vocational Rehabilitation Counselor

12. DATE SIGNED

01/06/2020 (06 January 2020 - Monday)



FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Lee Styron

VA FILE NUMBER

TRA-33-6666

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

Achievement of a vocational goal is currently reasonably feasible.
Explain and justify decision:

Achievement of a vocational goal is not currently reasonably feasible.
Explain and justify decision:

Achievement of a vocational goal cannot currently be determined.
Explain and justify decision:

Lee is currently rated at 50% for service-connected conditions with major problems with depression and shoulder condition which is currently untreated.

VRC reviewed briefly the medical information available in the efolder and also through review of the VAMC medical records through Compensation and Pension Record Interchange project (CAPRI). The medical records substantiate his self-reported increasing psychological problems and lack of compliance with medical problems and treatment contingencies.

Medical records and discussions with Lee reveal that he is limited psychologically and physically, we are not able to determine if he is feasible to hold and maintain substantial gainful employment. Further, his problems associated with depression, i.e., difficulty sleeping, a tendency to isolate himself, feeling depressed most of the time, and being irritable and difficult to get along with at times, make the possibility of employment in any capacity even more remote. Another complicating factor is Lee's lack of motivation to comply with treatment for his multiple conditions and the likelihood that some of the conditions, i.e. depression, are getting progressively worse.

Therefore, based on the evidence of record, it cannot be determined if the achievement of a vocational goal is currently feasible per 38 CFR 21.53 and an Individual Extended Evaluation Plan (IEEP) will be developed. This was discussed with Lee and he is in agreement with this action.

DATE OF DETERMINATION: 01/06/2020

SIGNATURE

Leslie Barksdale

TITLE

Vocational Rehabilitation Counselor

DATE

1-6-20

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.

Lee Styron

(Veteran's Signature)

01/06/2020

(Date Signed)

VOCATIONAL REHABILITATION AND EMPLOYMENT (VR&E) PROGRAM ORIENTATION

VR&E MISSION

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

ENTITLEMENT TO THE VR&E PROGRAM

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

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

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

5 TRACKS TO EMPLOYMENT

Re-employment: The goal of the re-employment track is to provide assistance to veterans who have served on active duty military, or in the National Guard or Reserves, to return to work where they were employed prior to active duty.

Rapid Access to Employment: The goal of the rapid access to employment track is to provide direct job readiness and placement services to veterans who have expressed a desire to seek immediate employment and who already have most of the necessary skills to be competitive in the job market.

Self-employment: The goal of the self-employment track is to provide services and assistance that will enable qualified veterans to achieve rehabilitation through self-employment. For more information, visit the Veterans Entrepreneurship Portal website, <http://www.va.gov/osdbu/veteran/vep.asp>, and click on Operation Boots to Business found under "Starting a Business" or "Training and Employment."

Employment through Long Term Services: The goal of the employment through long term services track is to provide veterans with extended training and education to become suitably employed.

Independent Living: The goal of the independent living program is to make sure that each veteran is able, to the maximum extent possible, to live independently and participate in family and community life.

TYPES OF SERVICES OFFERED BY THE VR&E PROGRAM

Services may include, but are not limited to:

Comprehensive vocational evaluation to determine abilities, skills, and interests for employment.

Vocational counseling and rehabilitation planning for employment services.

Employment services such as job-training, job-seeking skills, resume development, and other work readiness assistance.

Assistance obtaining and maintaining a job, including the use of special employer incentives, special hiring authorities, on-the-job training, apprenticeships, and non-paid work experiences.

Post-secondary training at a college, university, vocational, technical or business school, including the payment of tuition, fees, books, supplies, and subsistence allowance.

Supportive rehabilitation services including case management, counseling, and medical referrals. Independent living services for veterans unable to work due to the severity of the disabilities.

Independent living services for veterans unable to work due to the severity of their disabilities.

YOUR ROLE

Take an active, cooperative role in the process.

Maintain regular contact with your VRC and/or other service providers.

Seek assistance from your VRC for any specific barriers or issues that may prevent you from actively participating in the VR&E program, or obtaining and maintaining employment.

Inform your VRC of any job acceptance, to include: employer's contact information, start date, job title/duties, salary, and benefits.

Inform your VRC of your progress in your training program, including class schedules, grades, requested changes to your major, and changes in class schedule, for example if you add or drop a class.

Discuss any special services you need with our VRC, including activities of daily living, classroom and/or on-the-job accommodations, tutoring, or other special needs.

VRC's ROLE

Inform you on how VR&E decisions will be made.

Provide case management and support to facilitate successful completion of your goals.

Explore your unique circumstances to identify your specific vocational assets, limitations, and services needed to develop an effective plan to achieve suitable employment.

Coordinate any other vocational rehabilitation services that may be needed to achieve successful rehabilitation.

Develop an individualized rehabilitation plan to assist you in reaching your goals.

Follow-up with you after you complete your plan to ensure your successful transition and to assist you with any on-the-job or independent living needs.

Lee Styron

Veteran's Signature

01/06/2020

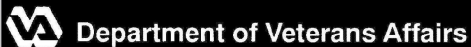
Date

Leslie Barksdale

VRC Signature

01/06/2020

Date



REHABILITATION NEEDS INVENTORY (RNI)

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

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

1. NAME (First, middle, last) Lee Styron		2. TELEPHONE NUMBER(S) HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER		
3. CURRENT ADDRESS 103 Main Street Midville, IA 00466 (US)		(555) 555-9988		
5. GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4a. E-MAIL ADDRESS 1 lstyron@gmail.com		4b. E-MAIL ADDRESS 2
6. MARITAL STATUS Married		7. CLAIM NUMBER TRA-33-6666		8. SOCIAL SECURITY NUMBER TRA-33-6666
9. CLAIMING DEPENDENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO # <u>4</u>		10. NICKNAME/AKA		
11. EMERGENCY CONTACT INFORMATION				
CONTACT NAME				
Jill Styron				
CONTACT PHONE NUMBER			CONTACT RELATIONSHIP	
(555) 555-1234			Wife	
12. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU? Pay for my education to go to school				
13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN? RN				
14. HAVE YOU EVER PARTICIPATED IN OR ARE CURRENTLY PARTICIPATING IN A VA EDUCATION BENEFIT PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
14A. HAVE YOU EVER PARTICIPATED IN A PROGRAM OF VOCATIONAL REHABILITATION BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 14B and 14C)		14B. CHECK ALL THAT APPLY IN WHICH YOU HAVE PARTICIPATED <input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE VOCATIONAL REHABILITATION <input type="checkbox"/> OTHER (Please explain) <input type="checkbox"/> VA VOCATIONAL REHABILITATION		
14C. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED (i.e., training, medical, vocational testing, functional capacities, job search activities):				

EMPLOYMENT

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

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

A	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
	unemployed since leaving the Army	FROM	TO	
	COMPANY NAME	STATUS		
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT	<input type="checkbox"/> PART TIME	
	<input type="checkbox"/> PERMANENT POSITION	<input type="checkbox"/> FULL TIME		
DESCRIBE JOB DUTIES IN DETAIL Assisted customers and rang up purchases on cash register. Re-stocked shelves.				
REASON FOR LEAVING				
B	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
		FROM	TO	
	COMPANY NAME	STATUS		
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT	<input type="checkbox"/> PART TIME	
	<input type="checkbox"/> PERMANENT POSITION	<input type="checkbox"/> FULL TIME		

15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)			
B	DESCRIBE JOB DUTIES IN DETAIL		
	REASON FOR LEAVING		
C	JOB TITLE	DATES	AVERAGE GROSS MONTHLY SALARY
		FROM	TO
	COMPANY NAME	STATUS	
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
DESCRIBE JOB DUTIES IN DETAIL			
Rang up sales at front cashier desk, place merchandise in bag for customer			
REASON FOR LEAVING			
D	JOB TITLE	DATES	AVERAGE GROSS MONTHLY SALARY
		FROM	TO
	COMPANY NAME	STATUS	
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
DESCRIBE JOB DUTIES IN DETAIL			
REASON FOR LEAVING			
16. MILITARY WORK HISTORY: What did you do in the military? Please fill out the following area as completely as possible. Please start with your last assignment.			
HIGHEST RANK ACHIEVED: E-4 ARMED SERVICES: <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD			
A	JOB TITLE	DATES	AVERAGE GROSS MONTHLY SALARY
	Medic	FROM 03/31/2006	TO 04/01/2016 \$1,500.00
	LIST ANY HONORS AND COMMENDATIONS		RANK E-4
DESCRIBE JOB DUTIES IN DETAIL			
Worked in hospital and out patient clinics treating according to physician's clinical instructions. Gave shots, took vital signs, and provided prescribed medications. .			
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	AVERAGE GROSS MONTHLY SALARY
		FROM	TO
	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	AVERAGE GROSS MONTHLY SALARY
		FROM	TO
	LIST ANY HONORS AND COMMENDATIONS		RANK
DESCRIBE JOB DUTIES IN DETAIL			
17. WOULD IT BE POSSIBLE FOR YOU TO RETURN TO WORK IN A FORMER OCCUPATION OR FOR A FORMER EMPLOYER?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

MILITARY WORK HISTORY (CONTINUED)

18. WHAT WORK SKILLS DID YOU USE IN YOUR PREVIOUS POSITIONS THAT YOU THINK YOU MAY BE ABLE TO USE IN A NEW JOB?
Nursing skills I used in the Army, but they say I have to have a diploma.

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 1999
 GED - YEAR ____
 ASSOCIATE
 BACHELOR
 MASTER
 DOCTORAL

21A. NAME OF SCHOOL	21B. DATES (MM/YYYY)		21C. GPA	21D. CREDITS/ CLOCK HOURS	21E. MAJOR COURSE OF STUDY	21F. DEGREE (if any), YEAR RECEIVED
	FROM	TO				
Community College	09/1999	03/2001	1.70		Core Curriculum	

22A. WHAT SUBJECTS DID YOU LIKE?

22B. WHAT SUBJECTS DID YOU DISLIKE?

1 History	1 Math
2	2
3	3

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

- YES NO

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

23B. LIST CERTIFICATES/LICENSES

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

23C. DATE EXPIRES

1		
2		
3		

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

No

DISABILITIES

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

25A. SERVICE-CONNECTED DISABILITY	25B. RATING (%)	25C. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITIES?
30% for Depression 10% for Deviated Septum 10% left should injury 10% tinnitus, and 0% irritable colon	50.00	People aggravate me at times with what they do. Can't do a lot of overhead stuff.
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
Depression	Midville VAMC	as scheduled	Wellbutrin
Carpal Tunnel Syndrome, L Wrist	Midville VAMC	as scheduled	Motrin

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

35A. DO YOU USE ANY ADAPTIVE EQUIPMENT SUCH AS BRACES, ARTIFICIAL LIMBS, HEARING AIDS, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 35B)</i>	35B. PLEASE DESCRIBE YOUR ADAPTIVE EQUIPMENT I wear a wrist brace at night or if I am doing anything which requires repetitive use of the wrists.
---	--

36A. ARE THERE OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 36B)</i>	36B. PLEASE LIST OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP Help getting disability increased. VA should be paying me more money.
--	---

37. DO YOU HAVE ANY PENDING VA CLAIMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," please describe below)</i>	38. DO YOU NEED INFORMATION ABOUT OTHER VA BENEFITS OR PROGRAMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," please describe below)</i>
--	--

MISCELLANEOUS

The following information will be used for employment planning purposes.

39A. DO YOU: <input type="checkbox"/> RENT <input checked="" type="checkbox"/> OWN <input type="checkbox"/> OTHER	39B. DO YOU HAVE STABLE HOUSING AT PRESENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 39C)</i>	39C. DESCRIBE YOUR CURRENT LIVING SITUATION: I live with my husband and two children.
--	---	--

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? In town
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?

YES NO

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

BANKRUPTCY MISDEMEANOR FELONY PROBATION PAROLE OTHER N/A

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

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

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

45. DID ANYONE HELP YOU COMPLETE THIS FORM?

YES NO

DATE COMPLETED

01/06/2020

PROTECTION OF PRIVACY INFORMATION STATEMENT

(For use by counselees and rehabilitation program participants)

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

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

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

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

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

SIGNATURE OF VETERAN

Lee Styron

DATE SIGNED

01/06/2020

SIGNATURE OF CASE MANAGER OR VOCATIONAL REHABILITATION COUNSELOR (VRC)

Leslie Barksdale

DATE SIGNED

01/06/2020



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

December 20, 2019

Mr. Lee Styron
103 Main Street
Midville, IA 00466

In Reply Refer to:
RO 379/28

Dear Mr. Styron:

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:	01/06/2020
Time:	9:00 AM
Place:	VARO Midville, Iowa

What should you to do to prepare for the meeting?

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

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

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

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

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.

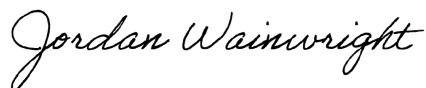
What are the next steps?

- 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 verification of VA benefits, please contact us at 1-800- 827-7000. If you use the Telecommunications Device for the Deaf (TDD), the federal number is 711.

Sincerely yours,



Jordan Wainwright
Vocational Rehabilitation and Employment Officer

Enclosure: 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
1776 Constitution Parkway
Midville, Iowa 00434

November 6, 2019

Mr. Lee Styron
103 Main Street
Midville, IA 00466

In Reply Refer to:
RO 379/28

Dear Mr. Styron:

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

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

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

Why did I make this decision?

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

- You have a compensable service-connected disability rating
- You have an honorable or other than dishonorable discharge
- You applied for Vocational Rehabilitation and Employment

What evidence did I use to make this decision?

- I based this information on your application dated 11/6/2019, your VA disability rating, and character of discharge.

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 448-555-0212, via email at Leslie.Barksdale@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,

Leslie Barksdale

Leslie Barksdale
Vocational Rehabilitation Counselor

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

cc:

How can eBenefits assist you?

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

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 Lee Styron	2. SOCIAL SECURITY NO. TRA-33-6666	3. VA FILE NO. (If different from Item 2)	4. DATE OF BIRTH (Month, Day, Year) 06/06/1986
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code, OR write "None," if no mailing address.) 103 Main Street Midville, IA 00466		6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.) (555) 555-9988	
7. E-MAIL ADDRESS OF CLAIMANT lstyron@gmail.com		8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.) (555) 555-9988	
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>Lee Styron</i>		11B. DATE SIGNED 11/06/2019	

Rating Decision	<i>Department of Veterans Affairs</i> Veterans Benefits Administration	Page 1 06/06/2016
NAME OF VETERAN Lee Styron	VA FILE NUMBER TRA-33-6666	SOCIAL SECURITY NR TRA-33-6666
		POA COPY TO

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
03/31/2006	04/01/2016	Army	Honorable

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

JURISDICTION: Original Claim Received 05/02/2016

ASSOCIATED CLAIM(s): 110; Initial Compensation 7 or less issues; 05/02/2016

SUBJECT TO COMPENSATION (1.SC)

9434 DEPRESSION
Service Connected, Gulf War Era, Incurred
30% from April 02, 2016

6502 DEVIATED SEPTUM
Service Connected, Gulf War Era, Incurred
10% from April 02, 2016

5201 LEFT SHOULDER INJURY
Service Connected, Gulf War Era, Incurred
10% from April 02, 2016

6260 TINNITUS
Service Connected, Gulf War Era, Incurred
10% from April 02, 2016

7319 IRRITABLE COLON
Service Connected, Gulf War Era, Incurred
0% from April 02, 2016

COMBINED EVALUATION FOR COMPENSATION: 50% from April 02, 2016

The effective date of the 50% rating is April 02, 2016 and no other issues were considered in this rating.

Roland W. Stedman 06/06/2016
Roland W. Stedman, RVSR

DEPARTMENT OF VETERANS AFFAIRS

Midville Regional Office (379)

1776 Constitution Parkway

Midville, Iowa 00434

Lee Styron

VA File Number

TRA-33-6666

Represented by:

N/A

Rating Decision

June 06, 2016

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era. You served in the Army from March 31, 2006 to April 01, 2016. You filed an original claim for service connected disability on May 02, 2016. Based on the evidence of record, the VA has made the following determination on your claim.

DECISION

1. Service connection for depression is granted with an evaluation of 30 percent effective April 02, 2016.
2. Service connection for deviated septum is granted with an evaluation of 10 percent effective April 02, 2016.
3. Service connection for left shoulder injury is granted with an evaluation of 10 percent effective April 02, 2016.
4. Service connection for tinnitus is granted with an evaluation of 10 percent effective April 02, 2016.
5. Service connection for irritable colon is granted with an evaluation of 0 percent effective April 02, 2016.

EVIDENCE

- Service treatment records from March 31, 2006 to April 01, 2016.
- VCAA letter of May 02, 2016
- VA Medical Examination conducted at the VA medical center on April 28, 2016

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.