



DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office
1776 Constitution Parkway
Midville, Iowa 00434

05/5/2021

Letitia G. Thomas
477 Maple Street
Creston, IA 50845 (US)

In Reply Refer to:
RO 379 /28
Last 4 digits: 6789

Dear Letitia G. Thomas:

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 the following, as outlined on the attached mutually agreed upon rehabilitation plan, VA Form 28-8872, signed on 05/20/2022:

1. You meet the criteria required to pursue your preferred vocational goal. I based this decision on 38 U.S.C. § 3104; and 38 CFR §§ 21.70 and 21.72.
2. I can approve your selected training facility, course, and program, to include payment of all required tuition, fees, and books. I based this decision on 38 U.S.C. § 3115 and 38 CFR § 21.294.
3. If you meet all eligibility criteria we discussed, I can provide subsistence allowance for periods in which you are attending training on at least a half time basis, unless otherwise approved to attend at a reduced rate. I based this decision on 38 U.S.C. § 3108 and 38 CFR § 21.260.
4. I can approve your request for supplies, equipment, and/or incidental goods and services as related to your vocational goal/training program. I based this decision on 38 U.S.C. § 3104; and 38 CFR §§ 21.156, 21.210 and 21.212.

If your rehabilitation plan changes, the information in this letter will be revoked and a new letter will be issued.

VR-67

Why did I make these decisions?

I made these decisions based on a review of your abilities, aptitudes, and interests; our discussion of your goals; and a review of your individualized circumstances, desires for the future, and request for these services and assistance.

What evidence did I use to make this decision?

You were determined eligible to acquire and sustain employment in drafting therefore, you will receive services leading towards this plan of employment.

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 an option and complete the appropriate request form in order to protect your initial filing date for effective date purposes.

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

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

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

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

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

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

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

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

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

What if you have questions or concerns?

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

Sincerely yours,

Jerry Rivera
Vocational Rehabilitation Counselor

Enclosures:
VA Form 28-8872, Rehabilitation Plan
VA Form 20-0998, Your Rights to Seek Further Review of our Decision



Department of Veterans Affairs

REHABILITATION PLAN		1. DATE	
		05/05/2021	
2. FIRST - MIDDLE - LAST NAME OF VETERAN Letitia G. Thomas		3. CLAIM NUMBER C- TRA-45-6789	4. SOCIAL SECURITY NUMBER TRA-45-6789
5. PROGRAM PLAN IWRP/IEAP DOT 005, Computer-Assisted Drafters			
6A. TYPE OF PLAN	6B. AMENDMENT NO. TO IWRP	6C. DATE OF IWRP	
7. PROGRAM GOAL Letitia will acquire and sustain employment in drafting			
NOTE: INTERMEDIATE OBJECTIVES TO ACHIEVE PLANNED GOAL COVERED IN ITEMS 8 THRU 11.			
8A. OBJECTIVE ONE (Description) Letitia will complete a Certificate Program in Computer-Aided Design		8B. ANTICIPATED COMPLETION DATE 05/2022	
8C. SERVICES PROVIDED Tuition, fees, books, supplies and equipment required for the Certificate program		8D. DURATION OF SERVICES	
		FROM (Mo., Yr.)	TO (Mo., Yr.)
		05/2021	05/2022
8E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES Midville Community College Midville, IA 00446		8F. PERSON TO CONTACT (If institution) Terry Ford, Certifying Official	
		8G. TELEPHONE NO. (Include Area Code) 448-555-2000	
8H. EVALUATION CRITERIA Letitia will complete 1500 hours as outlined in the Certificate Program in Computer-Aided Design and maintain at least a 2.50 GPA			
8I. EVALUATION PROCEDURE Letitia will provide grade reports or transcripts to her case manager at the end of each term.			
8J. EVALUATION SCHEDULE Letitia will meet with case manager at least once per term or as scheduled.			
8K. PROGRESS NOTES			
9A. OBJECTIVE TWO (Description) Letitia will be proactive in her job search activities to identify potential employers of drafters and to apply for all potential job opportunities in drafting		9B. ANTICIPATED COMPLETION DATE 9/2022	
9C. SERVICES PROVIDED Assistance with identifying potential employers and job opportunities		9D. DURATION OF SERVICES	
		FROM (Mo., Yr.)	TO (Mo., Yr.)
		05/2021	9/2022
9E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES VR&E Division, VA Regional Office, Midville, IA Midville State Employment Services, Midville, IA		9F. PERSON TO CONTACT (If institution) Kerry Monroe, EC/Carey Ferguson, LV	
		9G. TELEPHONE NO. (Include Area Code) 448-555-0228/448-555-3333	
9H. EVALUATION CRITERIA Letitia will contact a minimum of three prospective employers per week to inquire about job opportunities in drafting.			

ITEM 9 (CONTINUED)

9I. EVALUATION PROCEDURE Letitia will maintain a Job Log of all job search activities, including all employer contacts.		
9J. EVALUATION SCHEDULE Letitia will maintain weekly contact with the LVER/DVOP to obtain potential employment information and will maintain contact with the EC at least once per month		
9K. PROGRESS NOTES		
10A. OBJECTIVE THREE (Description) Letitia will maintain health as prescribed	10B. ANTICIPATED COMPLETION DATE 9/2022	
10C. SERVICES PROVIDED Medical and dental health treatment as needed for SC and NSC conditions	10D. DURATION OF SERVICES	
	FROM (Mo., Yr.) 05/2021	TO (Mo., Yr.) 9/2022
10E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES VA Medical Center Midville, IA	10F. PERSON TO CONTACT (If institution) Tracey Freeman, Case Mgr.	10G. TELEPHONE NO. (Include Area Code) 448-554-4000
10H. EVALUATION CRITERIA Letitia will keep all clinic appointments as scheduled for medical and dental needs.		
10I. EVALUATION PROCEDURE Letitia will contact the case manager for medical referral for treatment of medical or dental issues. She will advise case manager of any medical/dental issues which affect her ability to participate in her rehabilitation plan.		
10J. EVALUATION SCHEDULE Letitia will maintain contact with her case manager at least once per month.		
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 <i>Letitia G. Thomas</i>	13. SIGNATURE OF COUNSELING PSYCHOLOGIST <i>Jerry Rivera, VRC</i>	
14. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST <i>Kerry Monroe, EC</i>	15. ANNUAL REVIEW DATE 05/20/2022	

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.



1. FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT Letitia G. Thomas	2. VA FILE NUMBER TRA-45-6789	3. REGIONAL OFFICE NUMBER 379
----------------------------------------------------------------------	----------------------------------	----------------------------------

SECTION I - OVERTURNING PRIOR REHABILITATION, DISCONTINUANCE, OR PREVIOUS DETERMINATION OF MAXIMUM REHABILITATION GAIN (MRG) CLOSURE
(References: 38 U.S.C. 3101, 3109, 3111 and 3117; 38 CFR 21.198, 21.284 and 21.364)

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

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

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

EXPLAIN AND JUSTIFY DECISION:

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

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

5. CLAIMANT'S ENTITLEMENT IS ESTABLISHED WITHOUT REGARD TO A VA SERVICE-CONNECTED DISABILITY RATING OR DETERMINATION OF AN EMPLOYMENT HANDICAP AND MEETS ALL THE FOLLOWING CRITERIA:
- RECEIPT OF VA FORM 28-1900, DISABLED VETERANS APPLICATION FOR VOCATIONAL REHABILITATION
 - RECEIPT OF QUALIFYING DOCUMENTATION
 - ATTENDANCE AT THE INITIAL APPOINTMENT WITH THE IDES VRC

SECTION III - EMPLOYMENT HANDICAP (EH) DETERMINATION

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

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

6A. DOES THE CLAIMANT HAVE A VOCATIONAL IMPAIRMENT?

YES NO

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

Letitia is restricted in the types of activities in which she can engage. Her COPD condition, with associated bronchitis and asthma, as well as her hypertension, prevent her from engaging in any activity in which she must exert herself. Exertion beyond a light to moderate level causes shortness of breath and accompanying dizziness, in addition to a dramatic increase in her blood pressure. Consequently, she is restricted to activities which are light to sedentary in nature.

The eczema condition is aggravated by environmental allergens and exposure to petroleum-based solvents: therefore, she must avoid these conditions as much as possible. Letitia also has difficulty being on her feet for more than a short time because of her NSC flat feet condition. She must avoid work which requires prolonged standing or walking, climbing or other activities which exacerbate this condition. Based on these considerations, it is determined that Letitia has an impairment of employability since she is restricted in the types of work in which she can engage.

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:

Letitia has many physical limitations and restrictions which cause her to have an impairment of employability. Her service-connected conditions of COPD and associated bronchitis and asthma, as well as her hypertension and eczema, significantly contribute to her overall impairment of employability.

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:

Letitia earned a B.S. Degree in Mechanical Engineering Technology approximately 20 years ago. After graduation, she entered active duty in the Navy and served 19 years. During her military service, her work experiences were related to repair and maintenance of ship propulsion systems. This extensive experience has relative insignificance in the civilian job market. Since her discharge, Letitia has looked extensively for employment; but has not been successful in the endeavor. She is restricted in the types of employment she can consider because of the limitations caused by her SC and NSC conditions. Her education and work experience do not provide her with sufficiently appropriated qualifications to enable her to compete in the civilian job market. She, therefore, has not overcome the impairment to employability.

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:

She has a B.S. Degree in a highly technical field, as well as an exemplary military work record. Taking into consideration her background, her disabilities are not of sufficient severity or number that a serious employment handicap is imposed. Letitia does not meet the criteria for serious employment handicap as outlined in 8 CFR 21.52.

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:

Although Letitia does have physical limitations which have contributed to her lack of success in finding employment, she still has the capability to maintain employment that is physically light or sedentary in nature.

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: [Click or tap to enter a date.](#)

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

Jerry Rivera

11. TITLE

Vocational Rehabilitation Counselor

12. DATE SIGNED

04/26/2021



Department of Veterans Affairs

NOTES FROM COUNSELING AND NEXT STEPS

1. NAME (First, Middle, Last) Letitia G. Thomas	2. FILE NUMBER TRA-45-6789
----------------------------------------------------	-------------------------------

PLANS AGREED UPON

3. LONG RANGE GOAL Letitia will acquire and maintain employment as a drafter, DOT 017

4. PROPOSED PROGRAM Employment assistance in finding direct employment as a drafter	5. DESIRED PROGRAM BEGINNING DATE 04/26/2021
----------------------------------------------------------------------------------------	-------------------------------------------------

NEXT STEPS TO BE TAKEN

6A. PREFERRED SEQUENCE	6B. NECESSARY ACTIONS	6C. DATE ACTION COMPLETED
1	Entitled to Ch. 31 Services	04/26/2021
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

NEXT COUNSELING APPOINTMENT

7A. DATE	7B. TIME	7C. LOCATION
----------	----------	--------------

8A. COUNSELING PSYCHOLOGIST OR VOCATIONAL REHABILITATION SPECIALIST Jerry Rivera, VRC	8B. TELEPHONE NUMBER TO CONTACT (448) 555-0228	9A. SIGNATURE OF COUNSELEE <i>Letitia G. Thomas</i>	9B. DATE OF SIGNATURE 04/26/2021
------------------------------------------------------------------------------------------	---------------------------------------------------	--------------------------------------------------------	-------------------------------------

VA FORM 28-8606



DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office
1776 Constitution Parkway
Midville, Iowa 00434

04/26/2021

Letitia G. Thomas
477 Maple Street
Creston, IA 50845 (US)

In Reply Refer to:
RO 379 /28
Last 4 digits: 6789

Dear Letitia G. Thomas:

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 meet the criteria for an employment handicap because your SCD(s) contribute(s) in substantial part to the vocational impairment and you have not overcome the effects of the impairment through further education, transferable skills, or obtaining and maintaining suitable work.

What evidence did I use to make this decision?

Correspondence, interview, medical records

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?

VR-64

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

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

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

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

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

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

- File a Formal Appeal with the Board of Veterans Appeals

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

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

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

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

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

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

What if you have questions or concerns?

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

Sincerely yours,

Jerry Rivera
Vocational Rehabilitation Counselor

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

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.



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.

Letitia G. Thomas

Veteran's Signature

04/26/2021

Date

Jerry Rivera, VRC

VRC Signature

04/26/2021

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.

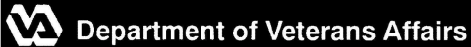
I HEREBY CERTIFY THAT the information I have given is true and correct to the best of my knowledge and belief.

Letitia G. Thomas

(Veteran's Signature)

04/26/2021

(Date Signed)



REHABILITATION NEEDS INVENTORY (RNI)

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

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

1. NAME (First, middle, last) Letitia G. Thomas		2. TELEPHONE NUMBER(S) HOME PHONE NUMBER CELL PHONE NUMBER WORK PHONE NUMBER		
3. CURRENT ADDRESS 477 Maple Street Creston, IA 50845 (US)		(641) 777-9999		
5. GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		4a. E-MAIL ADDRESS 1 lgthomas@gmail.com		4b. E-MAIL ADDRESS 2
6. MARITAL STATUS Never Married		7. CLAIM NUMBER TRA-45-6789		8. SOCIAL SECURITY NUMBER TRA-45-6789
9. CLAIMING DEPENDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO # _____		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 need assistance in finding a job				
13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN? Mechanical engineering, drafting, air conditioning, blueprinting, mechanical drawing				
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 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 checked="" type="checkbox"/> OTHER (Please explain) <input type="checkbox"/> VA VOCATIONAL REHABILITATION DTAP Presentation		
14C. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED (i.e., training, medical, vocational testing, functional capacities, job search activities):				

EMPLOYMENT

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

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

	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
		FROM	TO	
A	Summer Intern	05/13/2000	08/31/2000	1,000.00
	COMPANY NAME	STATUS		
	Everson Mechanical Contractors	<input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION		<input type="checkbox"/> PART TIME <input checked="" type="checkbox"/> FULL TIME
	DESCRIBE JOB DUTIES IN DETAIL Assisted mechanical engineer in design and oversight of a/c and heating construction			
REASON FOR LEAVING Returned to school				
B	Cashier/Food Prep	05/15/1998	08/05/1998	600.00
	COMPANY NAME	STATUS		
	Hightower Dairy Freeze	<input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION		<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME

15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)				
B	DESCRIBE JOB DUTIES IN DETAIL Made ice cream orders (shakes, sundaes, etc.) and operated cash register			
	REASON FOR LEAVING Summer job - School started			
C	JOB TITLE	DATES FROM _____ TO _____		AVERAGE GROSS MONTHLY SALARY
	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			
	REASON FOR LEAVING			
D	JOB TITLE	DATES FROM _____ TO _____		AVERAGE GROSS MONTHLY SALARY
	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			
	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: Lt Cmdr 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 Chief Engineering Officer	DATES FROM 06/01/2015 TO 08/31/2020		AVERAGE GROSS MONTHLY SALARY 4,000.00
	LIST ANY HONORS AND COMMENDATIONS			RANK
	DESCRIBE JOB DUTIES IN DETAIL Chief engineering officer aboard sub tender. Responsible for maintenance and repair of ship propulsion systems and other aspects of the ship's operation, i.e. a/c, heat, plumb			
HIGHEST RANK ACHIEVED: 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				
B	JOB TITLE Engineering Officer	DATES FROM 03/01/2013 TO 06/01/2015		AVERAGE GROSS MONTHLY SALARY 3,100.00
	LIST ANY HONORS AND COMMENDATIONS			RANK
	DESCRIBE JOB DUTIES IN DETAIL Engineering officer aboard frigate. Supervised crew responsible for maintenance and repair of ship propulsion systems.			
HIGHEST RANK ACHIEVED: 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				
C	JOB TITLE Instructor	DATES FROM 04/15/2016 TO 03/01/2018		AVERAGE GROSS MONTHLY SALARY 2,800.00
	LIST ANY HONORS AND COMMENDATIONS			RANK
	DESCRIBE JOB DUTIES IN DETAIL Instructed engineering officer trainees in the repair and maintenance of ship propulsion systems. Developed manuals and procedural guidelines on ship propulsion and maintenance.			
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?
 Mechanical, maintenance work, ac, heating and refrigeration maintenance work. Drafting, blueprint design and drawing.

19. PLEASE EXPLAIN WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT 3 MONTHS OR LONGER:
 Have been looking for employment since I was discharged from the Navy (8 months)

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				
Penn State U-Harrisbur	09/1999	05/2001	2.41	142.00	Mech Eng Tech	
Harrisburg Area ComCol	08/1997	06/1999	2.89	65.00	Mech Eng Tech Transf	

22A. WHAT SUBJECTS DID YOU LIKE?

22B. WHAT SUBJECTS DID YOU DISLIKE?

1	Engineering	1	English
2	Drafting/Mechanical Drawing	2	History
3	Mathematics	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?
Lung Disease High Blood Pressure Eczema	40.00	Can't do exertion without getting short of breath. Blood pressure goes way up when I exert myself. Skin problem mainly on hands and arms.
26A. NON SERVICE-CONNECTED DISABILITY	26B. RATING (%)	26C. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITIES?
Flat feet		Feet hurt after walking or standing for a while. Can't stand long on hard surfaces. Wear arch supports.

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

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

DISABILITIES (CONTINUED)

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

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

<input 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
Lung Condition	VAMC, Midville	Every 3 months	Albuterol
Asthma	VAMC	as needed	Spiriva
High Blood Pressure	VAMC	as needed	HCTZ
Eczema	VAMC	as needed	Steroid cream as needed
Flat feet	VAMC	as needed	Advil

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

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

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
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

37. DO YOU HAVE ANY PENDING VA CLAIMS? <input type="checkbox"/> YES <input 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 type="checkbox"/> OWN <input type="checkbox"/> OTHER	39B. DO YOU HAVE STABLE HOUSING AT PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 39C)</i>	39C. DESCRIBE YOUR CURRENT LIVING SITUATION:
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------

40A. WHAT MODE OF TRANSPORTATION DO YOU USE? <input 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?
40C. DO YOU HAVE A VALID DRIVER'S LICENSE? <input 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

4/26/2021

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

Letitia G. Thomas

DATE SIGNED

04/26/2021

SIGNATURE OF CASE MANAGER OR VOCATIONAL REHABILITATION COUNSELOR (VRC)

Jerry Rivera, VRC

DATE SIGNED

04/26/2021

For Training Purposes Only



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

April 18, 2021

Ms. Letitia G. Thomas
477 Maple Street
Creston, IA 50845 (us)

In Reply Refer to:
379/28
Last Four: 6789

Dear Ms. Letitia G. Thomas:

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: 04/26/2021
Time: 9:00 AM
Place: Midville Regional Office, Room 110

What should you do to prepare for the meeting?

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

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

- A completed 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

For Training Purposes Only

For Training Purposes Only

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.

For Training Purposes Only

For Training Purposes Only

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 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.

For Training Purposes Only



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 Letitia G. Thomas	2. SOCIAL SECURITY NO. TRA-45-6789	3. VA FILE NO. (If different from Item 2)	4. DATE OF BIRTH (Month, Day, Year) 04/27/1979
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code, OR write "None," if no mailing address.) 477 Maple Street Creston, IA 50845		6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.) (641) 777-9999	
7. E-MAIL ADDRESS OF CLAIMANT lgthomas@gmail.com		8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.) (641) 777-9999	
9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS , PROVIDE US YOUR NEW ADDRESS		10. NUMBER OF YEARS OF EDUCATION 16	
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>Letitia G. Thomas</i>		11B. DATE SIGNED 04/02/2021	



DEPARTMENT OF VETERANS AFFAIRS

Midville Regional Office (379)

1776 Constitution Parkway

Midville, Iowa 00434

Letitia Thomas

VA File Number

TRA-45-6789

Represented by:

N/A

Rating Decision

March 30, 2021

INTRODUCTION

The records reflect that you are a Veteran of the Gulf War Era. You served in the Navy from October 06, 2001 to November 12, 2020. You filed an original claim for service connected disability on March 22, 2021. Based on the evidence of record, the VA has made the following determination on your claim.

DECISION

1. Service connection for chronic obstructive pulmonary disease (COPD) is granted with an evaluation of 30 percent effective November 13, 2020.
2. Service connection for hypertension is granted with an evaluation of 10 percent effective November 13, 2020.
3. Service connection for eczema is granted with an evaluation of 0 percent effective November 13, 2020.
4. Service connection for pes planus is denied. No evidence of this condition found on VA examination.

EVIDENCE

- Service treatment records from October 06, 2001 to November 12, 2020.
- Physical Evaluation Board records 10/30/2020
- VA Medical Examination conducted at the VA medical center

REFERENCES:

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

Rating Decision	<i>Department of Veterans Affairs</i> Veterans Benefits Administration	Page 1 03/30/2021
NAME OF VETERAN Letitia G. Thomas	VA FILE NUMBER TRA-45-6789	SOCIAL SECURITY NR TRA-45-6789
		POA COPY TO

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
10/06/2001	11/12/2020	Navy	Honorable

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

¹ SUBJECT TO COMPENSATION (1.SC)

6604 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, MODERATE
Service Connected, Gulf War Era, Incurred
30% from November 13, 2020

7007 HYPERTENSION
Service Connected, Gulf War Era, Incurred
10% from November 13, 2020

7806 ECZEMA
Service Connected, Gulf War Era, Incurred
0% from November 13, 2020

COMBINED EVALUATION FOR COMPENSATION: 40% from November 13, 2020

The effective date of the 40% rating is November 13, 2020.

2.NSC

5276 PES PLANUS
Not service connected.

Barbara Ritter

03/30/2021

Barbara Ritter, RVSR