

<b>REHABILITATION PLAN</b>		1. DATE 08/24/2025	
2. FIRST - MIDDLE - LAST NAME OF VETERAN Matthew L. Dixon		3. CLAIM NUMBER TRA-55-4444 / 00	
4. SOCIAL SECURITY NUMBER TRA-55-4444		5. PROGRAM PLAN IWRP/IEAP	
6A. TYPE OF PLAN Original		6B. AMENDMENT NO. TO IWRP	
6C. DATE OF IWRP		7. PROGRAM GOAL To obtain and/or maintain suitable employment in the occupational goal of DOT #. 160 Accounting	
<b>NOTE: INTERMEDIATE OBJECTIVES TO ACHIEVE PLANNED GOAL COVERED IN ITEMS 8 THRU 12.</b>			
8A. OBJECTIVE ONE (Description) Program participant will complete a Bachelor degree in Accounting		8B. ANTICIPATED COMPLETION DATE 08/2029	
8C. SERVICES PROVIDED Academic instruction and/or vocational training at a VA approved facility and payment of tuition, fees, required books, equipment, tools, and supplies.		8D. DURATION OF SERVICES	
		FROM (Mo., Yr.) 08/2025	TO (Mo., Yr.) 08/2029
8E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES Central State University 111 College Street Midville, IA 00466		8F. PERSON TO CONTACT (If institution) Sheila Gordon (VA Certifying Official)	
		8G. TELEPHONE NO. (Include Area Code) (731) 445-5454	
8H. EVALUATION CRITERIA Program participant will maintain a minimum cumulative GPA of 2.50 or higher, or GPA required by the specific program.			
8I. EVALUATION PROCEDURE Review of transcript of training, receipts, and other required documentation to verify actual payments for tuition, fees, books, and supplies			
8J. EVALUATION SCHEDULE Case Management Level 1 - Required annual face-to-face case management appointment. Required case management follow-up by telephone or in-person during each term, or three times per year if non-standard terms or training is non-academic.			
9A. OBJECTIVE TWO (Description) Program participant will maintain good health practices to permit successful completion of the objectives of this Rehabilitation Plan.		9B. ANTICIPATED COMPLETION DATE 08/2030	
9C. SERVICES PROVIDED Medical, mental health and dental health treatment as needed for SC and NSC conditions. Referral to the appropriate medical facility for evaluation and treatment of conditions which could potentially interfere with the ability to complete the objectives of his Rehabilitation Plan.		9D. DURATION OF SERVICES	
		FROM (Mo., Yr.) 08/2025	TO (Mo., Yr.) 08/2030
9E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICE VA MEDICAL CENTER 100 Veterans Way Midville, IA 00466		9F. PERSON TO CONTACT (If institution) Dr. Jason Corville	
		9G. TELEPHONE NO. (Include Area Code) (731) 665-6565	
9H. EVALUATION CRITERIA Referral to the appropriate medical facility for evaluation and treatment of conditions which could potentially interfere with ability to complete the objectives of this plan.			

ITEM 9, CONTINUED		
9I. EVALUATION PROCEDURE Veteran will keep all clinic appointments as scheduled for medical, mental health and dental needs and will take all medication as prescribed by his/her physician. Scheduled meetings with the CM to discuss and resolve any medical, personal or academic p		
9J. EVALUATION SCHEDULE Veteran will maintain contact with her CM at least once per term regarding medical issues.		
9K. PROGRESS NOTES		
10A. OBJECTIVE THREE <i>(Description)</i> Matt will develop a job search strategy and actively participate in job search activities when he nears completion of his degree	10B. ANTICIPATED COMPLETION DATE 08/2030	
10C. SERVICES PROVIDED Matt will be provided job leads, assisted with resume development, and a job search strategy through working with the DVOP and the college placement office.	10D. DURATION OF SERVICES	
	FROM <i>(Mo., Yr.)</i> 08/2029	TO <i>(Mo., Yr.)</i> 08/2030
10E. NAME & ADDRESS OF PERSON OR INSTITUTION PROVIDING SERVICES DVOP and College Placement Office 100 Outreach Way Midville, IA 00466	10F. PERSON TO CONTACT <i>(If institution)</i> Bobby Ingram	
	10G. TELEPHONE NO. <i>(Include Area Code)</i> (731) 771-1122	
10H. EVALUATION CRITERIA Matt will develop a resume and participate in job search activities as developed by the DVOP. He will utilize the services of the university career placement office to develop employment information and leads. He will maintain a log of all job activities.		
10I. EVALUATION PROCEDURE Case manager will monitor Matt's job search and job log appointments during monthly case management appointments/contact via CAPRI and/or medical consultation.		
10J. EVALUATION SCHEDULE Review every academic term		
10K. PROGRESS NOTES <b>During the last 60 days of your program, the veteran will need to contact the Case Manager to schedule an appointment to review the employment services plan.</b>		
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  Matthew L. Dixon	13. SIGNATURE OF COUNSELING PSYCHOLOGIST  Pat Winfield, VRC	
14. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST	15. ANNUAL REVIEW DATE	

Department of  
Veterans Affairs

## CASE NOTES

Participant Name: Matthew Dixon

File Number: TRA-55-4444

Category: Rehabilitation Service

Date: 08/24/2025

### Plan Development Notes:

Matt was provided an Original Plan Orientation Case Management appointment to Chapter 31 benefits and services on this date. During this meeting, it was explained that this appointment establishes the ongoing relationship and partnership between Matt and VA for the duration of rehabilitation services and the chapter 31 program is an active and mutually cooperative effort of the individual and VA to accomplish the rehabilitation goal and program objectives.

VRC met with Matt at the VA certifying official's office for initial case management appointment per the IWRP. Prior to the appointment, we reviewed the goals and objectives of the IWRP. We find that he is following the IWRP.

Encouraged Matt to work closely with the Veterans Coordinator at State to ensure that tuition and fees, as well as his required books and supplies would be billed to VA. VRC discussed with Matt VA policy regarding purchase of books and school supplies through the campus bookstore and provided VRC contact information if he had any later questions or need for clarification regarding any information we covered during this Case Management Appointment. Matt was advised of the amount of his subsistence allowance and of his entitlement to medical services from the local VAMC. His responsibilities under the Chapter 31 program were discussed and the anticipated case management appointment frequency was covered.

Reviewed IWRP with Matt regarding overall employment objective and intermediate goals and he is in agreement with all aspects of the IWRP. Likewise, ETD and remaining entitlement is consistent with length of the training services as outlined in the IWRP.

Matt had some questions about his SCD and possibility of applying for an increase and we discussed this at length with him. Regarding academics, we discussed his program and university requirements. Discussed some of the more difficult courses in his curriculum and the challenge they would present. Matt expressed some realistic concerns about being able to effectively deal with courses such as Tax Accounting and Cost Accounting and Auditing which are gateway courses for this curriculum. We encouraged him to pace himself, work closely with his academic advisor, and carefully select and preregister for courses each semester to ensure his best possible academic results. This will be an ongoing discussion point and area of review. Depending on his progress and success, the CPA certification may be considered later.

VRC



**DEPARTMENT OF VETERANS AFFAIRS**  
**VA Regional Office**  
**Department of Veterans Affairs**

08/24/2025

Mr. Matthew L. Dixon  
6418 Pinecrest Dr.  
Dubuque, IA 52004

**In Reply Refer to:**  
327/28  
Last 4 digits: 4444 / 00

Dear Mr. Matthew Dixon:

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 08/24/2025

1. You meet the criteria for me to determine that it is reasonably feasible for you to pursue a vocational goal. I based this decision on 38 U.S.C. § 3106 and 38 CFR § 21.53.
2. 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.
3. I can approve your selected training facility, 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.
4. 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.
5. 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.

6. I can provide you with employment assistance. I based this decision on 38 U.S.C. §§ 3107 and 3117; and 38 CFR §§ 21.250 and 21.252.
7. I have approved your request for payment of an employment adjustment allowance. I based this decision on 38 U.S.C. § 3108 and 38 CFR § 21.268.

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

### **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 pursue an Accounting vocational goal; 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 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/](http://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](http://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 502-287-5413, via email at [ebony.williams3@va.gov](mailto:ebony.williams3@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,

*Pat Winfield, VRC*

## Rehabilitation Counselor

### Enclosures:

VA Form 28-8872, Rehabilitation Plan

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

cc: DISABLED AMERICAN VETERANS

## VOCATIONAL REHABILITATION GUIDELINES AND DEBT PREVENTION

NAME Matthew L. Dixon	VA FILE NUMBER TRA-55-4444
FACILITY Central State University	REHABILITATION GOAL Accounting 160
PROGRAM B.S. Degree in Accounting	START DATE 08/24/2025

These guidelines address questions most frequently asked when starting a Vocational Rehabilitation and Employment (VR&E) program. Following these guidelines will assist you in understanding your benefits, how your subsistence allowance is determined and paid, and how to avoid an overpayment. Please do not hesitate to contact your counselor for additional information.

### **INDIVIDUALIZED WRITTEN REHABILITATION PLAN (IWRP)**

Your IWRP is a written agreement between you and the Department of Veterans Affairs (VA) that outlines the services you and your counselor have agreed are necessary for you to reach your vocational goal. It is imperative that you follow your IWRP closely to ensure that you meet your goals. Please note the following:

- Changes to your program require approval from your counselor
- You must maintain continuous, satisfactory progress toward your rehabilitation goals, as outlined in your IWRP. Your counselor will work with you to address and resolve issues that interfere with your progress
- Electives, unauthorized courses, and/or repeating courses require approval from your counselor
- Auditing a class is prohibited

### **REGISTRATION AND GRADE REPORTS**

You must provide a copy of your registration to your counselor at the beginning of each term, and a copy of your grade report at the end of each term. Your counselor will review this information to ensure that you are progressing as scheduled. You are expected to train at full-time status, as it will expedite your program. However, your counselor may authorize less than full-time training, if appropriate. If you are not able to meet the standards agreed to in your IWRP, please contact your counselor before registering for the next term. VA may not pay your tuition and fees, or your subsistence allowance without your counselor's approval for you to continue training.

### **EVALUATIONS AND APPOINTMENTS WITH YOUR COUNSELOR**

Meeting with your counselor is an essential aspect of your program. Your counselor's role is to assist you with any problems that may keep you from reaching your goals, and to ensure that you are receiving all services necessary to ensure your success. You are required to meet with your counselor regularly to evaluate your progress. You and your counselor will schedule meetings based on your individual needs. However, please do not wait until these scheduled meetings to address issues/problems. Your counselor is available to assist you as those issues and needs arise.

### **MEDICAL SERVICE AND TREATMENT**

As a participant of VA's VR&E program, you have potential entitlement to medical, dental, and vision benefits through VA. Please be aware that these benefits must be requested on a "need basis," and a referral from your counselor will be necessary before the VA Medical Center (VAMC) will schedule an appointment if the medical/dental/vision services you are requesting are not associated with your service-connected disability. These benefits are not available to your dependents.



## **MEDICAL SERVICE AND TREATMENT (Continued)**

Whenever possible, VA strives to provide treatment at VAMCs. However, this may not always be possible if there is no VAMC in your area, the requested service is not available at the VAMC, and/or reporting to a VAMC for emergency care would pose a hardship. VA has a fee basis program that provides financial assistance with medical care costs in these situations. However, the fee basis program has limitations and restrictions, and pre-authorization is required.

In the event you are hospitalized on an emergency basis in a private hospital, you must contact Fee Services at the VAMC nearest you within 72 hours of your admission at (877) 222-VETS (8387). A family member, private hospital representative, or your attending physician can make this contact.

## **PAYMENT OF TUITION, FEES, BOOKS AND SUPPLIES**

VA pays all required costs associated with your training, including tuition, fees, books, and supplies. VA will pay for the purchase of required textbooks and a reasonable quantity of expendable supplies (pens, pencils, notebooks, and incidentals) from the school's bookstore. Please note that supplies should not exceed the amount specified by your counselor. VA will also provide tools/equipment listed by the school as "required of all students." Before you buy other supplies or services you feel you need, such as optional, recommended, or reference books, contact your counselor for approval. Payment for an unauthorized item is your responsibility. Failure to provide payment to the bookstore may result in your not being able to purchase supplies and books through the bookstore for subsequent terms. If your school does not have a bookstore, you have to work with your counselor when purchasing your books and supplies.

## **SUBSISTENCE ALLOWANCE (SA)**

SA is a monthly allowance to help you pay for living expenses while you are in training. SA is paid in addition to any VA disability compensation you receive or payments VA makes directly to your training facility for tuition, books, fees, and supplies. The amount of your SA is determined by the following factors:

- Type of training
- Number of course hours you are pursuing
- Number of your dependents
- If eligible, you may elect to receive SA at the rate for education allowance payable under Chapter 30 or at the Post 9/11 using the Basic Allowance for Housing rate

You must immediately contact your counselor if any of these factors change to avoid an overpayment. The law requires that you repay any overpayment to VA.

SA is paid a month in arrears. For example, payment of SA for attending school in August occurs on, or about, September 1. Your counselor must receive certification from your training site indicating that you are registered before your SA payment can be processed. To avoid any delay, register for classes as soon as possible, and provide that information to both the Certifying Official (CO) at your school and to your VA counselor. Also, a no-interest revolving fund loan may be authorized if a financial emergency affects your ability to start, continue, or resume your training.

Remember, your SA is dependent on the number of hours you are enrolled. If you receive a payment during the month following a reduction in your enrollment, make sure that you are entitled to the entire amount before using those funds. If the amount has not changed from the previous payment, it is likely that you are not entitled to the full amount of this payment. You should contact your counselor immediately for guidance in this situation.

**DEBT PREVENTION DUE TO WITHDRAWAL OR INTERRUPTION OF TRAINING**

If it becomes necessary to withdraw from a course, you need to contact both your counselor and the CO at your school immediately. You will need to explain the reason for the withdrawal to your counselor. If the reason meets the criteria for "mitigating circumstances," which are unanticipated and unavoidable events that interfere with your pursuit of training, then you will not be required to return the SA received prior to the withdrawal. The law provides for a one-time six-credit hour exclusion from the requirement to establish mitigating circumstances during the first instance of withdrawal from a course.

Withdrawal to avoid an unsatisfactory grade is not considered a valid reason. If mitigating circumstances cannot be established to explain your withdrawal, an overpayment may be created from the beginning of the term that you will be responsible to repay to VA. Remember, to avoid an overpayment, keep your counselor informed of all changes to your schedule, dependency status, and eligibility to other VA education programs.

**DUPLICATION OF BENEFITS**

The law prohibits VA from providing payments of SA under the Vocational Rehabilitation and Employment (VR&E) program concurrently with payments under any other education benefit programs (Chapter 30, 32, 33, 1606, etc.) If you have basic entitlement under more than one VA education program, you must elect which program you wish to pursue to avoid duplication of benefits.

**CERTIFICATION OF RECEIPT**

I certify that I have read and understand the above guidelines regarding participation in the VR&E program, and that I have been provided a copy for my records. I understand that it is my responsibility to contact my counselor to report any changes of dependents, training time, or any other problems that might affect either my current training or future employment in my vocational objective.

*Matthew L. Dixon*

Veteran's Signature

08/24/2025

Date

*Pat Winfield, VRC*

VA Counselor's Signature

08/24/2025

Date



**COUNSELING RECORD - NARRATIVE REPORT (SUPPLEMENTAL SHEET)**

FIRST NAME, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Mr. Matthew L. Dixon

VA FILE NUMBER

TRA-55-4444

**PLAN DEVELOPMENT NARRATIVE**

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

Using the ONET and Occupational Outlook Handbook, various occupations were explored and the veteran maintained accounting and business oriented occupations as his primary focus. Other career fields of teaching and HR were considered, but after review of the labor market and job duties a career in accounting was most compatible to the veterans needs.

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

Veterans career scope assessment supports pursuit of his approved vocational goal in Accounting as it is within his interests, abilities and aptitudes.

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:

N/A

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

IEEP:

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

IILP:

IWRP/IEAP:

Approved a long term services combination plan to support training in a suitable career.

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).

The accounting field was agreed upon as his career goal. Upon review of his interest, abilities and aptitudes it was determined that the veteran can be successful in a college setting. Additionally, working as an accountant will not aggravate his SC impairments.

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

Veteran will begin his collegiate career at the University in pursuit of a Bachelor in Accounting. 60 days prior to graduation VRC will review the employment plan with the veteran. Upon completion of his degree, the veteran will provide a working resume and final transcript to VRC. He will be provided up to 18 months of job ready services which include 2 months of employment assistance allowance payments.

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 veteran presents with a stable medical condition, self-motivated, minimal need for supportive services and the absence of level 2 or 3 criteria.

11. LEVEL OF APPROVAL:

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

SIGNATURE

*Pat Winfield, VRC*

TITLE

Vocational Rehabilitation Counselor

DATE SIGNED

08/24/2025

## **Matt's Vocational Testing Results**

### **Assessment of Interests, Aptitudes & Abilities**

Matt agreed to undergo vocational assessment as a means of identifying his pattern of interests, as well as his abilities, aptitudes and academic achievement level. Matt was provided a copy of the Assessment Report and a copy is filed on the right side of the CER folder.

He provided a copy of his college transcripts which reveal that he has completed 26 semester hours with a GPA of 3.1. He also provided his SAT scores which reveal academic ability well above the average range. His quantitative score was well above the average range, while his verbal score was within the average range.

The Interest Inventory administered indicates interest in occupations of accountant, actuary, computer programmer, and auditor as being of highest interest. Some interest was also indicated in the social occupational areas with Matt's interest pattern being somewhat similar with persons employed in the occupations of secondary school teacher, human services worker and human resources manager. Matt agreed with the interest profile, stating that he had always done well in mathematics and enjoyed working with numbers. He sees himself as being people-oriented to some degree, but is not outgoing. He is proficient in the use of computers and has envisioned a career in accounting or information technology.

In general intellectual ability, Matt scored well above the average range. He appears to have the ability to learn quickly and easily and to grasp and understand complex issues rather quickly. This is also validated by his SAT scores and grade reports on his college transcripts.

### **Vocational Exploration**

The vocational exploration was documented on VAF 28-1902n, Counseling Record – Narrative Report (Supplemental Sheet) during this process found in the CER folder on the right hand flap.

In discussing Matt's pattern of interests, he indicated that he had long thought of a career in accounting. He is familiar with the work as one of his older brothers is an accountant for a large firm. While he indicates that he does have interest in computers and feels that working in the IT field would be appropriate for him, this type of work does not appeal to him as much as accounting.

Using the Occupational Outlook Handbook, various occupations were explored and Matt maintained accounting and business oriented occupations as his primary focus. Other career fields in which some interest was noted was in teaching and in human resources, but these did not interest Matt as much as accounting. He has done some research in this field and realizes that the income potential can be promising and the job opportunities are quite favorable, even in the current stagnant economy. He is eventually interested in relocating and living in the western U.S. and is aware that favorable job opportunities for accountant are nationwide. Consequently, the accounting field was agreed upon as a tentative employment goal.

**Department of  
Veterans Affairs**

**CASE NOTES**

Participant Name: Matthew Dixon

File Number: TRA-55-4444

Category: Counseling

Date: 06/02/2025

VOCATIONAL EXPLORATION: Document the activities, assignments, and results of the vocational exploration activities. He has done some research in this field and realizes that the income potential can be promising and the job opportunities are quite favorable, even in the current stagnant economy. He is eventually interested in relocating and living in the western U.S. and is aware that favorable job opportunities for accountants are nationwide. Consequently, the accounting field was agreed upon as a tentative employment goal. I reviewed with him the details of his vocational assessment completed last appointment and explained that he appears to have some interest in the social occupational areas with his interest pattern being somewhat similar with persons employed in the occupation of secondary school teacher, human services worker and human resources manager. His SAT and college experience was also reviewed and agreed that his average scores and experience would be helpful in pursuing a college degree. He previously agreed to research jobs as an accountant, information management/technology, teacher and human resource manager. He lacks personal interest in IT careers and teaching. He doesn't believe there is enough prospects, advancement and interest in human resources. He continues to be supportive of pursuing a vocational goal as an accountant.

Vocational Rehabilitation Counselor



**DEPARTMENT OF VETERANS AFFAIRS**  
**VA Regional Office**  
**Department of Veterans Affairs**

05/13/2025

Mr. Matthew L. Dixon  
5418 Pinecrest Dr.  
Dubuque, IA 52004

**In Reply Refer to:**  
327/28  
Last 4 digits: 4444 / 00

Dear Mr. Matthew Dixon:

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 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**

It was determined that you have an Employment Handicap as a direct result of your service connected disabilities; therefore, we are able to find you entitled.

**What evidence did I use to make this decision?**

Your service connected disabilities are the reason you are unable to find suitable employment.

If you would like copies of this information, please contact me to arrange the most efficient way to get this information to you.

**What if you disagree with my decision?**

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

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

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

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

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

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

- File a Formal Appeal with the Board of Veterans Appeals

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

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

The enclosed VA Form 20-0998, "Your Rights To Seek Further Review of Our Decision", explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting [www.va.gov/vaforms/](http://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](http://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 502-287-5413, via email at [ebony.williams3@va.gov](mailto:ebony.williams3@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,

*Pat Winfield, VRC*


Rehabilitation Counselor

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

cc: KENTUCKY CENTER FOR VETERANS AFFAIRS

How can eBenefits assist you?

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

 <b>Department of Veterans Affairs</b>		<b>NOTES FROM COUNSELING AND NEXT STEPS</b>		
1. NAME (First, Middle, Last) Matthew L. Dixon		2. FILE NUMBER TRA-55-4444		
<b>PLANS AGREED UPON</b>				
3. LONG RANGE GOAL TBD				
4. PROPOSED PROGRAM Tentative: BS Degree in Accounting				5. DESIRED PROGRAM BEGINNING DATE
<b>NEXT STEPS TO BE TAKEN</b>				
6A. PREFERRED SEQUENCE	6B. NECESSARY ACTIONS			6C. DATE ACTION COMPLETED
1	Entitlement to VA vocational rehabilitation services has been established.			05/13/2025
2	Have prior college credits evaluated by Central State to determine how many credits count toward the BS in accounting. Return for your next appointment			
3	on June 02, 2025 to continue planning for your voc-rehab program.			
4				
5				
6				
7				
8				
9				
10				
11				
12				
<b>NEXT COUNSELING APPOINTMENT</b>				
7A. DATE 06/02/2025	7B. TIME 9:30 AM	7C. LOCATION Midville Regional Office		
8A. COUNSELING PSYCHOLOGIST OR VOCATIONAL REHABILITATION SPECIALIST <i>Pat Winfield, VRC</i>	8B. TELEPHONE NUMBER TO CONTACT (448) 555-0228	9A. SIGNATURE OF COUNSELEE <i>Matthew L. Dixon</i>	9B. DATE OF SIGNATURE 05/13/2025	

VA FORM 28-8606



## 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.

*Matthew L. Dixon*

*(Veteran's Signature)*

05/13/2025

*(Date Signed)*



FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Matt Dixon

VA FILE NUMBER

TRA-55-4444

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

Achievement of a vocational goal is currently reasonably feasible.

Explain and justify decision:

A preliminary Vocational goal has been identified for the Veteran in the area of finance and accounting as Mr. Dixon expresses an interest and will not appear to aggravate his stated disabilities. Mr. Dixon's physical and mental conditions appear to permit training for accounting and can begin once the additional vocational exploration is completed. His SCD for back and knee will not appear to be aggravated by this type of profession as the duties and activities are sedentary. Mr. Dixon possesses the necessary educational skills and background to pursue the vocational goal and can be provided additional services to develop the necessary educational skills as part of the program. He has completed approximately one year of college and with the support of vocational assessment and exploration, there is no reason to believe this will not be reasonable for this Veteran. With the evidence reviewed it is apparent that employment is feasible and plan development for a suitable vocational goal will occur.

Achievement of a vocational goal is not currently reasonably feasible.

Explain and justify decision:

Achievement of a vocational goal cannot currently be determined.

Explain and justify decision:

DATE OF DETERMINATION: 5-13-25

SIGNATURE

Pat Winfield, VRC

TITLE

Rehabilitation Counselor

DATE

5-13-25



1. FIRST, MIDDLE INITIAL, LAST NAME OF CLAIMANT

Matthew L. Dixon

2. VA FILE NUMBER

TRA-55-4444

3. REGIONAL OFFICE NUMBER

327

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:

N/A

Training Purposes

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

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

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

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

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

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

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

6A. DOES THE CLAIMANT HAVE A VOCATIONAL IMPAIRMENT?

YES  NO

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

Mr. Dixon has service-connected impairments of Right anterior cruciate ligament tear and lower back strain. The veteran has a vocational impairment as a direct result of the symptoms associated with his SC impairments. He experiences inability for prolonged standing, sitting, walking, bending, carrying heavy objects and climbing. The veteran has deficiencies in education to obtain suitable employment that would not aggravate his disabilities. Due to his conditions, the veteran has a vocational impairment that the limitations contribute in a substantial part to his service-connected disabilities.

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:

The veteran's service-connected impairments contribute to the vocational impairment in a substantial way. As a direct result of these disabilities the veteran has an inability for prolonged standing, sitting, walking, bending, carrying heavy objects and climbing. The veteran has not been able to secure suitable employment through no fault of his own. For this reason, the veteran has a vocational impairment that the limitations contribute in a substantial part to his service-connected disabilities in a measurable and verifiable way.

**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:

The veteran has not overcome the effects of the vocational impairment as a direct result of his service-connected impairments. He does not have the required education and skills to obtain suitable employment. The veteran will require this assistance from the VRE program to obtain and maintain suitable employment. For these reasons the veteran has not overcome his impairment to employment through education and/or self-management.

Matt does not have skills with which to prepare for suitable employment. His military experience in supply operations has proven to be of little use in finding employment in the private sector. Additionally, work in supply and warehouse operations would require him to be on his feet for prolonged time periods and would aggravate his SCDs. He is poorly prepared to compete in the current job market.

Training Purposes

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?

No  Yes

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

Although the veteran has an employment handicap, his limitations do not contribute to a significant vocational impairment.

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

No  Yes

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

The veterans conditions contribute to his vocational impairment, but not a significant vocational impairment.

Training Purposes



**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: 05/13/2025

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.

N/A

10. SIGNATURE

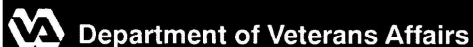
*Pat Winfield, VRC*

11. TITLE

Vocational Rehabilitation Counselor

12. DATE SIGNED

05/13/2025



## 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) Matthew L. Dixon		2. TELEPHONE NUMBER(S) HOME PHONE NUMBER   CELL PHONE NUMBER   WORK PHONE NUMBER		
3. CURRENT ADDRESS 6418 Pinecrest Drive Dubuque, IA 52004 (US)		(563) 333-4444		
5. GENDER <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4a. E-MAIL ADDRESS 1 cornfed1@yahoo.com		4b. E-MAIL ADDRESS 2
6. MARITAL STATUS Married		7. CLAIM NUMBER TRA-55-4444		8. SOCIAL SECURITY NUMBER TRA-55-4444
9. CLAIMING DEPENDENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO # <u>2</u>		10. NICKNAME/AKA		
11. EMERGENCY CONTACT INFORMATION				
CONTACT NAME				
Jennifer M. Dixon				
CONTACT PHONE NUMBER			CONTACT RELATIONSHIP	
(563) 555-1111			Wife	
12. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU? I need to find a good job and finish my education.				
13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN? Business, accounting, teaching				
14. HAVE YOU EVER PARTICIPATED IN OR ARE CURRENTLY PARTICIPATING IN A VA EDUCATION BENEFIT PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
14A. HAVE YOU EVER PARTICIPATED IN A PROGRAM OF VOCATIONAL REHABILITATION BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete Items 14B and 14C)		14B. CHECK ALL THAT APPLY IN WHICH YOU HAVE PARTICIPATED <input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE VOCATIONAL REHABILITATION <input type="checkbox"/> OTHER (Please explain) <input type="checkbox"/> VA VOCATIONAL REHABILITATION		
14C. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED (i.e., training, medical, vocational testing, functional capacities, job search activities):				

### EMPLOYMENT

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

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

	JOB TITLE	DATES		AVERAGE GROSS MONTHLY SALARY
		FROM	TO	
<b>A</b>	Telephone Sales Rep	10/03/2009	05/30/2010	1,100.00
	COMPANY NAME	STATUS		
	United Telemarketing	<input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION		<input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	DESCRIBE JOB DUTIES IN DETAIL Made cold calls to prospective customers to sell buying club memberships.			
REASON FOR LEAVING School year ended.				
<b>B</b>	Cashier - convenience market	11/05/2008	07/31/2009	1,300.00
	COMPANY NAME	STATUS		
	Grayson's Market and Deli	<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input checked="" type="checkbox"/> PERMANENT POSITION		<input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	DESCRIBE JOB DUTIES IN DETAIL			

<b>15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)</b>			
<b>B</b>	DESCRIBE JOB DUTIES IN DETAIL Operated cash register for sales. Accounted for cash at the end of the day and placed it in the safe.		
	REASON FOR LEAVING Enrolled in college		
<b>C</b>	JOB TITLE  Pizza Delivery	DATES FROM 09/21/2007 TO 08/01/2008	AVERAGE GROSS MONTHLY SALARY  800.00
	COMPANY NAME  Luigi's Pizza	STATUS <input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> PERMANENT POSITION <input type="checkbox"/> FULL TIME	
	DESCRIBE JOB DUTIES IN DETAIL Delivered pizzas to customers at home and businesses. Accepted payment, made change.		
	REASON FOR LEAVING Got robbed while delivering in a bad neighborhood.		
<b>D</b>	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		
<b>16. MILITARY WORK HISTORY:</b> 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			
<b>A</b>	JOB TITLE  Supply Specialist - 76Y	DATES FROM 06/15/2011 TO 01/15/2016	AVERAGE GROSS MONTHLY SALARY  2,000.00
	LIST ANY HONORS AND COMMENDATIONS		RANK
	DESCRIBE JOB DUTIES IN DETAIL Responsible for maintaining inventory of military supplies, ordering supplies when needed and dispensing supplies per established military procedures.		
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>B</b>	JOB TITLE	DATES FROM                                    TO	AVERAGE GROSS MONTHLY SALARY
	LIST ANY HONORS AND COMMENDATIONS		RANK
	DESCRIBE JOB DUTIES IN DETAIL		
HIGHEST RANK ACHIEVED:                                    ARMED SERVICES: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD			
<b>C</b>	JOB TITLE	DATES FROM                                    TO	AVERAGE GROSS MONTHLY SALARY
	LIST ANY HONORS AND COMMENDATIONS		RANK
	DESCRIBE JOB DUTIES IN DETAIL		
<b>17. WOULD IT BE POSSIBLE FOR YOU TO RETURN TO WORK IN A FORMER OCCUPATION OR FOR A FORMER EMPLOYER?</b>			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

**MILITARY WORK HISTORY (CONTINUED)**

18. WHAT WORK SKILLS DID YOU USE IN YOUR PREVIOUS POSITIONS THAT YOU THINK YOU MAY BE ABLE TO USE IN A NEW JOB?  
I have supply specialist skills from the military. Could use these skills in supply and warehouse work in civilian life.

19. PLEASE EXPLAIN WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT 3 MONTHS OR LONGER:  
Have been unemployed since my discharge in /\*Dateadd(day,0,serviceextdate,MMMM yyyy)\*/. Have been looking extensively for employment, but no success.

**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 2009  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				
Midland Com College	08/21/09	06/02/10	3.10	26.00	General	

22A. WHAT SUBJECTS DID YOU LIKE?

22B. WHAT SUBJECTS DID YOU DISLIKE?

1	History	1	English
2	Psychology	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?
Right Knee - A/C ligament tear  Low Back Strain	20.00	Cannot run or walk for extended periods of time, cannot lift anything heavy, cannot climb, and cannot squat.  Cannot bend at the waist.
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
Right Knee	VA Clinic	as needed	Advil
Low Back	VA Clinic	as needed	Muscle Relaxer, 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
--	--

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 I need to finish my college degree so I can get a good job.
--	---

37. DO YOU HAVE ANY PENDING VA CLAIMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "Yes," please describe below)</i>	38. DO YOU NEED INFORMATION ABOUT OTHER VA BENEFITS OR PROGRAMS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," please describe below)</i> I am interested in learning about any programs or benefits that can help me finish school and find a good job.
--	--

**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: Matt has a stable personal and family life, adequate housing, reliable transportation, no prior legal issues, and is willing to relocate for the right job opportunity.
--	---	---

40A. WHAT MODE OF TRANSPORTATION DO YOU USE? <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> OTHER	40C. DO YOU HAVE A VALID DRIVER'S LICENSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
40B. HOW FAR ARE YOU WILLING TO COMMUTE FOR WORK AND/OR SCHOOL? 50 miles each way	

**MISCELLANEOUS (CONTINUED)**

41. ARE YOU WILLING TO RELOCATE FOR A JOB?

YES     NO

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

BANKRUPTCY     MISDEMEANOR     FELONY     PROBATION     PAROLE     OTHER     N/A

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

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

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

45. DID ANYONE HELP YOU COMPLETE THIS FORM?

YES     NO

DATE COMPLETED

05/13/2025

**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

*Matthew L. Dixon*

DATE SIGNED

05/13/2025

SIGNATURE OF CASE MANAGER OR VOCATIONAL REHABILITATION COUNSELOR (VRC)

*Pat Winfield, VRC*

DATE SIGNED

05/13/2025

## 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.

*Matthew L. Dixon*

\_\_\_\_\_

Veteran's Signature

05/13/2025

\_\_\_\_\_

Date

*Pat Winfield, VRC*

\_\_\_\_\_

VRC Signature

05/13/2025

\_\_\_\_\_

Date





## DEPARTMENT OF VETERANS AFFAIRS

VA Regional Office  
Department of Veterans Affairs

04/04/2025

Mr. Matthew L. Dixon  
5418 Pinecrest Dr.  
Dubuque, IA 52004

**In Reply Refer to:**  
327/28  
Last 4 digits: 4444 / 00

Dear Mr. Matthew Dixon

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

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

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

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

### **Why did I make this decision?**

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

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

### **What evidence did I use to make this decision?**

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

If you would like copies of this information, please contact me to arrange the most efficient way to get this information to you.

### **What if you disagree with my decision?**

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

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

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

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

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

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

- File a Formal Appeal with the Board of Veterans Appeals

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

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

The enclosed VA Form 20-0998, "Your Rights To Seek Further Review of Our Decision", explains your options in greater detail and provides instructions on how to request further review. You may download a copy of any of the required application forms noted above by visiting [www.va.gov/vaforms/](http://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](http://www.va.gov/decision-reviews) to learn more about how the disagreement process works.

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

### **What if you have questions or concerns?**

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

Sincerely yours,

Vocational Rehabilitation and Employment Officer

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

cc: KENTUCKY CENTER FOR VETERANS AFFAIRS

How can eBenefits assist you?

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

 <b>Department of Veterans Affairs</b>			DO NOT WRITE IN THIS SPACE (VA DATE STAMP)	
<b>APPLICATION FOR VOCATIONAL REHABILITATION FOR CLAIMANTS                  WITH SERVICE-CONNECTED DISABILITIES                  (Chapter 31, Title 38, U.S.C.)</b>				
<b>PURPOSE OF VOCATIONAL REHABILITATION:</b> 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.				
<b>IMPORTANT:</b> 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		2. SOCIAL SECURITY NO.	3. VA FILE NO. (If different from Item 2)	4. DATE OF BIRTH (Month, Day, Year)
Matthew L. Dixon		TRA-55-4444		01/01/1990
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code, <b>OR</b> write "None," if no mailing address.)			6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.)	
5418 Pinecrest Dr. Dubuque, IA 52004			563-333-4444	
7. E-MAIL ADDRESS OF CLAIMANT			8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.)	
comfed1@yahoo.com				
9. IF YOU ARE MOVING WITHIN THE <b>NEXT 30 DAYS</b> , PROVIDE US YOUR NEW ADDRESS			10. NUMBER OF YEARS OF EDUCATION	
			12	
<b>I HEREBY CERTIFY THAT</b> 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)			11B. DATE SIGNED	
Matthew Dixon			04/04/2025	



**DEPARTMENT OF VETERANS AFFAIRS**

**Midville Regional Office (379)**

**1776 Constitution Parkway**

**Midville, Iowa 00434**

**Matthew L. Dixon**

**VA File Number**

**TRA-55-4444**

**Represented by:**

**N/A**

**Rating Decision**

**February 11, 2019**

**INTRODUCTION**

The records reflect that you are a Veteran of the Gulf War Era. You served in the Army from June 15, 2011 to January 15, 2016. You filed an original claim for service connected disability on January 16, 2019. Based on the evidence of record, the VA has made the following determination on your claim.

**DECISION**

1. Service connection for low back strain at the L3-4 level is granted with an evaluation of 10 percent effective January 16, 2019
2. Service connection for anterior cruciate ligament tear, right knee, post-operative is granted with an evaluation of 10 percent effective January 16, 2019

**EVIDENCE**

-Service treatment records from June 15, 2011 to January 15, 2016.

-VA Medical Examination conducted at the VA medical center on January 30, 2019

**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](http://www.va.gov).

<b>Rating Decision</b>	<i>Department of Veterans Affairs</i> Veterans Benefits Administration		Page 1 02/11/2019	
NAME OF VETERAN Matthew L. Dixon	VA FILE NUMBER TRA-55-4444	SOCIAL SECURITY NR TRA-55-4444	POA	COPY TO

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
06/15/2011	01/15/2016	Army	Honorable

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

**JURISDICTION:** Original Claim Received 01/17/2019

**ASSOCIATED CLAIM(s):** 110; Initial Compensation 7 or less issues; 01/17/2019

**SUBJECT TO COMPENSATION (1.SC)**

5320 LOW BACK STRAIN, L3-4  
Service Connected, Gulf War Era, Incurred  
10% from January 16, 2016

5257 ANTERIOR CRUCIATE TEAR, RIGHT KNEE, POST OPERATIVE  
Service Connected, Gulf War Era, Incurred  
10% from January 16, 2016

COMBINED EVALUATION FOR COMPENSATION: 20% from January 16, 2019

The effective date of the 20% rating is January 16, 2019.

Wallace Hindleman                      02/11/2019  
Wallace Hindleman, RVSR