



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.
CLAIMANT DOES NOT MEET THE CRITERIA FOR RE-ENTRANCE FOLLOWING A DETERMINATION OF REHABILITATION.
CLAIMANT MEETS THE CRITERIA FOR RE-ENTRANCE FOLLOWING A DETERMINATION THAT REASONS FOR DISCONTINUANCE HAVE BEEN REMOVED.
CLAIMANT DOES NOT MEET THE CRITERIA FOR RE-ENTRANCE FOLLOWING A DETERMINATION THAT REASONS FOR DISCONTINUANCE HAVE BEEN REMOVED.
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.

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

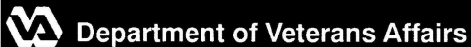
Pat Winfield, VRC

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	
A	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	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			

15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)							
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						
C	JOB TITLE Pizza Delivery	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">DATES</th> </tr> <tr> <td style="width:50%;">FROM 09/21/2007</td> <td style="width:50%;">TO 08/01/2008</td> </tr> </table>	DATES		FROM 09/21/2007	TO 08/01/2008	AVERAGE GROSS MONTHLY SALARY 800.00
	DATES						
	FROM 09/21/2007	TO 08/01/2008					
	COMPANY NAME Luigi's Pizza	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">STATUS</th> </tr> <tr> <td><input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION</td> <td><input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME</td> </tr> </table>		STATUS		<input checked="" type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION	<input checked="" type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
STATUS							
<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 Delivered pizzas to customers at home and businesses. Accepted payment, made change.							
REASON FOR LEAVING Got robbed while delivering in a bad neighborhood.							
D	JOB TITLE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">DATES</th> </tr> <tr> <td style="width:50%;">FROM</td> <td style="width:50%;">TO</td> </tr> </table>	DATES		FROM	TO	AVERAGE GROSS MONTHLY SALARY
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STATUS							
<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME						
DESCRIBE JOB DUTIES IN DETAIL							
REASON FOR LEAVING							
16. MILITARY WORK HISTORY: What did you do in the military? Please fill out the following area as completely as possible. Please start with your last assignment.							
HIGHEST RANK ACHIEVED: E-4 ARMED SERVICES: <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD							
A	JOB TITLE Supply Specialist - 76Y	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">DATES</th> </tr> <tr> <td style="width:50%;">FROM 06/15/2011</td> <td style="width:50%;">TO 01/15/2016</td> </tr> </table>	DATES		FROM 06/15/2011	TO 01/15/2016	AVERAGE GROSS MONTHLY SALARY 2,000.00
	DATES						
	FROM 06/15/2011	TO 01/15/2016					
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	JOB TITLE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">DATES</th> </tr> <tr> <td style="width:50%;">FROM</td> <td style="width:50%;">TO</td> </tr> </table>	DATES		FROM	TO	AVERAGE GROSS MONTHLY SALARY
	DATES						
	FROM	TO					
LIST ANY HONORS AND COMMENDATIONS		RANK					
DESCRIBE JOB DUTIES IN DETAIL							
HIGHEST RANK ACHIEVED: ARMED SERVICES: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD							
C	JOB TITLE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">DATES</th> </tr> <tr> <td style="width:50%;">FROM</td> <td style="width:50%;">TO</td> </tr> </table>	DATES		FROM	TO	AVERAGE GROSS MONTHLY SALARY
	DATES						
	FROM	TO					
LIST ANY HONORS AND COMMENDATIONS		RANK					
DESCRIBE JOB DUTIES IN DETAIL							
17. WOULD IT BE POSSIBLE FOR YOU TO RETURN TO WORK IN A FORMER OCCUPATION OR FOR A FORMER EMPLOYER?							
<input 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
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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?
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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.
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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.
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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.
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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/ or you may contact us by telephone at 1-800-827-1000 and we will mail you any form you need.

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

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

What if you have questions or concerns?

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

Sincerely yours,

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.



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 Matthew L. Dixon		2. SOCIAL SECURITY NO. TRA-55-4444	3. VA FILE NO. (If different from Item 2)	4. DATE OF BIRTH (Month, Day, Year) 01/01/1990
5. MAILING ADDRESS (No. and street or rural route, City, State and ZIP Code, OR write "None," if no mailing address.) 5418 Pinecrest Dr. Dubuque, IA 52004			6. MAIN TELEPHONE NUMBER (Include Area Code, or write "None" if no available telephone number.) 563-333-4444	
7. E-MAIL ADDRESS OF CLAIMANT comfed1@yahoo.com			8. CELL PHONE NUMBER (Include Area Code or write "None" if no available cell phone number.)	
9. IF YOU ARE MOVING WITHIN THE NEXT 30 DAYS , PROVIDE US YOUR NEW ADDRESS			10. NUMBER OF YEARS OF EDUCATION 12	
<p>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))</p>				
11A. SIGNATURE OF CLAIMANT (Do not print) (Sign in ink) <i>Matthew Dixon</i>			11B. DATE SIGNED 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.

Rating Decision		<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 (I.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