

Veterans Affairs Office of Lexington County



TELEPHONE: (803) 785-8400

FAX: (803) 785-0115

EDITOR: *Debbie Myers*

GARY R. BAKER
DIRECTOR
BARBARA O'CONNOR
ASST. CSO

JENNIFER HENDRIX
VETERANS SPECIALIST
605 WEST MAIN STREET
SUITE 101
LEXINGTON, S.C. 29072

VET NEWS

July 2009

FOR YOUR INFORMATION:

Due to budgetary constraints, the mailing of our monthly newsletter remains on hold. This abridged version of the newsletter may be found on our website <http://www.lex-co.com/Departments/VeteransAffairs/Index.html>



JULY OUTREACH PROGRAM DATES

July 7th 9-12 Batesburg-Leesville
July 14th 9-12 Chapin

TOLL-FREE TELEPHONE NUMBERS

Lexington Main Office: 785-8400
From Batesburg/Leesville: 332-8400
From Chapin: 941-0231

Please note regarding outreach: Appointments are **greatly** appreciated, and walk-ins will be assisted between appointments. Thank you for helping us better assist you!



LOOK FOR US... AT THE LEXINGTON COUNTY PEACH FESTIVAL ON SATURDAY, JULY 4TH.

Mr. Gary Baker, Director, Lexington County VA, will participate in the Peach Festival again this year.

DATES TO REMEMBER:

July 3rd ***COUNTY OFFICES
CLOSED...4th of July Holiday
July 4th INDEPENDENCE DAY
July 4th Lexington County
Peach Festival
July 13th Combat Veteran Wives
Support Group Meeting– Noon
July 13th Veterans Advisory Committee
- 7 PM

WOUNDED WARRIOR RESOURCE CENTER AVAILABLE



A Wounded warrior specialist can give you personal assistance related to:

- ◇ **Everyday issues such as counseling, child care, etc.**
- ◇ **Information on VA benefits and other entitlements**
- ◇ **Health care services**
- ◇ **Military facilities concerns**

Need to talk to a specialist? Help is available 24 hours/day, 7 days/week at **1-800-342-9647**. Their website address is: www.MilitaryOneSource.com

OBAMA SEES DIFFICULTY IN IRAQ AFTER PULLOUT

Source: Aamer Madhani and Nadeem Maieed—[posted online [USA Today](#), July 1, 2009]

BAGHDAD — As Iraq celebrated Tuesday's deadline for U.S. troops to depart from the nation's cities, a car bomb killed at least 33 people in the city of **Kirkuk**, spotlighting the fragile security as Iraqi forces take control. Just hours before the formal change-over, four U.S. soldiers were killed, the U.S. military said Tuesday. It was the deadliest attack against U.S. troops in Iraq since April 10, when five soldiers died after a suicide bomber detonated a truck loaded with explosives in Mosul.

Prime Minister Nouri al-Maliki, who had warned that insurgents would mount attacks around Tuesday's deadline, said in a nationally televised address: "Those who think that Iraqis are not able to protect their country and that the withdrawal of foreign forces will create a security vacuum are committing a big mistake."

In Washington, President Barack Obama noted the milestone of transferring control of the cities to Iraqi forces. "The Iraqi people are rightly treating this day as a cause for celebration," Obama said. "Make no mistake: There will be difficult days ahead," he said. "There's more work to be done, but we've made important progress in supporting a sovereign, stable Iraq."

The Iraqi government marked what it called National Sovereignty Day with a military parade inside Baghdad's heavily fortified Green Zone and placed flowers at the Tomb of the Unknown Soldier monument to honor Iraqi troops killed since the start of the 6-year-old war.

The withdrawal of U.S. combat troops to posts outside of Iraq's cities, villages and towns is part of a U.S.-Iraqi security pact and the first major step toward withdrawing all U.S. forces by Dec. 31, 2011. Obama has said all combat troops will leave by the end of August 2010.

About 131,000 U.S. service members are in Iraq, and a small number will remain inside the cities for advisory and training roles. U.S. troops are now prohibited from conducting combat missions, such as raids, inside cities without permission of the Iraqi government.

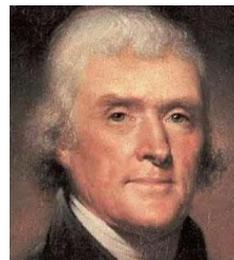
"Nobody wants to see foreign armies move on their streets and patrol in their cities," said Mohammed al-Askari, spokesman for the Iraqi Ministry of Defense. "We will do the mission ourselves" Army General Ray Odierno, the top U.S. commander, said Tuesday's bombing was a stark reminder that "there are still people out there who do not want the government of Iraq to succeed." Speaking at his headquarters outside Baghdad, he also accused Iran of training and funding militants who carry out attacks inside Iraq. Odierno said the number of attacks has decreased, but Iran continues to interfere.

STIMULUS PAYMENT UPDATE

(RAO Bulletin July 1, 2009)- The Department of Veterans Affairs has requested the Department of the Treasury to make **\$250** payments to eligible Veterans as part of the stimulus plan. The first payments began June 22nd. All payments will be distributed by June 30th. The VA is distributing one-time payments of \$250 to eligible Veterans and survivors, who meet certain eligibility requirements. VA estimates \$500 million in payments will be made to approximately 1.9 million Veterans and eligible beneficiaries as part of this measure. To be eligible for the payment, VA beneficiaries must have received VA's compensation, pension, dependency and indemnity compensation (DIC), or spina bifida benefits at any time between NOV 2008 and JAN 2009. Also, beneficiaries must reside within the United States, Puerto Rico, Guam, Northern Mariana Islands, American Samoa or the U.S. Virgin Islands. Method of payment will be the same as normal VA benefits payments, which include **direct deposit** and mailed checks. Only one **\$250** amount will be given per qualified recipient.

QUOTE OF THE MONTH:

"All tyranny needs to gain a foothold is for people of good conscience to remain silent."



-Thomas Jefferson



THIS JULY 4TH...

REMEMBER THOSE WHO FIGHT TO SECURE OUR FREEDOM

HONOR FLIGHTS CONTINUE

Next scheduled flights:
September 5, 2009
November 7, 2009

To apply: Veterans and/or Guardians should either go to the website listed here or call or visit our office to obtain a copy of the application for an upcoming flight.



www.honorflightssc.com



INDIGENT VIETNAM VETS HONORED IN DEATH

BEAUFORT: More than 50 people turned out for a memorial service in April at Beaufort National Cemetery to honor two Vietnam veterans whose bodies went unclaimed by family members. Active duty Marines and sailors, area residents, government officials and local veterans gathered under a small pavilion to pay their respect to **Army Lt. Terry Marshall Luse** and **Airman John G. Federspiel**.

Both veterans died in March 2009 at the Charleston VA Medical center, and were buried with full military honors from the Air Force and Army, respectively. **Luse** joined the Army December 7, 1961, and served with the 17th Cavalry until December 1968. **Federspiel** served from 1965 to 1969.

Upon hearing of the service from another area veteran, **Reuben Cedeno**, of the **Military Order of the Purple Heart, Lowcountry Chapter 1948**, sent a string of emails and made phone calls to members of his chapter and other veterans groups in the Beaufort area to encourage attendance. Cedeno said it is his duty to honor the service of Luse and Federspiel. "We leave no man behind," he said. Biographical information on veterans without family can be hard to come by. Often, other veterans are relied upon to come in and be their "family", honoring them before they are buried.

GONE BUT NOT FORGOTTEN

NON SERVICE CONNECTED PENSION CHECKLIST

LEXINGTON COUNTY VETERANS AFFAIRS OFFICE (803) 785-8400

Please find below a checklist of all forms you will need to file a claim for Non Service Connected Pension Benefits. Veterans with low income may be eligible for monetary support if veteran had 90 days or more of active military service, at least one day of which was during a period of war. The discharge from active duty must have been under conditions other than dishonorable. Payments are made to qualified veterans to bring their total income, including other retirement and/or Social Security Income, to a level set by Congress. Pension with Aid & Attendance income limits are \$19,736.00 per year for a single veteran or \$23,396.00 for a veteran with one dependent. Un-reimbursed medical expenses may reduce countable income (Medicare premium, supplemental insurance, and cost of care at a facility). The Housebound income limit is \$14,457.00 per year for a single veteran or \$18,206.00 for a veteran with one dependent. The limit for a veteran who is not in need of Housebound or Aid and Attendance is \$11,830.00 per year or \$15,493.00 for a veteran with one dependent. A veteran cannot have high net worth. The VA shall deny payment of pension to a veteran when the corpus of the estate is such that under all circumstances, including consideration of annual income, it is reasonable that some part of the corpus of such estate be consumed for the widow's maintenance.

Widows may also qualify if the veteran had the required wartime service and the widow meets the net worth and income limits. The annual pension income limit is \$7,933, but increases to \$9,696 for housebound and \$12,681 for aid and attendance.

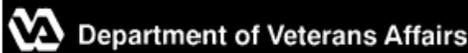
Please gather together all information checked on the enclosed checklist, sign all forms where highlighted, and call our office for an appointment. Please note: Veteran (or widow) signs all forms. If the veteran (or widow) can not sign he/she will need to X and get two witnesses signatures along with witness addresses. If someone holds widows POA - veteran still needs to sign all forms.

It is your responsibility to tell the VA if one of the following happens: your income changes , you gain a dependent, your net worth increases (cash, bank accounts, investments, real estate except your home unless you sell your home, or you move.

IMPORTANT: Lexington County Veterans Affairs is a county office; we are trained and accredited by the American Legion. This office does not decide VA claims. To check the status of a claim, call the VA Regional Office at 1-800-827-1000.

These documents will be needed to support your request for VA benefits:

1. DD-214 (Report of Separation)
2. Certified copy of marriage license (if more than one marriage, certified copy of Divorce or Death Certificate for each).
3. Certified copy of Death Certificate (if seeking widow's pension)
4. Certified copy of Birth Certificate for dependent children
5. Social Security Award letter for all persons in household
6. Earning Statements for all persons in household (gross earnings)
7. Other Annuity or Retirement Income (gross amount)
8. Dividends and Interest
9. Amount of Stocks, Bonds, and Bank Deposits
10. Value of Real Estate (other than home)
11. Name of Hospital or Drug Insurance Company and Amount of Premium
12. SSI Amount (if in receipt)
13. In the case of a vet/widow who requires the daily personal health care service of a skilled provider without which they would require hosp/nursing home care, a Dr. statement is needed to include nature of disabilities, i.e. cancer, heart condition, etc.
14. In the case of an individual in assisted living or nursing home, a statement is needed on the facility's letterhead. The statement needs to include, but not limited to: (1) Date of Entry, (2) Level of care required (skilled or intermediate), (3) Nature of Disabilities, i.e., cancer, heart condition. This statement must be signed by "an officer" of the corporation, and must include cost per day, plus doctor's and laundry service.
15. Voided Check to checking or savings. (If granted VA will direct deposit 1st of each month)



EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE

1. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN		2. FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT <i>(If other than veteran)</i>		3. RELATIONSHIP OF CLAIMANT TO VETERAN	
4A. VETERAN'S SOCIAL SECURITY NUMBER		4B. CLAIMANT'S SOCIAL SECURITY NUMBER		5. CLAIM NUMBER	
6. DATE OF EXAMINATION		7. HOME ADDRESS			
8A. IS CLAIMANT HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 8B and 9)</i>		8B. DATE ADMITTED	9. NAME AND ADDRESS OF HOSPITAL		

NOTE: EXAMINER PLEASE READ CAREFULLY

The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person.

The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability: to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable.

Findings should be recorded to show whether the claimant is blind or bedridden.

Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.

10. COMPLETE DIAGNOSIS <i>(Diagnosis needs to equate to the level of assistance described in questions 20 through 34)</i>					
11A. AGE	11B. SEX	12. WEIGHT ACTUAL: LBS. ESTIMATED: LBS.		13. HEIGHT FEET: INCHES:	
14. NUTRITION				15. GAIT	
16. BLOOD PRESSURE	17. PULSE RATE	18. RESPIRATORY RATE	19. WHAT DISABILITIES RESTRICT THE LISTED ACTIVITIES/FUNCTIONS?		
20. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED From 9 PM To 9 AM: From 9 AM To 9 PM:					
21. IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? <i>(If "No," provide explanation)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
22. IS CLAIMANT ABLE TO PREPARE OWN MEALS? <i>(If "Yes," provide explanation)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
23. DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGIENE NEEDS? <i>(If "Yes," provide explanation)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
24A. IS THE CLAIMANT LEGALLY BLIND? <i>(If "Yes," provide explanation)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			24B. CORRECTED VISION		
			LEFT EYE		RIGHT EYE
25. DOES THE CLAIMANT REQUIRE NURSING HOME CARE? <i>(If "Yes," provide explanation)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
26. DOES CLAIMANT REQUIRE MEDICATION MANAGEMENT? <i>(If "Yes," provide explanation)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					
27. DOES THE CLAIMANT HAVE THE ABILITY TO MANAGE HIS/HER OWN FINANCIAL AFFAIRS? <i>(If "No," provide explanation)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO					

EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR AID AND ATTENDANCE (pg. 2)

28. POSTURE AND GENERAL APPEARANCE *(Attach a separate sheet of paper if additional space is needed)*

29. DESCRIBE RESTRICTIONS OF EACH UPPER EXTREMITY WITH PARTICULAR REFERENCE TO GRIP, FINE MOVEMENTS, AND ABILITY TO FEED HIM/HERSELF, TO BUTTON CLOTHING, SHAVE AND ATTEND TO THE NEEDS OF NATURE *(Attach a separate sheet of paper if additional space is needed)*

30. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH PARTICULAR REFERENCE TO THE EXTENT OF LIMITATION OF MOTION, ATROPHY, AND CONTRACTURES OR OTHER INTERFERENCE. IF INDICATED, COMMENT SPECIFICALLY ON WEIGHT BEARING, BALANCE AND PROPULSION OF EACH LOWER EXTREMITY.

31. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK

32. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF BOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE, THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY.

33. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES

34. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? *(If so, specify and describe effectiveness in terms of distance that can be traveled, as in Item 32 above)*

YES *(If "YES," give distance)(Check applicable box or specify distance)*
 1 BLOCK
 5 or 6 BLOCKS
 1 MILE
 OTHER _____ *(Specify distance)*
 NO

35A. PRINTED NAME OF EXAMINING PHYSICIAN

35B. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN

35C. DATE SIGNED

36A. NAME AND ADDRESS OF MEDICAL FACILITY

36B. TELEPHONE NUMBER OF MEDICAL FACILITY *(Include Area Code)*

PRIVACY ACT NOTICE: The 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., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5701(c) (1). The 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. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (e), 1115 (1)(e), 1311(c) and (d), 1315 (h), 1122, 1541 (d) (e), and 1502(b) and (c) allows us to ask for this information. We estimate that you will need an average of 30 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 www.whitehouse.gov/omb/library/OMB/INVA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.