

Post Service Officer Training





Agenda

- Veteran Service Officer (VSO) definition and what they do
- Post Service Officer (PSO) definition and what they do
- VA Forms, Submission & Samples (21-0966, 21-22 & 21-2680)
- VA Benefits/ Service Connection & Compensation
- Code of Conduct for PSO, “12 Rules To Live By”
- Resources for helping Veterans
- Important Reminders



What is a Veteran Service Officer?

- VA accredited employees of the VFW Department of Pacific Areas
- Referred to as VSO, Claims Consultant, Department Service Officer (DSO), or Assistant Department Service Officer (ADSO)
- Accredited means they have access to VA systems to help veterans with their claims



Veteran Service Officer Duties

- Reviews decisions and advocates for the veteran and veteran's family
- Meets with the veteran and assists with collecting evidence
- Answers request for assistance
- Represent veterans at VA hearings



VFW Regional Office Locations

- VFW VSO offices are located inside VA
- Regional Offices: Office contact information at vfwpacific.org
- Go to “Resources” tab
 - Click on “Veterans Benefits & Assistance”



What are Post Service Officers?

- Post Service Officers (PSOs) are volunteers in their VFW Posts who help veterans in their local communities
- VFW Posts are the first place many members, veterans, and survivors turn to for assistance
- As a PSO, you share information about veterans' benefits to local communities. (Ex: community centers, nursing homes, places of worship, Veterans Centers, and other community places.)
- Assists veterans and their survivors begin the process of receiving the help they are entitled to/need



Post Service Officer Responsibilities

- Know VA eligibility rules by established law
- Provide council to Veterans and survivors
- Help Veterans and survivors complete VA forms and direct submission to local office for completion. (DO NOT take possession of any documents, assist and review forms and supporting documents.)
- Stay informed to share knowledge about services offered (Ref: VSO, events, news, info pertaining to local, state, and federal veteran services.)



Why are PSO's so important?

- Knowledge of local benefits and resources
- Housing
- Employment
- Disaster Assistance
- Health Care



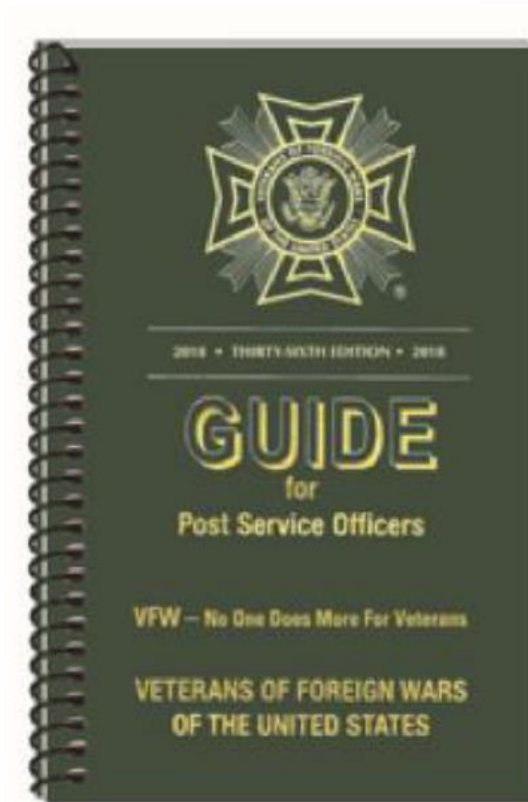
A PSO's responsibilities with claims

- Assist and review the veteran's claim documents and supporting evidence. (Examples on next slide)
- Must NOT take possession of ANY documents under any circumstance.
- Direct veteran to submit all documents to their respective VFW Regional Office.



VFW Guide for Post Service Officers

- VFW Manual of Procedure Section 218(a)(12) states in part, “The work of a Service Officer shall be performed in accordance with the instructions contained in the VFW Guide for Service Officers under the general supervision of the Department Service Officer.”
- Purchase a copy from the VFW Store:
www.vfwstore.org





VA Form 21-22

- Appointment of Veterans Service Organization as Claimants Representative
- Also known as the Power of Attorney (POA) form.* This is necessary for the veteran to get help from the VFW with filing a claim.
- The veteran is giving the VA permission to give VSOs access to the veteran's information through the VA system.
- Under NO circumstance should any fee or compensation of any nature be charged to anyone for services or representation in connection with any claim with the VFW.

*Note: "POA" is only the word used by the VA to refer to the Veteran Service Organization that has access to the veteran's file. It does NOT give the VSO access or permissions to any of the veterans private, non-VA related documents or information.



VA Form 21-22
 Appointment of Veteran
 Service Organization as
 as Claimant's
 Representative (Page
 1)

Department of Veterans Affairs		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE			
IMPORTANT: Please read the Privacy Act and Respondent Burden Information on Page 3 before completing the form.			
NOTE: If you prefer to have an individual assist you with your claim instead of a veterans service organization, please complete VA Form 21-22a, <i>Appointment of Individual as Claimant's Representative</i> . See Page 4 for information on how to submit the completed form, either by mail, in person at a VA regional office or electronically. VA forms are available at www.va.gov/vaforms .			
SECTION I: VETERAN'S INFORMATION			
NOTE: You can either complete the form online or by hand. If completed by hand, print the information requested in ink, neatly, and legibly to expedite processing of the form.			
1. VETERAN'S NAME (First, Middle Initial, Last) JOHN B DOE			
2. VETERAN'S SOCIAL SECURITY NUMBER (SSN) 000 - 01 - 0007		3. VA FILE NUMBER (If applicable)	4. VETERAN'S DATE OF BIRTH Month: 01 - Day: 02 - Year: 1999
5. VETERAN'S SERVICE NUMBER (If applicable)		6. INSURANCE NUMBER(S) (If applicable) (Include letter prefix)	
7. VETERAN'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street: 25 MERRY LANE Apt./Unit Number: City: LAS VEGAS State/Province: NV Country: US ZIP Code/Postal Code: 89135 - 0001			
8. VETERAN'S TELEPHONE NUMBER (Include Area Code)		9. VETERAN'S EMAIL ADDRESS (Optional)	
SECTION II: CLAIMANT'S INFORMATION (If other than veteran)			
10. CLAIMANT'S NAME (First, Middle Initial, Last)			
11. CLAIMANT'S MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country) No. & Street: Apt./Unit Number: City: State/Province: Country: ZIP Code/Postal Code:			
12. CLAIMANT'S TELEPHONE NUMBER (Include Area Code) 619-007-0101		13. CLAIMANT'S EMAIL ADDRESS (Optional) JOHBD0E@YAHOO.COM	14. RELATIONSHIP TO VETERAN SELF
SECTION III: SERVICE ORGANIZATION INFORMATION			
15. NAME OF SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on Page 3 before selecting organization) VETERANS OF FOREIGN WARS OF THE US			
16A. NAME OF OFFICIAL REPRESENTATIVE ACTING ON BEHALF OF THE ORGANIZATION NAMED IN ITEM 15 (This is an appointment of the entire organization and does not indicate the designation of only this specific individual to act on behalf of the organization)		16B. JOB TITLE OF PERSON NAMED IN ITEM 16A	
17. EMAIL ADDRESS OF THE ORGANIZATION NAMED IN ITEM 15		18. DATE OF THIS APPOINTMENT (MM/DD/YYYY)	



**SURVIVING SPOUSE
 INFORMATION HERE**

**LEAVE BLANK VA
 REGIONAL OFFICE
 WILL FILL THIS
 PORTION**



NO ONE DOES MORE FOR VETERANS.

VA Form 21-22
Appointment of Veteran
Service Organization as
as Claimant's
Representative (Page
1)

VETERAN'S SOCIAL SECURITY NUMBER 0 0 0 1 - 0 7 - 0 0 0 7

SECTION IV: AUTHORIZATION INFORMATION

19. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. - By checking the box below I authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia.

[X] I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 15 all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named in Item 15, either by explicit revocation or the appointment of another representative.

20. LIMITATION OF CONSENT- I authorize disclosure of records related to treatment for all conditions listed in Item 19 except:

- DRUG ABUSE, ALCOHOLISM OR ALCOHOL ABUSE, INFECTION WITH THE HUMAN IMMUNODEFICIENCY VIRUS (HIV), SICKLE CELL ANEMIA

21. AUTHORIZATION TO CHANGE CLAIMANT'S ADDRESS - By checking the box below, I authorize the organization named in Item 15 to act on my behalf to change my address in my VA records.

[] I authorize any official representative of the organization named in Item 15 to act on my behalf to change my address in my VA records. This authorization does not extend to any other organization without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I file a written revocation with VA; or (2) I appoint another representative, or (3) I have been determined unable to manage my financial affairs and the individual or organization named in Item 16A is not my appointed fiduciary.

I, the claimant named in Items 1 or 10, hereby appoint the service organization named in Item 15 as my representative to prepare, present and prosecute my claim(s) for any and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in Item 1. I authorize VA to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 19 and 20), to my appointed service organization. I understand that my appointed representative will not charge any fee or compensation for service rendered pursuant to this appointment. I understand that the service organization I have appointed as my representative may revoke this appointment at any time, subject to 38 CFR 20.6. Additionally, in some cases a veteran's income is developed because a match with the Internal Revenue Service necessitated income verification. In such cases, the assignment of the service organization as the veteran's representative is valid for only five years from the date the claimant signs this form for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.

SECTION V: SIGNATURES

NOTE: THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC

Table with 2 columns: Signature/Date fields for Veteran/Claimant and Service Organization Representative.

NOTE: As long as this appointment is in effect, the organization named herein will be recognized as the sole representative for preparation, presentation and prosecution of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.

Table for VA Use Only with columns for file types, date sent, acknowledged, and revoked.

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement of a material fact, knowing it to be false or for the fraudulent acceptance of any payment to which you are not entitled.



BOX MUST BE CHECKED

VETERAN'S SIGNATURE OR CLAIMANT



VA Form 21-0966 Intent to File

- Protects the veteran's effective date for receiving benefits.
- Sent to VFW Regional Office immediately by the veteran via mail, fax, or online (electronic upload).
- Form lets the VA know the veteran plans to submit a claim.
- Applies only to new claims (never claimed or rating increase)
- VA allows 1 year from the date the form was received for the veteran or claimant to submit their claim packet.



VA Form 21-0966 – Cont.

- The VA give claimants a 1-year period for evidence gathering.
- Supporting evidence means:
- Medical documents- private medical records, doctor's letters, diagnoses.
- Military documents- medical records, DD214, ships' logbooks, etc.
- Other pertinent proof- marriage certificate, death certificate, invoices of medical out-of-pocket expenses, "buddy letters"



VA Form 21-0966 – Cont.

- Ways that Veterans and Claimants can submit a VA 21-0966:

1. In person- Preferred method, have Veteran fill out VA 21-0966 form and submit to the VSO at the VFW Regional Office via email/fax.

2. Call the VA directly- call 1-800-827-1000, verbal “Intent to File” via VA Representative. Do this if the veteran/claimant did not bring a DD-214, marriage, or veteran death certificate when they first contacted you

3. Online/ eBenefits- log in online and begin the process of filing a claim, DO NOT complete the claim. Saving the incomplete claim will trigger an “Intent to File” date.

<https://www.ebenefits.va.gov/ebenefits/>



SAMPLE
VA 21-0966
Intent to File Form

Department of Veterans Affairs			VA DATE STAMP (DO NOT WRITE IN THIS SPACE)	
INTENT TO FILE A CLAIM FOR COMPENSATION AND/OR PENSION, OR SURVIVORS PENSION AND/OR DIC (This Form Is Used to Notify VA of Your Intent to File for the General Benefit(s) Checked Below)				
NOTE: Please read the Privacy Act and Respondent Burden below before completing the form.				
SECTION I: CLAIMANT/VETERAN IDENTIFICATION				
NOTE: You can <i>either</i> complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly to expedite processing of the form.				
1. CLAIMANT'S NAME (First, Middle Initial, Last)				
JOHN		B DOE		
2. CLAIMANT'S SOCIAL SECURITY NUMBER		3. VA FILE NUMBER (If applicable)		4. VETERAN'S DATE OF BIRTH (MM,DD,YYYY)
0 0 1 - 0 7 - 0 0 0 7				0 1 - 0 2 - 1 9 9 9
5. VETERAN'S NAME (First, Middle Initial, Last) (If different from claimant)				
6. VETERAN'S SOCIAL SECURITY NUMBER		7. VETERAN'S SEX	8. VETERAN'S SERVICE NUMBER (If applicable)	
		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
9. CURRENT MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)				
No. & Street 2 5 MEMORY LANE				
Apt./Unit Number		City LAS VEGAS		
State/Province NV		Country US	ZIP Code/Postal Code 8 9 1 3 5 - 0 0 0 1	
10. HAS THE VETERAN EVER FILED A CLAIM WITH VA? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. TELEPHONE NUMBER (Include Area Code) 619-400-0707		12. EMAIL ADDRESS (If applicable) JOHNBDOES@YAHOO.COM
SECTION II: GENERAL BENEFIT ELECTION				
IMPORTANT: VA may not be able to use this form to establish an effective date for benefits if you <u>do not</u> select one or more of the general benefits listed below.				
13. I intend to file for the general benefit(s) checked below: (Choose all that apply)				
<input type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION				
NOTE: Only check the box below if you are a surviving dependent of the veteran.				
<input type="checkbox"/> SURVIVORS PENSION AND/OR DEPENDENCY AND INDEMNITY COMPENSATION (DIC)				
IMPORTANT: After receiving this form, VA will give you the appropriate application to file for the general benefit you select above. You can also apply for VA disability compensation online at www.va.gov . If you give VA a completed application for the selected general benefit within one year of filing this form, your completed application will be considered filed as of the date of receipt of this form. Only the first completed application for each selected general benefit that is received after you file this form will be considered filed as of the date of receipt of this form. You may indicate your intent to file for more than one general benefit on this form or you may submit a separate intent to file for each general benefit. Please complete as many fields in Section II as possible. VA cannot process this form if we cannot identify the claimant and veteran.				
SECTION III: DECLARATION OF INTENT				
By filing this form, I hereby indicate my intent to apply for one or more general benefits under the laws administered by VA. I acknowledge that: (1) this is <u>not a claim for benefits</u> ; (2) I must file a complete application for each general benefit with VA before VA will process my claim; and (3) a complete application for the same general benefit(s) as indicated on this form must be received within one year of the date VA receives this form for my application to be considered filed as of the date of this form.				
14A. SIGNATURE OF CLAIMANT/AUTHORIZED REPRESENTATIVE			14B. DATE SIGNED (MM,DD,YYYY)	
			10/10/2021	
15. NAME OF ATTORNEY, AGENT, OR VETERANS SERVICE ORGANIZATION (Please Print) (NOTE: This form may only be completed by a Veterans Service Organization, attorney, or agent if a valid power of attorney has been completed.)				
VETERANS OF FOREIGN WARS OF THE US				
<small>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., 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 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 and Employment Records - VA, published in the Federal Register. Your obligation to respond is required only to preserve a date of claim for an application that is received within one year of receipt of this form. VA uses your Social Security number to identify if you have a claim file and to ensure that your records are properly associated with your claim file. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by 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 the appropriate application and provide it to the claimant.</small>				
<small>RESPONDENT BURDEN: We need this information to determine and to provide the claimant with the appropriate application for VA benefits (38 U.S.C. 5102). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 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.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.</small>				



VETERAN OR
SURVIVING
SPOUSE SIGN



VA Form 21-2680 Aid & Attendance or Housebound

- Needs another person to help perform daily activities like eating, bathing, dressing, etc.
- Is bedridden or spends a significant amount of time in bed due to illness.
- In a nursing home due to physical or mental disability.
- Limited vision= 5/200 or less in both eyes; concentric contraction of visual field to 5 degrees or less despite using corrective lenses.
- Housebound-spends majority of time home due to a permanent disability.



SAMPLE
 VA 21-2680
 Aid & Attendance or
 Housebound
 (page 1)



OMB Control No. 2900-0721
 Respondent Burden: 30 minutes
 Expiration Date: 09-30-2021

Department of Veterans Affairs			VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE			
<small>IMPORTANT: Please read Privacy Act and Respondent Burden information before completing the form.</small>			
SECTION I: VETERAN'S IDENTIFICATION INFORMATION			
<small>NOTE: You can either complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.</small>			
1. VETERAN'S NAME (First, Middle Initial, Last)			
J O H N		B D O E	
2. SOCIAL SECURITY NUMBER	3. VA FILE NUMBER (if applicable)	4. DATE OF BIRTH (MM-DD-YYYY)	
0 0 1 - 0 7 - 0 0 0 7		0 1 - 0 2 - 1 9 9 9	
5. VETERAN'S SERVICE NUMBER (if applicable)	6. SEX	7. TELEPHONE NUMBER (Include Area Code)	
	<input type="radio"/> MALE <input type="radio"/> FEMALE	6 1 9 - 4 0 1 - 0 7 0 7	
8. E-MAIL ADDRESS (Optional)			
J O H N B D O E @ Y A H O O . C O M			
9. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)			
No. & Street	2 5 M E M O R Y L A N E		
Apt./Unit Number	City	L A S V E G A S	
State/Province	Country	ZIP Code/Postal Code	
N V	U S	8 9 1 3 9 - 0 0 0 1	
SECTION II: CLAIM INFORMATION			
10. CLAIMANT'S NAME (First, Middle Initial, Last) (Complete only if you are not the veteran)			
11. CLAIMANT'S SOCIAL SECURITY NUMBER		12. RELATIONSHIP OF CLAIMANT TO VETERAN	
		<input checked="" type="radio"/> SPOUSE <input type="radio"/> SELF	
13. CLAIMANT'S HOME ADDRESS			
No. & Street			
Apt./Unit Number City			
State/Province Country ZIP Code/Postal Code			
14. BENEFIT YOU ARE APPLYING FOR (Choose One)			
<input type="checkbox"/> Special Monthly Compensation (SMC) - Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or death and require aid and attendance of another person to perform personal functions required in everyday living such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting oneself from the hazards of the daily environment may be eligible for Special Monthly Compensation. A Veteran or a deceased Veteran's surviving spouse may also be eligible for Special Monthly Compensation based on being housebound (substantially confined to the immediate premises because of permanent disability). For a Veteran, the disability causing the need for aid and attendance or housebound status must be related to service. These benefits are paid in addition to monthly compensation. They are not paid without eligibility to compensation.			
<input checked="" type="checkbox"/> Special Monthly Pension (SMP) - Veterans and survivors who are eligible for Veteran's Pension and/or Survivors benefits and require the aid and attendance of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him/her from the hazards of his/her daily environment, or are housebound (substantially confined to his/her immediate premises because of permanent disability), may be eligible for Special Monthly Pension (SMP). This benefit is an increased monthly amount paid to a Veteran or survivor who is eligible for Veterans Pension or Survivors benefits.			
SECTION III: INFORMATION OF EXAMINATION			
15. DATE OF EXAMINATION (MM-DD-YYYY)		16A. IS CLAIMANT HOSPITALIZED?	16B. DATE ADMITTED (MM-DD-YYYY)
		<input type="radio"/> YES <input type="radio"/> NO (If "Yes," complete Items 16B and 16C)	
17A. NAME OF HOSPITAL		17B. ADDRESS OF HOSPITAL	

**CLAIMANT MUST FILL
THIS PORTION**

**STOP SECTION III &
PAGE 2 AND 3 IS
FILLED OUT BY
DOCTOR**



Service-Connection and Compensation

- Service-Connection and Compensation
- 0% = Service Connection the veteran's disability is rated 0%, they receive free medical/ mental health treatment at a VA facility, hospital or clinic. No compensation is paid, because the disability is considered minor.
- 10% or more = Compensation payments are given monthly if a veteran is disabled due to military service.



Non-Service-Connected Pension

- Non-Service-Connected Pension
- Age 65 or older, if under 65, are permanently 100% disabled, have limited or no income.
- Active duty time-in-service requirements with at least 1 day served during wartime.
- Seriously disabled veterans may qualify for Aid and Attendance (A&A) benefits.



VA Healthcare Benefits & Services

- Hospital, outpatient medical, dental, pharmacy and prosthetic services
- Domiciliary, nursing home and community base residential care
- Mental health treatment (inpatient and outpatient)
- Specialized health care for women veterans (includes prenatal care)
- Health and rehabilitation programs for homeless Veterans
- Readjustment counseling– Vet Centers (for Combat and MST only)
- Alcohol and drug dependency treatment
- Registries - Medical evaluation for disorders related to service in the Gulf Wars (Desert Shield/Storm, Iraq, Afghanistan, Kuwait). exposure to Agent Orange, burn pits, radiation, and other environmental hazards.



Education Benefits

- VA administers education benefits for active duty troops, veterans, reservists, and qualifying dependents.
- Post 9/11 GI Bill (Chapter 33) and Montgomery GI Bill (Chapter 30) for active duty veterans.
- MGIB Selected Reserve (Section 1606) for Reservists.
- Dependents Educational Assistance (Chapter 35) for dependents.
- For more info visit:
<http://explore.va.gov/education-training>



Veteran Readiness and Employment (VR&E)

- Commonly referred to or known as “Voc Rehab”
- Purpose is to aid Veterans with service-connected disabilities to prepare for, obtain, and maintain suitable employment, by providing job training, employment accommodations, resume development, and job seeking skills.
-

For more info visit:

<http://www.benefits.va.gov/vocrehab/>



VA Home Loans

- Several VA home loan services are available to eligible veterans, some military personnel, and certain surviving spouses (DIC).
- Types of VA loans:
 - Guaranteed Loans
 - Purchase or Refinance
 - Special Grants
- For more info visit:
<https://www.benefits.va.gov/homeloans/>



Life Insurance

- Service-Disabled Veterans Insurance (SDVI)
 - For Veterans with service-connected disabilities. Veterans must apply within 2 years of getting service connected for any new disability.
- Veterans Group Life Insurance (VGLI)
 - Renewable term life insurance for veterans who want to convert their SGLI up to an amount not to exceed the coverage they had when separated from service. Must apply within a year & a half from their discharge date.
- For more info visit:
<https://www.va.gov/life-insurance/options-eligibility/>



Dependency and Indemnity Compensation (DIC)

- Payable to certain survivors of:
- Veterans whose deaths were caused by service-connected illness or injury. This includes disabilities that can be proven to be service_x0002_connected. In other words, Vet did not have to be receiving disability benefits before death (i.e. AO exposure presumptive).
- Veterans who were 100% P&T. One of the qualifying factors must be met:
 1. 10 yrs. before their death; or,
 2. Released from active duty for at least 5 yrs. before death; or,
 3. At least 1yr before their death, was a prisoner of war who died after Sept. 30,1999
- Service-members who died on active duty, active duty for training, or inactive-duty training.
- For more info visit:
- <https://www.va.gov/disability/dependency-indemnity-compensation/>



Survivors Pension

- Widow who has not remarried; OR
- Unmarried child under 18, permanently disabled before 18, or Age 18-23 and enrolled in an approved educational institution
- Meets low income and net worth requirements
- May qualify for Aid and Attendance (A&A) benefits even if they don't meet Pension income requirements

For the Survivor to qualify for Pension, the Deceased veteran must have:

- Other than dishonorable military discharge, AND
- Served the minimum time requirement on active duty, with at least 1 day served during an eligible war time period



Death Benefits (VA National Cemetery Administration)

- Burial Benefits - VA burial benefits can help service members, Veterans, and their family members plan and pay for a burial or memorial service in a VA national cemetery.
- Headstones and Markers - VA can provide a monument to mark the grave of an eligible veteran.
- Presidential Memorial Certificate - A Presidential Memorial Certificate (PMC) is a certificate signed by the President of the United States. It is given to honor the memory of a Veteran in recognition of their military service. Note: Vet must have an Honorable discharge to qualify.
- VBA Burial Benefits- Reimbursement for some funeral costs
- For more info visit: <https://www.va.gov/burials-memorials/>



Code of Conduct for Post Service Officers

“The 12 VFW Rules to Live By”



Code of Conduct for Post Service Officers

1. Will perform their duties under the supervision of the Department Service Officer (DSO) and their respective VFW Regional Office.
2. Shall assist members of the Post, their widows and orphans and other Veterans in obtaining rightful benefits from the federal and state governments.
3. Will never release confidential information, such as what conditions were claimed or address of the claimant, etc. to parties other than the claimant or VFW accredited representatives.



Code of Conduct for Post Service Officers

4. Should keep members informed of Veterans' entitlements and benefits offered and administered by federal, state, and local governments.
5. Assist Veterans and survivors free of charge; under no circumstances, shall they request, demand or accept cash or any other form of payment for such assistance, etc.
6. Shall not refuse to assist any Veteran or survivor unless the claimant is considered fraudulent. Shall not refuse to assist any Veteran or survivor because they do not feel the Veteran or survivor is eligible for the benefit sought. The VFW Regional Office will make the final decision as to whether the VFW will provide representation in all cases.



Code of Conduct for Post Service Officers

7. Inform the veterans (preferably in writing) that all application forms, evidence, etc., in connection with claims should be submitted to the Department Service Officer. Since VA Awards benefits are based on the date of the claim, it is vital the claims be sent to the VFW Regional Office IMMEDIATELY upon receipt.
8. Shall NOT keep original documents provided to them in connection with claims. The claimant will transmit copies to the DSO/ VFW Regional Office who will submit them to the VA on their behalf.
9. Shall refrain from the use of racial, religious, age related, sexual or ethnic epithets, innuendos, slurs or jokes in the workplace.



Code of Conduct for Post Service Officers

10. Must conduct themselves in a professional manner and refrain from sexual advances, verbal or physical conduct of a sexual nature, or request for sexual favors.

11. Should have access to current VA forms. Contact your VFW Regional Office or DSO if forms are not available in your office or visit <https://www.va.gov/find-forms/>

12. Should attend all Post Service Officer Training



Resource Links

- VA Healthcare:
<http://www.va.gov/healthbenefits/apply/veterans.asp>
- Access VA Benefits & Healthcare: www.VA.gov
- eBenefits:
<https://www.ebenefits.va.gov/ebenefits/homepage>
- VFW Service Offices:
<https://vfwpacific.org/di/vfw/v2/default.asp?pid=74108>
- National Archives -DD214, Military Medical Records and Training Records: <http://www.archives.gov>
- Note: must be connected to a printer when making the request



Important Reminders!

- NEVER hold on to any veteran's documents (copies or originals)
- Don't sign VA 21-22 –the form will be signed at the Regional Office by DSO
- Ensure veterans submit docs to the VFW Regional Office
- Submit form 21-0966 immediately to establish an effective date – even if the veteran or claimant doesn't have DD-214, Marriage or Death Certificate
- Stay Informed
- Refer to DSOs with any questions you may have –contact information is found in vfwpacifc.org website
- Alternative VA Contact and Information Sheet provided in your training packet
- Get current VA Forms and Information at <https://www.va.gov/> or <https://www.vfw.org/>