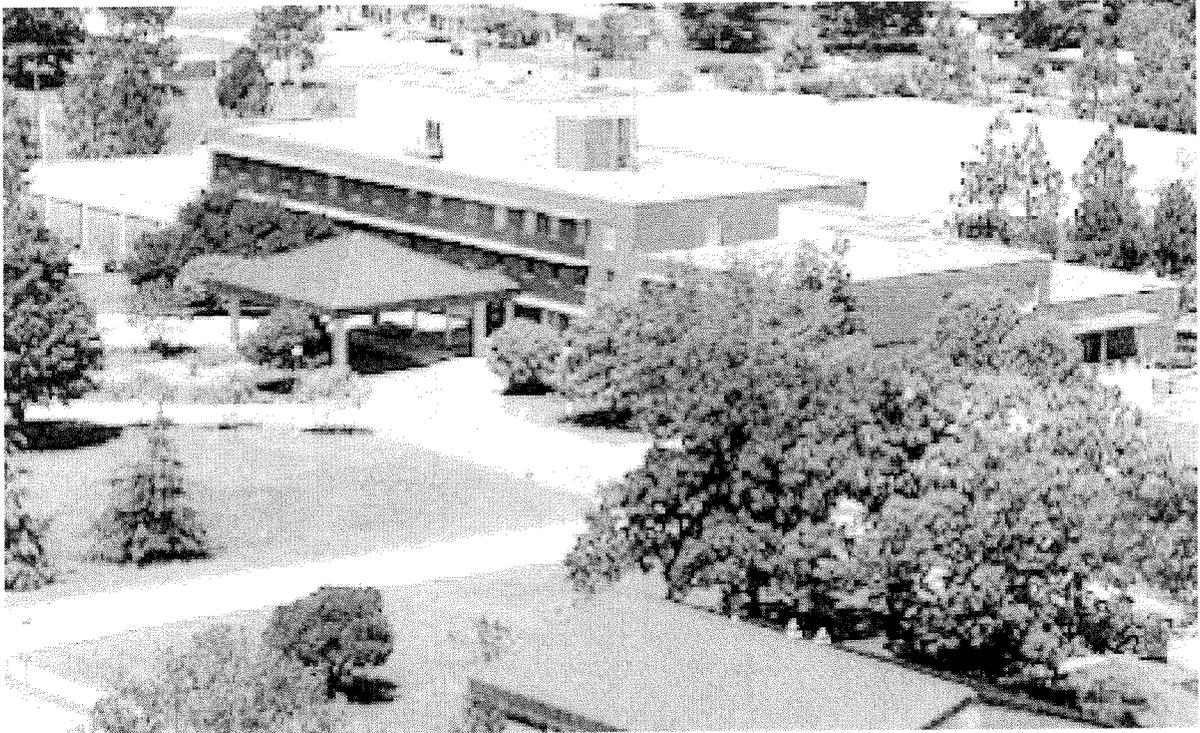


**McDonald Army Health Center
Fort Eustis, Virginia**

OUR HERO HANDBOOK



A Guide for Families of Wounded Soldiers

OPERATION IRAQI FREEDOM

OPERATION ENDURING FREEDOM

FEBRUARY 2008

Revision 2

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To the Family of a wounded Soldier, I am honored to be able to join the Family Readiness Group (FRG) of my unit to produce such a resourceful packet of information to help you through your Soldier's recovery. I was seriously wounded during Operation Iraqi Freedom and was sent to Walter Reed Army Medical Center for my recovery. My Family experienced the chaos and confusion, having very little understanding of the Army life, of relocating and figuring out on their own the resources provided to you in this packet. Our intent is to take away the confusion, answer your questions, and allow you, the family, the most amount of time with your Soldier while the unit and FRG take care of the rest. The Army Family extends greater than just to those who wear the uniform. It includes you, the family, friends, and supporters of the Army community. This trial in your life, the same as many Army Families have found themselves experiencing, does not have to be dealt with alone. This packet, along with other Army resources, to include the unit and Family Readiness Groups, are all here to support you in any way we can.

With respect and sincerity,

1LT DJ Skelton
WIA, OIF 2004
1/25TH ID (STRYKERS)

REAR DETACHMENT CONTACT INFORMATION

Your Soldier is a part of: **McDonald Army Health Center – Warrior Transition Unit (WTU)**

Your Company Rear Detachment Commander is:

Commercial Phone:

Cell Phone:

DSN Number:

The Company EOC desk may be reached 24 hours a day, 7 days a week.
Commercial Phone:

DSN Number:

FREQUENTLY ASKED QUESTIONS AND ANSWERS

1. How do the OIF/OEF Soldiers get to Fort Eustis and does anyone meet the OIF/OEF Soldiers when they arrive?

Soldiers are brought to Fort Eustis by airevac or referred by another medical treatment facility.

2. How will I get to Fort Eustis and will someone meet me at the airport?

Joint Federal Travel regulation (JFTR), Volume 1, chapter U5246, authorizes three relatives of a Seriously Ill/Very Seriously Ill (SI/VS) patient to travel to and from the hospital at government expense when certain administrative requirements are met by the military medical treatment facility (MMTF) and the appropriate personnel or casualty affairs office. The patient's physician uses SI/VS criteria to decide who is eligible for Invitational Travel Orders (ITOs). (Eligibility for ITOs is based solely on medical criteria.)

ITOs for Family Members of OIF/OEF patients will cover the cost of travel, lodging, and per diem for a pre-determined period of time. Typically, ITOs are not open-ended, although extensions are possible on a case-by-case basis. For family members of patients who are not OIF/OEF, ITOs will only cover travel costs. The SFAC has no role in determining who is eligible and who receives ITOs. SFAC staff is available to assist Family Members with getting answers to questions related to ITOs.

The Department of the Army provides an escort to all incoming Family Members on ITOs.

3. What documents do I need to bring with me?

- Copy of your orders
- Military ID
- Power of Attorney
- Living Will
- Immunization records for children in need of Day Care
- Name and phone number of POC for the Active Duty patient's parent unit
- Valid Passport if returning OCONUS

4. Is there lodging available?

The General Smalls Inn is located at bldg 1700, Fort Eustis, Virginia 23604. From Interstate 64, take exit #250A, onto Fort Eustis Boulevard, which runs into Washington Boulevard. As you drive into the main gate, take the first left onto Madison Avenue (after the Military Police booth). Drive approximately 1 mile, and make a left into the parking lot (just beyond the Education Center). The Reservations Desk is located in building 1700. For reservations call (757) 878-5807 or call 1-800-Go-Army-1

The Family Housing Office is located in the Consolidated Support Center, building 601. Telephone numbers are (757) 878-2506/5683/2588. All personnel with Family Members are eligible to apply for quarters on post. There are 953 dwelling units on post. Also there are 64 trailer spaces for personnel. The waiting time varies from one month to indefinite, depending on grade and number of bedroom requirements. All personnel who require housing off post must process through the Housing Office before making any arrangements to reside off post.

5. Where is the Soldier Family Assistance Center located?

The Soldier Family Assistance Center (SFAC) is located in the Army Community Service (ACS) Center in Building 601. You may reach them at 757-878-3638.

6. How do service and Family Members get a new military ID?

They can go to the ID card section in Building 662. The phone number is 757-878-0948.

7. Is transportation available from Fort Eustis to the airport?

Taxis: Family Members traveling on ITOs can take a taxi from area airports. Taxis are readily available and cost approximately \$15-\$20 from Newport News Airport, and \$80 from Norfolk International. This cost will be reimbursed when your final travel voucher is submitted. **Remember to keep your receipts. Local airports: Newport News (15 min. from Fort Eustis), Norfolk (approximately 1 hour from Ft. Eustis), and Richmond International (approximately 1 hour and 20 mins. from Fort Eustis).** The number for Yellow Cab of Newport News is 757- 855-1111.

Family Members traveling WITHOUT an ITO will be responsible for paying for the cost of transportation to and from Fort Eustis. They will not be reimbursed for this cost.

There is daily shuttle service between Fort Eustis, Langley, and Portsmouth Naval Medical Center. The Shuttle Bus meets outside the door by Charlie's Subs at the Post Exchange (PX). Any Soldier, Family Member, or retiree with a scheduled appointment and valid identification card is eligible to ride the shuttle. The shuttle departs at 0730 and 1230 hours Monday through Friday. The shuttle does not run on holidays and training holidays. To voice concerns or report no-shows please call, **878-2660**. The shuttle bus driver phone is **570-0776**.

8. How do I get around once I have arrived?

The best transportation options would be the shuttle buses, taxis, or walking. Car rentals are an option, but the cost is NOT reimbursable. Hertz Car Rental is located on Fort Eustis. The hours are from 7:30 a.m. Monday – Friday and 8a.m. – noon Saturday. It is closed on Sundays. The phone number is **757-820-0651**.

9. Is there parking available?

Yes. Parking is available at the Health Center.

10. Where can I get something to eat?

Meals are available at the following locations at McDonald Army Health Center:

Main Hospital Dining Facility, Main Floor

Monday-Friday Full Breakfast 0630-0800; Full Lunch 1130-1300

Kiosk by the Pharmacy

Monday-Friday

Snack Bar, 1st Floor (vending machines)

Fast Food on Post

Charley's, Taco Bell, and Anthony's Pizza – located in the Food Court at the PX

Hours: 11 a.m. – 7 p.m. Monday - Saturday, 11a.m. – 5 p.m. Sunday

Robin Hood – located in the Food Court at the PX

Hours: 11 a.m. – 3 p.m. Monday - Friday and 11 a.m. – 4 p.m. Saturday and Sunday

Burger King – located on 13th street across from the commissary

Hours: 6 a.m. – 9:30 p.m. Monday – Friday, 7 a.m. – 9:30 p.m. Saturday, and

8 a.m. – 9 p.m. Sunday - The telephone number is 887-1602.

Church's Chicken – Located in building 671 next to MWR

Hours: 10:30 a.m. – 7 p.m. Monday through Friday, 10:30 a.m. – 8 p.m. Saturday, and 10:30 – 6 p.m. Sunday – The telephone number is 888-0275.

11. I have small children. Is childcare available?

The Child Development Center, building 926 Madison Ave, provides full-day care for children 6 weeks through 5 years. Hours of operation for full-day care are Monday-Friday, 5:30 a.m. to 6 p.m. A before and after First Step and Kindergarten program plus a part-day preschool program is available within the child development center. Hours are based upon bus transportation schedule. Fees are based on total Family income for both full-day and part-day programs. Hourly care is available for children 6 weeks through 5 years old, Monday-Friday, 8:30 a.m. to 3:30 p.m. Reservations are strongly recommended for the date and time child care is required. Telephone number for further information is **757- 878-4000**.

Parents must have their child's current shot record and complete some paperwork.

12. Where can I access a computer?

The Post Library has free computer service available. The library is located in building 1313. The phone number is **757-878-5017**.

13. Is there a laundry facility available?

There is a Laundromat located in building 1377. Hours are 9 a.m. – 10 p.m. Monday – Saturday and 8 a.m. – 9 p.m. Sunday. The telephone number is **888-9812**.

The Dry Cleaner is located in building 1527 adjacent to the Commissary. It is open from 7 a.m. – 8 p.m. Monday – Friday and 9 a.m. – 6 p.m. Saturday and Sunday. For more information call **888- 0835**.

GETTING AROUND

HOW TO GET TO McDonald Army Health Center

Commercial Air

We highly recommend that you fly into Newport News Airport. This is the closest airport to Fort Eustis and offers multiple travel options to get here. Soldiers can call the AOD/SDNCO for transportation from airports:

AOD: Located in Information Booth – 757-314-7859 – © 757-508-2949

SDNCO: 757-314-7841

WTU SDNCO 757-878-1579

Privately Owned Vehicle (POV)

a. To drive to Fort Eustis:

From the West: Follow Interstate I64 East to the Fort Eustis exit. Stay on Fort Eustis Boulevard until you reach the front gate.

From the East: Follow I64 West to the Fort Eustis exit. Stay on Fort Eustis Boulevard until you get to the front gate.

This is a 100% ID check Post. Please have your ID cards ready when you enter the gate.

HOW TO GET TO PORTSMOUTH NAVAL MEDICAL CENTER

From Fort Eustis, take I-64 East until you get to I-664. Stay on I-664 (You will cross the Monitor Merrimac Bridge Tunnel) until you get to Exit 9 (Portsmouth). You will stay in the left hand lane and follow this road all the way until you get to the Naval Medical Center Exit. Turn left at Effingham and follow it down to the entrance. You will park in the garage.

SHUTTLE BUS INFORMATION

The Shuttle Bus goes to Langley hospital and Portsmouth Naval Medical Center every Monday through Friday. It leaves at 0730 and 1230 hours. The shuttle pick up point is outside the door by Charlie's Subs at the Post Exchange. Any Soldier, Family Member, or retiree with a scheduled appointment and valid ID card is eligible for shuttle services.

No shuttle Bus Services on weekends, training holidays, or holidays. The shuttle bus driver phone is 570-0776. Shuttle is operated by 7th Group, FEVA.

McDONALD ARMY HEALTH CENTER ROLES DURING MILITARY OPERATIONS

McDonald Army Health Center is committed to providing comprehensive health care and services to all military beneficiaries. An important factor in the recovery of health for every patient is the quality of Family and community support.

During military operations, family and community support are especially critical in light of the need to coordinate services to allow for the family and community reunion process. Patients evacuated from a Theater of Operations and their family members expect the best possible support from military health care facilities throughout all echelons of medical care. In order for the reunion and recovery processes to function efficiently and effectively, close coordination is needed. This process will be facilitated through a coordinated effort of medical, administrative, and psychosocial supportive services of McDonald Army Health Center through the SFAC. Special consideration is given to personnel medically evacuated from military Theaters across the operational continuum. This includes Low, Medium, and High Intensity conflicts. It also includes Operations Other Than War, such as Humanitarian, Nation-Building, and Peacekeeping Operations.

AMERICAN RED CROSS

Members of the U. S. Armed Forces don't have to be actively deployed to benefit from American Red Cross support. The Red Cross provides services to 1.4 million active duty military members and their Families. Our services are available to all branches of the military. The American Red Cross wants members of the military to get to know us before you need us. Similarly, knowing that Red Cross services are available to service members and their Families provides a safety net in times of need.

How to access Red Cross services

- Active duty service members stationed in the United States and family members residing in the service member's household (example: service member's spouse) should contact Armed Forces Emergency Service Centers for information and assistance 7 days a week, 24 hours a day, 365 days a year. The toll-free

telephone number may be obtained from military installation operators, from local on-base Red Cross offices and from the local Red Cross chapter.

- All Family Members who do not reside in the service member's household, regardless of where the service member is assigned — at a local military installation or another geographical location — should contact their local American Red Cross chapter for assistance. Red Cross chapters are listed in local telephone directories and online at www.redcross.org, under "Find Your Local Red Cross."
- Active duty service members on overseas military installations may access Red Cross reporting and communication assistance by contacting base/installation operators for the listing of the on-base Red Cross office or information on how to access Red Cross assistance if there is not a representative on the local installation.
- Families living overseas may access assistance through the local on-base Red Cross office or through the base/installation operator for information if there is not a Red Cross representative on the local installation.
- In overseas deployment areas, service members should contact the American Red Cross office responsible for their jurisdiction/installation.

Red Cross Services at Fort Eustis

The American Red Cross at Fort Eustis is located at 601 Lee Blvd., room 120, coordinates a rapid communication network with Red Cross Chapters throughout the United States, the Red Cross Emergency Services centers and Red Cross offices on military installations worldwide. Emergencies affecting Family Members are verified to support emergency leave and financial assistance when necessary. The Red Cross also works with military aid societies to provide financial assistance to active-duty service members, retirees, and their Families.

Disaster assistance and assistance with Family and personal problems, counseling, information and referral are also available. The Red Cross offers certification classes in CPR, first aid, babysitting and disaster services. Numerous Red Cross volunteer opportunities are available year-round for adults and during the summer months for teenagers. Red Cross blood drives are held monthly.

To contact the Red Cross for an emergency, call toll free, **1-877- 272-7337**. For a non-emergency or if you are unable to reach the toll-free number, call **757- 878-3339**.

WELCOME TO FORT EUSTIS

The Fort Eustis Information number is 757-878-1212. The area code for the Hampton Roads area is 757.

AAFES Car Care Center – Service Station

The Car Care Center is located at the corner of Washington Boulevard and Jackson Avenue, Bldg. 1380. It features gasoline and tire service, oil changes and batteries. For service appointments call **887-0392**.

The retail shop is open 7 a.m. to 8 p.m., Monday through Friday; 8 a.m. to 6 p.m. Saturday, and 9 a.m. to 5 p.m. on Sunday.

Service Bay appointments are available Tuesday through Friday, 9 a.m. to 4 p.m.

Walk-in service is available Saturdays from 8 a.m. to 4 p.m.

Gas pumps are available 24 hours a day with use of the Military Star Card or other major credit cards.

Aquatics Center

The Aquatic Center is located at 641 Tyler Ave. The 5.0 million dollar facility houses two large pools, a fitness room with various exercise equipment, a full-service snack bar, and two multipurpose rooms. The center is open year-round. For information on the hours of operation call **878-1090/1091**.

Army Career and Alumni Program

The Army Career and Alumni Program (ACAP) offer comprehensive transition assistance from military or federal employment to the civilian sector. ACAP helps in identifying skills, related to needs in the civilian sector and to marketing oneself. Transition Soldiers learn effective interviewing skills and how to negotiate for salary and benefits. All Soldiers should be working with ACAP at least 180 days from military separation. The pre-separation counseling is mandatory not less than 90 days before separation for all soldiers regardless of the character of their discharge. To start the transition assistance process, Fort Eustis, Fort Monroe, Fort Story and any other Army personnel in Hampton roads should call the ACAP Center at **878-4955**. They are located in Room 107 at 601 Hines Circle. Once enrolled in ACAP, individuals have access to multiple databases or current job openings. A spouse is eligible for ACAP assistance once the sponsor receives pre-separation counseling. Additionally, the Veterans Administration now gives separation and retirement physicals for personnel who will submit disability claims. The process begins 180 days prior to separation. Call ACAP for information on VA intake workshops.

Army Community Service

The Fort Eustis Army Community Service (ACS) Center, 601 Hines Circle, provides various services. Some of these services include community information and referral services, Family Services Program, Relocation Assistance Program, Financial and Consumer Awareness Assistance Program, Army Emergency Relief, Exceptional Family Member Program , awareness education on domestic violence, New Parent

Support Services (Family Advocacy), play groups, quality Family-life enrichment, and Family Member Employment Assistance.

The World Wide Web address for the ACS home page is

www.eustis.army.mil/acs/acs.htm. You can also call **878- 3638** for more information.

Army Emergency Relief

Army Emergency Relief (AER) provides emergency financial assistance to Soldiers, retirees, and their Families. AER assistance consists of no-interest loans or grants in times of emergencies. The office is located at 601 Hines Circle. Hours of operation are from 7:30 a.m. to 4:30 p.m. Monday through Friday. For emergencies after duty hours, holidays and weekends, please call the American Red Cross toll-free number at 1-877-272-7337.

For more information call **878- 3638**.

Army Information Line

1-800-833-6622

Army Substance Abuse Program (ASAP)

The mission of the Army Substance Abuse Program, located at 2794 Harrison Loop is to increase combat readiness of the Fort Eustis and Fort Story military community through awareness, training, drug testing, evaluation, and identification of persons who have alcohol or other drug-related problems and rehabilitate persons once identified. For information on all services offered and appointments please call **878-4985/1487**.

Auto Crafts Shop

The Auto Crafts Shop, 660 Jackson Ave., has 22 inner-service bays and a welding shop. The shop handles anything from minor tune-ups, automotive maintenance and repair to engine and transmission replacement. The facility also offers a Mechanic-for-Hire program at a very reasonable rate. Available services include welding facilities, lube racks, engine analyzer service, computer scan service, fuel injection and intake cleaning, tire changing, AC service, wheel balancing, wheel alignment and an auto storage compound. Skilled mechanics perform all types of repairs, from oil changes and wheel balancing to engine and transmission replacements.

The shop requires shop qualification card DA 3031-I, which can be obtained during operating hours. Operating hours are noon to 8 p.m., Wednesday through Friday; and 10 a.m. to 5:30 p.m. Saturday and Sunday. The shop is closed Monday, Tuesday and holidays. For more information call **878-5440**.

AUTOMATIC TELLER MACHINES AND FINANCIAL INSTITUTIONS

Bank of America

Bank of America is located on 1327 Lee Blvd. They have 5 automated teller machines (ATMs) on Post. Two at the banking center, one at the Post Exchange, one at the hospital, and one at the golf course. The bank is open from 9 a.m. to 4 p.m. Monday

through Thursday; 9 a.m. to 5 p.m. on Friday; and 9 a.m. to noon on Saturday. The telephone number is **757- 887-7840**.

1st Advantage Federal Credit Union

The 1st Advantage Federal Credit Union is located on 1317 Lee Blvd. The credit union has two ATMs at the Lee Blvd. office, one walk-up machine and one drive-up machine. There is also an ATM located at the Transportation School, building 705. The credit union is open Monday – Friday from 9 a.m. to 5 p.m. and military paydays from 8 a.m. to 5 p.m. For information on all products and services available you can access the Web site at www.1stadvantage.org or call toll free at 1-800-359-7650 or locally at **757-877-2444**.

Barber Shop

The Barber Shop is located in the concessions area of the PX. The hours are 8:00 a.m. to 7 p.m. Monday – Friday; 8:00 a.m. to 6 p.m. Saturday; and 10:00 .am. to 5:30 p.m. on Sunday.

There is another Barber Shop in Building 705. It is open from 7 a.m. to 3 p.m. Monday – Friday and closed Saturday and Sunday. The telephone number is **878-5013**.

Beauty Salon

The Beauty Shop is located in the concessions area of the PX. The hours are 9 a.m. to 7 p.m. Monday – Saturday and 10 a.m. to 5 p.m. on Sunday.

Bowling Center

The Fort Eustis Bowling Center, 675 Dickman St., offers a full-service pro shop and 24 lanes equipped with an automated scoring system and television. Every Friday and Saturday bowlers along with non-bowlers can enjoy Extreme Glow Bowling. For more information call **878-5482**.

Car Wash

A five-bay, coin operated car wash facility with four vacuum cleaners and coin vending machine is located adjacent to the Auto Crafts Shop at 600 Jackson Ave. The car wash is open 24 hours a day everyday and provides plenty of soap and time to keep vehicles looking good. For more information call **878-5540**.

Casualty Affairs

(202) 782-6127/6128

Chapel Activities

The Regimental Memorial Chapel of the Transportation Corps, building 923, Lee Boulevard, is the hub for Catholic and Protestant religious activities. To contact the chapel office, call 878-1316/1317. To contact the Religious Education Offices, call **878-1450**.

The 8th Transportation Brigade Chapel at 1005 Monroe Ave. offers Sunday Worship Services and Bible Studies. To contact the 8th Brigade Chaplin, call **878-3061**.

The Family Life Chaplain conducts classes on all aspects of family life at the Family Life Center, building 925, Madison Ave. Classes include parenting skills, marriage enhancement, and pre-marriage counseling. The Family Life Chaplain also provides marriage and family therapy. To contact the Family Life Center, call **878-5808**

Commissary

The Commissary is located on Lee Blvd. It is open 6 days a week (closed Mondays). Hours are, Tuesday, Wednesday Friday and Saturday from 9 a.m. – 7 p.m. Thursdays from 9 a.m. – 8 p.m. and Sunday from 9 a.m. – 6 p.m. Disabled patrons may shop 30 minutes before normal operating time. For more information call **878-5966, ext 238 or 878-2073 ext 221**.

Consignment Shop

The Consignment Shop is run by the Officer and Civilian Spouses Club and is staffed by volunteers. The shop, located at 671 Lee Blvd. is open Tuesday and Wednesday from 9:30 a.m. to 1:30 p.m. Consignments are taken until 1 p.m. The consignment Shop is open to general public for sales, but persons must present valid ID cards to consign. For more information call **887-0190** during operating hours.

Directorate of Morale, Welfare, and Recreation's Community Recreation Center

The DMWR Community Rec Center is located in building 671, 671 Lee Blvd. This office houses the Leisure Travel and Ticket Office, the Rec Center, the Cyber Zone computer lab and T-shirt, Frame and Engraving Shops. The Ticket and Travel Office offers discount tickets to amusement parks, hotels, entertainment venues and tourist attractions nationwide including Florida, California and Tennessee. Cruises, airline flights and train travel can also be booked. Brochures on local sites and attractions throughout Virginia and neighboring states are available. **Ticket Office can be reached at 878-3694 or 878-5031.**

The Recreation section of the building has video-game stations, four regulation-size pool tables, an air hockey table, ping-pong tables, darts, foosball and a television viewing area. Playing cards and board games are also available for use in house. For more information call **878-5684 or 2067**.

Education Center

The Army Education Center, Building 1500, is on the corner of Lee Boulevard and Madison Avenue. Office hours are Monday through Wednesday and Friday, 8 a.m. to 5 p.m. and Thursday, 1 p.m. to 5 p.m. Thursday morning is reserved for Sergeants Time and the office is closed. The center offers a wide range of services from high school equivalency tests, Army Tuition Assistance, Web-based services, counseling, etc. For more information on services call the center at **878-2083**.

Finance

The Defense Military Pay Office (DMPO) is located at 662 Shephard Place. The DMPO is a subordinate office of the Defense Finance and Accounting Service (DFAS), Indianapolis Center, IN. The DMPO mission is to provide full military pay service, permanent change of station travel service, and limited disbursing service to Soldiers stationed at Fort Eustis, Fort Story and Fort Monroe. Customer Service Hours for the DMPO at Fort Eustis are 7:30 a.m. to 3:30 p.m. Monday, Tuesday, Wednesday and Friday, and noon to 3:30 p.m. on Thursday. For information call **757- 878-2526**.

Flower Shop

The Flower Shop is located in the concessions area of the PX. The hours are 9 a.m. to 7:30 p.m. Monday – Saturday and 10 a.m. to 5 p.m. on Sunday.

Golf Course

The Pines Golf Course is a 27-hole layout located on Fort Eustis. Call the Pro Shop for information on anything related to The Pines at **878-2965**.

Gymnasiums

Anderson Field House – **878-2097**

McClellan Fitness Center – **878-5556**

Inspector General

The Office of the Inspector General (IG) is located in building 2783 on Harrison Loop. Office hours on Fort Eustis are from 7:30 a.m. to 4:30 p.m. weekdays. Anyone may submit a complaint, allegation or request for assistance to the IG. Clients are urged to use their chain of command prior to visiting the IG office however, it is not required. The Fort Eustis IG office can be reached at **757-878-4844/5702** during and after duty hours.

Laundry and Dry Cleaning

The Laundromat is located in building 1377. Hours are 9 a.m. – 10 p.m. Monday – Saturday and 8 a.m. – 9 p.m. Sunday. The telephone number is **888-9812**.

The Dry Cleaners is located in building 1527 adjacent to the Commissary. It is open from 7 a.m. – 8 p.m. Monday – Friday and 9 a.m. – 6 p.m. Saturday and Sunday. For more information call **888-0835**.

Library

Groninger Library, 1313 Washington Blvd, adjacent to the Post Exchange parking lot is open Saturday from 10 a.m. to 5 p.m., Sunday from noon to 5 p.m., and Monday through Thursday from 11 a.m. to 7 p.m. It is closed Fridays and federal holidays.

The library offers 10 computers with free Internet capabilities, wireless Internet connection, five laptop Internet plug-ins, Microsoft Office Package for public use, Consumer buying guides, books on tape, CDs, DVDs, and videos. The library also offers a photocopier, typewriter, and fax machine for public use. For more information call **878-5017**.

Lodging

The General Smalls Inn is located at bldg 1700, Fort Eustis, Virginia 23604. From Interstate 64, take exit #250A, onto Fort Eustis Boulevard, which runs into Washington Boulevard. As you drive into the main gate, take the first left onto Madison Avenue (after the Military Police booth). Drive approximately 1 mile, and make a left into the parking lot (opposite the Main Post Chapel). The Reservation Desk is located in building 1700. For reservations call **(757) 878- 5807** or call **1-800-Go-Army-1**.

Military Clothing Sales

The Military Clothing Sales store is open from 9 a.m. – 8 p.m. Monday – Saturday and 10 a.m. – 6 p.m. Sunday. The telephone number is **757- 887- 8205**.

Military Police

To report a crime, traffic accident, request assistance, register a weapon or report lost or found property at Fort Eustis, call **878-4555** or report to the MP station located at building 648 Washington Blvd. To contact the MP operations, call 878-1451. For investigations call **878-5515**. The administrative section in building 648 is open for customer service, Monday – Friday, 8 to 10 a.m. except holidays. The administrative sections can be contacted at **878-4551**.

Movie Theater

Jacobs Theater, located in building 647, has a traditional movie theater snack bar with popcorn, drinks and candy. It is open Friday and Saturday from 6 p.m. until midnight. For a recording of current movies and times, please call **878-2744**.

Ombudsman/Soldier Advocate: Located in the Health Center, Room L37, down from the Information Booth. Office hours are Monday through Friday from 8 a.m. to 4:30 p.m. The telephone number is **757- 314-7539**.

Outdoor Recreation

The Outdoor Recreation Center is located at 828 Kells Drive, behind the 7th Transportation Group Headquarters. The Lakeside Club, featuring a wraparound deck overlooking Eustis Lake has a dining area that offers lunch Tuesday through Friday and provides weekend evening entertainment. A full-service bar with pool tables and video games is also available. Patrons may also visit the equipment check-out office, maintenance shop and equipment rental facility. Rentals include recreational vehicles, pop up campers, 18 foot privateer boars, canoes, paddle boats and a large selection of various equipment. Hunter and boater safety education classes are also offered. Five log cabins and RV travel campground sites are available for rent. The Outdoor Rec Center also operates a Family Mini Park off Lee Boulevard that includes paintball, a go-cart track, batting cages and a miniature golf course. Outdoor Rec also has stables and paddocks available for boarding horses. For more information call **757- 878-2610**.

Post Office

The Fort Eustis branch of the US Postal Service, 1321 Lee Blvd. is located across the street from Burger King. Outgoing mail pick up is 7:45 a.m., 12:45 p.m., and 4:45 p.m. Outgoing mail for the day should be at the post office no later than 4:45 p.m.

The facility provides all postal services, including express mail and post office box rentals. Hours of operation are 9:30 a.m. to 4:30 p.m., Monday through Friday, and 9 a.m. to 1 p.m. on Saturday. The lobby is open 24 hours a day and stamp vending machines are provided. For more information call **1-800-275-8777**.

Shoppette/Class Six

The Shoppette/Class Six, building 1383, is located between the Main PX and the Commissary. The facility has a selection of food, beverages, magazines and video rentals. It is open 24 hours a day, 7 days a week. For more information call **887-0882**.

Staff Judge Advocate

The Office of the Staff Judge Advocate (SJA), located at 2732 Madison Ave., provides a variety of services to eligible military personnel, dependents, and retirees. The Legal Assistance Office offers advice and assistance on personal legal matters including wills, trusts, living wills/appointments of health care agents, promissory notes, leases, real estate, financial issues, Service members Civil Relief Act, Uniformed Services Employment Reemployment Rights Act, federal and state taxes, Virginia motor vehicle laws, sales contracts, family law, and military administrative matters. Notarizations and Powers of Attorney are provided on a walk-in basis from 8 a.m. to 4 p.m. Monday through Wednesday and Friday; and from 12p.m. to 4 p.m. on Thursday. Legal advice on all other issues can be obtained by scheduling an appointment **at 878-3031, extension 222**, or by visiting the Legal Assistance Office during walk-in hours on Tuesday and Thursday afternoons from 1 p.m. to 4 p.m. Clients seeking assistance during walk-in hours will be assisted on a first come, first served basis.

Vehicle Inspection

The State Inspection Station, 668 Jackson Ave., is located next to the Auto Crafts Shop and is across from the car wash. State Inspections are performed during the hours of 8 a.m. to 4:30 p.m., Monday through Friday. Facility staff is also available for automotive repair. For more information call **878-2480**.

Virginia Employment Commission

The Virginia Employment commission maintains an office in the Army Community Services Building, 601 Hines Circle, Room 142, for employment information and opportunities for active duty military, retired military and their family members. To register users must have a valid military ID card. Employment registration is open from 8:30 to 9:30 a.m., Monday – Friday. Job search may be done on computer or quick files from 9:30 a.m. – 4 p.m.

Employment counseling and referral to training programs are available as well as employability training to prepare applicants in finding and keeping jobs. The

commission also provides resume and interviewing techniques. The VEC also offers typing tests upon appointment. For information call **878-0906**.

FISHER HOUSE FOUNDATION AND HERO MILES

Fisher House Foundation is best known for the network of 32 comfort homes on the grounds of military and VA major medical centers. The houses are 5,000 to 8,000 square foot homes, with up to 11 suites, donated to the military and VA by the Fisher family of New York through the Fisher House Foundation. The Foundation provides support to families of patients receiving care at the nearby medical center and has ensured that families of service men and women wounded or injured in Operation Iraqi Freedom and Operation Enduring Freedom do not pay for their stay at a Fisher House or other base facility if they are on a wait list. Fort Eustis does not have a Fisher House on post.

Hero Miles Program

This program has provided more than 4,600 tickets to Iraqi Freedom and Enduring Freedom hospitalized service members and their families, worth more than \$6 million.

Fisher House™ is proud to partner with Hero Miles in support of our wounded and injured service men and women and their families. Hero Miles has partnerships with the following airlines:

- AirTran Airways
- Alaska Airlines
- American Airlines
- Continental Airlines
- Delta Air Lines
- Midwest Airlines
- Northwest Airlines
- US Airways

Please note program agreements with individual airlines only permit airline tickets for military (or DoD civilian employees) hospitalized as a result of their service in Iraq, Afghanistan, or surrounding areas, and their Families. These tickets can not be used for R&R travel, ordinary leave, emergency leave, or other travel not related to a medical condition.

*"Dedicated to our greatest national treasure...
our military service men and women and their loved ones. "*

*"Dear Service Member,
On behalf of Fisher House Foundation, thank you for your service to our nation. You are truly one of America's heroes."*

If you are undergoing treatment at a military medical center incident to your service in Iraq, Afghanistan, or the surrounding areas, you and your family members may be

eligible for complimentary airline tickets that have been donated to our Foundation. We would be honored to provide these tickets to you and your loved ones under the following conditions:

For you: We are prepared to provide you with a round trip airline ticket for a trip from the medical center to your home and return if you are not eligible for government funded airfare.

For your family and friends: In medically serious cases, the government provides a transportation entitlement for up to three family members for travel to the medical center where you are hospitalized. If you do not qualify for that government funded travel, we may be able to provide your family or a friend with round trip airline tickets to visit you. Please bear in mind that we are providing only airline tickets. There are no provisions for assistance with local travel, overnight accommodations, meals or other expenses. As long as Fisher House Foundation has tickets available, there is no restriction on the number you can request or how often you request them.

The tickets that we have for this purpose are on American Airlines and Northwest Airlines. The American Airlines tickets were donated by Anheuser-Busch, and the Northwest Airlines® tickets are from WorldPerks® frequent flyer miles donated by the public through the Northwest Airlines AirCares® program. The attached information sheets contain the terms and conditions for their use. It is important that you understand that you must comply with all terms and conditions, to include payment of the September 11th security fee (normally not to exceed \$10 per round trip). Reservation and ticket agents are not authorized to make exceptions to the stated terms and conditions.

Because the Northwest Airlines ticket program depends on the generosity of the public, we encourage you to tell your family and friends who are WorldPerks members to donate Northwest Airlines frequent flyer miles for this program. To make a donation, call **(800) 327-2881**.

If you or your loved ones can meet all the criteria, please complete the attached request form and submit it to the family assistance center or other designated office that will forward the request to us. Incomplete forms will not be accepted. Thank you. These tickets are an expression of our appreciation for your service and sacrifice.

** Above letter from the Fisher House Foundation.

ASSOCIATED PROGRAMS

CARING BRIDGE

A free service for military Families that helps keep Family and Friends up to date. Costs associated with this service are sponsored by Fisher House™ Foundation.

WHAT IS CARING BRIDGE?

It can be difficult to keep friends and Family updated on your loved one's condition in the hospital. Caring Bridge is a service that helps you with this responsibility. It gives you the ability to create a web site in which you can quickly alert Family and friends of the latest information regarding your loved one's well-being. This page will provide you with basic instructions to build a Web Page on the Internet. Included are simple step-by-step instruction for building and maintaining your free Caring Bridge Web Page. You are under no obligation once you build a web page. You can delete it immediately if you wish. This is an optional free service for you sponsored by Fisher House™ Foundation. Bridge the gap between you and friends and Family. It's simple to set up, and it's easy to update.

Caring Bridge provides you:

- A customized Web Page
- An online journal to inform others of changing conditions
- An online guestbook for others to sign
- An online photo album

FREQUENTLY ASKED QUESTIONS FOR CARING BRIDGE

What if I have problems or need help?

Caring Bridge is administered by the Caring Bridge nonprofit organization. To submit a question or problem, go to www.caringbridge.org and click on "Feedback/Questions" at the top of the page. You can also see additional help by clicking on "Help" at the top of that page.

How do other people see my Web Page?

You must provide them with your Web Page address. Viewers use the address (sometimes called location or URL) on the Internet to view your Web Page. Your Web Page is NOT available to search tools on the Internet.

Should I be concerned that strangers will be able to see our information?

Anyone who wants to see your Web Page needs to have the correct Web Page address and viewing user name and password (if used). However, the Internet is a public forum and access to your Web Page is deterred, but not totally secure.

How do I get a photo on the Web Page?

You must have a digital copy of a photograph to use this feature. To get a digital photo you must either scan an existing photo or use a digital camera. Scanning services are available from many copy centers. Some film development services also have a digital format option. Be sure to specify you want the GIF or JPEG format.

The Helping Our Heroes Foundation provides a way for donated funds and services to directly reach our injured military and a way for concerned Americans to volunteer to actively support our armed forces. Our primary objective is to fund programs and organize volunteers to compliment the actual "case work" being administered by DS3 employees.

The role of the foundation is to provide mentors and patient advocates, identify and fund educational opportunities for the soldier, coordinate specialty counseling (financial assistance, career, housing, etc.), and assist with emergency funding needs as deemed appropriate.

The foundation will initially receive a list of qualified soldiers needing support from the office of the DS3 Chief, whose case workers will maintain contact with each injured soldier.

AirTran Airways has partnered with HOHF to generously donate air travel to soldiers wounded in Operation Enduring Freedom or Operation Iraqi Freedom and their families who need to travel between the Walter Reed Army Medical Center and home on a route that AirTran flies. For getting into the Washington DC area, AirTran flies into Reagan National, Dulles, and Baltimore airports-Reagan National is the closest airport to Walter Reed Army Medical Center. For getting into the **Hampton Roads area**, AirTran Airways flies to and from the Newport News Airport, and Richmond.

Eligible recipients are the patients and family members of those injured in OIF or OEF—active duty, guard or reserves. DO NOT book tickets; all arrangements for travel will be made by HOHF.

US ARMY WOUNDED WARRIOR PROGRAM

The U.S. Army Wounded Warrior Program – AW2 – embodies the Warrior Ethos “we will never leave a fallen comrade.” AW2’s personalized recovery services for severely wounded Soldiers are not limited by geography or physical location and are not constrained by recovery or rehabilitation timelines.

The U.S. Army Wounded Warrior Program assists and advocates for wounded Soldiers and their Families throughout their lifetimes, wherever they are located.

Initially established in April, 2004 as the Disabled Soldier Support System (DS3), the Army responded to the needs of the most severely wounded, injured or ill Soldiers who were returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Today, AW2 serves more than 2,300 Soldiers and their Families, focusing on the most severely injured Soldiers and their Families. The Army Wounded Warrior Program frequently communicates with Soldiers and their Families to proactively address and mitigate issues they encounter. Helping a Soldier receive awards they earned (e.g., Purple Heart Award).

AW2 Helps Soldiers and Their Families

AW2 provides unique services to the most severely wounded, including:

- Helping wounded Soldiers remain in the Army by educating them on their options and assisting them in the application process;

- with future career plans and employment opportunities beyond their Army careers;
- Supporting them with a staff of subject matter experts proficient in non-medical benefits for wounded Soldiers;
- Some examples of how AW2 assists wounded Soldiers:
 - Helping a Soldier obtain full VA and Army Benefits;
 - Helping a Soldier and their family get healthcare after retiring from the Army;
 - Helping a Soldier get financial counseling to buy a house;
 - Helping a Soldier put food on the table for Thanksgiving;
 - Helping a Soldier receive the awards they earned (e.g., Purple Heart Award).

Eligibility Requirements

To be considered for the Army Wounded Warrior Program, a Soldier must:

- Suffer from injuries or illnesses incurred after 10 September 2001, in support of the Global War on Terror (GWOT)
- Receive or be expected to receive a 30% rating for one or more injuries rated by the Physical Disability Evaluation System in categories such as:
 - Loss of Vision/Blindness
 - Loss of Limb
 - Spinal Cord Injury/Paralysis
 - Permanent Disfigurement
 - Severe Burns
 - Traumatic Brain Injury
 - Post Traumatic Stress Disorder
 - Fatal/Incurable Disease

Hiring a Wounded Warrior

Companies have the opportunity to support those who sacrificed for our country by hiring Soldiers severely wounded in the Global War on Terror (GWOT). An important element in rebuilding the lives of severely Wounded Soldiers is gained through meaningful employment with companies throughout the world. AW2 links severely wounded, injured or ill Soldiers and companies together by providing personalized employment counseling and services. **AW2 is vital in helping them become self-sufficient, contributing members of our communities.**

AW2 Coordinators work closely with the Army Career and Alumni Program (ACAP) to connect prospective employers with AW2 Soldiers seeking work.

EMPLOYERS: Learn more about hiring a Wounded Warrior, call 1-800-237-1336 or email aw2@conus.army.mil

AW2 SOLDIERS: Learn more about career opportunities by contacting your Soldier

Family Management Specialist or call AW2 headquarters at 1-800-237-1336.

Continuing on Active Duty or Reserve is an Option for Many AW2 Soldiers

Soldiers who have experienced a severe wound, injury or illness continues to choose to stay on Active Duty or Reserve, after injury. To date, most Soldiers who have requested to continue in the Army have been able to do so.

AW2 Soldier Family Management Specialists assist wounded Soldiers interested in pursuing the Continuation on Active Duty (COAD)/ Continuation on Active Reserve (COAR) process every step of the way.

To be eligible, a Soldier must meet at least one of the following:

- Has served 15-20 years of service for COAD or 15-20 qualifying years of service for non-regular retirement for COAR;
- Is qualified in a critical skill or shortage MOS;
- Has a disability as a result of combat or terrorism.

Learn more about the COAD/COAR process by contacting your Soldier Family Management Specialist or call AW2 headquarters at 1-800-237-1336.

Find out more about the U.S. Army Wounded Warrior Program Today!



Visit www.aw2.army.mil OR Call 1- 800-237-1336

VETERANS AFFAIRS BENEFITS

One of the more difficult tasks for a returning veteran is applying for the many VA benefits. The unknown of “should I,” “would I qualify,” “how do I apply,” or “where do I go for help” can be a frustrating experience. The VA intends to ease those frustrations and facilitate your transition from active participation in armed conflict back to civilian life with some basic tips for applying for benefits.

Documents needed for Non-Medical Benefits

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available.
- b. Your VA claim number or Social Security number if receiving benefits under prior service
- c. A copy of all marriage certificates and divorce decrees (if any)
- d. A copy of each child's birth certificate (or adoption order)
- e. A copy of your birth certificate if there are living parents dependent on you for support
- f. A copy of any service medical records for disabilities you intend to claim
- g. The most typical claim for benefits is for compensation for military service related injuries. Complete VA Form 21-526, Veterans Application for Compensation or Pension, (On-line version) (Print out version). Or, you may obtain a copy of the form from any VA Regional Office (list of regional offices).

Documents needed for Medical Benefits

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available
- b. In order to document your service in a theater of combat operations, it would be helpful if you brought any of the following:
- c.
 1. A copy of your Leave and Earnings Statement showing receipt of Hostile Fire or Imminent Danger Pay
 2. Receipt of the Armed Forces Expeditionary Medal
 3. Kosovo Campaign Medal
 4. Global War on Terrorism Expeditionary Medal
 5. Southwest Asia Campaign Medal
 6. Proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay
 7. Orders to a theater of combat operations
- d. Complete VA Form 10-10EZ, Application for Health Benefits, online. Or, you may obtain the form by:

- Calling VA's Health Benefits Service Center toll free number, 1-877-222-VETS(8387), Monday through Friday between 8:00 AM and 8:00 PM (Eastern Time)
- Calling or visiting any VA health care facility or VA regional office to find the facility nearest you; visit the VA Facilities web page.

Where to Get Help

- a. VA web site
- b. **Contact VA through on-line messaging.** This link gives you access to Frequently Asked Questions (FAQ's), a series of "800" telephone points of contact, mailing addresses for VA offices, and access to a secure, web based messaging program where you can leave questions, by subject matter that are not answered by the FAQ's.
- b. **Federal Benefits for Veterans and Dependents.** An informative benefits pamphlet in PDF format.
- c. Health Benefits Service Center. Call toll free 1-877-222-VETS(8387)
- d. Visit **VA's health eligibility** web site for questions about medical benefits and application procedures.
- e. VA benefits counselors can answer questions about benefits eligibility and application procedures. Contact the nearest VA regional office at 1-800-827-1000 from any location in the United States and Puerto Rico. VA facilities also are listed in the federal government section "Blue Pages" of telephone directories under "Veterans Affairs".
- f. State, local and National Veteran Service Organization representatives are also available to assist you with benefits counseling and claims processing. You may find lists of such representatives at: <http://www.va.gov/vso/>
- g. **Mobilization Information and Resources Guide**. A DOD web site containing multiple links to mobilization and resources information. (www.defenselik.mil/ra/mobil/pdf/topics_a-z.htm)

VA BENEFITS FOR ACTIVE DUTY PERSONNEL

1. Service members who remain on active duty are eligible for payment of the automobile allowance and adaptive equipment.

--**Automobile Grant:** There is a one-time payment by VA of not more than \$12,000 toward the purchase of an automobile or other conveyance.

2. With the passage of the Veterans Benefits Act of 2003, active duty personnel are eligible for specially adapted housing and special home adaptation grants.

a. **Specially Adapted Housing Grant:** An eligible veteran may receive a VA grant of not more than 50 percent of the cost of a specially adapted house to a maximum of \$50,000.

b. **Special Housing Adaptations Grant:** An eligible veteran may receive a VA grant for the actual cost to adapt a house or for the appraised market value of necessary adapted features already in a house when it was purchased. In either case, the maximum grant amount is \$10,000.

3. Home loan guaranty is available to active duty personnel after serving 181 days (or 90 days during the Gulf War).

4. On April 17, 2003, under the authority of 38 U.S.C. 8111A, the Secretary directed VHA to give priority care to active duty personnel involved in armed conflict in Iraq. He directed that VHA carry out this function by providing care through the use of sharing agreements between VA facilities and DOD TRICARE contractors.

5. Service members and reservists are eligible for up to a maximum of \$250,000 in life insurance under SGLI. Spousal coverage is available up to a maximum of \$100,000 while children are automatically covered for \$10,000 at no cost.

6. VBA offers counseling and claims assistance to separating service members throughout the United States and around the world in the TAP/DTAP program. Claims for benefits are prepared and adjudicated prior to separation by VBA employees through the BDD program.

7. Education benefits are available to active duty personnel who have served for at least two years and contributed to Chapter 30, the Montgomery GI Bill, and to selected reservists and National Guardsmen that are certified as eligible under Chapter 1606. Chapter 30 is limited to payment for tuition and fees while Chapter 1606 provides a monthly stipend.

8. Medal of Honor pension is payable to active duty personnel.

AUTOMOTIVE GRANTS/ADAPTIVE AUTOMOBILE EQUIPMENT PAYMENTS

Veterans and service members qualify for this benefit if they have service-connected loss of one or both hands or feet, or permanent loss of use, or permanent impairment of vision of both eyes. Veterans entitled to compensation for ankylosis (immobility) of one or both knees, or one or both hips, also qualify for adaptive equipment for an automobile. There is a one-time payment by VA of not more than \$12,000 toward the purchase of an automobile or other conveyance. VA will pay for adaptive equipment, and for repair, replacement, or reinstallation required because of disability, and for the safe operation of a vehicle purchased with VA assistance.

HOME GRANTS PROVIDED BY VETERANS AFFAIRS

SPECIALLY ADAPTED HOUSING

The following is an abbreviated description of the requirements for obtaining a Specially Adapted Housing (SAH) Grant. Nothing in this condensed version of VA Pamphlet 26-69-1, Questions and Answers on Specially Adapted Housing and Special Housing Adaptations for Veterans should be construed as changing the law or VA regulations pertaining to specially adapted housing or to special housing adaptations. Only the highlights of the two programs are covered by this pamphlet. It does not go into detail regarding unusual or complex problems, which conceivably can arise. It is suggested that the pamphlet be read carefully and in its entirety. For more information contact your local VA Specially Adapted Housing agent, from the attached list or call the Veterans Service Center at the closest VA office on 1-800-827-1000.

Specially Adapted Housing

The maximum amount of this grant is currently \$50,000. It is available to veterans with service-connected permanent and total disability (ies) due to one of the three following conditions:

- The loss or loss of use of both lower extremities; or,
- Blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity; or
- Loss or loss of use of one lower extremity together with other disabilities which precludes locomotion without the aid of braces, crutches, canes or a wheelchair.

Specially Adapted Housing Questions and Answers

(VA Pamphlet 26-69-1, pending revision)

Eligibility and Statutory Requirements

1. What is the governing law relating to specially adapted housing for disabled veterans?

Title 38, United States Code, chapter 21, section 2101(a) (The original statute was Public Law 702, 80th Congress, dated June 19, 1948).

2. Which veterans are basically eligible for the grant?

Veterans who have service-connected disability due to military service, entitling them to compensation for permanent and total disability due to:

- a. The loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair; or

- b. Disability which includes blindness in both eyes, having only light perception, plus loss or loss of use of one lower extremity; or
- c. The loss or loss of use of one lower extremity together with (1) residuals of organic disease or injury, or (2) the loss or loss of use of one upper extremity, which so affects the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.

3. Are there any other statutory requirements for eligibility?

Yes. There are three:

- a. It must be medically feasible for the veteran to reside in the house.
- b. The house must be so adapted as to be suitable to the veteran's needs for living purposes, both now and in the future.
- c. It must be financially feasible for the veteran to acquire the house, with the assistance provided by the grant.

4. Are there any time limitations or deadlines for applying for the specially adapted housing benefit?

No, there is no time limit on use of the grant.

5. What is the nature of the benefit?

An eligible veteran may receive a VA grant of more than 50 percent of the cost of a specially adapted house up to a maximum of \$50,000.

6. How may the grant be used?

An eligible veteran has the option to use the grant under any one of the following plans:

Plan 1: The veteran may elect to construct a home on land to be acquired for that purpose.

Plan 2: The veteran may build a home on land already owned if it is suitable for specially adapted housing.

Plan 3: The veteran may remodel an existing home if it can be made suitable for adapted housing.

Plan 4: When the veteran has already acquired a specially adapted home (without the assistance of a VA grant), the grant may be applied against any unpaid balance of the cost of the home.

7. Can the veteran buy or build a home in a place of his/her choosing?

Yes, as long as it is medically feasible for the veteran to reside there.

8. Under Plan 4 above, question number 6, if a veteran already has a specially adapted home which is owned free and clear, how much of the grant, if any, would the veteran be entitled to receive?

None; however, should the veteran decide to buy or build another specially adapted home, this benefit could be used.

9. If the maximum grant of \$50,000 is not used for a specially adapted housing unit, may a second grant be obtained for another home or for future capital improvements on the veteran's present home?

No. Under governing law, the grant, up to a maximum of \$50,000, can be used only once. For example, if the total cost for the construction and land were \$80,000, the maximum grant would be 50 percent of the \$80,000 or \$40,000. The veteran would not be able to claim a further grant of \$10,000 at a later date for use either on the same home or another home.

10. Can a veteran use the specially adapted housing benefit to acquire more than one house?

No. The governing law specifically provides that his benefit may be used only one time in the case of any eligible veteran to provide assistance in acquiring a home.

11. Is a veteran who obtains a specially adapted home entitled to exemption from State real estate taxes?

This depends upon the particular State. There are many States that do provide such relief from taxes either in whole or in part. The SAH agent will be able to provide a veteran with more detailed information.

12. What are some of the requirements for specially adapted housing?

- a. Unless there are no step entries or slopes having less than an 8 percent grade (1:12), at least two ramps (or a vertical platform or similar type lift may be used in lieu of one ramp) suitable for entry and exit, one of which shall be located so as not to expose the veteran to a potential fire hazard, such as placement necessitating passage through a kitchen or garage or utility room containing heating equipment. Ramps, or lifts, must be permanently installed, will be treated to prevent slipping when wet, and the slope will not exceed 8 percent. The minimum width acceptable is 3 feet 6 inches (1.07 meters), and railings must be provided if the height and

length of the ramp indicate any questions of a hazard. Ramp and lift platforms must be generous in area to allow for turning the wheelchair and equipped with protective railings if the height of the platform presents a potential hazard. There will be no difference in elevation between the interior floor level and exterior platforms.

- b. In all new construction, doorways must be at least 36 inches (.915 meters) wide. Doorways in existing homes must be at least 32 inches wide.
- c. Halls must be a minimum of 48 inches (1.22 meters) wide in all new construction. Hallways in existing homes must be at least 42 inches wide.
- d. A garage or carport should be of sufficient width and height to allow unrestricted wheelchair maneuverability alongside a car and ease of entry and exit with all accessible vans.
- e. Passageways between the home proper and the garage or carport should be sheltered to prevent exposure of the veteran to inclement weather.
- f. At least one bathroom convenient to the veteran's bedroom must contain very generous floor areas providing free wheelchair maneuverability (with at least a 5 foot radius), with placement of all fixtures in a manner permitting the veteran unimpeded access to each fixture. Bathroom flooring material must be non-slip under both wet and dry conditions. Wash basins of the hung type, rather than pedestal, should be affixed at a height enabling the wheelchair to maneuver below the fixture to allow close approach for washing and shaving convenience. Wash basin drain pipes must be installed to minimize the possibility of abrasions. A mirror at suitable level for use from the wheelchair must be provided and may be achieved by a lower medicine cabinet to which the veteran is to have access. Faucets for the tub and shower also must be accessible from the wheelchair for water temperature control before, as well as during, immersion. Adequate thermostatic controls must be installed to avoid sudden change in the water temperature. Adequate grab bars, capable of bearing weight and conveniently placed, must be installed for the tub and shower. Stall showers must be large enough to allow for a built-in bench, if desired. There must be no curb between the stall and bathroom (floor drain can be placed in a back corner of the stall), and the shower stall opening should be the same width as the other doorways. The toilet fixture or seat should be raised, if necessary, for the veteran's convenience; armrest, installed in a manner to support the veteran's weight in transferring, must be included, and provision should be made for a suitable back support.
- g. All hot water pipes, steam pipes, room radiators, or similar items, which may constitute a hazard insofar as burns, abrasions, etc., are concerned, must be concealed or properly covered.
- h. Wall switches and electrical outlets should be within reach from the wheelchair—minimum 18 inches (.457 meters) and maximum 48 inches (1.22 meters) from the floor. Fuse boxes, thermostats, and other utility and appliance controls must be within reach from the wheelchair. Automatically operated garage doors are a great convenience—direct

control activated by key or button being indicated as more satisfactory than remote control by radio or light beam.

- i. Carpeting installed in specially adapted housing must be of a low pile, closely knit type.
- j. At least one automatic smoke detector shall be installed in the unit.

13. What are some other factors to be considered?

- a. Level building site
- b. Ample concrete walks
- c. Relatively maintenance free
- d. Sliding interior doors easily operable from wheelchair
- e. Zone controlled heating system
- f. Special adaptation of the kitchen area for the veteran's use, if desired.

How to Apply For Benefits

14. Where does a veteran go to find out if he/she is eligible for the specially adapted housing benefit?

Any VA office, preferably the VA office where the veteran's claim records are located. A determination will be made as to the veteran's basic eligibility and whether it is medically feasible for the veteran to reside in a specially adapted home.

15. How is the veteran advised that he/she is eligible for the specially adapted housing benefit?

A notice of eligibility for specially adapted housing will be sent to the veteran. A VA Specially Adapted Housing agent will visit the veteran and counsel him/her in every way possible in using the grant. The veteran will also be furnished a supplemental application form to be filled out when he/she is ready to obtain the grant. When the veteran's request for the grant is approved, he/she will receive a commitment letter from VA setting forth the terms and conditions under which the funds will be made available. Any contract executed by the veteran must include the condition that it is subject to VA approval and his/her obtaining the grant.

16. Will VA assist an eligible veteran to pick out a lot, obtain the services of an architect, obtain bids for construction, let the contract, and arrange necessary financing?

Yes. SAH agents are specialists in this field and will counsel and make suggestions and recommendations to the veteran at every stage of grant administration to help the veteran obtain a specially adapted house that will not only meet his/her needs now but also in the future.

17. Is design assistance for specially adapted housing available from the Department of Veterans Affairs?

VA Pamphlet 26-13, Handbook for Design-Specially Adapted Housing, provides assistance to the physically handicapped veteran and the architect/designer in producing the best possible home for the veteran.

18. Can a veteran apply for a GI home loan from a private lender to cover the difference between the total cost of the house and the grant?

Yes, a veteran of World War II or later periods who has GI housing entitlement and can qualify for a GI home loan.

19. If private financing is not available, can VA make the veteran a direct loan to cover the difference between the total cost of the house and the grant?

Yes, provided the veteran has GI home loan entitlement and qualifies from a credit standpoint. The maximum direct loan is currently \$33,000.

20. Is life insurance available which would pay off the mortgage on a specially adapted house in case the veteran dies before repaying the loan?

Yes. Most veterans who receive a specially adapted housing grant are eligible for Veterans Mortgage Life Insurance (VMLI) covering the unpaid principal, not to exceed \$90,000 on the mortgage loan. VA representatives will explain this program and assist eligible veterans in applying for his protection. VMLI can only be issued to veterans age 69 and younger. Once issued, VMLI will remain in effect, regardless of age, if there is mortgage indebtedness.

Other Similar Benefits

21. Are there other benefits similar to specially adapted housing to which a disabled veteran may be entitled?

Yes, an eligible veteran may be entitled to the HIS (Home Improvement and Structural Alterations) benefit, which has a maximum limitation of \$4,100 for a service-connected disability and \$1,200 for a nonservice-connected disability. The Prosthetics and Sensory Aids service at the nearest VA health care facility will furnish additional information concerning this benefit upon request (including how to file VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations).

22. If a veteran is eligible for a grant of up to \$50,000 for a wheelchair home, may he/she also receive a special housing adaptations grant of up to \$10,000?

No. If a veteran qualifies for both benefits, the law limits him/her to the use of a grant of up to \$50,000 for a wheelchair accessible home only.

SPECIAL HOUSING ADAPTATIONS

Part 2-Special Housing Adaptations

(VA Pamphlet 26-69-1, pending revision)

Part 2 is designed to answer questions, which may be asked by veterans and their families regarding **Special Housing Adaptations for Disabled Veterans under 38 U.S.C., ch. 21, sec. 2101(b)**. The purpose of the law is to furnish disabled veterans of military service, who may be entitled to a grant of assistance from VA, special housing adaptations for their needs to blindness or the loss or loss of use of both hands. The maximum amount of the grant is currently \$10,000.

Special Housing Adaptations

Eligibility and Statutory Requirements

1. What is the governing law relating to special housing adaptations for disabled veterans?

Title 38, United States Code, chapter 21, section 2101(b). (The original statute was Public Law 96-385, dated October 7, 1980.)

2. Which veterans are basically eligible for the grant?

Veterans who have a service-connected disability due to military service entitling them to compensation for permanent and total disability due to:

- a. Blindness in both eyes with 5/200 visual acuity or less, or
- b. The anatomical loss, or loss of use, of both hands.

3. Is there any time limitation or deadline for applying for the special housing adaptations benefit?

No, there is no time limit on the use of this grant.

4. What is the nature of the benefit?

An eligible veteran may receive a VA grant for the actual cost to adapt a house or for the appraised market value of necessary adapted features already in a house when it was purchased. In either case, the maximum grant amount is \$10,000.

5. How may the grant be used?

The veteran has the option to use the grant under any one of the following plans:

Plan 1: The veteran may adapt a house which he/she plans to purchase and in which he/she intends to reside.

Plan 2: The veteran may adapt a house which a member of the veteran's family plans to purchase and in which he/she intends to reside.

Plan 3: The veteran may adapt a house which he/she already owns and in which he/she intends to reside.

Plan 4: The veteran may adapt a house which is already owned by a member of the veteran's family in which he/she intends to reside.

Plan 5: The veteran may purchase a house which has already been adapted with special features which VA has determined are reasonably necessary because of the veteran's disability and in which he/she intends to reside.

Whichever plan is selected, the veteran must either reside in the house or intend to reside in the house.

6. What is meant by "a member of the veteran's family"?

A member of the veteran's family is defined as a person related by blood, marriage or adoption.

7. If the maximum grant of \$10,000 is not used for special housing adaptations, may a second grant be obtained?

No. Under governing law, the grant, up to a maximum of \$10,000 can be used only one time in acquiring a home with adaptations.

8. Is a veteran who obtains a house with special adaptations entitled to exemption from State real estate taxes?

This depends upon the particular State. There are many States that do provide such relief from taxes either in whole or in part. The SAH agent will be able to provide a veteran with more detailed information.

9. What adaptations are considered necessary for a veteran who is blind in both eyes with 5/200 visual acuity or less?

- a. Special lighting, e.g.: fluorescent, high intensity, open, indirect.
- b. Sliding doors. This would include sliding kitchen and bathroom cabinet doors, as well as pedestrian sliding and pocket doors. If it is not possible to adapt existing cabinets with sliding doors, new cabinets with sliding doors are acceptable.
- c. Handrails. Grab bars are acceptable in the bathroom, but a glass tub enclosure is not.
- d. Smoke detectors/fire detection systems.
- e. Security system. This may include the replacement of hollow core exterior (but not interior) doors with solid core doors, deadbolt locks, storm shutters, etc. This may also include an emergency exit: e.g., a level 5' x 5' platform with stairway and railings.
- f. Intercom system (without a radio unit).
- g. Room addition to an existing house to store sensory aids provided by Prosthetic and Sensory Aids Service and to store exercise equipment. This may also include the heating and/or cooling of this room, if the heating and/or cooling unit is permanently attached. Built-in storage areas such as shelves are also acceptable.
- h. Covered porch, in areas of severe inclement weather (maximum size: 6' x 8'). An awning over the front and/or rear door(s) is acceptable in more moderate climates. A patio or an enclosed patio is unacceptable.
- i. Swimming pool (but not spas, hot tubs, saunas, etc.)
- j. Concrete or asphalt walkways (but not driveways), if the new walkway involves a new design; e.g., wider or with curbs. However, the replacement of an existing walkway with the same design, only new material, is a maintenance item and is unacceptable.
- k. Fencing, to overcome a safety hazard; e.g., the property ending at a steep drop or abutting a busy street.
- l. Additional outlets and electrical service capacity to accommodate sensory aids equipment.

m. Correction of safety defects: e.g., replacing space heaters with an electric heat pump or replacing a gas range and oven with an electrical range and oven.

n. Other adaptations with the approval of VA.

10. What adaptations are considered necessary for a veteran who has lost or lost the use of both hands?

There are no minimum requirements, but the following adaptations are considered appropriate:

- a. Lever-type fixtures in the kitchen and bathrooms.
- b. Quad-rubber doorknob covers or lever-type latches/locks for doors.
- c. The lowering of cabinets, countertops and sinks.
- d. Light switches: toggle or press system.
- e. Tap plates to open and close interior doors; keyless entry-lock systems for exterior doors.
- f. Automatic garage door openers.
- g. Circuit breakers.
- h. Smoke detectors/fire detection systems.
- i. Special plumbing fixtures; e.g., bidet.
- j. Replacement of single or double hung windows with crank-type windows.
- k. Correction of safety defects.
- l. Other adaptations with the approval of VA.

How to Apply For Benefits

11. Where does a veteran go to find out if he/she is eligible for a special housing adaptations benefit?

Any VA office, preferably the VA office where the veteran's claim records are located. The toll-free number is 1-800-827-1000.

12. How is the veteran advised that he/she is eligible for special housing adaptations?

A notice of eligibility will be sent to the veteran from the VA. A VA Specially Adapted Housing agent will visit the veteran and counsel him/her in every way possible in using the grant. He/she will be furnished a supplemental application form to be filled out when he/she is ready to obtain the grant. When the veteran's request for the grant is approved, he/she will receive a commitment letter from VA setting forth the terms and conditions under which the funds will be made available. Any contract executed by the veteran must include the condition that it is subject to VA approval and his/her obtaining the grant.

13. Is life insurance available which would pay off the mortgage on a specially adapted house in case the veteran dies before repaying the loan?

Yes. Most veterans who receive a specially adapted housing grant are eligible for Veterans Mortgage Life Insurance (VMLI) covering the unpaid principal, not to exceed \$90,000 on the mortgage loan. VA representatives will explain this program and assist eligible veterans in applying for this protection. VMLI can only be issued to veterans age 69 and younger. Once issued, VMLI will remain in effect, regardless of age, if there is mortgage indebtedness.

Other Similar Benefits

14. Are there other benefits similar to housing adaptations to which a disabled veteran may be entitled?

Yes, an eligible veteran may be entitled to the Home Improvement and Structural Alteration (HISA) grant benefit which has a maximum limitation of \$4,100. The Prosthetics and Sensory Aids Service will furnish additional information concerning this benefit upon request (including how to file VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvement and Structural Alterations).

15. If a veteran has already received a grant for a wheelchair home, may he/she also receive a grant for special housing adaptations?

No. Once a veteran has received a grant for a wheelchair home, he/she is no longer eligible for the special housing adaptations benefit.

16. If a veteran receives a grant for special housing adaptations and the veteran's physical condition changes to later qualify him/her for a

wheelchair home, may the veteran then become eligible for a grant for a wheelchair home?

Yes. If a veteran receives a grant for special housing adaptations and the veteran's physical condition changes to later qualify him/her for a wheelchair home, the veteran would be entitled to the full grant for a wheelchair home, as provided by law.

VA Services for Veterans of Operation Iraqi Freedom and Operation Enduring Freedom

Seamless Transition from Active Duty

The Department of Veterans Affairs (VA) and the Department of Defense (DoD) are working as partners to meet the needs of our newest veterans—the men and women who served in Operation Iraqi Freedom and Operation Enduring Freedom—by creating a seamless transition from active duty to civilian life.

VA's goal is to ensure that every seriously injured or ill serviceman and woman returning from combat receives priority consideration and world-class service. Together VA and DoD are finding ways to move records more efficiently between the two agencies; share critical medical information electronically; protect the health of troops stationed in areas where environmental hazards pose threats; process benefit claims as one shared system; and, in every way possible, hold open the doors to an uncomplicated passage from soldier to citizen.

Enhanced Employee Awareness

VA Secretary Anthony J. Principi initiated an awareness campaign in August 2003 to enhance continuity of VA services for our newest returning war veterans. In a letter to all employees, Secretary Principi said:

“Every VA employee has an obligation to ensure that each veteran who is wounded, injured, or ill from training for, preparing for, or fighting the war against terror receives priority service....The men and women who embody our department now have the rarest of opportunities: another chance to make a first impression. Our actions over the next few months will define our department for the lifetime of the veterans who are now returning from Iraq and Afghanistan.”

Changes that followed were aimed at sensitizing employees to our newest war veterans and improving access to VA programs. Through messages on paycheck stubs, e-mails, memos, conference calls and closed-circuit television programs, Secretary Principi and his undersecretaries for health and benefits have alerted field employees to be especially sensitive to the needs of our newest disabled war veterans.

VA Expands Outreach

In 2003, VA increased the staffing of benefits counselors at key military hospitals where severely wounded service members from Iraq and Afghanistan are frequently sent.

Currently, five staff members are assigned full-time and one assigned part-time to work bedside with patients at both the Walter Reed Army Medical Center in Washington, DC and the Bethesda Naval Medical Center in Maryland. Four of the counselors specialize in benefit programs and two are social workers who facilitate health care coordination as service members move from military to VA care.

On an as-needed basis, similar teams are committed to work with patients, discharge planners, and other military staff at three other DoD medical centers serving as key medical centers caring for seriously injured troops: Eisenhower Army Medical Center, Ft. Gordon (GA); Brooke Army Medical Center, Ft. Sam Houston (TX); and Madigan Army Medical Center at Western Regional Medical Command, Tacoma (WA).

Throughout the nation, VA officials work with military disability retirement lists staffs to identify service member from Iraq or Afghanistan for special outreach efforts. Iraqi Freedom/Enduring Freedom coordinators at each VA benefit office and medical center coordinate with DoD discharge staff to ensure a smooth transition to VA service at location nearest to the veteran's residence after discharge. Through this coordination, the veterans are known at the local VA facilities which process their benefits claims and continuity of their medical care, including medications and therapy, is assured.

Benefits and Services

Every active-duty service member, Reservist or National Guards member who serves in a theater of combat operations is eligible for hospital care, medical service, and nursing home care for injuries or illnesses he or she believes is related to combat service for a period up to two years beginning on the date of discharge or release from service. This two-year eligibility for medical care is available even if there is insufficient medical evidence available to conclude that the veteran's illness is the result of combat service. At the end of the two-year period, these veterans have the same eligibility for VA medical care as veterans of earlier conflicts.

VA offers a spectrum of health care and benefit programs for veterans of the war on terrorism, including disability compensation, vocational rehabilitation, prosthetic services, life insurance, pension, education benefits, specially adapted housing and automobile grants, and survivor and burial benefits. Many VA services are provided at a higher priority or on an expedited basis for this newest generation of combat-disabled veterans. VA programs for veterans with a service connected injury or illness apply equally to those who served in the regular duty forces and to National Guard members or reservists returning from federal activation.

Additional Resources

VA has brochures and other information for veterans of Operation Iraqi Freedom and Operation Enduring Freedom available on the web.

Veterans Benefits Information	http://www.vba.va.gov
Information for Iraqi Freedom Veterans	http://www.va.gov/gulwar
Afghanistan Service Information	http://www.va.gov/enviroagents
PTSD and Iraq Veterans	http://www.ncptsd.org/topics/war.html
VA Health Care Enrollment Information	http://www.va.gov/elig/
Brochures and Publications, Including: *A summary of VA Benefits for National Guard and Reserve Personnel *Health Care and Assistance for US Veterans of Operation Iraqi Freedom	http://www.vethealth.cio.med.va.gov/Pubs/Index.htm
Online Benefits Applications	http://vabenefits.vba.va.gov/vonapp/
Women Veterans Health and Benefits Information	http://www.va.gov/wvhp http://www.va.gov/womenvet/ http://www.vba.va.gov/bln/21/Topics/Women/

TAKING CARE OF YOU

Support services available for patients and their family members:

Ministry and Pastoral Care: See Chapel Information above.

USO: United Services Organizations is chartered by Congress to meet the human service needs of the United States Armed Forces personnel and their families. In support of Operation Enduring Freedom and Operation Iraqi Freedom, the USO has coordinated celebrity visits, distributed telephone calling cards, food gift cards, and a wide variety of comfort and entertainment items. USO office is located in the Community Recreation Center; 671 Lee Blvd. The operating hours are from 9 a.m. to 8 p.m. Monday through Saturday and noon to 5 p.m. on Sunday and holidays. The phone number is **878-2415 or 289-5913**.

Community Mental Health – The Community Mental Health Service provides comprehensive mental health services to military beneficiaries, their families, and their military community. Services provided are Crisis Intervention, Soldier Readiness Program (SRP) evaluations concerning deployment and demobilization, self-referral appointments for mental health care and service school evaluations (recruiter and drill sergeant), Command referrals for emergency, routine, and separation evaluations and psychological testing for diagnostic clarification, pharmacotherapy and medication management, Stress Management collaterally with Social Work Service, and limited individual psychotherapeutic counseling. The hours of operation for this clinic are from 0730-1630 Monday through Friday, excluding training holidays and federal holidays. For appointments or questions, please call **757-314-7558**. Patients may self-refer for this clinic

Social Work Service – The Social Work Service mission is to provide comprehensive social work services to military beneficiaries, retirees, and their families. Some services include Marital Therapy, Individual Therapy, Men's and Women's Groups, Parent/Child Problems, Sexual Assault, and Coping with HIV. A very important service of Social Work Service is the Family Advocacy Program (FAP). The mission of the FAP is to evaluate spouses and children who are suspected of being abused or neglected so that the appropriate treatment plans may be formulated. The clinic is open from 0730-1630 Monday through Friday excluding training holidays and federal holidays. For appointments or questions, please call **757-314-7910**. Patients may self-refer for this clinic

Army Substance Abuse Program (ASAP) – The Army Substance Abuse Program's mission is to strengthen the overall fitness and effectiveness of the Army's total workforce, and to enhance the combat readiness of its soldiers. Objectives of the ASAP include the prevention of substance abuse, early identification of the substance abuser, provide substance abuse prevention and education, help resolve alcohol and other drug abuse problems in the family, with the ultimate goal of enabling the soldier to perform

more effectively, restore duty to those substance-impaired soldiers who have the potential for continued military service, and provide data for research and evaluation. The clinic is open from 0730-1630 Monday through Friday, excluding training holidays and federal holidays. For appointments or questions, please call **757-314-7558**. Patients may self-refer for this clinic.

Patient Advocate Office: Building 576, Room K 10, behind the Information Booth and across from the TRICARE office. The Patient Advocate Office is the liaison between patients, their families, and the medical center staff. The primary goal is to work out problems and concerns while protecting the rights of patients and maintaining their privacy and dignity. The office is also a source of information for patients and their family members. Through the Patient Advocate Office, patients and family members can voice concerns and exchange ideas and opinions. Hours: 0730-1630, Monday-Friday. Phone number is **(757) 314-7855**.

Ombudsman/Soldier Advocate for Warriors in Transition: Building 576, Room L-37, located down the hall from the Information Booth. The Soldier Advocate is here to assist Soldiers and their Families who are faced with complex, often overwhelming issues related to their health care, physical disability processing, Reserve Component medical retention issues, transition to the Veterans Administration, pay issues, personal effects, etc. The hours are Monday-Friday from 0800-1630. The phone number is **(757) 314-7539**.

Military Severely Injured Center 1-888-774-1361

The Military Severely Injured Center is available to Soldiers and their Families 24 hours a day seven days a week.

Military OneSource 1-800-342-9647

Representatives are available to Soldiers and their Families 24 hours a day seven days a week.

Army Wounded Warrior Program 1-800-337-1336

The Army's premier program takes care of wounded Soldiers and their Families.

STRESS

Have you ever:

- Felt so tense, discouraged, or angry that you were afraid you just couldn't cope?
- Had an extremely stressful experience that you try not to think about, but it still continues to bother you or is repeated in nightmares?
- Felt constantly on guard or watchful, or been on edge or jumpy more than you really need to be?

- Had a family member who seemed troubled in these ways?

If so, this information is for you.

Everyone Experiences Stress

Stress is a normal response of the body and mind. Everyone feels stress when gearing up to deal with major life events (such as marriage, divorce, births, deaths, or starting or ending a job) or handling everyday hassles like arguments, financial headaches, deadlines, or traffic jams.

Physical signs of a stress response include:

- Rapid heartbeat
- Headaches
- Stomach aches
- Muscle tension

Emotional signs of stress can be both positive and upsetting:

- Excitement, Frustration, Anxiety
- Exhilaration, Nervousness, Anger
- Joy, Discouragement

Stress Can Become a Problem

Repeated stress drains and wears down your body and mind. Stress is like starting a car engine or pushing the accelerator pedal to speed up. If you keep revving up the car, you'll burn out the starter and wear out both the brakes and the engine. Burnout occurs when repeated stress is not balanced by healthy time outs for genuine relaxation. Stress need not be a problem if you manage it by smoothly and calmly entering or leaving life's fast lane.

Managing Stress

Stress Management involves responding to major life events and everyday hassles by relaxing as well as tensing up. Relaxation actually is a part of the normal stress response. When faced with life's challenges, people not only tense up to react rapidly and forcefully, but they also become calm in order to think clearly and act with control.

Techniques for managing stress include:

- Body and mental relaxation
- Positive thinking
- Problem solving
- Anger control

- Time management
- Exercise
- Responsible assertiveness
- Interpersonal communication

Physical benefits of managing stress include:

- Better sleep, energy, strength, and mobility
- Reduced tension, pain, blood pressure, heart problems, and infectious illnesses

Emotional benefits of managing stress include:

- Increased quality of life and well-being
- Reduced anxiety, depression, and irritability

Can stress become unmanageable?

Trauma can cause severe stress, which may become unmanageable despite the best efforts of good stress management. Let's look at why this happens and what you can do about it.

Traumatic events cause severe stress reactions that are particularly hard to manage. Trauma involves a unique kind of physical/emotional shock that escalates the "fight-flight" stress response (feeling angry or scared) into "super-stress" (feeling terrified, stunned, horrified, like your life is passing before your eyes, or so overwhelmed you blank out).

Trauma occurs when a person directly experiences or witnesses:

- Unexpected death
- Severe physical injury or suffering
- Close calls with death or injury
- Sexual violation

If you have ever experienced or witnessed disaster, war, a terrible accident, sexual or physical abuse or assault, kidnapping or hostage-taking, or life-threatening illnesses, you know the shock of trauma. Nothing in life ever seems quite the same again, even if everything works out for the best. Trauma leaves a lasting imprint of terror, horror, and helplessness on the body and the mind. The world no longer seems safe, manageable, or enjoyable. People no longer seem trustworthy or dependable. Self-doubt and guilt eat away at your self-esteem. Faith and spirituality are shaken or lost.

Traumatic stress can be managed, but special steps are necessary.

Steps in Managing Traumatic Stress

Step One is recognizing the signs of posttraumatic stress. Trauma is so shocking that it causes memories that are impossible to forget or sometimes impossible to recall. Trauma memories often repeatedly come back when you are not trying to think about them. Memories arise as unpleasant thoughts or nightmares. Sometimes you may feel as if you cannot stop reliving the event. The shock of trauma also may create blank spaces in your memory because it is too much for the mind to handle, and so the mind takes a time out.

Traumatic stress reactions are *normal* responses to *abnormal* events. Most people experience posttraumatic stress reactions for days or even weeks after a trauma. Usually these reactions become less severe over time, but they may persist and become a problem.

Step Two is recognizing the ways of coping with traumatic stress that are natural but *don't* work, because they actually prolong and worsen the normal posttraumatic stress reactions. The ways of coping that do not work include:

- Trying to avoid people, places, or thoughts that are reminders
- Shutting off feelings or connections to other people that are reminders
- Being hyper-vigilant or on-guard

Trying to avoid bad memories, trying to shut out feelings or people, or trying to stay always alert may seem reasonable. However, they don't work because trauma controls your life if you run from it.

Step Three is to get help from one of several special VA services for veterans (and their families) who are coping with traumatic stress reactions or PTSD (Posttraumatic Stress Disorder). Trauma memories cannot be erased, but the stress they cause can become very manageable.

What is Posttraumatic Stress Disorder?

A National Center for PTSD Fact Sheet

Posttraumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life.

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, problems of memory and cognition, and other

problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting.

Understanding PTSD

PTSD is not a new disorder. There are written accounts of similar symptoms that go back to ancient times, and there is clear documentation in the historical medical literature starting with the Civil War, when a PTSD-like disorder was known as "Da Costa's Syndrome." There are particularly good descriptions of posttraumatic stress symptoms in the medical literature on combat veterans of World War II and on Holocaust survivors.

Careful research and documentation of PTSD began in earnest after the Vietnam War. The National Vietnam Veterans Readjustment Study estimated in 1988 that the prevalence of PTSD in that group was 15.2% at that time and that 30% had experienced the disorder at some point since returning from Vietnam.

PTSD has subsequently been observed in all veteran populations that have been studied, including World War II, Korean Conflict, and Persian Gulf populations, and in United Nations peacekeeping forces deployed to other war zones around the world. There are remarkably similar findings of PTSD in military veterans in other countries. For example, Australian Vietnam veterans experience many of the same symptoms that American Vietnam veterans experience.

PTSD is not only a problem for veterans, however. Although there are unique cultural- and gender-based aspects of the disorder, it occurs in men and women, adults and children, Western and non-Western cultural groups, and all socioeconomic strata. A national study of American civilians conducted in 1995 estimated that the lifetime prevalence of PTSD was 5% in men and 10% in women.

How does PTSD develop?

Most people who are exposed to a traumatic, stressful event experience some of the symptoms of PTSD in the days and weeks following exposure. Available data suggest that about 8% of men and 20% of women go on to develop PTSD, and roughly 30% of these individuals develop a chronic form that persists throughout their lifetimes.

The course of chronic PTSD usually involves periods of symptom increase followed by remission or decrease, although some individuals may experience symptoms that are unremitting and severe. Some older veterans, who report a lifetime of only mild symptoms, experience significant increases in symptoms following retirement, severe medical illness in themselves or their spouses, or reminders of their military service (such as reunions or media broadcasts of the anniversaries of war events).

How is PTSD assessed?

In recent years, a great deal of research has been aimed at developing and testing reliable assessment tools. It is generally thought that the best way to diagnose PTSD—or any psychiatric disorder, for that matter—is to combine findings from structured interviews and questionnaires with psychological assessments. A multi-method approach especially helps address concerns that some patients might be either denying or exaggerating their symptoms.

How common is PTSD?

An estimated 7.8 percent of Americans will experience PTSD at some point in their lives, with women (10.4%) twice as likely as men (5%) to develop PTSD. About 3.6 percent of US adults aged 18 to 54 (5.2 million people) have PTSD during the course of a given year. This represents a small portion of those who have experienced at least one traumatic event; 60.7% of men and 51.2% of women reported at least one traumatic event. The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

About 30 percent of the men and women who have spent time in war zones experience PTSD. An additional 20 to 25 percent have had partial PTSD at some point in their lives. More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced “clinically serious stress reaction symptoms.” PTSD has also been detected among veterans of the Gulf War, with some estimates running as high as 8 percent.

Who is most likely to develop PTSD?

1. Those that experienced greater stressor magnitude and intensity, unpredictability, uncontrollability, sexual (as opposed to nonsexual) victimization, real or perceived responsibility, and betrayal
2. Those with prior vulnerability factors such as genetics, early age of onset and longer-lasting childhood trauma, lack of functional social support, and concurrent stressful life events.
3. Those who report greater perceived threat or danger, suffering, upset, terror, and horror or fear.
4. Those with a social environment that produces shame, guilt, stigmatization, or self-hatred.

How is PTSD treated?

PTSD is treated by a variety of forms of psychotherapy and drug therapy. There is no definitive treatment, and no cure, but some treatments appear to be quite promising, especially cognitive-behavioral therapy, group therapy, and exposure therapy. Exposure therapy involves having the patient repeatedly relive the frightening experience under controlled conditions to help him or her work through the trauma. Studies have also shown that medications help ease associated symptoms of depression and anxiety and help with sleep. The most widely used drug treatments for PTSD are the selective serotonin reuptake inhibitors, such as Prozac and Zoloft. At present, cognitive-behavioral therapy appears to be somewhat more effective than drug therapy. However, it would be premature to conclude that drug therapy is less effective overall since drug trials for PTSD are at a very early stage. Drug therapy appears to be highly effective for some individuals and is helpful for many more. In addition, the recent findings on the biological changes associated with PTSD have spurred new research into drugs that target these biological changes, which may lead to much increased efficacy.

Frequently Asked Questions

What is PTSD?

Post Traumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, abuse (sexual, physical, emotional, ritual), and violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life.

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting.

What treatments are available for PTSD?

Elements common to many treatment modalities for PTSD include education, exposure, exploration of feelings and beliefs, and coping skills training. Additionally, the most common treatment modalities include cognitive-behavioral treatment, pharmacotherapy, EMDR, group treatment, and psychodynamic treatment.

How do I locate specialists or support groups for PTSD?

You can contact any of the following organizations. They all have referral capabilities.

The Sidran Foundation, 410-825-8888
Anxiety Disorders Association of America, 240-485-1001
American Psychological Association, 800-964-2000
NAMI, 800-950-6264

Also, your local Mental Health Services office (found in the Yellow Pages of your telephone book) should be able to assist you.

I am an American Veteran. Who do I contact for help with PTSD?

You can contact your local VA Hospital or Veterans Center or call the VA Health Benefits Service Center toll free at 1-877-222-VETS.

As an American Veteran, how do I file a claim for disability due to PTSD?

A determination of “service-connected” disability for PTSD is made by the Compensation and Pension Service—an arm of VA’s Veterans Benefits Administration. The clinicians who provide care for veterans in VA’s specialized PTSD clinics and Vet Centers do not make this decision. A formal request (“claim”) must be filed by the veteran using forms provided by the VA’s Veterans Benefits Administration. After the forms are completely submitted, the veteran must complete interviews concerning his or her “social history” (a review of family, work, and educational experiences before, during, and after military service) and “psychiatric status” (a review of past and current psychological symptoms, and of traumatic experiences during military service.) The forms and information about the application process can be obtained by Benefits Officers at any VA Medical Center, outpatient Clinic, or Regional Office.

The process of applying for a VA disability for PTSD can take several months, and can be both complicated and quite stressful. The Veteran’s Service Organizations provide “Service Officers” at no cost to help veterans and family members pursue VA disability claims. Service Officers are familiar with every step in the application and interview process, and can provide both technical guidance and moral support. In addition, some Service Officers particularly specialize in assisting veterans with PTSD disability claims. Even if a veteran has not been a member of a specific Veterans Service Organization, the veteran can still request the assistance of a Service Officer working for that organization. In order to get representation by a qualified and helpful Service Officer, you can directly contact the local office of any Veterans Service Organization—or ask for recommendations from other veterans who have applied for VA disability, or from a PTSD specialist at a VA PTSD clinic or Vet Center.

Information for Caregivers

When You Become Your Spouse's Caregiver

[This article is provided to service members and their families as part of the Army OneSource program, which offers information and support on a wide range of family and personal issues. To access the program, just go to www.Militaryonesource.com or call Army OneSource today. From the United States, call 800-464-8107. From overseas, call toll free **800-4648-1077** or collect **484-530-5889**.

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When the reality of your spouse's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- a chapter that you hadn't expected. Becoming your spouse's caregiver will affect you both emotionally and physically. You may feel overwhelmed by all that is involved with caring for your spouse, and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life and the relationship that you and your spouse had. At this point, it's important for you and your spouse to accept that things have changed, and to surround yourselves with resources and support.

How you may be feeling

It's common to experience many different emotions when a loved one requires long-term care at home.

- **Grief.** It's natural to mourn the loss of your spouse's good health, as well as your own expectations of what the future might have been like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your spouse; that you and your spouse will lose your close, emotional bond; that you will not be able to keep up with your medical and household expenses.
- **Fear.** You may be afraid that this will not be a temporary situation and that you won't be able to cope or manage if this becomes a more permanent situation.
- **Anger.** You didn't choose to be your spouse's caregiver. It's not a position you asked for. It's normal to feel bitter about being handed a role you didn't expect or prepare for.
- **Isolation.** There may be times when you feel very much alone, and as though no one else could possibly understand what you're going through.
- **Guilt.** It's common to feel glad that you're OK but upset that your spouse isn't. It's also common to feel burdened by the role of caregiver even though you love your spouse and are compassionate.

When to seek help

It's normal to experience feelings of grief, anxiety, fear, anger, isolation, and guilt when you are caring for someone you love. But if any of these feelings persist or feel overwhelming, talk to a health care professional about getting help.

Warning signs that you may be depressed or under too much stress include:

- persistent sad, anxious, or "empty" mood
- feelings of hopelessness, pessimism
- feelings of guilt, worthlessness, helplessness
- loss of interest or pleasure in hobbies and activities that you once enjoyed
- insomnia, early-morning awakening, oversleeping
- overeating or not eating enough, and/or weight loss or weight gain
- self-medicating or drinking too much alcohol
- decreased energy, fatigue, being "slowed down"
- restlessness, irritability
- roughly treating or neglecting your spouse
- difficulty concentrating, remembering, or making decisions
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- thoughts of death or suicide; suicide attempts

Seek help immediately if you or your spouse has thoughts of death or suicide.

Learning about your spouse's condition and available resources Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available to their spouses and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your spouse's condition and the resources that are available isn't just good for your spouse -- it's also good for you.

- Educate yourself about your spouse's condition. Become a knowledgeable member of your spouse's health care team by learning everything you can about your spouse's condition. This will enable you to ask health care providers the right questions, allow you to anticipate your spouse's needs, and help you to react appropriately when issues arise. It will also help you gain confidence and a sense of control.
- Learn to communicate with members of the health care profession.
- Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your spouse's health care provider.
- If you have many things to talk about with the health care provider, schedule a consultation and be sure to take notes during the meeting.
- Think about having someone else -- a friend or family member -- go with you to

meetings with your spouse's health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a little bit of shock at this time.)

- Learn the routines of your spouse's medical facilities. This will help you access the facilities more easily. Ask about office hours; the best time to reach your spouse's health care provider; what to do in the event of a medical emergency; and whom to contact after office hours.
- Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and e-mails of doctors and other care providers, information about special diets, and other pertinent information (for example, banking and insurance information, a living will, health care proxy). Bring copies of your spouse's health insurance card and the names and doses of you spouse's medications with you to health care appointments.
- Learn about assistive devices. Seek out information about devices and tools that will help make life easier for you and your spouse. There are many illness-specific resources available through the Internet and from various associations such as the Paralyzed Veterans of America at <http://www.pva.org>, and the Amputee Coalition of America at <http://www.amputee-coalition.org>. For computer assistive technology, you can also consult the DoD's Computer/Electronic Accommodations Program at <http://www.tricare.osd.mil/cap> or by phone at **703-681-8813 (voice) or 703-681-0881 (TTY)**. Your MSI Center care manager (call **888-774-1361**, 24 hours a day, 7 days a week), can help you find devices appropriate to your spouse's condition.
- Take advantage of supportive and skilled-care assistance. Different levels of assistance may be available to you and your spouse. For example, home health aides, home care aides, and nursing assistants can assist with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere. Your MSI Center care manager can help you understand what benefits and services your spouse is eligible for.

Taking care of yourself

Caring for a loved one is exhausting work. Your own health and well-being may be the last thing on your mind, but if you're feeling drained, you may become impatient, run down, or at risk of making poor decisions. Taking care of yourself is the best thing you can do for yourself and your spouse.

- Know your strengths and weaknesses. You may enjoy preparing your loved one's meals, but dread helping him shave. If that's the case, take the stress off of yourself by

asking someone more skilled with the razor to take over that chore for you if possible. There are also professionals who will make home visits to attend to your spouse's needs, such as beauticians, podiatrists, and therapists.

- Take breaks. Care-giving is all-consuming and demanding work. Give yourself down time to restore your energy and refresh your attitude. Even a long walk or a night out at the movies will take the edge off. But also look for longer getaways, such as a day or weekend away if possible. Ask trusted family members to take over care, or look into respite care (provided for a weekend, a week or even more). Your MSI Center care manager should be able to help you locate resources for respite care.
- Take care of your own health needs. Make appointments (and keep them) for check-ups or when you're feeling sick. Sometimes it can be hard to take care of yourself when you're so focused on someone else's needs. If you become sick yourself, your situation can only become more complicated.
- Learn to lift properly. If lifting is part of your caregiving routine, have someone show you how to do it without damaging your back.
- Create a team of professionals to help you. To the extent that you can, assemble a team of professionals (health care professionals, financial and legal planners, clergy, family, friends, and co-workers) to rely on. A team approach can help you feel more prepared and better able to handle the challenges of care giving, which in turn can help reduce your own stress.
- Accept help. Neighbors, friends, co-workers, or people from your faith community may have asked how they can help you with your spouse's care. Accept their offers and give them specific tasks, such as cooking meals, picking up groceries, doing laundry, or even spending an afternoon with your spouse while you take a break.
- Hold a family meeting. Call together children and other family members, even if they live far away, to discuss your spouse's needs. Determine how each family member can contribute, either through direct care or by taking on specific household chores and responsibilities. This way no one person is shouldering the entire load alone. If someone lives far away, they can be given the task of making phone calls and following up so they can feel included in the process. They can also make tapes and send pictures if they can't visit.
- Set realistic expectations for your spouse and yourself. No one is able to do anything "perfectly" at all times, which is also true for care giving and recovery. When you realistically adjust to your "new normal" and lower your own and other's expectations, your stress level can be greatly reduced.
- Subscribe to care giving newsletters and magazines. Two helpful magazines and Web sites are Caring Today (<http://www.caringtodaymagazine.com>) and Today's Caregiver (<http://www.caregiver.com>).

- Connect with other caregivers. Whether it's a formal support group or an informal network of other caregivers, having people to turn to will ease feelings of isolation and help you get through this challenging time. People in similar situations can truly understand what you're going through as well as what might be ahead. Talking with them will help you vent your frustrations, learn care giving tips, and gain insider's information about resources and services. Ask your MSIC care manager to put you in touch with other spouses of severely injured service members. You can also ask your health care provider or visit online resources such as: the National Family Caregivers Association at <http://www.nfcacares.org> and the Family Caregivers Alliance at <http://www.caregiving.org>.

- Get professional assistance. It is very important that you're able to get objective help for your ongoing stress, frustrations and sadness. There are even therapists who specialize in dealing with being a spouse's caregiver. You can get a referral through your care manager.

- Find out about alternatives to home care. Caring for your spouse may prove too difficult for you, even with assistance. You may want to ask your MSIC care manager for information about Department of Veterans Affairs hospitals, nursing homes, assisted living facilities, and other alternatives to home care.

Written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is certified employee assistance professional and a board certified expert in traumatic stress. She is a corporate consultant and CEO of The Full Spectrum in New York City. © 2005 Ceridian Corporation. All rights reserved.

Becoming a Caregiver for Your Adult Son or Daughter

[This article is provided to service members and their families as part of the Army OneSource program, which offers information and support on a wide range of family and personal issues. To access the program just go to www.armyonesource.com or call Army OneSource today. From the United States, call **800-464-8107**. From overseas, call toll free **800-4648-1077** or collect **484-530-5889**.

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When the reality of your son's or daughter's injuries settle in, you will face the prospect of starting a whole new chapter of your life -- one you hadn't expected. Becoming your adult child's caregiver will affect you emotionally and physically. You may feel overwhelmed by all that is involved and wonder how you will keep it all together. At the same time, you may be mourning the loss of your old life, and the life you had envisioned for your son or daughter. At this point it's important to accept that things have changed and to surround yourself with resources and support.

How you may be feeling

It's common to experience many different emotions when a loved one requires long-term care at home, including:

- **Grief.** It's natural to mourn the loss of your child's good health, as well as your own expectations of what you had hoped your child's future would be like.
- **Anxiety.** You may be anxious that you won't be up to the task of caring for your son or daughter. You may also worry that you won't be able to keep up with medical and household expenses.
- **Fear.** You may be afraid that this won't be a temporary situation, and that you won't be able to cope or manage if it becomes a more permanent arrangement. If you are involved in a long-term situation, you may be anxious about your ability to care for your son or daughter as you age.
- **Anger.** You didn't choose to be your adult child's caregiver. It's not a position you asked for. It's normal to feel angry about being expected to handle this role.
- **Isolation.** There may be times when you feel very much alone -- that nobody else could possibly understand what you are going through. As a result, you may not share with others what your concerns are or what you're actually thinking and feeling.
- **Guilt.** It's common to feel burdened by this new role even though you love your child very much and want to help with the challenges ahead. And it's normal to feel guilty about feeling burdened.

Learning about your loved one's condition and available resources

Caring for a person with special needs is demanding and often frustrating. Caregivers who learn what help is available for their loved ones and how to access that help tend to feel more in control of a difficult situation. Becoming knowledgeable about your son's or daughter's condition and the resources that are available aren't good just for your son or daughter -- it's also good for you.

- **Educate yourself about your son's or daughter's condition.** Become a knowledgeable member of your loved one's health care team by learning everything you can about your child's condition. This will allow you to ask health care providers the right questions, to anticipate your son's or daughter's needs, and to react appropriately when issues arise. It will also help you become more confident about being your child's advocate.
- **Learn to communicate with members of the health care profession.**
- **Be sure to write down questions on a running list that you keep nearby, and refer to the list when you speak with your son's or daughter's health care provider.**
- **Think about having someone else -- a friend or family member -- go with you to**

meetings with health care providers. It can be difficult to understand and absorb everything you're being told. (You may still be in a degree of shock at this time.)

- Learn the routines of your son's or daughter's medical facilities. Ask about office hours, the best time to reach the health care provider, what to do if there is a medical emergency, and whom to contact after office hours.
- Keep good records. Have a central place, such as a notebook, where you can keep telephone numbers and e-mail addresses of doctors and other care providers; information about special diets; other pertinent information (for example, banking and insurance information; a living will, health care proxy). Be sure to write down the names and doses of your son's or daughter's medications to bring with you to health care appointments.
- Take advantage of supportive and skilled-care assistance. Different levels of assistance that may be available to you and your loved one. For example, home health aides, home care aides, and nursing assistants can help with activities of daily living. Occupational therapists, physical therapists, and registered nurses have a higher level of skill and can often assist with ongoing medical necessities that a doctor may have ordered. Again, your MSI Center care manager can help you understand these resources.
- Find out about benefits available through the military, Department of Veterans Affairs, and elsewhere. Your MSI Center care manager can help you understand the benefits for which your son or daughter may be eligible.

This article was written with the help of Marjorie Dyan Hirsch, L.C.S.W., C.E.A.P. Ms. Hirsch is a certified employee assistance professional, a board-certified expert in traumatic stress, and CEO of The Full Spectrum in New York City. © 2006 Ceridian Corporation. All rights reserved.

Traumatic Servicemembers' Group Life Insurance (TSGLI)

To see if your soldier qualifies for this payment, contact the Army TSGLI Points of Contact using the contact information below. Your AW2 SFMS can assist you with the process of filing this claim.

Army

Phone: **(800) 237-1336** Email: tsgli@hoffman.army.mil Web site:

<https://www.hrc.army.mil/site/crsc/tsgli/index.htm>

Submit Claims via fax :(**866) 275-0684** Submit Claims via email:

tsgli@hoffman.army.mil

Submit Claims via postal mail: U.S. Army Physical Disability Agency Attn: TSGLI 200 Stovall Street, Suite 8N63 Alexandria, VA 22332-0470

What is TSGLI?

Traumatic Service Members' Group Life Insurance (TSGLI) is a traumatic injury protection rider under Service members' Group Life Insurance (SGLI) that provides for payment to members of the uniformed services who sustain a traumatic injury that results in a qualifying loss.

Who is eligible for payment under TSGLI?

Those eligible for payment under TSGLI are:

- Soldiers who suffer a qualifying loss due to a traumatic injury incurred on or after 7 October 2001 through and including 30 November 2005, in Operation Enduring Freedom (OEF) or Operation Iraqi Freedom. For the purposes of TSGLI only, "incurred in Operation Enduring Freedom or Operation Iraqi Freedom" means that the member must have been deployed outside the United States on orders in support of OEF or OIF, or serving in a geographic location that qualified the service member for the Combat Zone Tax Exclusion under the Internal Revenue Service Code. Coverage under SGLI is not required.
- Soldiers who are covered under SGLI and suffer a qualifying loss due to a traumatic injury on or after 1 December 2005.

What Injuries Are Covered?

TSGLI covers a range of traumatic injuries, including, but not limited to:

- Total and permanent loss of sight in one or both eyes;
- • Loss of hand or foot by severance at or above the wrist or ankle;
- • Total and permanent loss of hearing in one or both ears;
- • Loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- • Quadriplegia, paraplegia, or hemiplegia;
- • 3rd degree or worse burns covering 30 percent of the body or 30 percent of the face.
- Coma or the inability to carry out two of the six activities of daily living.

For the complete schedule of losses, go to:

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

What Are The Eligibility Requirements For Payment Under TSGLI?

To be eligible for payment of TSGLI, you must meet all of the following requirements:

- You must be insured by SGLI.

- You must incur a scheduled loss and that loss must be a direct result of a traumatic injury.
- You must have suffered the traumatic injury prior to midnight of the day that you separate from the uniformed services.
- You must suffer a scheduled loss within 365 days of the traumatic injury.
- You must survive for a period of not less than seven full days from the date of the traumatic injury. (The 7-day period begins on the date and time of the traumatic injury, as measured by Zulu [Greenwich Meridian] time and ends 168 full hours later).

How the amount of money awarded is determined?

TSGLI coverage pays a benefit of between \$25,000 and \$100,000 depending on the qualifying loss incurred. The amount paid for each qualifying loss is listed on a schedule available at the following website:

<http://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm>.

What are some examples of losses that would award the maximum payment of \$100,000?

- Loss of both hands at or above the wrist
- Loss of both feet at or above the ankle
- Total and permanent loss of sight in both eyes

What are some examples of awards of lesser amounts?

- Loss of one hand at or above the wrist-\$50,000
- Permanent loss of speech- \$50,000
- Loss of thumb and index finger on the same hand- \$50,000
- Loss of one foot at or above ankle
- Total and permanent loss of sight in one eye

Will the money always be paid to the Soldier?

Yes, unless the Soldier is incapacitated or deceased. If the member is incapacitated, the Soldier's guardian or attorney-in-fact will receive payment. If the member is deceased, payment will be made to the member's SGLI beneficiary.

MEB/PEB Stage

Soldiers seriously wounded returning from OIF/OEF will more than likely go through the medical board process to see if after recovery the soldier is fit or not for duty. The following is a generic timeline of the medical board process.

Basic Steps to the MEB Process

- 1. MEB Initiation**
- 2. Soldier Briefing & Unit Notification**
- 3. Physical Exam**
- 4. Consults/ Appointments**
- 5. NARSUM Appt**
- 6. Final Signatures on MEB**
- 7. PEBLO Counseling to Soldier**
- 8. MEB to the PEB**
- 9. PEB Results**
- 10. To the PDA**

MEDICAL EVALUATION PROCESS

- a. MEB/PEB Overview
- b. MEB/PEB Process Question and Answer Format
- c. MEB/PEB Process Technical Explanation

Overview of the Medical Evaluation Board/Physical Evaluation Board

The processes described below are a military function and involve only the Soldier. These boards are designed to protect the Soldier and have the best interest of the Soldier as the focus. The boards also address the need of the Army to have Soldiers capable of performing their given duties. The processes of these boards are complicated, take time, and can be appealed. The decisions of these boards will affect both the Soldier and the Family and are included here for your benefit.

It is a good idea for you as a Family Member to gain an overall understanding of what these boards do and what the possible outcomes of these boards are. There are two overviews provided here. One is a technical review and the other is a lay review of the process. They are included here for your benefit and do not reflect legal advice. There are legal resources at the MTF. There may be others who offer advice on how to navigate through the board process, but when in doubt, it is best to consult and depend on a professional.

While going through the board process, it is important to keep the Soldier on track with

the various appointments necessary to provide the most complete and up to date picture of the health status. The case manager will assist with this as will the PEBLO (Physical Evaluation Board Liaison Officer). There are various points throughout this process that allow the soldier to appeal. The Soldier SHOULD NOT sign anything without a complete understanding of what it is that they are signing and what the ramifications are. If the Soldier does not understand, seek further clarification from the PEBLO or legal resources.

The first review presented will be an easy to understand question and answer review of the MEB/PEB process followed by an extensive technical explanation of the process.

These reviews do not cover the Veteran's Administration (VA) benefits. That is a separate process and can result in a different disability rating as the Army rates only the disability that affects your Soldier's ability to do their specific job. The VA rates the Soldier on their total ability to live life at its fullest using a whole person concept. There are specific time limits for applying for VA benefits, it is not automatic. Please see the section on Seamless Transition Assistance Program.

FREQUENTLY ASKED QUESTIONS FOR CARING BRIDGE

Q: What does MEB/PEB stand for?

A: MEB means Medical Evaluation Board; PEB means Physical Evaluation Board.

Q: When does the board process start?

A: The process starts when it is decided that your soldier has attained "Optimum Hospital Improvement."

Q: What does Optimum Hospital Improvement mean?

A: It is the point where your Soldier's fitness for further military can be decided.

A2: Further treatment in a military medical facility will probably NOT result in material change in your Soldier's condition OR alter their disposition or amount of separation benefits.

Q: What are the steps?

A: When "Optimum Care" has been reached and it appears that your soldier is NOT medically qualified to perform their duty, your Soldier is referred to the MEB (Medical Evaluation Board). At this point your Soldier will be assigned a PEBLO (Physical Evaluation Board Liaison Officer). The PEBLO may be a civilian, an officer (CPT, etc), or a Non-Commissioned Officer (SGT, etc). The PEBLO's job is to guide and assist you through the board process and answer any and all questions you may have.

STEP 1: MEB (Medical Evaluation Board)

The MEB documents your soldier's medical status and duty limitations against the medical standards for Army retention in Army Regulation AR 40-501, Chapter 3. If the MEB determines that your Soldier DOES NOT meet those retention standards, it will

recommend referral to a PEB (Physical Evaluation Board). You will be advised by your PEBLO of the results of the MEB.

STEP 2: PEB (Physical Evaluation Board)

The PEB's job is to

1. Evaluate your Soldier's degree of disability.
2. Evaluate your Soldier's physical condition against requirements of their job, rank and duty position.
3. Provide a full and fair hearing for your Soldier's concerns.
4. Make findings and recommendations to establish your Soldier's eligibility to be separated OR retired based on their disability.

The following determinations are made by the PEB:

1. Eligibility for benefits.
2. The permanency of the disability. This means, will the disability get better or worse, or, is it stable and will it remains the same?
3. The percentage of disability is determined. This is based on how the disability affects your Soldier's ability to do their specific job.

STEP 3: PEB "The Informal Board"

The informal Board is the first consideration of your soldier's case. The findings and recommendations are recorded on DA for 199. Your Soldier then reviews the document and goes to Block 13, which lists the following choices:

- a) Concurrence with the finding and recommendations the WAIVER of a Formal Board.
- b) Non-concurrence with the findings and recommendations; submittal of a rebuttal explaining the Soldier's reason for non-concurrence, and WAIVER of a formal hearing.
- c) Demand for a formal hearing with or without a personal appearance.
- d) Choice of counsel if a hearing is demanded.

** If your Soldier concurs with the findings, the PEB proceedings will be forwarded to the appropriate places for review and orders to separate or retire your Soldier.

** If your Soldier does not concur with the findings, the Soldier must now submit reasons and documents supporting the claim and/or prepare for a formal board.

STEP 4: PEB “Formal Board”

Your Soldier must decide whether to appear before the “Formal Board” or not. They may choose someone to represent them such as a DAV (Disabled American Veteran) representative if they choose not to appear in person.

**** TIP:** If your soldier requests a formal board they should appear in person.

Appearing in person is like a promotion board. Your Soldier must present a good appearance as a Soldier. They can bring further documentation, new documentation, witnesses on their behalf, and legal counsel. If bringing legal counsel it is a good idea to get in touch with the legal counsel as soon as the Soldier makes the decision to demand a formal hearing. The Formal Board concludes the opening hearing and then deliberates in private.

Once the PEB “Formal Board” concludes its deliberations, it will provide the Soldier with a new DA Form 199. Your Soldier then completes a DA Form 199-1 (Election to Formal Physical Evaluation Board Proceedings). Your Soldier has three choices to make:

- a) I concur
- b) I do not concur
- c) I do not concur with an attached statement

****** If your soldier concurs with the PEB Formal Board, they will then forward for review and orders for separation or retirement are published.

****** If your Soldier did not concur, the PEB Formal Board is sent to the APDAB (Army Physical Disability Board) for review and consideration.

Once all PEB paperwork and rebuttals are received, they are forwarded to the USAPDA (US Army Physical Disability Agency) for review. The results are reviewed for accuracy, completeness, fairness, and consideration of any and all rebuttals.

Q: What are some additional terms we may hear during our Soldier’s board proceedings?

A:

- 1) TDRL- Temporary Disability Retirement List

Must be rated at 30% or greater by the US Army. Can be re-evaluated at least every 18 months up to a maximum of 5 years.

****TIP:** Always ensure the Army has a valid address and contact number while the soldier is on the TDRL.

- 2) PDRL- Permanent Disability Retirement List

3) COAD- Continuance of Disabled personnel on Active Duty

4) COAR- Continuance of Disabled personnel on Active Reserve

Q: When will my soldier's PEBLO be assigned?

A: As soon as your Soldier is referred to the MEB.

Q: Who makes the election for COAD or COAR?

A: Your Soldier does! They MUST request to stay on Active Duty or Active Reserve; if that is what they desire to do.

Q: What is the difference between separation and retirement?

A: When a Soldier has less than 20 years of service and they are rated at less than 30%, they are separated with separation pay. When a Soldier has 30% or greater rating, they are retired with all the standard retirement benefits, to include retirement pay.

Q: Why is the Army rating lower than what the VA (Veterans' Administration) says they will rate my soldier?

A: The Army rates only the disability that affects your Soldier's ability to do their specific job. The VA rates your Soldier on their total ability to live life at its fullest using a whole person concept. *NOTE: It does not always turn out with a different rating between the Army and VA.

Additional web resources:

USAPDA

<https://www.persom.army.mil/tagd/pda/pdapage.htm>

Army Wounded Warrior Program (AW2)

<http://www.aw2.army.mil>

Walter Reed Army Medical Center

<http://WRAMC.army.mil>

PHYSICAL DISABILITY SEPARATION

Captain Robert E. Webb, Jr. and Major David C. White

1. Overview.

A Soldier may be separated from the United States Army for a physical or mental impairment, whether a disease or injury, if it renders the soldier physically unfit for duty. Fitness for duty is a function of the Soldier's ability to perform the duties of his or her

primary military occupation specialty (PMOS) or officer specialty (OS) at a minimum level of competence given the Soldier's rank and current duty position. The Physical Evaluation Board (PEB) is the sole forum within the Army to determine a soldier's unfitness for duty as a result of a physical impairment. Failure on the part of a Soldier to be worldwide deployable by reason of a physical disability does not by itself render a soldier unfit for duty. The factual determination as to whether a Soldier is fit or unfit for duty exclusively focuses upon duty performance. A Soldier carrying multiple diagnoses may nonetheless be found fit for duty if there has been no significant diminution in the Soldier's duty performance. It is only when a physical disability has risen to the high level of interrupting the Soldier's service career, or term of service, that a PEB will make a factual finding of unfitness. To illustrate how this is so strongly a performance based system, it is not unusual to come upon the paradox wherein two Soldiers of equal rank with identical medical conditions of equivalent severity, have contradictory fitness findings. This is where one Soldier is found fit for duty and the other is not. This apparent contradiction in outcome is explained by the fact that one Soldier can still perform the duties of his/her PMOS, while the other cannot. Consider the example of two PFCs, one an 11B1P airborne infantryman and the other a 71L administrative specialist, both of whom are afflicted with constant, moderate knee pain. This medical condition will render an infantryman unfit for duty given the demanding physical requirements of the Airborne Infantry, whereas the administrative specialist with only light physical requirements can still perform clerical duties at a minimum level of competence or higher, and will, therefore, be found fit within the limits of his/her physical profile.

The process for making a fit for duty determination begins with the medical evaluation board (MEB). A Soldier may be referred to an MEB from a MOS/Medical Retention Board (MMRB) or by a reviewing or treating physician. The results of the MEB are forwarded to the Physical Evaluation Board (PEB) for adjudication. After adjudication, the PEB results are forwarded to the Physical Disability Agency (PDA) for review and final approval. The PDA is a Department of the Army agency that has final approval authority for disability cases adjudicated by the PEB.

2. The Medical Evaluation Board (MEB).

The treating physician, company/battery commander, or a convened Medical/MOS Retention Board (MMRB), each possess the authority to refer a Soldier to a MEB if separation for medical reasons is immediately foreseeable. The Soldier's servicing medical treatment facility (MTF) convenes a MEB to document the Soldier's medical history, current physical status, and recommended duty limitations. The Soldier's command prepares a memorandum on the commander's position on the Soldier's physical abilities to perform PMOS/OS duties in the currently assigned duty position. The MEB's mission is to determine if the physically-impaired Soldier meets retention standards in accordance with AR 40-501, Standards of Medical Fitness. The PEB, however, is the sole determiner of the Soldier's physical fitness for duty, as measured by duty performance, in accordance to AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.

The MEB forwards the Soldier's case to the PEB for review if the MEB finds that the Soldier does not meet retention standards, according to PMOS/OS and grade, as prescribed by chapter 3, AR 40-501. viii However, a Soldier is not automatically unfit because of a failure to meet the retention standards. AR 635-40 precludes the doctors at the MEB from making a factual determination as to the Soldier's physical fitness for duty. This fact-finding authority is solely within the purview of the PEB. If the physician violates this prohibition and renders a fitness assessment, it will simply be ignored by the PEB.

The MEB findings are recorded on DA Form 3947 (Medical Evaluation Board Proceedings). This form documents the physical or mental conditions that preclude the Soldier's retention. If the Soldier does not agree with the findings, he may so indicate on DA Form 3947 and attach a written appeal that sets forth the reasons he or she disagrees. If the Medical Treatment Facility's (MTF) approving authority does not make a favorable change in the original MEB based upon the Soldier's appeal, a copy of the Soldier's appeal will be sent to the PEB along with the results of the MEB.

3. Physical Evaluation Board Liaison Officers (PEBLO).

An important actor and source of information for Soldiers throughout the PEB process is the PEBLO. The PEBLO collects and prepares the Soldier's medical packet for presentation to MEB and PEB. A Soldier's medical packet consists of medical records, medical narrative summary of present disabling conditions, commander's memorandum and physical profile, along with other related information. Each MTF should have a designated PEBLO available to provide counseling for Soldiers from the time they are identified as requiring a MEB through the time that they are separated. The PEBLO will work with the Soldier's Legal Counsel and PEB to obtain required documentation and other medical information, and will also serve as the point of contact between physicians and board members. The PEBLO is usually located in the Patient Affairs Division.

4. The Physical Evaluation Board (PEB).

A. Informal Boards.

Each case forwarded by the MEB is reviewed first by an informal PEB. An informal board consists of three voting members: a combat arms colonel/06 serving as the President of the Board; a personnel management officer (PMO), usually reserve combat arms Lieutenant Colonel, and; a physician, either a Medical Corps Officer or a Department of the Army civilian physician. The three board members determine by majority vote based upon a preponderance of the evidence the physical fitness/unfitness of the Soldier based on PMOS/OS specific performance standards. If the Board determines that the Soldier is physically unfit for duty in his/her present grade, rank, PMOS/OS and current duty position by reason of a physical disability, the PEB then recommends a disability rating percentage based upon the Soldier's present

degree of severity for each medical diagnosis found to be separately unfitting. The soldier processing for physical disability separation possesses no legal right to appear or otherwise participate in the informal board proceedings. The PEB records its informal factual findings and the recommended disability rating on DA Form 199 (Election to Formal Physical Evaluation Board Proceedings). Once the PEB has informally adjudicated a Soldier's disability case, the Soldier will consult with his or her PEBLO at the MTF for assistance in choosing an election option. The Soldier is afforded the following election options: a) concur with the PEB's informal findings and recommendations; b) request a formal administrative hearing, either with or without personal appearance, which is a statutory right; or, c) non-concur and submit a written appeal in lieu of proceeding with a formal board. If electing to proceed with a formal hearing, Soldiers have the option to request minority representation based on race or the female gender. The board typically grants the Soldier's request if substitute officers are reasonably available.

The membership of the formal board will generally be the same as those members who sat on the informal board. If the informal board members are not available, then a qualified substitute officer will sit on the formal board. All board members are required to familiarize themselves with the case prior to the actual hearing. Once the Soldier demands a formal hearing, he or she is entitled to regularly appointed military counsel. The Soldier appearing before a formal hearing may elect to be represented by a private civilian lawyer at no expense to the government.

B. The Formal Physical Evaluation Board.

The formal Physical Evaluation Board is an administrative, fact-finding de novo hearing. The hearing is non-adversarial in nature, that is to say it is a "friendly hearing." In this regard, there is no government representative to oppose or counter the Soldier's position at hearing. Generally, the formal board is not bound by the military rules of evidence except insofar as the evidence adduced at hearing must be relevant and material to the Soldier's case. Although termed a formal hearing, the actual proceedings are somewhat relaxed to provide the Soldier a fair hearing within a friendly atmosphere. Soldiers usually request a formal hearing to argue for a higher disability rating, believing that the recommended disability made informally did not accurately reflect their current level of severity. Some Soldiers, who were found unfit by the Informal Board, request a formal hearing to argue that they are fit for duty based on uninterrupted and undiminished duty performance. This serves to underscore the fact that PEB proceedings, unlike those of the MEB, are performance based. It should be noted that Soldiers who are found fit for duty at an informal Board, have no legal right to request a formal hearing. The President of the Board, however, has the discretion to direct a formal hearing when one board member strongly feels that the soldier is unfit. A Soldier may otherwise waive his/her right to a formal hearing should they concur in the finding and recommendation of the informal board.

The mission of the formal PEB is twofold: 1) to determine whether the Soldier can reasonably perform the duties of his or her primary MOS/OS and grade; and if not, 2) to

determine the present severity of the Soldier's physical or mental disability and rate it accordingly. The three members of the Board--the President, the Personnel Management Officer (PMO) and the medical doctor--may be challenged for cause and replaced if the challenge is sustained. The medical member of the Board is a physician (military or civilian) who may be a general medical officer or a practitioner in any specialized field of medicine. It is administratively impractical to have a physician sitting on the board whose medical specialty pertains to the Soldier's unfitting condition. The two other board members are active component, reserve component or a DA civilian employee who do not need to be from the same branch or career management field as the boarded Soldier. The PMO, however, is usually a reserve AGR officer. This is to accommodate Reserve Component Soldiers processing for physical disability separation who are entitled to have a Reserve Component Officer sitting on the Board.

As the formal hearing is de novo, the PEB is not bound to its previous findings and recommendations. All issues are decided anew which means that the Soldier's disability rating could be raised, remain the same, or be lowered. The focus of the formal hearing is the medical evidence of record primarily contained in the narrative summary written by the MEB along with any subsequent medical addenda.

Following the closed board deliberations, the Soldier is recalled to the hearing room where he/she is immediately notified of the Board's decision and given up to ten calendar days to make an election to concur or non-concur with the formal decision. If the soldier disagrees with the formal board results, the Soldier may submit a written rebuttal to the board's findings and recommendations. The Board will consider the written appeal and issue a written decision to the Soldier either reaffirming or modifying its formal decision. If the board reaffirms or modifies their decision, AR 635-40 requires the board to forward the entire formal board record to the Physical Disability Agency (PDA) in Washington, D.C., for final approval. The formal board proceedings are tape-recorded for final review by the PDA.

5. The Physical Disability Agency (PDA).

The PDA reviews all cases prior to final disposition in which the Soldier has non-concurred with the decision of the PEB. The PDA may modify the PEB's findings and recommendations if it concludes that PEB made an error. Departing from generally accepted medical principles to adjudicate a case would, for instance, constitute error on the part of the PEB. The PDA reviews, through its staff psychiatrist, all psychiatric cases. The PDA, moreover, conducts random disability case reviews based either on selected categories of medical impairments or reviewing every tenth case received for final disposition. The PDA conducts random reviews to assure uniformity of result from the three regional PEBs located at Walter Reed Army Medical Center, Fort Sam Houston, and Fort Lewis. This means that the final result of a soldier's disability case should be the same irrespective of which regional PEB adjudicated the case. In reviewing disability cases, the PDA has full authority to accept or modify the findings and recommendations of a PEB. In modifying a soldier's case, the PDA may reverse the factual finding of unfitness for duty made by a PEB. Therefore the PDA could find a

Soldier fit for duty who had been previously found unfit by a PEB. With respect to the PEB's recommended disability rating, the PDA can raise, affirm or lower the disability rating to reflect accurately the Soldier's present level of physical impairment caused by the unfitting condition. When the PDA makes a modification after reviewing a particular case, it gives the affected Soldier written notice of such, and provides a sufficient period of time to respond in writing prior to finalization of the case.

6. Rating Disabilities Found To Be Unfitting.

Only those service-connected physical impairments which render the Soldier unfit are ratable under the U.S. Army Physical Disability System. As stated before, "unfitting" is interpreted to mean service or career interruption. For Soldiers with multiple diagnosed physical impairments, each is potentially ratable provided that the PEB finds each physical impairment to be separately unfitting. The Department of Veteran's Affairs (VA), on the other hand, will rate any and all service-connected conditions. Many people mistakenly believe that the Army follows the same rules as the VA. This is not the case. The Army rates an unfitting condition for present level of severity whereas the VA rates for future progression, which is the prognosis of the illness or injury, and for adverse impact on employability within the civilian job sector.

When a PEB determines that a Soldier is unfit for continued military service by reason of a physical disability, the disabling condition is rated in accordance with the Veteran's Administration Schedule for Rating Disabilities (VASRD) as modified in AR 635-40, Appendix B, and DOD Directives 1332.38 and 1332.39. The mere fact that a Soldier has an impairment that appears in the VASRD does not automatically result in entitlement to disability rating. As will be remembered, the PEB must first determine that the impairment renders the Soldier unfit for duty. Contrariwise, when the VA rates a service-connected physical impairment or disease, there is no consideration of performance-based factors.

The VASRD specifies diagnostic codes for a wide spectrum of diseases and physical impairments covering all major body systems. By way of example, there are injuries/diseases of the cardiovascular, respiratory and musculoskeletal systems. Each specific diagnostic code specifies disability ratings percentages in increments of ten, beginning with 0% and continuing to 100%, if so indicated. The specific disability rating expressed as a percentage indicated the degree to which the rated condition has impaired the whole person. Again it must be remembered that the Army and VA rate for different purposes. A particular VASRD diagnostic code may have a rating ceiling of 30%. The Army cannot exceed the specified upper limit, but the VA can award a 100% disability rating for that condition if it were to find that the severity of this condition rises to the level of rendering the Soldier incapable of being trained for any type of gainful civilian-sector employment. If an impairment is so mild that it fails to meet the minimum criteria listed for an assigned rating under the VASRD, AR 635-40 and DOD directives, the PEB may recommend a zero percent disability rating even if not indicated on the applicable diagnostic code. A zero percent rating is a minimum rating and, as such, is a compensable rating and carries the same Army benefits, to include severance pay, as a

10 or 20 percent rating. Zero percent ratings will not be awarded if a mandatory minimum rating is specified. Convalescent ratings contained in the VASRD are for VA use only and do not apply to the Army.

7. Physical Evaluation Board Recommendations.

A. Existed Prior to Service (EPTS).

A Soldier will not receive a rating for a disability that preexisted entry into military service if the PEB finds that the unfitting condition has not been permanently aggravated by military service. This creates a very difficult standard of proof, especially for reserve component members who must establish a nexus between their unfitting condition and military service. Service aggravation has a narrow definition in AR 635-40, Chapter 5-2, that requires a permanent aggravation of the Soldier's condition beyond what would have occurred as result of "natural progression." The PDA will conclude that a chronic illness existed prior to service (EPTS) if it manifests itself within a very short period of time, usually 90 days, after entry onto active duty. The Army uses accepted medical principles to determine the natural progression or onset of an impairment. For example, it is not unusual for a small number of Soldiers to display bizarre behavior sometime during basic training, AIT or during the first few months of their first overseas assignment. Subsequently, these soldiers in question are often diagnosed as being schizophrenic. In such cases, the onset of the developmental or prodromal period is dated 90 days prior to the first display of bizarre symptoms. This typically makes this form of mental illness EPTS without permanent aggravation. Therefore, the PEB will find the Soldier unfit and recommend separation without entitlement to disability benefits.

As in the above example, if the PEB considers a Soldier's impairment EPTS without permanent service aggravation, the Soldier will not receive a disability rating. The PEB will recommend separation without disability benefits (i.e. without entitlement to lump sum severance pay) and the Soldier is medically discharged. By way of further example, the condition of flat feet is a common EPTS condition which often becomes symptomatic for pain as a function of physical activity. The Army's physical training requirements of running, rucksack marches and other equally demanding physical activities, function to increase the intensity of pain for Soldiers whose flat feet have become symptomatic for pain. While these physical activities temporarily aggravate the pain experienced in flat feet, it cannot serve as the basis for "permanent service aggravation" of a congenital condition. The cited condition would be seen merely as natural progression of an EPTS condition. To succeed in gaining a disability rating for an unfitting case of flat feet, the Soldier would need to show a specific trauma or surgical mishap that has permanently aggravated his/her flat feet. Permanent service aggravation equates to a level of severity caused by military service that is far above a level of severity that can be attributed to natural progression and for which there will be no significant improvement following cessation of physical activity known to aggravate temporarily the unfitting condition. An acceleration of natural progression attributed to

military service would also constitute permanent service aggravation.

B. Fit by Presumption.

The presumption of fitness applies whenever a Soldier's military service is terminated for reasons other than the Soldier's diagnosed physical impairment. Examples include bars to reenlistment, voluntary or involuntary retirement, Qualitative Management Program (QMP), administrative separations under the provisions of AR 635-200, and the like. The presumption will apply whenever the approval date or imposition date of the cause of termination precedes the dictation date of the MEBD narrative summary. A ruling that the presumption of fitness applies does not necessarily mean that a Soldier is fit for duty. It merely means that the Soldier's impairment is not the cause for separation from the service.

A Soldier can overcome the presumption if he or she shows, by objective medical evidence, that his/her military service was effectively interrupted by reason of a physical impairment. Evidence of prior unfitness may be found in counseling statements for unsatisfactory performance caused by the Soldier's physical impairment. Comments on OERs/NCOERs pertaining to the Soldier's/officer's diminished duty performance by reason of a physical impairment are effective in rebutting the presumption of fitness.

The PEB presumes that Soldiers who become retirement eligible or who are within one year of their retention control point (RCP) are fit for duty. If a Soldier has been able to perform at a minimum level of competence the duties of his/her PMOS up to the point of becoming retirement eligible or reaching the retention control point, he/she cannot convincingly argue sudden unfitness for duty by reason of a physical disability.

If there were either an abrupt onset of a disease process or if there were a sudden acute change in a long-standing diagnosed condition (with either event resulting in diminished duty performance falling below a minimum level of competence), the affected Soldier might well succeed in rebutting the presumption of fitness and thereby gain a disability rating.

C. Separation with Severance Pay.

A Soldier separated from the service with less than a 30% disability rating will receive severance pay as financial compensation from the Army. Severance pay is calculated by doubling the Soldier's monthly base pay multiplied by the number of active federal service years, not to exceed 12 years. This is a one-time lump sum payment, and may affect any monetary VA benefits for which the Soldier may qualify. Unlike the VA monthly stipend, severance pay from the Army may be taxable income for the Soldier. Severance pay is not taxable for those Soldiers who were in the Armed Forces on 24 September 1975 or if the disability is due to a combat-related injury or from an instrumentality of war (such as a parachute related injury). If the VA rates the soldier for the same condition which the PEB found unfitting and awarded a disability rating, the

severance will then become nontaxable income to the separated Soldier. If the calendar year during which the Soldier was separated has not passed, the Soldier can write to the Army Finance Center in Indianapolis requesting that the withheld taxes be rebated. Once the calendar year has passed, the Army has already transferred the severance pay tax withholdings to the Internal Revenue Service. A Soldier must then request a refund with the IRS by filing a 1040X form along with his/her tax return. The Soldier must also attach a copy of her DD 214, DA Form 199, and a letter from the VA documenting the Soldier's disability percentage. The IRS will review and consider the Soldier's filed tax return on a case by case basis.

D. Permanent Disability Retirement.

A Soldier with less than 20 years of active federal service qualifies for disability/medical retirement if his/her disability rating is 30 percent or higher. Disabled soldiers with a medical retirement rated at 30% will draw for a lifetime 30% of their base pay calculated at their retirement date. Active component Soldiers with vested retirement based of 20 or more years of active federal service, who are found unfit and awarded a disability rating of 30% or higher, being eligible for both a longevity and medical retirement, will always draw a retirement based on the higher amount. If, for instance, a Soldier's disability rating percentage exceeds that percentage of retired pay based on years of service, he/she will receive as retired pay the higher amount based on the disability rating percentage. Contrariwise, if the percentage of retired pay based on years of service is higher than the disability rating percentage, the retired pay based on years of service will take precedence over the disability rating percentage. By way of a specific example, an unfit soldier with 22 years of service is entitled to receive 55% of his/her base pay as regular retirement pay. But if the PEB were to rate the unfitting condition at a 60% disability, that Soldier would receive a monthly pension equal to 60% of his/her base pay. Additionally, the Soldier's retired pay will be classified as disability retired pay. There is, however, no "double dipping"; the 60% disability amount will not be added to the soldier's 55% retirement amount. If that same Soldier received a disability rating of 40%, and qualified for 55% of his/her current base pay; the Soldier will receive 40% of base pay for disability retirement, and 15% of base pay for standard longevity retirement.

This distinction is significant for two reasons: (1) it can figure in reducing tax liability, and (2) disability retirement pay is not subject to division under the Former Spouses' Protection Act.

Note that by law a retired Soldier is prohibited to receive more than 75% of his/her military base pay, whether retired medically or retired for years of service. A disability rating less than 75% will result in pensions equal to that amount of base pay (e.g., a Soldier with 24 years service who is rated at a 40% disability rating, disability retired pay will be 40% of base pay with an additional 20% in ordinary retired pay). Permanent disability ratings in excess of 75% will result in compensation limited to 75% of the Soldier's base pay. Soldiers placed on the Temporary Disability Retirement List by regulation will receive no less than 50% of their current base pay, even if their disability

rating is 30%.

Reserve component members found unfit at a disability rating of less than 30%, but who have a vested reserve retirement as evidenced by a twenty year retirement letter, have the election of choosing between immediate receipt of disability severance pay or delayed receipt of the vested reserve retirement at age 60. The reserve component member will not be able to receive both benefits and should base an election upon factors such as age, immediate financial needs, life expectancy, and other relevant factors. It is usually to the financial benefit of the Reservist to retain the retirement based on years of service.

E. Temporary Disability Retirement List (TDRL).

Soldiers rated at 30% or more and whose impairments are considered to be unstable for rating purposes are placed on the TDRL and required to be re-examined in 12 or 18 months. This is a "wait and see" approach for medical conditions that are likely to either improve or deteriorate within the next 18 months. Such conditions are not considered stable for rating purposes inasmuch as the PEB rates solely for present severity and not for future progression. The Soldier can be retained on the TDRL for a maximum of five years if the Soldier's condition remains unstable and continues to meet the minimum criteria for a rating of 30% or more. If a Soldier's impairment stabilizes within the five year period, the PEB will recommend a permanent disability rating and remove the Soldier from the TDRL. All of the initial options (fit for duty, separation with severance pay, separation without benefits, and permanent disability retirement) are available to the PEB when making a final adjudication of the case. Should the Soldier disagree with PEB's final findings and recommendations, he/she has a right to demand a formal hearing. If a Soldier's unfitting condition has not stabilized within the five year period, the PEB will proceed to rate the Soldier for the level of severity attained at the end of the five year period.

8. Line of Duty Determinations (LOD).

Injuries or diseases contracted in the line of duty entitle the unfit Soldier to disability compensation in the form of severance pay or a medical retirement. An unfavorable LOD determination disqualifies a Soldier from receiving disability compensation. If, for example, the PEB receives a negative line of duty determination after it has adjudicated a disability case, it will revise its findings and recommendations, reversing any award of benefits. Usually, if an active duty Soldier is pending an LOD, the PEB will conditionally adjudicate (noted on DA Form 199 as such) the case pending final outcome of the LOD. In the case of Reservists, the PEB will not recommend a disability rating without first having received a LOD determination for the unfitting disability.

Although the PEB cannot modify the LOD determination, it can return the case to the casualty branch. The casualty branch determines if there are LOD issues which require further examination.

9. Eligibility for Processing.

Soldiers who are under investigation or pending charges which could result in dismissal, punitive discharge, or an administrative separation under other than honorable (OTH) conditions, are not eligible for processing for physical disability separation. The PEB will return the Soldier's case file to the MTF awaiting resolution of the charges before the PEB will take additional action. If the action is favorably resolved for the Soldier and the possibility of an adverse discharge or separation no longer exists, processing will then continue. Additionally, cadets, AWOL Soldiers, and Soldiers confined for civil offenses are not eligible for processing through the physical disability system.

10. CONCLUSION.

The U.S. Army Physical Disability System is a complex and esoteric system for medically separating or retiring Soldiers found to be unfit for duty. The system strives to balance the best interests of Soldiers afflicted with physical impairments with the Army's paramount mission to maintain a fit fighting force. The Army policy of rating unfitting physical impairments or diseases is predicated on following established medical principles to rate physical disabilities on the basis of impaired function of the whole person. This approach measures the severity of a rated disability relative to all possible injuries and disease processes that degrade human bodily function. The consequence is that the Army disability ratings, based on increments of ten, actually yields higher disability ratings than comparable civilian disability systems such as state workers' compensation systems. Nonetheless, some Soldiers being processed for physical disability separation express dissatisfaction with the Physical Disability System, especially with respect to the way disabilities are rated and how financial compensation is awarded. On the matter of compensation, disabled veterans must be reminded that when Congress enacted Public Law creating the Physical Disability System for the US Military establishment, it was envisioned that disabled service members, though assisted financially by their branch of service and the VA, would still be expected to contribute to their own support by working to the extent permitted by their physical impairment. This partnership arrangement between the government and the disabled veteran is virtually unrivaled by any other country in the world. A comparative study reveals that most countries have no comparable system for compensating disabled Soldiers. A case in point is the paraplegic Russian Army veteran from the war in Afghanistan who can routinely be seen begging for money in the Moscow subway.

TRANSITION

x. Considerations for the Family

Y. Transition Resources

For those exiting military service, there are many resources to ease the transition. For the family, there are many considerations to reflect on as actual homecoming approaches.

While at the MTF, you have been surrounded by other Families and Soldiers who have experienced journeys similar to your own. There is a shared sense of “being in the trenches” with others living at the post lodging. The focus has been on healing and rehabilitation. The medical and support services at the MTF are superb. There are agencies available to help with just about any need that the Soldier or Family has had while at the MTF. All this is about to change.

Though you may have been home with your Soldier already during periods of convalescent leave, there is a difference when it is time to go home to stay. A new normal will have to be established, and like any change, this will take some getting used to. Even if your Soldier has healed to the point of returning to active duty/active reserve, you have been changed by the experiences endured. The entire Family has been through a tremendous ordeal, and the full extent of how your lives have been changed will become even more evident once beginning your “new normal” routines.

Some changes you may be facing are:

- Adapting your home to be accessible to your Soldier
- Resuming/redefining parenting roles, especially if your children were not with you at the MTF
- Getting back to household chores, i.e. cooking and cleaning
- Going back to work or having to find a job
- Reunion with friends and Family
- Being the only Family of a seriously wounded Soldier in your community
- Becoming your spouses or adult child’s caregiver away from the MTF community (see chapter 4c)
- Relinquishing your role as the care giver as your Soldier regains health
- Sharing your role as head of household after separation
- Relocating and all that entails
- Using a new medical facility and establishing relationships with new health care staff
- As a parent of a seriously wounded Soldier, allowing the adult child to resume control of their lives
- Dealing with a change in status from Army Family to civilian Family
- Redefining life goals
- Sending your Soldier back to duty or even returning to theatre

These are just a few of the changes and challenges that could be looming ahead. While the medical team has been busy from day one with discharge planning for your Soldier, it is critical that the family do some Family “discharge planning”. Make a conscious effort to devise an action plan for your transition home. Begin constructing your support network and thinking of local resources to tap into. Develop an action plan for the transition home.

Develop your plan with your Soldier. Communicate your thoughts, feelings, and ideas so that you both develop realistic expectations about this final homecoming. Listen to

your Soldier's concerns, thoughts and feelings. Problem solve together to help forge a strong Family team. The transition home could bring about more reunion related issues. Keep in mind that this is normal and to be expected. Review the reunion material and seek out more information from the resources provided. Military OneSource can refer you to local resources for reunion counseling. Getting help is not an admission of failure, it is an admission of caring.

There are professionals at many of the organizations supporting wounded Soldiers and their Families who can help you through this time of transition and beyond. This is not a journey that you have to make alone. For assistance connecting to these resources, utilize your Soldier Family Management Specialist with the AW2 program (1-800-337-1336) and the Military Severely Injured Center (1-888-774-1361). You, as a Family Member, have support through these programs and can utilize Military OneSource (1-800-342-9647) as well. The Department of Veteran Affairs (or VA) also has programs for counseling families through Vet Centers.

It is critical to mention at this juncture that transitioning for many Soldiers means working through the VA system to get a disability rating which is not always the same (often greater) as the disability rating given by the Army. Get in touch with the VA and begin working to determine how to best navigate their system. There are organizations listed in the resource section of this handbook that can assist you with obtaining VA benefits. There is a time limit for signing up for VA benefits so make an appointment with the VA representatives at the MTF to begin the process.

Transition Resources

Recovery and Employment Lifelines

www.dol.gov/vets/programs/Real-life/main.htm

1-888-774-1361

The program seeks to support the economic recovery and reemployment of transitioning wounded and injured service members and their Families by identifying barriers to employment or reemployment and addressing those needs.

The program facilitates collaboration of federal and state programs and services with follow-up and technical assistance to assure success of wounded and injured service members.

E-VETS Resource Advisor

www.dol.gov/elaws/vets/evets/evets.asp

The e-VETS Resource Advisor assists veterans preparing to enter the job market. It includes information on a broad range of topics, such as job search tools and tips, employment openings, career assessment, education and training, and benefits and special services available to veterans.

The e-VETS Resource Advisor was created to help veterans and their Family members sort through the vast amount of information available on the Internet. Based on your personal profile and/or the various services you select, the e-VETS Resource Advisor will provide a list of Web site links most relevant to your specific needs and interests.

The e-VETS Resource Advisor is one of several elaws Advisors developed by the US Department of Labor to help employees and employers understand their rights and responsibilities under numerous Federal employment laws. The e-VETS Resource Advisor has two sections: General Services and Personal Profile. You are encouraged to use both sections to achieve the best results.

Army Community Service

Employment Readiness Program

The goal and focus of this program is to help the military spouse find employment. The program provides education, employment, and volunteer information as well as career counseling and coaching. Job search assistance is provided.

Transition Assistance Program (TAP)

Program is geared to Soldiers separating from the service. Pre-separation counseling, veterans' benefits briefings, and pre-discharge program are offered.

Heroes to Hometowns: Helping severely injured Service Members and their Families connect with their hometowns or new communities

MISSION

The recuperation time after hospitalization and rehabilitation is crucial to an individual's recovery. Knowing that they are welcome in their new community and that there is a new life ahead can be the most significant part of this process.

The purpose of the Heroes to Hometowns Program is to help communities:

- Recognize the severely injured and embrace them as part of the community
- Assist them in making a seamless transition into their new hometown
- Provide a support network they can access when needed

This program will promote community growth and:

- Bring in a "champion" to support your community, or reach out to assist another community in need
- Rally the community to provide what is needed
- Connect the community with nation-wide efforts and nationally accessible resources
- Keep the community informed of severely injured Service Members interested in becoming a member of the community
- Comfort all active duty and reserve military and their Families by knowing that their communities support them

Call the Military Severely Injured Center 1-888-774-1361 for more information or Pentagon Severely Injured Center at 1-703-692-2052.

Seamless Transition Assistance Program for all veterans:

<http://www.seamlesstransition.va.gov/SEAMLESSTRANSITION/index.asp>.

Seamless Transition Benefits:

- Compensation and Pension - VA web site hosting benefits information for veterans with disabilities.
- Education - Information on the VA education benefits available for veterans.
- Home Loan Guaranty - VA's Home Loan Guarantee eligibility web site.
- Vocational Rehabilitation and Employment - Rehabilitation counseling and employment advice for veterans who are disabled and in need of help readjusting.
- Insurance - VA life insurance program for disabled veterans.
- Burial - Information on burial benefits for certain qualified veterans.
- Women Veteran Benefits and the Center for Women Veterans - Two separate web sites where you will find benefits issues and other programs unique to women veterans.

- Health and Medical Services - VA web site for complete health and medical services information.
 - Medical Care for Combat Theater Veterans - VA web site with specific information for veterans of combat theater of operations.
 - Special Health Benefits Programs for Veterans of Operations Enduring Freedom / Iraqi Freedom - VA health information web site for OEF/OIF veterans specific to environmental agents issues.
 - HealtheVet Web Portal - VA's NEW health portal has been developed for the veteran and family -- to provide information and tools to enable one to achieve the best health.
 - CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs) -- CHAMPVA is a federal health benefits program administered by the Department of Veterans Affairs. CHAMPVA is a Fee for Service (indemnity plan) program. CHAMPVA provides reimbursement for most medical expenses - inpatient, outpatient, mental health, prescription medication, skilled nursing care, and durable medical equipment (DME). There is a very limited adjunct dental benefit that requires pre-authorization. CHAMPVA is available to certain veteran's family members who are not eligible for TRICARE.
- Transitioning from War to Home - Go the VA web site of the Vet Center Readjustment Counseling Service. It Provides war veterans and their Family Members quality readjustment services in a caring manner, assisting them toward a successful post-war adjustment in or near their respective communities.
 - State Benefits - Many States offer benefits for veterans. You should contact the VA regional office that serves your area to find out what your State may offer. You will find the area(s) served in the right hand column of the web page at the other end of the link.

VA Health Care Eligibility

Find out if you are eligible for benefits, how to apply, and what it will cost, then complete an application form online. Have a question? Call the VA Health Benefits Service Center toll free at 1-877-222-VETS.

Quick Tips for Veteran Affairs Benefits

One of the more difficult tasks for a returning veteran is applying for the many VA benefits. The unknown of "should I," "would I qualify," "how do I apply," or "where do I go for help" can be a frustrating experience. VA intends to ease those frustrations and facilitate your transition from active participation in armed conflict back to civilian life with some basic tips for applying for benefits.

Documents Needed for:

Non-Medical Benefits

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available

- b. Your VA claim number or Social Security number if receiving benefits under prior service
- c. A copy of all marriage certificates and divorce decrees (if any)
- d. A copy of each child's birth certificate (or adoption order)
- e. A copy of your birth certificate if there are living parents dependent on you for support
- f. A copy of any service medical records for disabilities you intend to claim
- g. The most typical claim for benefits is for compensation for military service related injuries. Complete VA Form 21-526, Veterans Application for Compensation or Pension. Or, you may obtain a copy of the form from any VA Regional Office.

Medical Benefits

- a. A copy of your discharge certificate, or DD Form 214, Certificate of Release or Discharge from Active Duty, if available.
- b. In order to document your service in a theater of combat operations, it would be helpful if you brought any of the following:
 - 1. A copy of your Leave and Earnings Statement showing receipt of Hostile Fire or Imminent Danger Pay
 - 2. Receipt of the Armed Forces Expeditionary Medal
 - 3. Kosovo Campaign Medal
 - 4. Global War on Terrorism Expeditionary Medal
 - 5. Southwest Asia Campaign Medal
 - 6. Proof of exemption of federal tax status for Hostile Fire or Imminent Danger Pay
 - 7. Orders to a theater of combat operations.
- c. Complete VA Form 10-10EZ, Application for Health Benefits, online. Or, you may obtain the form by:
 - o calling VA's Health Benefits Service Center toll free number, 1-877-222-VETS(8387), Monday through Friday between 8:00 AM and 8:00 PM (Eastern Time)
 - o calling or visiting any VA health care facility or VA regional office. To find the facility nearest you, visit the VA Facilities web page.

Where to Get Help

- a. VA web site
- b. Contact VA through on-line messaging. This link gives you access to Frequently Asked Questions (FAQ's), a series of "800" telephone points of contact, mailing addresses for VA offices, and access to a secure, web based messaging program

where you can leave questions, by subject matter, that are not answered by the FAQ's.

c. Federal Benefits for Veterans and Dependents. An informative benefits pamphlet in PDF format.

d. Health Benefits Service Center. Call toll free 1-877-222-VETS (8387)

e. Visit VA's health eligibility web site for questions about medical benefits and application procedures.

f. VA benefits counselors can answer questions about benefits eligibility and application procedures. Contact the nearest VA regional office at 1-800-827-1000 from any location in the United States and Puerto Rico. VA facilities also are listed in the federal government section "Blue Pages" of telephone directories under "Veterans Affairs".

g. State, local and National Veteran Service Organization representatives are also available to assist you with benefits counseling and claims processing. You may find lists of such representatives at: <http://www.va.gov/vso/>

h. Mobilization Information and Resources Guide. A DOD web site containing multiple links to mobilization and resources information.

Questions? - Questions about benefits for OEFIF veterans may be directed to the "Contact VA" web site.

Home Modification Resources:

The MSI Center (Department of Defense joint resources) 1-888-774-1361, 24 hours a day, 7 days a week

U.S. Army Wounded Warrior Program (AW2) (formerly called DS3)
<https://www.aw2.army.mil>

These two agencies can help answer questions in all areas, including home modification and can direct you to other resources as well. Some of these other resources are found below.

Department of Veterans Affairs (VA)

www.va.gov (access specific information on the programs at this website)

Depending on your service-connected disability, you may be eligible for assistance under one or more of the following programs administered by the Department of Veterans Affairs:

- Specially Adapted Housing (SAH) grants

- Special Home Adaptations (SHA) grants
- Loan Guaranty Service: VA Home Loans
- Vocational Rehabilitation and Employment (VR&E): Independent Living Services
- Veterans Health Administration (VHA) Home Improvement and Structural Alterations (HISA) grants

U.S. Department of Housing and Urban Development 203(k) Rehab Program
<http://www.hud.gov/localoffices.cfm>.

ABLEDATA

800-227-0216

<http://www.abledata.com>

ABLEDATA is a comprehensive, federally funded project that provides information on assistive technology and rehabilitative equipment available sources worldwide. Offers fact sheets and consumer guides through the Web site or by mail.

Adaptive Environments Center, Inc.

<http://www.adaptiveenvironments.org>

The Center provides consultation, workshops, courses, conferences, and other materials on accessible and adaptable design. Also offers publications through the Web site and by mail, including A Consumer's Guide to Home Adaptation.

Army Emergency Relief (AER)

866-878-6378

<http://www.aerhq.org>

This private nonprofit service organization provides interest-free emergency loans and grants to eligible recipients.

Center for Universal Design 1-800-647-6777 <http://www.design.ncsu.edu/cud/>
 Website is a listing of helpful advice and links, including state-by-state information.

Salute America's Heroes

<http://www.saluteheroes.org>

Provides financial assistance for wheelchair-bound or blind veterans to purchase homes that will accommodate their disabilities

State and Local Government on the Net. Thousands of state agencies and city and county governments

Serving Those Who Serve

<http://www.servingthosewhoserve.org>

Serving Those Who Serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom, and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their Families by providing independence and mobility.

This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

CAP (Computer and Electronic Adaptive Program) Supports Wounded Service Members

Our Soldiers, Sailors, Airmen and Marines are returning everyday from deployment in Operation Enduring Freedom and Operation Iraqi Freedom. Yet, many of them are not returning to their duty assignments. Instead, they are recovering at various Military Treatment Facilities (MTFs) because of injuries they sustained in the Global War on Terror.

CAP is committed to providing assistive technology and support to returning wounded service members. Accommodations are available for wounded service members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment. CAP is available to provide accommodations to service members in the following phases:

Phase 1: Recovery and Rehabilitation

CAP has been working closely with key staff at MTFs to provide information and assistive technology to wounded service members and their Families. By working directly with staff in the intensive care units, physical and occupational therapist, audiologist and ophthalmologist, we can begin to introduce service members to assistive technology and accommodation support, reducing frustration and providing encouragement. One example of this technology is an augmentative communication device which enables easy communication between the patient and medical staff as well as Family Members.

Phase 2: Transition

In our efforts to ensure a smooth transition from patient to independent living, CAP is working to integrate assistive technologies into housing facilities and employment training centers at the MTFs to support the reemployment process. This technology includes alternative pointing devices, assistive listening devices, voice recognition software and Closed Circuit Televisions. The technology is being introduced to wounded services members to use at their living quarters, allowing them to email Family and friends, improve their quality of care and begin the process of finding employment

opportunities.

Phase 3: Employment

CAP is working with the Department of Defense (DoD) and the Department of Veterans' Affairs to assist in the "reemployment process." If a service member remains on active duty or becomes a civilian within DoD or another Federal agency, CAP can provide the work related accommodation to the agency free of charge for internship and/or permanent employment.

The CAP staff is dedicated to ensuring all resources and assistive devices are available to assist our nation's service members in their rehabilitation process, successful treatment outcomes and future employment opportunities. For more information, contact Megan DuLaney at **703-998-0800 x27 (Voice)**, **703-681-0881 (TTY)**, or megan.dulaney.ctr@tma.osd.mil.

Resources:

Military Severely Injured Center: www.military.com/support

The U.S. Army Wounded Warrior Program (AW2): www.AW2.army.mil

Seamless Transition: www.seamlesstransition.va.gov/

REALifelines: www.dol.gov/vets/programs/Real-life/main.htm

Military OneSource

1-800-342-9647

www.militaryonesource.com

Military OneSource is a "one stop shop" for information on all aspects of military life. From information about financial concerns, parenting, relocation, emotional well-being, work, and health, to many other topics, Military OneSource can provide a wealth of information. There are many informative topics on the website specific to wounded soldiers and families. For example, by clicking on Personal & Family Readiness and selecting Severely Injured Service Members, you can access topics such as "Coping with Compassion Fatigue", "Finding Temporary Work During a Loved One's Extended Hospitalization," and "Re-establishing Intimacy After a Severe Injury."

In addition to the comprehensive information available online, there is 24 hour a day seven day a week (24/7) representatives available at the 800 number provided above. Calling will provide you with personalized service specific to answering your needs. You can call the same representative back for continuity of service, as each person has their own extension. Military OneSource is closely aligned with the Military Severely Injured Center. You can call Military OneSource as a parent, spouse or soldier. The information you need is a phone call away.

Military Severely Injured Center (MSI Center)

The Military Severely Injured Center (MSI Center) is dedicated to providing seamless, centralized support -- for as long as it may take -- to make sure that injured service members and their Families achieve the highest level of functioning and quality of life. If you are a severely injured service member or the Family Member of a severely injured service member, the MSI Center can help you cut red tape; understand what benefits are available to you; identify resources; and obtain counseling, information, and support.

Injured service members and their Families can call us 24 hours a day, 7 days a week, at 1-888-774-1361 for this free service. A care manager will give you personal, ongoing assistance related to:

- financial resources
- education, training, and job placement
- information on VA benefits and other entitlements
- home, transportation, and workplace accommodations
- personal, couple, and family issues counseling
- personal mobility and functioning

MSI Center coordinates closely with AW2. There is a MSI Center representative at the MTF.

The MSI Center also provides educational materials that can help you understand and tackle issues related to concerns that injured service members often have. This can be anything from helping children and spouses with the challenges they face, to concerns about making homes and vehicles accessible, to building new relationships.

The MSI Center also provide a Career Center at <http://www.military.com/support> that supplements the services related to career planning, including employment and benefits information for both injured service members and their spouses.

The MSI Center differs from other resources in that it has representatives from other government agencies available to them as part of the Center. It also works with non government (non-profits) organizations.

You do not need a physician referral to use this resource. You can use this service regardless of other agencies you may be dealing with.

AMVETS

301-459-9600 Toll-Free: 1-877-726-8387

www.amvets.org

As one of America's foremost veteran's service organizations, AMVETS (or American Veterans) assists veterans and their Families. A nationwide cadre of AMVETS national service officers (NSOs) offers information, counseling and claims service to all

honorably discharged veterans and their dependents concerning disability compensation, VA benefits, hospitalization, rehabilitation, pension, education, employment, and other benefits.

Blinded Veterans Association

1-800-669-7079

www.bva.org

If you are a blind or visually impaired veteran; if you are a relative or a friend; or if you just want to get involved; write, email, or give BVA a call. The Blinded Veterans Association (BVA) is an organization specifically established to promote the welfare of blinded veterans. BVA is here to help veterans and their families meet the challenges of blindness. The BVA promotes access to technology and guidance about the practical use of the latest research. The BVA will also advocate for the blinded veteran and their Families in both the private and public sectors.

Disabled Veterans of America (DVA)

(202) 554-3501 or 1-877-426-2838

www.dav.org

Disabled Veterans of America (DAV) provides a variety of free services to veterans and service members and their Families. Services of interest include a review of the Medical Evaluation Board (MEB) review, representation before a Personnel Evaluation Board (PEB), and submission of claims before the Department of Veterans Affairs for disability compensation, as well as rehabilitation and other benefit programs.

The American Legion

202/861-2700, Fax: 202/861-2728

www.legion.org

Provides free, professional assistance for any veteran or veteran's survivor to file and pursue claims before the Department of Veterans Affairs; assists deployed service members' Families with practical and emotional support; and offers temporary financial assistance to help Families meet their children's needs. As the nation's largest service organization with about 15,000 local "posts" and nearly 2.7 million members, the American Legion is accessible near most hometowns.

The Military Order of the Purple Heart 703-642-5360

www.purpleheart.org

The Military Order of the Purple Heart provides support and services to all veterans and their Families. This web site includes information on VA benefits assistance, issues affecting veterans today, and links to other key web sites for veterans.

The National Amputation Foundation

516-887-3600

Email: amps@aol.com

www.nationalamputation.org

The National Amputation Foundation has programs and services geared to help the amputee and other disabled people. The AMP to AMP Program provides a home, hospital, or nursing home visit for peer counseling and support to any person who has had or will be having a major limb amputation. If the person does not live within a drivable distance, we will call them to offer the same support. The Medical Equipment Give-A-Way Program offers to any person in need, donated medical equipment. This includes wheelchairs, walkers, commodes, canes and crutches. Other Services include information on recreational activities for amputees; booklets and pamphlets providing information specific to the needs of above-the-knee, below-the-knee, and arm amputees; hospital visits and running bingo games; contact information for Veterans Benefits; and referral service to other amputee organizations.

Paralyzed Veterans of America (PVA)

email: info@pva.org

www.pva.org

The PVA has a wide range of expertise in representing veterans with severe injuries, especially spinal cord dysfunction. Assistance is provided in all areas of benefits and health care issues, including: compensation, prosthetics, specially adapted housing, education and employment services, automobile adaptive equipment, health care advocacy, and other areas to assist in the transition to civilian life.

Veterans of Foreign Wars

202-453-5230

www.vfw.org

The VFW has more than 100 trained service officers to assist any veteran, or their Family Members obtain federal or state entitlements. Annually, VFW service officers process thousands of veteran's claims, which have resulted in the recovery of hundreds of millions dollars in disability compensation claims for veterans. Service officers, who must pass rigorous testing and annual certification, also assist veterans in discharge upgrades, record corrections, education benefits and pension eligibility. In addition, service officers regularly inspect VA health care facilities and national cemeteries, and employment specialists monitor laws concerning veterans' preference in federal employment. The VFW also monitors medical and health issues affecting veterans as well as providing veterans with up-to-date information on diabetes, post-traumatic stress, Agent Orange exposure and Persian Gulf Syndrome. To help veterans, the VFW Tactical Assessment Center is a 24-hour help line for veterans with questions or concerns about VA entitlements. (1-800-vfw-1899)

United Spinal Association

1-800-807-0192

Email: info@unitedspinal.org

www.unitedspinal.org

The United Spinal Association is dedicated to enhancing the lives of all individuals with spinal cord injury or disease by ensuring quality health care, promoting research, advocating for civil rights and independence, educating the public about these issues, and enlisting its help to achieve these fundamental goals. Programs include: counseling and referral, accessibility training and education, assistive technology resources, inclusion and integration advocacy, disability information and publications, educational outreach and training, wheelchair repair and parts, counseling and referral, accessibility training and education, individual and system advocacy, benefits advisement and assistance, Americans With Disabilities Act (ADA) technical assistance and advocacy, sports and recreation opportunities, and peer counseling.

Wounded Warrior Project

1-540-342-0032

Email: info@woundedwarriorproject.org

www.woundedwarriorproject.org

The WWP seeks to assist those men and women of our armed forces who have been severely injured during the conflicts in Iraq, Afghanistan, and other locations around the world. At the Wounded Warrior Project we provide programs and services designed to ease the burdens of the wounded and their Families, aid in the recovery process, and smooth their transition back to civilian life. Our work begins at the bedside of the severely wounded, where we provide comfort items and necessities, counseling, and support for Families. We help to speed rehabilitation and recovery through adaptive sports and recreation programs, raising patients' morale, and exposing them to the endless possibilities of life after an injury. Finally, we provide a support mechanism for those who have returned home by providing outreach and advocacy on issues like debt and disability payments that will affect their Family's future.

National Military Family Association

www.nmfa.org

NMFA's primary goals are to educate military Families concerning their rights, benefits and services available to them; to inform them regarding the issues that affect their lives; and to promote and protect the interests of military Families by influencing the development and implementation of legislation and policies affecting them. Great publications online such as "Resources for Wounded and Injured Service Members and their Families" and "Your Soldier Your Army- A Parent's Guide".

America Supports You

www.americasupportsyou.mil

This website can link you to many other websites specific to your needs.

Coalition to Salute America's Heroes

www.saluteheroes.org

Our mission is to help provide the support needed to overcome the many challenges our returning wounded heroes face so that they may regain a rewarding and productive life.

Operation First Response

www.operationfirstresponse.org

Operation First Response's mission is to assist the wounded military and their Families with personal and financial needs who are serving our country during Operation Iraqi Freedom and forward. Website includes online application for assistance.

Operation War Fighter

The purpose of this program is to provide service members with meaningful activity outside the hospital environment, and to offer them a formal means of transition back into the work force. This is a voluntary program and has orientation sessions at the MTF. Call Military Severely Injured Center for details. 1-888-774-1361

Army Emergency Relief

www.aerhq.org

AER is the Army's own emergency financial assistance organization and is dedicated to "Helping the Army Take Care of Its Own". AER provides commanders a valuable asset in accomplishing their basic command responsibility for the morale and welfare of soldiers.

Serving Those Who Serve

www.servingthosewhoserve.org

Serving Those Who serve is a special-needs home modification service that will be reserved exclusively for veterans who served in Operation Iraqi Freedom or Enduring Freedom and now have loss of sight, loss of hearing, loss of mobility, or traumatic brain injury. It will not only make their homes safer, but will improve the quality of life for these brave men and women and their Families by providing independence and mobility. This service is being made entirely at no cost and will be accomplished by community and military volunteers and skilled trades.

Helping our Heroes Foundation

www.hohf.org

HOHF provides funding, services, and volunteers to complement the support of our military injured in either Operation Enduring Freedom or Operation Iraqi Freedom. We provide mentors and patient advocates, identify and fund educational opportunities for the soldier, coordinate specialty counseling (financial assistance, career, housing, etc.), and assist with emergency funding needs. We ask that service members approach official resources and channels for assistance before requesting support from the Foundation, as we are a volunteer organization with limited financial resources. This special fund is to help service members and their Families on a case by case basis. The Army Wounded Warrior Program makes referrals to this foundation.

Sew Much Comfort

www.sewmuchcomfort.org

Their mission is to design, create and deliver specialized clothing to recovering service members. Sew Much Comfort is an all volunteer organization that provides free underwear, pants, shorts and shirts. The adaptive clothing uses Velcro seams enabling you to dress with ease and access your wounds for treatment.

This free clothing is available to you at most MTFs. Please ask for a sample and give it a try. You may also order what you need on line. Check out the website at sewmuchcomfort.org. Click on "Contact", then click on "Soldiers" and submit your personalized order.

Fallen Patriot Fund

www.fallenpatriotfund.org

The Fallen Patriot Fund was established to provide support to the spouses and children of U.S. military personnel who were killed or seriously injured during Operation Iraqi Freedom. Within that group, grant recipients will be selected in accordance with criteria established by The Mark Cuban Foundation. As the guidelines of the fund are to provide for relief from immediate financial distress, those who are staying on permanent active duty despite their injuries are not eligible for a grant from the fund.

USA Cares

www.usacares.us

USA Cares is dedicated to helping service members and their Families with quality of life issues using grants, counseling and mentorship. Requests for financial assistance can be done online.

Homes for our Troops

www.homesforourtroops.org

Private organization providing free handicapped accessible to severely injured

Unmet Needs

www.unmetneeds.com

VFW sponsored program to help military Families with financial hardship. Apply online or download application from this website.

Association for Service Disabled Vets

www.asdv.org

Rehabilitation programs serving military veterans who sacrifices their wee being for the freedom of the world

Disability Info Gov

www.disabilitinfo.gov

Official benefits website of the U.S. Govt. Information and benefits on over one thousand benefits and assistance programs.

Gov Benefits

www.govbenefits.gov

ResourcesForSoldiers.com

www.resourcesforsoldiers.com

Many topics are covered on this website and links provided to even more resources.

DISABILITY Information and Resources

www.makoa.org

Helpful sites ranging in topics from assistive technologies, accessible home design, adaptive clothing, to resources for caregivers.

Traumatic Brain Injury Survival Guide

www.tbiguide.com

Online book regarding TBI

The Brain Injury Information Network

www.tbinet.org

Started by Caregivers who had loved ones with various types of brain injuries

Brain Injury Association of America

Family help line 1-800-444-6443

www.biausa.org

Leading National Organization Serving and representing individuals, Families and professionals who are touched by a life-altering often devastating traumatic Brain Injury

Amputee Coalition of America

www.amputee-coalition.org

To reach out to people with limb loss and empower them through education support and advocacy

Amputee Resource Foundation of America

www.amputeeresource.org

Perform charitable services, and to conduct research to enhance productivity and quality of life for amputees in America.

National Spinal Cord Injury Association

www.spinalcord.org

Leading the way in maximizing the quality of life and opportunities for people with spinal cord injuries and diseases since 1948

Neurotrauma Registry (for brain and spine injuries)

www.neure.org

To provide an inclusive resource list for those with acquired brain injury spinal cord injury or others complex neurotrauma.

National Family Caregivers Association

www.nfcacares.org

NFCA educates support empowers and speaks up for the more than 50 million Americans who care for loved ones with a chronic illness.

America Foundation for the Blind

www.afb.org

Expanding possibilities for people with vision loss

Recording for Blind & Dyslexic

www.rfbd.org

Our vision is for all people to have equal access to the printed word

Guide Dogs

www.guidedog.org

NLS administers a free library program of Braille and audio materials circulated to eligible borrowers in the US by postage free mail.

League for the Hard of Hearing

www.lhh.org

The worlds leading not - for – profit hearing rehabilitation and human service agency for infants, children, and adults who are hard – of – hearing, deaf and blind.

Self Help for the Hard of Hearing

www.shhh.org

The hearing loss assistance of America exists to open the world of communication for people with hearing loss through information, education, advocacy, and support.

Hooah 4 Health

www.hooah4health.com

Website specifically designed to address the force health protection and readiness requirements of the Army.

Army Reserve Websites

U. S. Army Reserves

www.armyreserve.army.mil

Army Reserve Family Programs Online

www.arfp.org

Army Reserve Family and Readiness Program

Army National Guard Websites

Army National Guard

www.1800goguard.com

National Guard Website

Guard Family Program

www.guardfamily.org

One stop to find information on programs, benefits, resources on National Guard family programs.

ESGR (Employment Support for the Guard and Reserve)

www.esgr.org

ARMY WEBSITES

Army Families Online

www.armyfamiliesonline.org

The well-being liaison office assists the Army leadership with ensuring the effective delivery of well being programs in the Army.

Military Homefront

www.militaryhomefront.dod.mil

Website for reliable quality of life information designed to help Troops, Families, and service providers.

The Military Family Network

www.emilitary.org

One nation, one community, making the world a home for military Families.

My Army Life Too

www.myarmylifetoo.com

Website of choice for Army Families providing accurate, updated articles and information on various topics.

Army Morale Welfare and Recreation

www.armymwr.com

Army recreation programs

Military Connection

www.militaryconnection.com

Army recreation programs.

Military Connection

www.militaryconnection.com

Comprehensive military directory providing information on job postings, job fairs, and listings.

COMMON TERMS AND ABBREVIATIONS

AAFES: Army Air Force Exchange Service

Advance or travel advance: Money received in advance of filing travel voucher

AIREVAC: Air Evacuation – usually mode of transportation soldier comes to Walter Reed Army Medical Center

American Red Cross

AW2: Army Wounded Warrior Program

CAC: Casualty Assistance Command

Case manager: Person in charge of coordinating care for patient

CDC: Child Development Center

CYS: Child and Youth Services

COMMISSARY: Grocery store

CON LEAVE: Convalescent Leave

CONUS: Continental United States – within the United States not including Hawaii or Alaska

DA: Department of the Army

DA WIA: Department of the Army Wounded In Action Branch

DA 2984: Official request for families to travel, done by attending physician

DOD: Department of Defense

HERO MILES: Fisher House Foundation program offering free airline travel

ID: Identification Card

JAG: Judge Advocate General (legal branch of Army)

LES: Leave and Earnings Statement – pay stub

MAMC: Madigan Army Medical Center

MEB: Medical Evaluation Board

MP: Military Police

MTF: Military Treatment Facility

NEEDS ASSESSMENT CHECKLIST: DA WIA listing of family needs for travel purposes done after notification

NMA: Non medical attendant

NNMC: Bethesda / National Naval Medical Center

NOTIFICATION: Families told of injury/illness of soldier

OCONUS: Outside of the Continental United States – any place overseas to include Hawaii and Alaska

OIF/OEF: Operation Iraqi Freedom / Operation Enduring Freedom

PAO: Public Affairs Office

PEB: Physical Evaluation Board

PEBLO: Physical Evaluation Board Liaison Officer

POA: Power of Attorney

POST: Army installation

POV: Privately Owned Vehicle

PX: Post Exchange – like a department store

REAR – D: Rear Detachment Commander – liaison with the soldier's unit

SFA: Soldier Family Assistance Center

SFMS: Soldier Family Management Specialist associated with AW2

SHOPPETTE: like a convenience store

T&TO: Transportation and Travel Orders

TRAVEL VOUCHER: Paperwork filed to receive reimbursement for T&TOs

TRICARE: Military health insurer

UNIT: All soldiers are a part of a military unit or organization.

WRAMC: Walter Reed Army Medical Center

Quick Reference Phone Guide

Armed Forces Emergency Center
1-877-272-7337

Army Wounded Warrior Program
1-800-237-1336

DA WIA
1-888-331-9369

Military OneSource
1-800-342-9647

Military Severely Injured Center
1-888-774-1361

VA Benefits Service Center
1-877-222-8387

Wounded Soldier and Family Hotline
1-800-984-8523

FORT EUSTIS WARRIOR TRANSITION UNIT

Commander 1-757-878-3365
First Sergeant 1-757-878-4457
Orderly Room 1-757-878-5731
Supply 1-757-878-0045
Ombudsman 1-757-314-7539

