

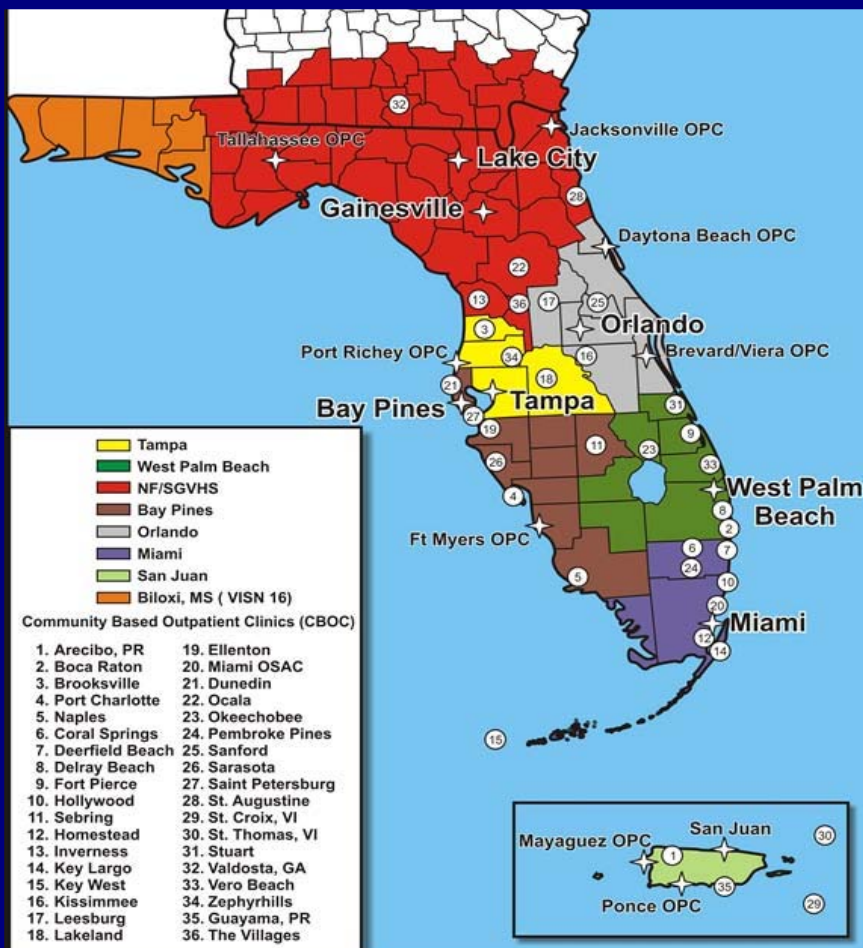


# HEALTH CARE FOR REENTRY VETERANS PROGRAM (HCRV)



*Healthcare for Reentry Veterans (HCRV) is a program designed to address the community reentry needs of veterans regarding release from state or federal prison.*

## GUIDEBOOK FOR VETERANS INCARCERATED IN FLORIDA, SOUTHERN GEORGIA, PUERTO RICO, AND THE U.S. VIRGIN ISLANDS



For follow up in prisons from Hernando C.I. and points NORTH contact:

**Taylor J. Alyea, MSW**  
**Health Care for Reentry**  
**Veteran Specialist**  
 1002 NW 23rd Avenue,  
 Gainesville, FL 32609  
 (352) 379-4955  
 Fax: 352) 379-2748

For follow up in prisons from Orlando and points SOUTH contact:

**Michelle Carroll, LICSW**  
**Health Care for Reentry**  
**Veteran Specialist**  
 7305 N. Military Trail  
 W. Palm Beach, FL 33410  
 Phone: (561) 248-3470  
 Fax: (561) 422-5309

## **FORWARD**

Dear Veteran,

This guidebook is made for you. The information it offers can help you as you go from being incarcerated to returning to life within your own community. You are encouraged to start following the suggestions offered in this guidebook during the last six months of your incarceration. Begin by enrolling with the VA and learning what resources are available in your home area. Through your efforts and with the assistance of the people and programs listed in this guidebook, your transition can be a success.

Taylor J. Alyea and Michelle Carroll—

Revised: February, 2009. HCHV Gainesville Homeless Program Staff - Mary Jo Delahunty, Charlotte Matthews, and Taylor J. Alyea

Original: Veterans Incarcerated Workgroup—Miami/Tallahassee, Florida

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## **SECTION I: USING THIS GUIDE AND SEEKING HELP**

This guide is for you to use while planning for your release and to keep as a reference after your release. It includes addresses, phone numbers, and web sites that you can use to find out about programs and resources in your area. You may want to ask a friend or family member to help you find the information you need if you don't have phone or internet access. Keep in mind that this guide does not include all of the services available. What is available in one area may be different from what is available in another, so be sure to check with local resources to learn about services in your area.

While you are in prison, find out which unit in your facility can help you plan for your release (often the education or transfer unit). Classes may be offered to help you improve your skills and prepare for life after release.

If you need to write a letter to request information about a particular benefit or service, be clear. Keep your letter short, to the point, and print or write clearly. Include the following information:

- Your name and contact information.
- A brief statement about your current situation.
- Your specific request.
- What you have done so far (Example: I have written to X organization and they suggested I contact you).
- Any restrictions for mailings (Example: Mail with staples/paper clips won't be accepted by my facility).

When contacting an agency for help by mail, email or phone, be persistent and polite in order to get the best results. Ask questions if information is not clear to you. Remember that many organizations are staffed by volunteers who are eager to help but may not have the answers you are looking for. If someone cannot help you, ask them who can help and then have them connect you with that person.

The Internet is a great source of information about VA benefits and community resources in your area, and this guide lists important web addresses near the back of the book. If computer access is not available at your facility, you can visit the public library after release. Computer access may also be provided at WorkSource and WorkSource Affiliate sites, WorkForce Development Council member locations, and Employment Security Department offices (referred to as One Stop Career Centers). The website for the Healthcare for Reentry Veterans (HCRV) Program is:

<http://www1.va.gov/homeless/page.cfm?pg=38>.

Begin thinking about what you will specifically need when you're released. Ask yourself these kinds of questions: Will I need housing? Will I need medical or mental health care, or substance abuse treatment? Do I need to learn a job skill? Do I have any other legal issues, such as child support? How do I restart my VA checks or Supplemental Security Income (SSI)?

Use the following Inventory of Needs to identify and organize your particular needs. You can refer back to it and use it to track the steps you are taking to meet each of your identified needs.

<b>Immediate Concerns</b>	<b>My plans to deal with these concerns:</b>
Date of Release?	
Probation—where, with whom?	
Transportation	
Housing	
Clothing	
Food	
ID	
Family contact ?	
Work on getting support	
<b>Financial</b>	<b>My plan to deal with these concerns:</b>
Employment	
Disability/ Pension	
Child Support/Alimony	
Debt/ Credit Issues	
Motor Vehicle fines	
Voc Rehab/ School?	
<b>Health</b>	<b>My plan to deal with these concerns:</b>
Medical Concerns/ Medication	
Mental Health - Addictions - Recovery	
<b>Legal</b>	<b>My plan to deal with these concerns:</b>
Traffic fines/ Violations	
Child Custody	
Restitution	
Anger Management	
Domestic Violence	
Probation/Parole Registering	
Restrictions	

## SECTION II: WHERE TO START—MEDICAL CARE

### **To qualify for VA care you need:**

A DD214... (a copy of your discharge papers).

An Honorable or General discharge

Served Active Duty.

After 9/9/1980, must have served at least 2 years active duty or any amount of time in Iraq or Afghanistan.

### **Your first step is to enroll in the VA System, there are several ways:**

Visit: Any VA Medical Center (VAMC), Any Outpatient Clinic, Any Community Based Outpatient Clinic (CBOC)

Use the map on the COVER of this guidebook to locate the facility nearest you, addresses follow.

On the Internet go to [www.va.gov](http://www.va.gov).

Or Call the VA Health Benefits Service Center at 877-222-VETS , Mon-Fri, 8:00am-8:00pm EST for enrollment assistance.

Contact information for all VA facilities in VISN 8 is listed below. You need a DD-214, VA form 10-10EZ (Enrollment form), and the 1010 Supplement to enroll. Copies of these forms are in the back of this guidebook or on the internet.

## VA MEDICAL CENTERS/HOSPITALS

### Area 1 – North Florida / South Georgia

#### **VA Healthcare System**

Malcolm Randall VAMC  
1601 S.W. Archer Road  
Gainesville, FL 32608-1197  
Phone: 1-800-324-8387  
Homeless Program: ext. 7461

Lake City VAMC  
619 S. Marion Avenue  
Lake City, FL 32025-5808  
Phone: 1-800-308-8387

### Area 2 – Orlando VAMC

5201 Raymond Street  
Orlando, FL 32803  
Phone: 1-800-922-7521

### Area 3 – Tampa

James A. Haley VAMC  
13000 Bruce B. Downs Blvd.  
Tampa, FL 33612  
Phone: 1-888-716-7787

### Area 4 – Bay Pines VAMC

10000 Bay Pines Blvd.  
Bay Pines, FL 33744  
Phone: 727-398-6661 or 1-888-820-0230  
Mailing Address:  
P.O. Box 5005  
Bay Pines, FL 33744

### Area 5 – West Palm Beach VAMC

7305 N. Military Trail  
West Palm Beach, FL 33410-6400  
Phone: 1-800-972-8262

### Area 6 – Miami VAMC

1201 N.W. 16th Street  
Miami, FL 33125  
Phone: 1-888-276-1785

### Area 7 – VA Caribbean Healthcare System—Puerto Rico / US Virgin Islands

San Juan VAMC  
10 Casia Street  
San Juan, Puerto Rico 00921-3201

**Area 7 Continued - Community Based  
Clinic / Vet Center**  
 District of St. Croix, RR2 Box 12  
 Kings Hill St. Croix VI 00850  
 Phone: 340-778-5553

**Community Based Clinic / Vet Center**  
 Havensight Mall Suite 304 & 310  
 Building III Upper Level St. Thomas,  
 U.S. Virgin Islands 00802  
 Phone:(340) 774-6674

**VA OUTPATIENT CLINICS (OPC)**

<b><u>Facility</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>
Fort Myers OPC	3033 Winkler Extension, Fort Myers, FL 33916	239-939-3939
Jacksonville OPC	1833 Boulevard, Jacksonville, FL 32206	904-232-2751 or 877-870-5048
Mayaguez OPC	Avenida Hostos #345, Mayaguez, PR 00680-1507	787- 834-6900
New Port Richey OPC	9912 Little Road, New Port Richey, FL 34654	727-869-4100
Broward OPC	9800 W. Commercial Blvd., Sunrise FL 33351	(954) 475-5500
Ponce OPC	Paseo Del Veterano # 1010, Ponce, PR 00716-2001	787-812-3030
Tallahassee OPC	1607 St. James Ct., Tallahassee, FL 32308	850-878-0191 or 800-541-8387
Viera OPC	2900 Veterans Way, Viera, FL 32940	321-637-3788 877-878-8387
William V. Chappell, Jr.	551 National Health Care Drive, Daytona Beach,	386-323-7500
VA OPC (Daytona Beach)	FL 32114	

**VA COMMUNITY BASED OUTPATIENT CLINICS (CBOCS)**

<b><u>Facility</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>
Arecibo CBOC	Victor Rojas II / Zona Industrial Carr. 129 Arecibo, PR 00612	787-816-1818
Boca Raton CBOC	901 Meadows Rd., Boca Raton, FL 33433	561-416-8995
Brooksville CBOC	14540 Cortez Blvd., Ste. 108, Brooksville, FL 34613	352-597-8287
Coral Springs CBOC	9900 W. Sample Rd., Ste. 100, Coral Springs, FL 33065	954-575-4940

Deerfield Beach CBOC	2100 S.W. 10th Street, Deerfield Beach, FL 33442	954-570-5572
Delray Beach CBOC	4800 Linton Blvd., Building E, Ste. 300 Delray Beach, FL 33445	561-495-1973
Dunedin Primary Care	1721 Main Street, Dunedin, FL 34698	727-734-5276
Ellenton Primary Care	4333 US Hwy 301 North, Ellenton, FL 34222	941-721-0649
Fort Pierce CBOC	727 North US 1, Ft. Pierce, FL 34950	772-595-5150
Guayama CBOC	FISA Bldg. 1st fl, Paseo Del Pueblo, km 0.3, lote no 6, Guayama, PR 00784	787-866-8766
Hollywood CBOC	3702 Washington St., Ste. 201, Hollywood, FL 33021	954-986-1811
Homestead CBOC	950 Krome Avenue, Ste. 401, Homestead, FL 33030	305-248-0874
Key Largo CBOC	105662 Overseas Highway, Key Largo, FL 33037	305-451-0164
Key West CBOC	1300 Douglas Circle, Bldg. L-15, Key West, FL 33040	305-293-4609
Kissimmee CBOC	2285 North Central Avenue, Kissimmee, FL 34741	407-518-5004
Lakeland CBOC	4237 South Pipkin Rd, Lakeland, FL 33811	863-701-2470
Lecanto CBOC	2804 W. Marc Knighton Ct., Ste. A, Lecanto, FL 34461	352-746-8000
Leesburg CBOC	711 W. Main Street, Leesburg, FL 34748	352-435-4000
Marianna CBOC	4970 Highway 90, Marianna, FL 32446	850-718-5620
Miami Outpatient Substance Abuse Clinic (OSAC)	1492 West Flagler St., Ste. 101, Miami, FL 33135	305-541-8435
Naples Primary Care	2685 Horseshoe Drive, Ste. 101, Naples, FL 34104	239-659-9188
Ocala CBOC	1515 Silver Springs Blvd., Ocala, FL 34470	352-369-3320
Okeechobee CBOC	1201 N. Parrot Ave., Okeechobee, FL 34972	863-824-3232
Orange City CBOC	2583 South Volusia Ave. (17-92), Suite 300, Orange City, FL 32763	386-456-2080
Pembroke	7369 W. Sheridan St., Ste. 102, Hollywood, FL 33024	954-894-1668
Pines / Hollywood CBOC		
Port Charlotte Primary Care	4161 Tamiami Trail Unit 4, Port Charlotte, FL 33952	941-235-2710

## **Continued...VA COMMUNITY BASED OUTPATIENT CLINICS (CBOC'S)**

<b><u>Facility</u></b>	<b><u>Address</u></b>	<b><u>Phone</u></b>
St. Augustine CBOC	1955 US 1 South, Ste. 200, St. Augustine, FL 32086	904-829-0814 or 866-401-8387
Saint Croix CBOC	Box 12, RR-02, The Village Mall #113 Kings Hill, VI 00850-4701	340-778-5553
St. Petersburg Primary Care Clinic	3420 8th Ave. South, St. Petersburg, FL 33711	727-322-1304
St. Thomas CBOC	Havensight Mall, Bldg. III (Upper), Ste. 310 St. Thomas, VI 00802	340-774-6674
Sarasota Primary Care	5682 Bee Ridge Rd., Ste. 100, Sarasota, FL 34233	941-371-3349
Sebring Primary Care	3760 US Hwy 27 South, Sebring, FL 33870	863-471-6227
Stuart CBOC	3501 S.E. Willoughby Blvd., Stuart, FL 34997	772-288-0304
The Villages CBOC	Laurel Lake Professional Park, 1950 Laurel Manor Drive, Building 240, The Villages, FL 32162	352-205-8900
Valdosta CBOC	2841 N. Patterson Street, Valdosta, GA 31602	229-293-0132
Vero Beach CBOC	372 17th Street, Vero Beach, FL 32960	772-299-4623
Zephyrhills CBOC	6937 Medical View Lane, Zephyrhills, FL 33541	813-780-2550



## HEALTH CARE FOR HOMELESS VETERANS PROGRAMS - VISN 8

### GAINESVILLE VAMC / LAKE CITY VAMC

#### **Gainesville/Ocala Area Outreach**

**Case Manager: Dale Elzie, LCSW**

**Office hours by appointment, please call: (352) 379-7461 or (800) 376-1611 x7461**

Outreach at the following times/locations:

Tuesday: 11am-1pm	St. Francis House 413 S. Main St., Gainesville	(352) 378-9079
Wednesday: 9am-11am	Salvation Army Ocala 320 NW 1 <sup>st</sup> Avenue, Ocala	(352) 732-8326
Thursday: 3pm-4:30pm	Salvation Army Gainesville 639 E. University Ave., Gainesville	(352) 376-1743

#### **Lake City/Valdosta Area Outreach**

**Case Manager: Ayanna Sampson, MSW**

**Office hours by appointment, please call: (386) 755-3016 or (800) 308-8387, ext. 3416**

Outreach at the following times/locations:

#### Lake City:

Wednesday: 10:30am-12pm	Catholic Charities Lake City 258 Burke Ave., Lake City	(386) 754-9180
2 <sup>nd</sup> + 3 <sup>rd</sup> Wednesdays: 3:00pm-4:00pm	Volunteers of America, 260 S. Marion Ave., Ste. C-101, Lake City, FL	(386) 754-9926
By appointment only:	Mayo Manna House 297 S.E. Pine St., Mayo	(386) 294-2150

#### Georgia:

Tuesday: 9:00am-10:30am	Georgia Dept. of Labor 221 S. Ashley Street, Valdosta	(229) 333-5211
Tuesday: 11:00am-1pm	New Horizon Day Center 714 Charleston, Valdosta, GA	(229) 242-5267
<b>By appointment only:</b>	Veterans Services 378 State St., Waycross, GA	(912) 285-6340
	Cook County DFCS 1010 Hutchinson Ave., Adel, GA	(229) 896-3672
	Crossroads Gospel Rescue Mission 24 5 <sup>th</sup> Street, Moultrie, GA	(229) 985-7194

**Jacksonville Area Outreach****Case Managers: Raul Patton, MSW - (904) 739-1872, ext. 202****Office hours by appointment, please call: Shawn Liu, LCSW - (904) 739-1872****Outreach at the following times/locations:**

Monday: 10am-Noon	St. John's County St. Francis House 70 Washington St., St. Augustine, FL	(904) 829-8937
Monday: 9am-10am 1 <sup>st</sup> and 3 <sup>rd</sup> Mondays	Baker County NE FL Community Action 84 W. Lowder St, MacClenny, FL	(904) 259-4481
Monday: 9am-10am 2 <sup>nd</sup> and 4 <sup>th</sup> Mondays	Salvation Army: Hope House 84 W. Lowder St, MacClenny, FL	(904) 321-0435
Monday: 5pm-7pm	Salvation Army 900 W. Adams Street, Jacksonville	(904) 356-8641
Tuesday 10am-Noon	Sulzbacher Center 611 E. Adams St., Jacksonville	(904) 359-0457
Tuesday: 2pm-4pm	Salvation Army Beach (by appt. only) 10900 Beach Blvd., Jacksonville	(904) 641-2122
Wednesday: 10am-12pm	Mission House 800 Shetter Ave, Jacksonville Beach	(904) 241-6767
Wednesday: 4:30pm-6:30pm	Trinity Rescue Mission 622 W. Union St., Jacksonville	(904) 355-1205
Thursday: 9:30am-Noon	Clara White Mission 613 W. Ashley St., Jacksonville	(904) 354-4162
Thursday: 9:30am-Noon	City Rescue Mission: New Life Inn 613 W. Ashley St., Jacksonville	(904) 421-5161
Friday: 9am-11:30am	MHRC Quest 507 East Church Street, Jacksonville	(904) 358-2411

**Other Shelters/Resources in Jacksonville:**

Circle of Love Ministries	13519 N. Main St., Jacksonville	(904) 751-1034
Family Promise of Jacksonville	PO Box 40363, Jacksonville (Families with children)	(904) 354-1818
SafeHouse of Jacksonville	3325-8 Plymouth St., Jacksonville	(904) 425-4228

***Tallahassee Area Outreach***

**Case Manager: Denna Green-Corbett, MSW**

**Office hours by appointment, please call: (850) 521-5700 x1217 or (800) 330-1070 x1217  
Outreach at the following times/locations:**

Monday: 4:30pm-6pm	Haven of Rest Rescue Mission 510 West Tennessee Street, Tallahassee, Florida 32301	(850) 224-7313
Monday: 6pm-7pm	The Shelter 480 West Tennessee Street Tallahassee, Florida 32301	(850) 224-8448
Tuesday: 1:00 -2:30pm	Day Services Center Bill Hanson Community Day Center 466 W. Tennessee St.	(850) 224-9055
Tuesday 2:30 – 4:00	The Care Center 1224 Eppes Drive Tallahassee, Florida	(850) 597-8163
Tuesday (as needed) 4:30pm-6pm	Hope Community 2729 West Pensacola Street Tallahassee, Florida 32302	(850) 575-5566
Wednesday: 10:30am-11:30am	HomeFree Drop In Center 523 East Tennessee Street Tallahassee, Florida 32301	(850) 222-7226
Thursday (as needed) 4:30ish	Georgia's State Benefits Office 101 S Broad St Thomasville, GA 31792	(229) 225-4405

**ORLANDO VAMC**

***Orlando Area Outreach***

**Case Manager: Ken Mueller, LCSW**

**Office hours by appointment, please call: (321) 397-6609 or (800) 922-7521 x6609**

**Peer Support: Lou Smith (321) 397-6610 x6610  
or (800) 922-7521x 6610**

**Outreach at the following times/locations: Subject to change/call Ken Mueller first.**

Monday 10:00am Turning Point Drop- In Center  
203 E. 3rd St. Sanford FL 32771

Tuesday 2:00pm Orlando Rescue Mission  
410 W. Central Blvd., Orlando FL 32805

Tuesday 9:00am Daytona Homeless Access Center  
330 North St., Daytona FL 32114

Wednesday 10:00am Coalition for the Homeless  
(every other week) 639 W. Central Blvd.Orlando FL 32801

Thursday 2:00pm Salvation Army Men's Lodge  
624 Lexington Ave., Orlando FL 32801

Friday 10:00am Osceola Christian Ministry Center  
700 Union St., Kissimmee FL 34741

**Other Shelters/Resources in Orlando Area:**

Orlando Union Rescue Mission	Women & Children's Division 1525 W. Washington St., Orlando	(407) 422-4855
Salvation Army of Orange County	Women & Children's Shelter 400 W. Colonial Drive, Orlando	(407) 423-8581
Rescue Outreach Mission of Sanford	1701 W. 13 <sup>th</sup> St., Sanford	(407) 321-8224

***Brevard County Outreach Schedule***

**Office hours by appointment:**

**Case Managers: John Carroll, LCSW - (877) 878-8387 x2941  
or (321) 637-3788 x2941**

**Ernest Duncklee, LCSW - (877) 878-8387 x2636  
or (321) 637-3788 x2636**

Tuesday 11:00am Salvation Army (321) 269-3110 \*\*\* Area Shelter  
1218 W. Main St. Titusville, Fl. 32769

Wednesday 2:30pm CITA Mission (321) 725-5160 \*\*\* **Area Shelter**  
 2330 Johnny Ellison Drive Melbourne, Fl. 32901

Thursday 9:00pm East Coast Christian (Avenue Worship Center)  
 85 Richland Ave. Merritt Island, Fl. 32953

Thursday 11:15am Central Brevard Sharing Center (321) 631-0306  
 113 Aurora Street Cocoa, Fl. 32922

Friday 10:00am Daily Bread (321) 723-1060  
 815 East Fee Ave. Melbourne, Fl. 32901

As needed North Brevard Charities (321) 269-6555  
 4475 South Hopkins Ave. Titusville, Fl. 32780

**TAMPA VAMC**

**Tampa Area On-Call and Mobile Outreach Clinical Team** Chap Celerin: (813) 781-5152  
 - office hours by appointment, please call: Harry McCurdy: (813) 610-5879  
**Health Care for Homeless Veterans Program:** 10770 North 46<sup>th</sup> Street, (813) 979-3556  
 Suite A-400, Tampa, FL 33617

**Shelters in Tampa area:**

Metropolitan Ministeries (813) 209-1000  
 2002 North Florida Ave., Tampa

Salvation Army (813) 915-1004  
 610 West Waters Ave., Tampa

Women's Shelter - Salvation Army (813) 226-0055  
 Community Worship Center  
 1100 West Sligh Ave., Tampa

**BAY PINES VAMC**

**Daily Walk-in Clinic at Bay Pines Domiciliary: Staffed by HCHV Case Manager**

Hours: Mon-Fri (except holidays) 8am-11:30am - 1pm-3pm  
 Address: Domiciliary - 10000 Bay Pines Blvd. VAMC Bay Pines, FL  
 Bay Pines Homeless Programs (727) 398-6661 x 5986  
 (888) 820-0239 x 1263 x 4711  
 In Collier or Lee Counties----- (239) 939-3939 x 6495

**Shelters in greater St. Petersburg area:**

Salvation Army Emergency Lodge  
1400 4<sup>th</sup> Street South  
St. Petersburg, FL (727) 821-9123

Salvation Army Sarasota Corps  
1400 10<sup>th</sup> St., Sarasota (941) 954-4673

Salvation Army (not in st. Pete)  
St. Vincent de Paul Shelter  
401 15<sup>th</sup> Street North St.  
Petersburg, Fla 33705 (727) 209-0249

Beacon House (Men only)  
2151 Central Avenue St.  
Petersburg, Fla 33713 (727) 823-5780

Salvation Army  
1205 14<sup>h</sup> Street West  
Bradenton FL (941) 749-0925

People that Love Mission Inc.  
817 5<sup>th</sup> Avenue N St.  
Petersburg, Fla 33701 (727) 421-3745

Homeless Emergency Project  
1120 North Betty Lane  
Clearwater, Fla 33755 (727) 442-9041

Pinellas Hope  
5726 126<sup>th</sup> Avenue North  
Clearwater, Fla 33760 (727) 422-6540

Clearwater Homeless Intervention  
Project Services (CHIPS)  
1339 Park Street  
Clearwater, Fla 34615 (727) 466-66

## WEST PALM BEACH VAMC

**W. Palm Area Outreach Case Managers:**

<b>Frank Babich, RPAOc</b>	<b>(561) 422-8223</b>
<b>Gary Gallon, LCSW</b>	<b>(561) 422-8223</b>
<b>Hank Rivera MSW</b>	<b>(561) 422-8223</b>

Health Care for Homeless Veteran Program Outreach varies based on need. There is a drop-in facility located on VA property in Building 6. The **Veteran's Resource Center** is open Monday through Friday 8am-12pm and 1pm-4:30pm. It is staffed by William Mickey, Homeless Program Support Assistant. Ph: (561) 422-8223. The **Center** has available food (usually), clothes, showers, laundry; it is located behind the West Palm Beach VAMC, 7305 North Military Trail, W, Palm Beach, FL. Please call first.

### **Shelters/Resources in West Palm Beach area:**

Salvation Army Center of Hope	1577 N. Military Trail, WPB	(561) 682-1118
Joshua House (men only)	2701 Broadway, WPB	(561) 712-8586 (561) 736-7006

## MIAMI VAMC

### **Miami Area Outreach Schedules (subject to change):**

**Daily walk-in clinic:** HCHV offices at 1492 West Flagler, Miami, FL (305) 541-5864  
**Hours:** Monday - Friday 8am-12noon (except holidays)

**Outreach Case Manager:** Rodly St. Villien: (305) 541-5864 x 131

**Broward County:**

Monday	9am-12pm	Homeless Assistance Center (HAC) South
Tuesday	9am-12pm	Cooperative Feeding
Wednesday	9am-12pm	Jubilee Center
Friday	9am-12pm	St. Laurence Chapel

**Dade County:**

1 <sup>st</sup> and 3 <sup>rd</sup> Weds	9am-12pm	Miami Homeless Assistance Center (HAC) 1550 N. Miami Ave., Miami FL
2 <sup>nd</sup> and 4 <sup>th</sup> Weds	9am-2pm	Homestead HAC shelter 28205 S.W. 125 <sup>th</sup> Ave., Homestead FL
Thursday	9am-12pm	Miami Salvation Army 1907 NW 38 <sup>th</sup> St., Miami, FL
1 <sup>st</sup> and 3 <sup>rd</sup> Friday	9am-2pm	Miami Beach Outreach, in the community

### **Miami Shelters/Resources:**

If homeless within Miami city limits, contact the City of Miami Outreach Team 305-576-9900 within 48 hours of their release for a shelter bed. City team meets w/vet and refers to Community Partnership Homeless Assistance Center (HAC).

**North HAC: (305) 329-3000**

**South HAC: (305) 416-7143**

**Miami cont....**

<b>Camillus House Shelter</b>	726 NW 1 <sup>st</sup> Ave., Miami	305-374-1065
<b>Salvation Army</b>	1907 NW 38 <sup>th</sup> St., Miami	305-637-6720
<b>Miami Rescue Mission</b>		

**for Women and Children** 2250 NW 1<sup>st</sup> Ave., Miami 305-571-2250

**Monroe County: (Key West) Outreach Case manager Susan Spiegel, LCSW (305) 293-4609 x 1374**  
VA Clinic (connected to the Naval Outpatient Clinic)  
1300 Douglas Circle, Key West, FL

**Shelter: KOTS (Keys Overnight Temporary Shelter) on Stock Island will direct to Soup kitchen and clinic, etc. No phone number: Referrals and information are available from local/community based programs.**

**PUERTO RICO / US VIRGIN ISLANDS---SAN JUAN VAMC (VA CARRIBEAN)**

***Puerto Rico Area Outreach Information:***

**Contact HCHV Program Coordinator Daniel Aponte Ramos: 787-641-7582, ext. 12327**  
Health Care for Homeless Veterans Program—Puerto Rico  
Puerto Rico VAMC  
10 Casia Street, San Juan, PR 009210-3201

***US Virgin Islands - Health Care for Homeless Veterans Program***

**Contact the following sites for specific information on HCHV outreach schedules:**

Community Based Clinic/Vet Center  
District of St. Croix  
RR2 Box 12, Kingshill  
St. Croix, VI 00850  
(340) 778-5553

Community Based Clinic/Vet Center  
District of St. Thomas/ St. John  
9800 Buccaneer Mall, Suite 8  
Charlotte Amalie  
St. Thomas, VI 00802  
(340) 774-6674



## **HOMELESS VETERANS PROGRAMS IN SURROUNDING AREAS**

### **VISN 16**      **PENSACOLA**

**Outreach Case Manager:** Scott Turner, MSW  
VA Outpatient Clinic  
312 Kenmore Road, Pensacola, Fl 32503  
1-800-897-8977, ext. 7714  
850-471-7714 or cell # 850-723-3900

**Pensacola Shelter:** The Waterfront Rescue Mission  
16 W. Main St.  
Pensacola, FL 32594  
850-438-4027

**VISN 7:**      **ALABAMA**      Homeless Veterans Program/Psychiatry/116  
VA Medical Center  
700 S. 19<sup>th</sup> Street  
Birmingham, Alabama 35233  
(866) 847-4243, ext. 6751 or (205) 933-8101, ext. 6751

This is first place for homeless veterans to go to become eligible for services; look for the Homeless Program on the 7<sup>th</sup> floor of the VAMC, 8am-4:30pm, Mon-Fri.

### **GEORGIA**

Health Care for Homeless Veterans Program  
Atlanta VAMC/122  
1670 Clairmont Road  
Decatur, GA 30033  
(800) 944-9726, ext. 7436 or (404) 321-6111, ext. 7436  
This number will give you the on-call worker for the day.

VA Medical Center/122U  
1 Freedom Way  
Augusta, GA 30904  
(800) 836-5561, ext. 7617 or (706) 733-0188, ext. 7617

**GEORGIA, cont'd.**

Metro Atlanta Task Force for the Homeless : Walk-ins welcome. The Taskforce is the clearinghouse for shelters and transitional housing for all of metro Atlanta. It is the best and only place to call or visit to find out which shelters have vacancies at any given time.

477 Peachtree St.  
Atlanta, GA 30308  
1-800-448-0636 or (404) 230-5000

Augusta Task Force for the Homeless, Inc.

730 East Boundary Street  
Augusta, GA 30901  
1-866-256-7021 (homeless emergency hotline) / 706-723-0040

**SOUTH CAROLINA**

Health Care for Homeless Veterans Program  
VA Medical Center  
109 Bee Street  
Charleston, South Carolina 29401  
(888) 878-6884 or (843) 789-7953

Linda Williams is the Coordinator. There is a walk-in clinic on the 3<sup>rd</sup> floor of the Medical Center, in Mental Health, where there are screenings from 9am-11am, Mon-Fri.

VA Medical Center/116  
6439 Garners Ferry Road  
Columbia, South Carolina 29209  
(800) 293-8262, ext. 5818 or (803) 776-4000, ext. 5818

Ms. Rebecca Barnette is the Program Manager, ext. 7695

(800) 784-8381, ext. 4188 or (804) 675-5000, ext. 4188 for Carol Murray

## **VETERANS HEALTH ADMINISTRATION PROGRAMS**

**Health Care for Homeless Veterans Programs.** Every VA Medical Center has a Health Care for Homeless Veterans (HCHV) Program which helps connect homeless veterans with health care and services at the VA and agencies in their local community. The HCHV program has outreach workers who meet with veterans at various locations in the community. Workers can make referrals for medical and mental health care, and offer case management to help veterans access transitional housing assistance and linkage to permanent housing. VA has no emergency housing for veterans. Eligible veterans receive assistance in pursuing SSI/SSDI benefits, as well as VA benefits and entry into other VA programs.

**Primary Care, Mental Health Care , and Substance Abuse Treatment.** We strongly encourage all eligible veterans to enroll in our primary care clinics and to speak to health care providers about any health concerns they have, including those that may require specialty care services. There are both residential and outpatient services available for veterans in need of substance abuse treatment. We strongly recommend that veterans who want substance abuse treatment talk to a VA health care professional as soon as possible.

**Post Traumatic Stress Disorder.** There are both residential and outpatient services available for veterans with Post Traumatic Stress Disorder (PTSD). The residential PTSD services offer an intensive therapeutic experience in a structured environment. Some of our facilities offer treatment for noncombat related PTSD and specialized programming for women veterans with PTSD.

**Vocational Rehabilitation and Employment.** These programs provide assistance with resumes, job leads in the community, vocational training and help dealing with other barriers that may make it hard for veterans to get a job.

**Veterans Industries and Compensated Work Therapy (CWT) Programs.** CWT offers structured work opportunities and supervised therapeutic housing for at-risk and homeless veterans with physical, mental health, and addictions problems. Veterans are paid for their work and receive ongoing supportive case management which helps them maintain successful employment.

**Grant and Per Diem Transitional Housing.** The VA partners with community agencies to provide transitional housing to homeless veterans. Veterans pay up to 30% of their income monthly and can reside in this housing for up to two years, provided they participate in appropriate health care treatment and actively plan for fully independent community living. Admission criteria for these programs varies throughout the state. Talk with your local HCHV Program representative for more information about these housing options.

**Domiciliaries.** These are short-term residential programs that provide veterans with a host of rehabilitation services. Workshops focus on skill building, and individual and group counseling are offered. There is an emphasis on relapse prevention and veterans are encouraged to develop skills they can use to lead productive, independent lives.

**VA Supported Housing. HUDVASH** The HUD VASH program is a partnership between HUD and VA. HUD assists with housing costs, and VA provides case management. The veteran must participate in case management to maintain eligibility for VASH. The maximum income allowed for a one person household is approximately \$18,750 per year. The veteran pays approximately 30% of his/her income towards their rent, and HUD pays the remainder. The veteran is responsible for security and utility deposits, and also pays regularly occurring household expenses such as rent obligation, utilities, etc.

After the veteran is admitted into VASH program, the local housing authorities determine voucher eligibility based upon HUD criteria. Veteran is able to live in housing of their choosing, but the landlord must accept the Housing Choice Vouchers for Veterans. The veteran signs a lease and is responsible for the obligations of the legal document. Veterans can stay in the program for up to 5 years.

## **SECTION III: SEEKING AND ACCESSING FEDERAL PROGRAMS AND BENEFITS**

### **(Pension Claims—Non-Service Connected—Service Connected—Compensation & Pension)**

#### **U.S. Department of Veterans Affairs—Regional Office, St. Petersburg, Florida**

The Department of Veterans Affairs publishes a booklet called “Federal Benefits for Veterans and Their Dependents” that describes the type of benefits available and lists the addresses and phone numbers for VA facilities nationwide. Write the VA Regional Office (VARO) below to request a copy.

VA Regional Office  
9500 Bay Pines Blvd.  
St. Petersburg, FL 33708 Phone: 1-800-827-1000

**Florida Department of Veterans Affairs (FDVA)** provides assistance with Veterans benefits and entitlements information, VA claims process, representation and advocacy, trauma counseling, Veterans Homes for those in need of nursing care, and employment assistance through federally funded reintegration projects.

Contact:

Florida Department of Veterans Affairs  
Mary Grizzle Building, Rm. 311-K  
11351 Ulmerton Road, Largo, Fl. 33778-1630  
Phone: (727) 518-3202 Fax: (727) 518-3216

**Georgia Department of Veterans Service:** For information call (800) 827-1000

Central Office  
Floyd Veterans Memorial Building  
Suite E-970  
Atlanta, GA 30334  
Phone: (404) 656-2300

#### **Puerto Rico Public Advocate for Veterans Affairs**

Mercantil Plaza Bldg.  
Fourth Floor, Suite 4021  
Hato Rey, PR 00918-1625  
Ph: (787) 758-5760 Fax: (787) 758-5788

Mailing Address:  
P.O. Box 11737  
Fernandez Juncos Station  
San Juan, PR 00910-1737

#### **Virgin Islands Office of Veterans Affairs:**

1013 Estate Richmond  
Christiansted, St. Croix VI 00820-4349  
Ph: (340) 773-6663 Fax: (340) 692-9563

## **ELIGIBILITY FOR VA BENEFITS DURING INCARCERATION**

Veterans incarcerated and incarcerated dependents may apply for the same compensation, dependency and indemnity compensation (DIC) – service connected death benefits – and pension benefits as veterans who are not incarcerated. However, Congress restricts the amount of benefits that may be paid to a veteran or dependent while he or she is incarcerated. These benefits are institutionalized as part of law: *38 U.S.C Sec 5313 (a), 38 C.F.R., Sec. 3.665 (a), (d)*, which reads as follows:

*If a veteran is incarcerated as the result of a “felony” conviction as defined by law: “Any offense punishable by death or imprisonment for a term exceeding one year, unless specifically categorized as a misdemeanor under the law of the prosecuting jurisdiction.”*

*Then, the amount paid to a veteran incarcerated for a service-connected disability is generally limited by law to the 10 percent disability rate, or half the amount of the ten percent rate if the veteran’s disability rating is 10 percent. (If the veteran is rated before incarceration as 20 percent disabled or higher, he will receive only the amount payable to a 10 percent disabled veteran.) Incarcerated DIC recipients will receive one-half the amount paid to a veteran receiving compensation payments for a 10 percent-rated disability.*

*A veteran may not receive non-service connected VA pension benefits, or any portion of these benefits, while incarcerated for a felony or misdemeanor. However, his family may receive an apportionment of such benefits under the procedure described above. (See 38 C.F.R. Sec.3.666)*

One important requirement for eligibility for VA benefits is that the veteran has to have been issued either an honorable or general discharge, or would have received one if not for re-enlisting. If a veteran had two periods of service, one honorable and the other less than honorable, he may still be eligible for VA benefits based on the honorable period of service.

*VA Medical Care can not be provided to veterans in prison, but VA health facilities may provide care to you after your release. Contact 1-877-222-8387 to find the medical center nearest you.*

### **Benefits Payments While Incarcerated**

There is a 60-day "grace period" following a conviction when you may still receive full benefits. To avoid an overpayment, it is important that you notify the VARO immediately when you go to prison if you are receiving payments. If you do not notify the VA and receive overpayment, you and your family will lose all financial payments until the debt is paid.

*For example, Joe is a veteran who receives a VA pension. He commits a crime, is convicted, and is incarcerated, but doesn't tell the VA right away and keeps getting paid for 6 months. After serving his sentence of 18 months, he is released and applies to the VA to have his pension restarted. He will have an overpayment which must be recovered from the restarted benefits. Until the overpayment is recovered, Joe will have to go without that income.*

Your award for compensation or pension benefits should resume from the date you are released, as long as the VA receives notice of release within one year. Form 21-4193, Notice to Department of Veterans Affairs of Veteran or Beneficiary Incarcerated in Penal Institution, available through your counselors should be completed before release, signed by a prison official and submitted to VA Benefits Administration.

### **Apportionment**

Although legally, the veteran can only receive a portion of the full amount payable for his or her disability rating, the remaining balance may be “apportioned to the individual’s dependent family”. To apply for apportionment, the veteran must send a letter that identifies the veteran and the apportionment claimant and makes it clear they are requesting an apportionment of his VA benefits to the VA Regional Office (VARO) that has jurisdiction over the veteran’s case. VA regulations clearly specify this apportionment amount will only go to family members if they can show financial need for such amount. This applies to the spouse, children, or dependent parents who are involved in the application.

In deciding whether any apportionment is appropriate, the amount of the apportionment, and to whom it will go, the following factors are considered:

- The family member’s income and living expenses;
- The amount of compensation available to be apportioned;
- The needs and living expenses of other family members; and
- Special needs of any of the family members.

*For example: a veteran incarcerated rated as 80 percent disability can only receive the amount he or she would get if he or she were 10 percent disabled. However, his or her family may be apportioned up to 70 percent, the difference of the 80 percent rating. (DIC may also be apportioned with similar restrictions.)*

There is a 60-day “grace period” following conviction where the veteran, or Dependency or Indemnity Compensation (DIC) recipient, may still receive full benefits. If the veteran continues to receive benefits after the 60-day period, it will result in an “overpayment”. The VA considers it to be the recipient’s responsibility and fault if this occurs because the recipient failed to notify the VA of his or her incarceration. Attempts to obtain a waiver in these situations of overpayment are often unsuccessful. As a rule, the veteran loses most, if not all, financial benefits until the VA recovers the entire overpayment. It has also been a standard procedure that the family will not be entitled to receive an apportionment until the debt is completely recovered.

For more information concerning VA debt collection rules that may affect the veteran incarcerated, telephone: 1-800-827-1000 and request a Veterans Service Organization representative or, write to a Veterans Service Organization.

One other relevant restriction on veteran’s incarcerated eligibility for service connected disability compensation is that: “No total disability rating based on un-employability, may be assigned to an incarcerated veteran”.

It is important to remember that most VA decisions, including those on apportionment, can be appealed to the Board of Veterans Appeals and, if need be, to the Court of Appeal for Veterans Affairs.

### **Re-starting Benefits at Release**

It is important that each disabled veteran receiving compensation or DIC payments promptly notify the VARO. Regular full benefit payments should begin upon release, providing the VA is notified of the veteran’s release, including placement within a community treatment center or halfway house in the community, within one year of release. VARO needs formal notification from the prison of your release in order to re-start benefits: The sooner that document is provided to VARO, the sooner VARO can begin to process your request.

### **Seeking Help After Release**

If you would like to get benefits or think you have a pending claim before the VA, it is best to get professional help to assist you.

Many Veterans Service Organizations (VSOs) have trained staff who can help you with your VA claim, and can legally represent your claim before the VA. Some also help homeless and at-risk veterans find the support services they need. You can contact any VSO listed in the Guidebook to learn an office near you.

### **Seeking Benefits On Your Own**

Although we encourage you to seek the aid of a service representative, you may choose to apply for VA benefits on your own. Write your local VA Regional Office or find the forms online at: [www.vba.va.gov/pubs/forms1.htm](http://www.vba.va.gov/pubs/forms1.htm). You can also apply for certain benefits online at: <http://vabenefits.vba.va.gov/vonapp/main.asp>.

Below are brief descriptions of forms needed to file for certain VA benefits. Be sure you use a return address where mail will get to you as quickly as possible. Make photocopies of all forms for your records before sending your packet to the VARO nearest you.

- VA Form 21-526 - Application for Compensation or Pension- must be filed to apply for compensation or pension. Mail your DD-214 and the following forms to the VARO nearest your release destination 30 to 45 days before your release.
- VA Form 21-4138 - Statement in Support of Claim - lets you explain why you deserve the benefits you are asking for because of your disability or disorder. It is best to have an experienced service representative help you complete the form.
- VA Form 21-4142 - Authorization for Release of Information - If you have received medical or mental health care, that may be relevant to your claim, from anyone other than a VA Medical Facility, you need to fill out a VAF 21-4142 giving permission for release of medical records to the VA.
- VA Form 10-10EZ - Enrollment for Medical Benefits - is used by the VA to determine if you can receive medical benefits. Complete the form and bring it with you to the VA medical facility where you will seek evaluation for treatment.
- VA Form 28-1900 - Vocational Rehabilitation for Disabled Veterans - is needed to apply for the vocational rehabilitation program to help veterans who were disabled during their service reach maximum independence in daily living, to learn the skills needed to get a job, and to find and keep a job. Send Form 28-1900 to the VARO in your area 10 to 15 days before your release.
- VA Form 70-3288 - Request for and Consent to Release of Information from Claimant's Records - is used to get records relevant to your claim from VA facilities (regional offices, medical centers, outpatient clinics, and vet centers). Request a fee waiver under section 38 C.F.R. Sec.1.526 (h), which requires the VARO to provide a veteran with one set of his or her records free of charge.



## County Veteran Service Officers

**County Veteran Service Officers (VSO's)** are a good first link to helping you access VA Benefits, file claims, restart pensions, etc. Located in counties throughout the State, these men and women work with veterans and their families to explain the process of applying for benefits from the VA. List Revised July 2008.

### ALACHUA

James W. Lynch, Director  
218 SE 24<sup>th</sup> St., Gainesville, FL 32641  
Phone: (352) 264-6740 Fax: (352) 264-6703  
**E mail:** [JLynch@alachuacounty.us](mailto:JLynch@alachuacounty.us)

### BAKER

Herbert O. Hicks, Director  
(Mon., Tues., Wed. & Thur)  
55 N. 3rd Street A-6 Center Office  
MacClenney, FL 32063  
Phone: (904) 259-2516  
Fax: (904) 259-7610 or 259-9034  
**E mail:** [vet@bakercountyfl.org](mailto:vet@bakercountyfl.org)

### BAY

Ray Carroll, CVSO Director  
647 Jenks Ave.  
Panama City, FL 32401  
Phone: (850) 784-4044/4078  
Fax: (850) 784-6181

### BRADFORD

(Tue. and Thurs. only, 8-5)  
Nathan Hines  
Bradford County Courthouse  
PO Drawer B, Starke, FL 32091  
Ph: (904) 966-6385 or 1-800-280-9262  
Fax: (904) 966-6386

### BREVARD

Glenn A. McGuffie  
2725 Judge Fran Jamieson Way,  
Viera, FL 32940  
Phone: (321) 633-2012  
Fax: (321) 637-5432  
**E mail:** [glenn.mcguffie@brevardcounty.us](mailto:glenn.mcguffie@brevardcounty.us)

### BROWARD

Floyd D. White, Manager, CVSO, Room 200  
**Email:** [fwhite@broward.org](mailto:fwhite@broward.org)  
Ivy Martin, VSO  
1600 W. Hillsboro Blvd., Room 150 Deerfield Beach,  
FL 33442  
Phone: (954) 831-1230  
Fax: (954) 831-1244 **E mail:** [imartin@broward.org](mailto:imartin@broward.org)

Owen Walker, VSO Customer Relations Unit  
Kenneth Morris, VSO  
2995 N. Dixie Highway  
Ft. Lauderdale, FL 33334  
Phone: (954) 537-2936, Fax: (954) 537-2914  
**E mail:** [owalker@broward.org](mailto:owalker@broward.org)

Ivy Martin, VSO  
3550 Hollywood Blvd, Rm 190  
Hollywood, FL 33021  
Phone: (954) 831-0420, Fax: (954) 831-0422  
**E mail:** [imartin@broward.org](mailto:imartin@broward.org)

Marie Lerouge, VSO  
10077 NW 29<sup>th</sup> Street  
Coral Springs, FL 33065  
Phone: (954) 761-2125 Fax: (954) 341-3918  
**E mail:** [mlerouge@broward.org](mailto:mlerouge@broward.org)

Jonnett Simms, VSO  
501 NW 103<sup>rd</sup> Avenue  
Pembroke Pines, FL 33028  
Phone: (954) 538-6955, Fax (954) 538-6959  
**E mail:** [jsimms@broward.org](mailto:jsimms@broward.org)

Vito Rao, VSO  
5000 Nob Hill Rd.  
Sunrise, FL 33351  
Phone: (954) 749-2550, Fax: (954) 749-2551  
**E mail:** [vrao@broward.org](mailto:vrao@broward.org)

**CALHOUN**

Tammy Rushing  
Calhoun County Courthouse (Tues & Wed 8am-4pm)  
20859 S.E. Central Ave., E .Room 4  
Blountstown, FL 32424  
Phone: (850) 674-8305  
Fax: Use office #; call ahead to fax  
**E mail:** [CalhounVSO@gtcom.net](mailto:CalhounVSO@gtcom.net)

**CHARLOTTE**

James A. Barrett, Director  
2280 Aaron St., Cultural Center  
Port Charlotte, FL 33952  
Phone: (941) 625-4422 Fax: (941) 625-0561  
**E mail:** [James.Barrett@charlottefl.com](mailto:James.Barrett@charlottefl.com)

**CITRUS**

John J. Kenney – CSO  
2804 W. Marc Knighton Ct.-Suite B140  
Lecanto, FL 34461-8334  
Phone: (352) 527-5915 Fax: (352) 527-5916  
**E mail:** [john.kenney@bocc.citrus.fl.us](mailto:john.kenney@bocc.citrus.fl.us)

**CLAY**

Madelyn Proctor, CVSO  
2471 Highway 16 West (PO Box 1366)  
Green Cove Springs, Fl 32043  
Phone: (904) 269-6326 Fax: (904) 278-4717  
**E mail:** [Madelyn.Proctor@co.clay.fl.us](mailto:Madelyn.Proctor@co.clay.fl.us)

**COLLIER**

Peter P. Kralej, Director  
Collier County Government Center,  
3301 Tamiami Trail E. Bldg. H , Suite 212  
Naples, FL 34112  
Phone: (239) 774-8448 Fax: (239) 774-1667  
**E mail:** [veteranservices@colliergov.net](mailto:veteranservices@colliergov.net)

**COLUMBIA**

Robert (Bob) Little, CVSO  
264 NE Hernando Ave. Suite 101  
Lake City, FL 32055  
Phone: (386) 758-1013/1012  
Fax: (386) 758-2184  
**E mail:** [robert\\_little@columbiacountyfla.com](mailto:robert_little@columbiacountyfla.com) or  
[susan\\_melton@columbiacountyfla.com](mailto:susan_melton@columbiacountyfla.com)

**DADE**

Edward C. Van Loan, Jr.  
150 NW 79th Street, Room 503  
Miami, FL 33150  
Phone: (305) 795-1511 Fax: (305) 795-1542  
**E mail:** [dadevet@aol.com](mailto:dadevet@aol.com)

**DESOTO**

Paul M. Erickson  
201 E. Oak Street, Suite #202  
Arcadia, FL 34266  
Phone: (863) 993-4858, Fax: (863) 993-4857  
**E mail:** [p.erickson@co.desoto.fl.us](mailto:p.erickson@co.desoto.fl.us)

**DIXIE**

Jerry Prater (Tue., Wed., & Thurs. only, 8:00am - 5:00pm) 405 SE 22<sup>nd</sup> Ave.  
mail: PO Box 1119, Cross City, FL 32628  
Phone: (352) 498-1246, Fax: (352) 498-1286  
**E mail:** [dixievet@inetw2.net](mailto:dixievet@inetw2.net)

**DUVAL**

Herschel Allen, VSO Supervisor/CVSO  
117 West Duval St # 175, Jacksonville, FL 32202  
Phone: (904) 630-3680 Fax: (904) 630-3422  
**E mail:** [hallen@coj.net](mailto:hallen@coj.net)

**ESCAMBIA**

\*DAV Contracted Operation  
(Monday-Wednesday, 8:00am-4:30pm)  
Jerry White  
312 Kenmore Road  
Pensacola, FL 32503  
Phone: (850) 471-7754  
(No email)

**FLAGLER**

Salvatore Rutigliano VSO  
1769 E. Moody Blvd, Bldg 2, Suite 108  
Bunnell, FL 32110  
Ph: (386) 313-4014 Fax: (386) 313-4114  
**E mail:** [srutigliano@flaglercounty.org](mailto:srutigliano@flaglercounty.org)

**FRANKLIN**

William E. Scott  
(Mon, Tue, Wed, & Fri ONLY—8:30am – 4:30pm)  
Franklin County Courthouse  
Apalachicola, FL 32320  
Office: (850) 653-8096 Fax: (850) 653-4139  
**E mail:** [franklinvets@gtcom.net](mailto:franklinvets@gtcom.net)

**GADSDEN**

Wess Hinson  
5-B East Jefferson Street  
Mail: PO Box 1799, Quincy, FL 32351-5799  
Ph: (850) 875-8661, Fax: (850) 875-8792  
**Email:** [jjordan@gadsgengov.net](mailto:jjordan@gadsgengov.net)

### **GILCHRIST**

Major L. Stroupe, CVSO  
Mon thru Thur 8:30am – 4:30pm  
105 NE 1<sup>st</sup> Street Trenton, FL 32693  
Phone and fax: (352) 463-3188 or (800) 236-1739  
**E mail:** [cvso@gilchrist.fl.us](mailto:cvso@gilchrist.fl.us)

### **GLADES**

Jim Herrington, CVSO  
PO Box 1018  
Moore Haven, FL 33471-1018  
Thurs. only, 7:30am-4:30pm  
Ph: (863) 946-1281, fax: (863) 946-2860  
**E mail:** [jherrington@myglades.com](mailto:jherrington@myglades.com)

### **GULF**

James (Jim) C. Kennedy  
1000 Cecil G. Costin Sr. Blvd.  
Port St. Joe, FL 32456-1647  
Monday Phone: (850) 639-3019  
Tuesday-Friday Phone: (850) 229-6125 Fax: (850) 229-7180  
**E mail:** [vsgulfco@gtcom.net](mailto:vsgulfco@gtcom.net)

### **HAMILTON**

Herbert Lumpkin, VSO  
1153 US Hwy 41, Suite 4  
Jasper, FL 32052  
Ph: (386) 792-1272 Fax: (386) 792-6896  
**E mail:** [veteranserviceoffice@alltel.net](mailto:veteranserviceoffice@alltel.net)

### **HARDEE**

Larry Pelton (Tues / Thurs ONLY)  
307 N. 6<sup>th</sup> Avenue  
Wauchula, FL 33873-2319  
Ph: (863) 773-9853 Fax: (863) 773-3827  
**E mail:** [2bowlers@embarqmail.com](mailto:2bowlers@embarqmail.com)

### **HENDRY**

Richard Marquith CVSO (Mon, Wed, Fri)  
Courthouse Square  
165 S. Lee Street, Labelle  
Ph: (863) 675-5250  
Fax: (863) 675-5317

(Tues & Thur)

100 E. El Paso Avenue, Clewiston  
Phone: (863) 983-1491

Mail: PO Box 2340  
Labelle, FL 33975-2340 **E mail:**  
[rmarquith@hendryfla.net](mailto:rmarquith@hendryfla.net)

### **HERNANDO**

Matt Peters, Veteran Services Manager  
Airport Industrial Park  
16110 Aviation Loop Drive  
Brooksville, FL 34604-6803  
Ph: (352) 754-4033 Fax: (352) 754-4094  
**E mail:** [MPeters@co.hernando.fl.us](mailto:MPeters@co.hernando.fl.us)

### **HIGHLANDS**

Joseph Dionne, CVSO  
Office: 7205 S. George Blvd  
Mail: PO Box 1926, Sebring, FL 33871-1926  
Phone: (863) 402-6623 Fax: (863) 402-6796  
**E mail:** [jdionne@hcbcc.org](mailto:jdionne@hcbcc.org)

### **HILLSBOROUGH**

John Colbert  
1101 E. 139th Ave ,Tampa, FL 33613  
Ph:(813) 975-2181 Fax: (813) 975-2187  
**E mail:** [stromf@hillsboroughcounty.org](mailto:stromf@hillsboroughcounty.org)  
201 14th Avenue SE, Ruskin 2<sup>nd</sup> Tues.  
By appoint: Noon - 4:30 pm

East Tampa Veterans Memorial Museum & Park  
3602 N Highway 301, Tampa, 33619  
(813) 744-5588 Tues only: 8:00am – 4:30pm  
3402 N. 22<sup>nd</sup> St. (Thurs.) 8:00am – Noon  
2103 N. Rome Ave. (Wed.) 8:00am - Noon  
307 N. Michigan Ave., Plant City 33563  
Thursday Only: 8:00am - NOON

Reggie Washington, Homeless Recovery  
2410 N. Tampa St., Tampa, 33602  
Mon-Tue, 7:00am—5:30pm  
Ph: (813) 276-2976 / (813) 307-4717  
Fax: (813) 276-2047

### **HOLMES**

Joey Marsh (Mon - Thurs (8:00am-4:00pm)  
812-B S. Waukesha Street  
Bonifay, FL 32425  
Ph: (850) 547-2897 Fax: (850) 547-9252  
**E mail:** [vetsrmyjob@earthlink.net](mailto:vetsrmyjob@earthlink.net)

### **INDIAN RIVER**

Joel V. Herman, Manager  
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**INDIAN RIVER**

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Email: [bmitchell@ircgov.com](mailto:bmitchell@ircgov.com)

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**LEON**

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**LEVY**

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E mail: [jhaddox@martin.fl.us](mailto:jhaddox@martin.fl.us)

**MONROE**

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E mail: [Ingraham-Charles@monroecounty-fl.gov](mailto:Ingraham-Charles@monroecounty-fl.gov)

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**E mail:** [Johnson-Gary@monroecounty-fl.gov](mailto:Johnson-Gary@monroecounty-fl.gov)

Gary E. Johnson, Admin. Vet Services  
88820 Overseas Highway, Tavernier, FL 33070  
Ph: (305) 852-7104 Fax: (305) 853-7304  
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### **NASSAU**

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76347 Veteran's Way, Yulee, FL 32097  
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**E mail:** [jmartin@nassauclerk.com](mailto:jmartin@nassauclerk.com)

### **OKALOOSA**

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Crestview, FL 32536  
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Gail Hull, Veterans Counselor  
Okaloosa County Courthouse Annex  
6 11<sup>th</sup> Ave., Suite G-3, Shalimar, FL 32579  
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Ph: (850) 651-7258, Fax: (850) 651-7742

### **OKEECHOBEE**

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462 Highway 98 North  
Okeechobee, FL 34972-2303  
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Orlando, FL 32803  
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Robert Day, Veterans Counselor  
1111 N. Rock Springs Rd., Apopka, FL 32712  
Ph: (407) 654-1055 Fax: (407) 654-1056  
Tuesday only—8:00am-4:00pm

1701 Adair St., Ocoee, FL 34761  
Ph: (407) 654-8493 Fax: (407) 654-8493  
Mon and Thurs only—8:00am-4:00pm

### **OSCEOLA**

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108 Park Place Blvd., Bldg. C  
Kissimmee, FL 34741  
Ph: (407) 742-8400 Fax: (407) 742-8434  
**E mail:** [tmal3@osceola.org](mailto:tmal3@osceola.org)  
Wednesday only:  
1322 10<sup>th</sup> St  
St. Cloud, FL 34769  
Ph: (407) 742-8555

### **PALM BEACH**

Craig Carr  
810 Datura St. (Mail: PO Box 1989)  
West Palm Beach, FL 33401-5211  
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**E mail:** [wklinger@pascocountyfl.net](mailto:wklinger@pascocountyfl.net)

### **Dade City Office:**

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13853 15<sup>th</sup> Street, Dade City, FL 33525  
Ph: (352) 521-5172 Fax: (352) 521-5176  
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### **PINELLAS**

N Royce Carter  
Mike Hill, Senior VSO  
Eric Cobelens, VSO  
Lannie Thomas  
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Ph: (727) 464-8460 Fax: (727) 464-8463  
**E mail:** [dstout@co.pinellas.fl.us](mailto:dstout@co.pinellas.fl.us)

Michael Dowling, VSO  
501 1<sup>st</sup> Avenue N., #517, St. Petersburg, FL 33701  
Ph: (727) 582-7828 Fax: (727) 582-7813

Wed. only, by app't: Tarpon Springs SPC Campus  
38500 US 19 North, Tarpon Springs, FL 34689  
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### **POLK**

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Edwin Wright, Service Officer  
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PO Box 9005, Bartow, FL 33830  
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Donna Carlsen, Helen Simpson, VSO II  
Larry Coleman, Orlando Batista, VSO  
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Ph: (772) 337-5670 Fax: (772) 337-5678  
**E mail:** [veterans@co.st-lucie.fl.us](mailto:veterans@co.st-lucie.fl.us)  
Walk-in Location:  
1664 S.E. Walton Road, Port St. Lucie, FL 34952  
Walk-in Location:  
437 N. 7<sup>th</sup> Street, Ft. Pierce, FL 34950

### **SANTA ROSA**

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Terry Acton VSO, Tom Carhart VSO, Gary Valinski VSO  
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**E mail:** [gtingle@seminolecountyfl.gov](mailto:gtingle@seminolecountyfl.gov)

### **SUMTER**

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Charlton Hines, Senior Veteran Counselor  
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**E mail:** [gavetsvc@vs.state.ga.us](mailto:gavetsvc@vs.state.ga.us)

At <http://sdvs.georgia.gov> you can click on individual counties in South Georgia to find out exact contact information..

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**Mailing Address:**

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**US VIRGIN ISLANDS:**

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## SECTION IV: FINDING A JOB

**Incarcerated Veterans Transition Program (IV-TP):** Managed by the U.S. Department of Labor and the Veterans' Employment and Training Service (VETS), this program helps ex-offender veterans who are at risk of homelessness to re-enter the workforce. It uses a case management approach to link incarcerated vets with appropriate employment and life skills support as they transition from correctional facilities back into the community. It offers assistance with job searches, trainings, placements, and follow up after placement. This program is eligible to veterans with honorable discharges who are within 18 months of release. More information on line at [www.dol.gov/vets](http://www.dol.gov/vets).

**Homeless Veterans' Reintegration Projects (HVRP)** is also managed by the U.S. Department of Labor and the Veterans' Employment and Training Service (VETS). It is a federally funded program that provides employment and training services to homeless veterans to help them get back into the workforce. HVRP assists veterans with job placement, training, job development, career counseling, resume preparation, trade skills certification and licensing. Supportive services such as clothing, provision of or referral to housing, referral to medical and substance abuse treatment, and transportation assistance may also be provided. To find out if you are eligible, contact the VETS office near you, listed in the phone book under United States Government, U.S. Dept. of Labor or go online to [www.dol.gov/vets/aboutvets/contacts/main.htm](http://www.dol.gov/vets/aboutvets/contacts/main.htm).

**Workforce Florida/ WorkSource Centers/ One-Stop Career Centers:** Veterans can find the services they need at a convenient One-Stop Career Center. Work with a veterans employment specialist to find jobs, acquire skills and education, plan your career, attend workshops and take advantage of other resources. Search the directory for the One-Stop Career Center near you, or go online [www.servicelocator.org](http://www.servicelocator.org), or just pick up the phone and dial 1-877-US2-JOBS for direct assistance!

**The Work Opportunity Tax Credit (WOTC)** can save an employer as much as \$2,400 in taxes when they hire a worker who historically has had a hard time landing a job. All an employer has to do is hire a qualified worker, fill out the Pre-Screening Notice (8850) and Individual Characteristics Form (9061) and drop them in the mail within 21 calendar days from the start date of employment. An ex-felon who has a hiring date which is not more than one year after the last date on which they were convicted or released from prison, and is a member of an economically disadvantaged family is qualified for WOTC. Employers can call the WOTC Unit at 1-800-669-9271, or contact their local WorkSource/ One-Stop Career Center.

**Workforce Innovation - Federal Bonding Program** A Fidelity bond is NO COST insurance coverage meant to allow employers to hire job applicants considered "at risk" due to their past life experiences. The employer gets the worker's skills, abilities and knowledge without risking liability for potential employee dishonesty. There are no forms for the employer to sign, and no processing to delay matters – the insurance can be put into effect instantly. The bond insurance can apply to any job and covers any employee dishonesty that occurs on or away from the employer's work facility. An employee can be bonded for at least \$5000, starting the first day of employment, and covering a six-month period.

AGENCY FOR WORKFORCE INNOVATION –AWI  
107 East Madison Street Caldwell Building  
Tallahassee, Florida 32399-4120  
Phone: (850) 245-7105 Fax: (850) 921-3223 (or at the local One Stop/County Empl. Office).



## **ADDITIONAL ONLINE RESOURCES AND/OR CONTACT NUMBERS**

### **HEALTH**

- 1) National Health Care for the Homeless Council Information on medical, legal, housing, family issues, etc. @ [www.nhchc.org](http://www.nhchc.org)
- 2) MyHealthVet Provides a way for you to manage your health and seek services online @ [www.myhealth.va.gov](http://www.myhealth.va.gov)
- 3) National Suicide Support 1-888-SUICIDE (784-2433)
- 4) VA Suicide Hotline: 1-800-273-TALK (8255) or call your local VA Medical Center or Vet Center; Locate Vet Centers @ [www1.va.gov/directory/guide/vetcenter\\_flsh.asp?](http://www1.va.gov/directory/guide/vetcenter_flsh.asp?)
- 5) National Crisis Hotline 1-800-784-2433
- 6) National Alliance for the Mentally Ill Grass roots organization offering information and support @ 1-800-950-6264 or [www.nami.org](http://www.nami.org)
- 7) National Mental Health Association Answers to frequently asked questions, assistance finding help, paying for care, medication assistance, support groups and more @ 1-800-969-6642 or online @ [www.nmha.org/](http://www.nmha.org/)
- 8) Focus on Recovery Helpline (drug/alcohol) 1-800-374-2800 or 1-800-234-1253
- 9) Substance Abuse and Mental Health Services Administration (SAMHSA) 1-800-662-4357 Find treatment facilities @ [dasis3.samhsa.gov/](http://dasis3.samhsa.gov/)
- 10) National AIDS Hotline 1-800-CDC-INFO (800-232-4636)
- 11) National HIV/AIDS Program [www.hiv.va.gov/](http://www.hiv.va.gov/)
- 12) Florida AIDS Hotline 1-800-FLA-AIDS (352-2437) Get basic information on HIV/AIDS, Hepatitis, testing by county, patient care services, etc. @ [www.doh.state.fl.us/disease\\_ctrl/aids/index.html](http://www.doh.state.fl.us/disease_ctrl/aids/index.html)
- 13) Georgia AIDS Hotline 1-800-551-2728 or go online to [infoline@aidatlanta.org](mailto:infoline@aidatlanta.org)

### **HOUSING/HOMELESS PROGRAMS**

- 1) National Coalition for Homeless Veterans 1-800-VET-HELP (838-4357) or [www.nchv.org](http://www.nchv.org)
- 2) Veterans Assistance Foundation Resources, programs, services for vets who meet eligibility requirements; online @ [www.veteransassistance.org](http://www.veteransassistance.org)
- 3) VA Homeless Programs Online @ [www1.va.gov/homeless](http://www1.va.gov/homeless); Listing of Health Care for Homeless Veterans (HCHV) Coordinators by State online @ [www1.va.gov/homeless/page.cfm?pg=21](http://www1.va.gov/homeless/page.cfm?pg=21)
- 4) Florida Coalition for the Homeless Directory of service providers assisting homeless people in Florida @ [www.fchonline.org](http://www.fchonline.org)
- 5) Homeless Shelters Directory [www.homelessshelterdirectory.org](http://www.homelessshelterdirectory.org)
- 6) Homeless shelters/food/jobs/HUD/resources for the homeless listed by State @ [www.ibiblio.org/rcip/shelters.html](http://www.ibiblio.org/rcip/shelters.html)

## LEGAL

Florida Institutional Legal Services

Civil Legal Assistance Project, Gainesville FL  
Public interest law firm providing legal services to institutionalized and low income persons; no website; located at 1010-B N.W. 8th Ave, Gainesville, FL 32601; phone number 352-375-2494

Florida Legal Services

State support center for legal service providers; offers legislative and administrative advocacy on issues impacting the poor; provides technical assistance to those advocating in the field; [www.floridalegal.org](http://www.floridalegal.org)

Georgia Law Center for the Homeless

Provides outreach services at shelters, transitional housing facilities, community kitchens, etc.; phone: 404-681-0681 or online @ [www.galawcenter.org/](http://www.galawcenter.org/)

Atlanta Legal Aid Society

Listing of legal services and available programs; phone: 404-524-5811 or online @ [www.atlantalegalaid.org/others.htm](http://www.atlantalegalaid.org/others.htm)

## FORMS NEEDED TO ENROLL IN VA HEALTH CARE

Below are brief descriptions of the three most important forms you will need to file when applying for VA benefits. Copies of these forms have been included for your use at the back of this Guidebook. You will be asked to complete more forms in the future, but these three are necessary to get your enrollment in the VA System started. Send them to the VA Hospital or Clinic you plan on using for health care. Keep a copy for your records.

**Standard Form-180 – Request Pertaining to Military Records** — This 1-page form is used to get copies of your Record of Discharge (DD-214), military personnel and medical records. You will need a copy of your DD-214 when applying for any benefits. Requests may also be completed online at <http://vetrecs.archives.gov>.

**VA Form 10-10EZ –Application for Health Benefits** — This 3-page form is used by the VA to determine if you can receive medical benefits. Complete the form and bring it with you to the VA medical facility where you will be seeking evaluation and treatment.

**Supplement to VA Form 10-10EZ** — This 2-page form asks for some of the same information requested on Form 10-10EZ, in a more simple form, as well as additional information. Submit this form along with Form 10-10EZ.

## REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)					
5. SERVICE, PAST AND PRESENT	BRANCH OF SERVICE	DATES OF SERVICE		CHECK ONE	
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED
a. ACTIVE SERVICE					SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")
b. RESERVE SERVICE					
c. NATIONAL GUARD					
6. IS THIS PERSON DECEASED? If "YES" enter the date of death.			7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE?		
<input type="checkbox"/> NO <input type="checkbox"/> YES _____			<input type="checkbox"/> NO <input type="checkbox"/> YES		

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. **NOTE:** If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show **EACH** year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) \_\_\_\_\_

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. **OTHER INFORMATION AND/OR DOCUMENTS REQUESTED** \_\_\_\_\_

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) \_\_\_\_\_

### SECTION III - RETURN ADDRESS AND SIGNATURE

1. **REQUESTER IS:**

Military service member or veteran identified in Section I, above

Legal guardian (must submit copy of court appointment)

Next of kin of deceased veteran \_\_\_\_\_  
 (relation)

Other (specify) \_\_\_\_\_

2. **SEND INFORMATION/DOCUMENTS TO:**  
 (Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name \_\_\_\_\_

Signature of requester (Please do not print.) \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

Date of this request \_\_\_\_\_ Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

**RESET**

\*\* This form is available at [http://www.archives.gov/research\\_room/obtain\\_copies/standard\\_form\\_180.pdf](http://www.archives.gov/research_room/obtain_copies/standard_form_180.pdf) on the National Archives and Records Administration (NARA) web site.\*\*

**RESET**

\*\* This form is available at [http://www.archives.gov/research\\_room/obtain\\_copies/standard\\_form\\_180.pdf](http://www.archives.gov/research_room/obtain_copies/standard_form_180.pdf) on the National Archives and Records Administration (NARA) web site.\*\*



Department of Veterans Affairs

APPLICATION FOR HEALTH BENEFITS

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME (Last, First, Middle Name)		2. OTHER NAMES USED		3. MOTHER'S MAIDEN NAME		4. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
5. ARE YOU SPANISH, HISPANIC, OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. WHAT IS YOUR RACE? (You may check more than one.) (Information is required for statistical purposes only.) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER					
7. SOCIAL SECURITY NUMBER		9. DATE OF BIRTH (mm/dd/yyyy)				10. RELIGION	
8. CLAIM NUMBER		9A. PLACE OF BIRTH (City and State)					
11. PERMANENT ADDRESS (Street)			11A. CITY		11B. STATE	11C. ZIP CODE (9 digits)	
11D. COUNTY		11E. HOME TELEPHONE NUMBER (Include area code)			11F. E-MAIL ADDRESS		
11G. CELLULAR TELEPHONE NUMBER (Include area code)				11H. PAGER NUMBER (Include area code)			
12. TYPE OF BENEFIT(S) APPLIED FOR: (You may check more than one) <input type="checkbox"/> HEALTH SERVICES <input type="checkbox"/> NURSING HOME <input type="checkbox"/> DOMICILIARY <input type="checkbox"/> DENTAL							
13. IF APPLYING FOR HEALTH SERVICES OR ENROLLMENT, WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER?							
14. DO YOU WANT AN APPOINTMENT WITH A VA DOCTOR OR PROVIDER AS SOON AS ONE BECOMES AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO I am only enrolling in case I need care in the future.				15. HAVE YOU BEEN SEEN AT A VA HEALTH CARE FACILITY? <input type="checkbox"/> YES, LOCATION: <input type="checkbox"/> NO			
16. CURRENT MARITAL STATUS (Check one) <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> UNKNOWN							
17. NAME, ADDRESS AND RELATIONSHIP OF NEXT OF KIN				17A. NEXT OF KIN'S HOME TELEPHONE NUMBER (Include area code)			
				17B. NEXT OF KIN'S WORK TELEPHONE NUMBER (Include area code)			
18. NAME, ADDRESS AND RELATIONSHIP OF EMERGENCY CONTACT				18A. EMERGENCY CONTACT'S HOME TELEPHONE NUMBER (Include area code)			
				18B. EMERGENCY CONTACT'S WORK TELEPHONE NUMBER (Include area code)			
19. INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH. NOTE: THIS DOES NOT CONSTITUTE A WILL OR TRANSFER OF TITLE (Check one) <input type="checkbox"/> EMERGENCY CONTACT <input type="checkbox"/> NEXT OF KIN							

APPLICATION FOR HEALTH BENEFITS, Continued		VETERAN'S NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	
<b>SECTION II - INSURANCE INFORMATION (Use a separate sheet for additional information)</b>					
1. ARE YOU COVERED BY HEALTH INSURANCE? (Including coverage through a spouse or another person) <input type="checkbox"/> YES <input type="checkbox"/> NO		2. HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER			
3. NAME OF POLICY HOLDER					
4. POLICY NUMBER	5. GROUP CODE				
		YES	NO		
6. ARE YOU ELIGIBLE FOR MEDICAID?		<input type="checkbox"/>	<input type="checkbox"/>		
7. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A?		<input type="checkbox"/>	<input type="checkbox"/>	7A. EFFECTIVE DATE (mm/dd/yyyy)	
8. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART B?		<input type="checkbox"/>	<input type="checkbox"/>	8A. EFFECTIVE DATE (mm/dd/yyyy)	
9. NAME EXACTLY AS IT APPEARS ON YOUR MEDICARE CARD			10. MEDICARE CLAIM NUMBER		
11. IS NEED FOR CARE DUE TO ON THE JOB INJURY? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO			12. IS NEED FOR CARE DUE TO ACCIDENT? (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>SECTION III - EMPLOYMENT INFORMATION</b>					
1. VETERAN'S EMPLOYMENT STATUS (Check one) If employed or retired, complete item 1A <input type="checkbox"/> FULL TIME <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED Date of retirement (mm/dd/yyyy)			1A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER		
2. SPOUSE'S EMPLOYMENT STATUS (Check one) If employed or retired, complete item 2A <input type="checkbox"/> FULL TIME <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> PART TIME <input type="checkbox"/> RETIRED Date of retirement (mm/dd/yyyy)			2A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER		
<b>SECTION IV - MILITARY SERVICE INFORMATION</b>					
1. LAST BRANCH OF SERVICE	1A. LAST ENTRY DATE	1B. LAST DISCHARGE DATE	1C. DISCHARGE TYPE	1D. MILITARY SERVICE NUMBER	
2. CHECK YES OR NO		YES	NO	YES	NO
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?		<input type="checkbox"/>	<input type="checkbox"/>	E1. ARE YOU RECEIVING DISABILITY RETIREMENT PAY INSTEAD OF VA COMPENSATION?	
B. ARE YOU A FORMER PRISONER OF WAR?		<input type="checkbox"/>	<input type="checkbox"/>	F. DO YOU NEED CARE OF CONDITIONS POTENTIALLY RELATED TO SERVICE IN SW ASIA DURING THE GULF WAR?	
C. DO YOU HAVE A VA SERVICE-CONNECTED RATING?		<input type="checkbox"/>	<input type="checkbox"/>	G. WERE YOU EXPOSED TO AGENT ORANGE WHILE SERVING IN VIETNAM?	
D1. IF YES, WHAT IS YOUR RATED PERCENTAGE? %				H. WERE YOU EXPOSED TO RADIATION WHILE IN THE MILITARY?	
D. DID YOU SERVE IN COMBAT AFTER 11/11/1995?		<input type="checkbox"/>	<input type="checkbox"/>	I. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?	
E. WAS YOUR DISCHARGE FROM MILITARY FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY?		<input type="checkbox"/>	<input type="checkbox"/>	J. DO YOU HAVE A SPINAL CORD INJURY?	
<b>SECTION V - PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION</b>					
<p>The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 45 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p> <p><b>Privacy Act Information:</b> VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you don't, VA may be unable to process your request and serve your medical needs. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.</p>					

APPLICATION FOR HEALTH BENEFITS, Continued		VETERAN'S NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER
<b>SECTION VI - FINANCIAL DISCLOSURE</b>			
Disclosure allows VA to accurately determine whether certain veterans will be charged copayments for care and medications, their eligibility for other services and enrollment priority. Veterans are not required to disclose their financial information; however, VA is not currently enrolling <u>new</u> applicants who decline to provide their financial information unless they have a special eligibility factor. Recent combat veterans (e.g., OEF/OIF) who were discharged within the past 5 years or were discharged more than 5 years ago and applying for enrollment by Jan. 27, 2011 are eligible for enrollment without disclosing their financial information but like other veterans may provide it to establish their eligibility for travel reimbursement, cost-free medication and/or medical care for services unrelated to military experience.			
<input type="checkbox"/> No, I do not wish to provide financial information in Sections VII through X. I understand that VA is not enrolling <u>new</u> applicants who do not provide this information and who do not have a special eligibility factor (e.g., recently discharged combat veteran, compensable service connection, receipt of VA pension or Medicaid benefits.) If I am enrolled, I agree to pay applicable VA copayments. <i>Sign and date the form in Section XII.</i>			
<input type="checkbox"/> Yes, I will provide my household financial information for last calendar year. Complete applicable sections VII through X. <i>Sign and date the form in Section XII.</i>			
<b>SECTION VII - DEPENDENT INFORMATION (Use a separate sheet for additional dependents)</b>			
1. SPOUSE'S NAME (Last, First, Middle Name)		2. CHILD'S NAME (Last, First, Middle Name)	
1A. SPOUSE'S MAIDEN NAME		2A. CHILD'S RELATIONSHIP TO YOU (Check one) <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter	
1B. SPOUSE'S SOCIAL SECURITY NUMBER		2B. CHILD'S SOCIAL SECURITY NUMBER	2C. DATE CHILD BECAME YOUR DEPENDENT (mm/dd/yyyy)
1C. SPOUSE'S DATE OF BIRTH (mm/dd/yyyy)	1D. DATE OF MARRIAGE (mm/dd/yyyy)	2D. CHILD'S DATE OF BIRTH (mm/dd/yyyy)	
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER (Street, City, State, ZIP)		2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR ENTER THE AMOUNT YOU CONTRIBUTED TO THEIR SUPPORT. SPOUSE \$ CHILD \$		2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING (e.g., tuition, books, materials) \$	
<b>SECTION VIII - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN (Use a separate sheet for additional dependents)</b>			
	VETERAN	SPOUSE	CHILD 1
1. GROSS ANNUAL INCOME FROM EMPLOYMENT (wages, bonuses, tips, etc.) EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	\$	\$	\$
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	\$	\$	\$
3. LIST OTHER INCOME AMOUNTS (e.g., Social Security, compensation, pension interest, dividends). EXCLUDING WELFARE.	\$	\$	\$
<b>SECTION IX - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES</b>			
1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE (e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home) VA will calculate a deductible and the net medical expenses you may claim.			\$
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD (Also enter spouse or child's information in Section VII.)			\$
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES (e.g., tuition, books, fees, materials) DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.			\$
<b>SECTION X - PREVIOUS CALENDAR YEAR NET WORTH (Use a separate sheet for additional dependents)</b>			
	VETERAN	SPOUSE	CHILD 1
1. CASH, AMOUNT IN BANK ACCOUNTS (e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds)	\$	\$	\$
2. MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS. (e.g., second homes and non-income producing property. Do not count your primary home.)	\$	\$	\$
3. VALUE OF OTHER PROPERTY OR ASSETS (e.g., art, rare coins, collectibles) MINUS THE AMOUNT YOU OWE ON THESE ITEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS ASSETS. Exclude household effects and family vehicles.	\$	\$	\$
<b>SECTION XI - CONSENT TO COPAYMENTS</b>			
If you are a 0% SC veteran and do not receive VA monetary benefits or a NSC veteran (and you are not a Former POW, Purple Heart Recipient or VA pensioner) and your household income (or combined income and net worth) exceeds the established threshold, this application will be considered for enrollment, but only if you agree to pay VA copayments for treatment of your NSC conditions. If you are such a veteran by signing this application you are agreeing to pay the applicable VA copayments as required by law.			
<b>SECTION XII - ASSIGNMENT OF BENEFITS</b>			
I understand that pursuant to 38 U.S.C. Section 1729, VA is authorized to recover or collect from my health plan (HP) for the reasonable charges of non-service-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse.			
ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS WHICH DEFINE WHO CAN SIGN ON BEHALF OF THE VETERAN.			
SIGNATURE OF APPLICANT			DATE



# SUPPLEMENT TO VA FORM 10-10EZ

VETERAN'S NAME (Last, First, Middle) : \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MOTHER'S MAIDEN NAME: \_\_\_\_\_

PLACE OF BIRTH (City & State): \_\_\_\_\_

DIVORCED? YES / NO DATE:\_\_\_\_\_ WIDOWED? YES / NO DATE: \_\_\_\_\_

EMPLOYER:\_\_\_\_\_ ADDRESS:\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ PHONE:(\_\_\_\_)\_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SPOUSE'S EMPLOYER:\_\_\_\_\_ ADDRESS:\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ PHONE:(\_\_\_\_)\_\_\_\_\_ OCCUPATION: \_\_\_\_\_

Have you ever received care at another VA? Yes \_\_\_ No \_\_\_

Where: Location (City & State)\_\_\_\_\_ When: Most recent date of care:\_\_\_\_\_

Combat Service: Yes or No (Circle) Combat Dates to:\_\_\_\_\_ From\_\_\_\_\_

Location of Combat Circle one or more locations: WWII Korean Vietnam Persian Gulf OEF/OIF **The Office of the Surgeon General requested that VA collect race and ethnicity information from all of our patients. Please check the boxes that apply to you.**

**Ethnicities: (Check one)**

\_\_\_\_\_ **Spanish, Hispanic, or Latino**

\_\_\_\_\_ **No, not Spanish, Hispanic, or Latino**

**Race: (Check one or more)**

\_\_\_\_\_ **American Indian or Alaska Native**

\_\_\_\_\_ **Black or African American**

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander**

\_\_\_\_\_ **White**

\_\_\_\_\_ **Asian**

**Privacy Act Information:** The VA is asking you to provide the information on this form under Title 38, United States Code sections 1710, 1712, and 1722. The information is collected at the request of the Surgeon General and will help us track diseases that are more common in certain races and ethnicities. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure for: civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration. Failure to furnish the information will not have any affect on any other benefits to which you may be entitled. If you give VA your Social Security Number, VA will use it to administer your VA benefits, to identify veterans and persons claiming or receiving VA benefits and their records, and other purposes authorized or required by law.

Signature of Veteran \_\_\_\_\_ Date \_\_\_\_\_