



Introduction to History of Veterans Courts

The information contained in this section describes the creation of the first Veterans Court in 2008 in Buffalo, New York, and the establishment of these courts in the State of Alabama. Specific items included in this section are as follows:

1. History of Veterans Courts
2. Jeremiah M. Glassford, Note, *"In War, There Are No Unwounded Soldiers": The Emergence of Veterans Treatment Courts in Alabama*, 65 Ala. L. Rev. 239 (2013)

HISTORY OF VETERANS COURTS

- 2008** Associate Judge Robert Russell, Buffalo City Court, Buffalo, NY, establishes the nation's first Veterans Court. He noticed that Veterans required additional services and accountability. He integrated veterans' services (typically provided at no-cost by the USDVA) into a separate docket and included Veterans' Mentor program. The mentors are a corps of Veterans who serve as accountability partners for Veterans involved in the Veterans Court program.
- April 2010** Circuit Court Judge Tracy McCooey, Montgomery County, AL, initiates Alabama's first Veterans Court. The county jail administrator interviews each inmate upon entry (using the same questionnaire used by Judge Russell) to identify Veterans who may need assistance. Based on the information derived from the intake sheets, Judge McCooey assigns the Veteran to her drug or mental health court docket. She then enlists the services of a Veterans' Advocate employed with the Tuskegee VAMC (Harding Carr). Mr. Carr counsels the Veteran, searches for available VA benefits, and helps the Veteran access any VA medical/treatment services for which he/she is eligible.
- 2011** City of Birmingham Municipal Judge Andra Sparks establishes the state's first traditional (and municipal) Veterans Court with its own separate docket.
- July 2011** Judge McCooey, Alyce Spruell (then Immediate Past President of the Alabama State Bar), Sandy Speakman (General Counsel, Alabama Department of Veterans Affairs), Amy Hinton (Political Scientist, MPA) and Col. Bryan Morgan (then General Counsel, Alabama Military Department) meet at the Alabama State Bar to discuss the possibility of creating a statewide task force to study the feasibility of Veterans Courts in Alabama and to increase its interest throughout the state.
- Aug 5-6, 2011** Amy Hinton, Sandy Speakman, and Alyce Spruell, in separate presentations, brief the concept of Veterans Courts to the ASB Military Law Symposium, University of Alabama School of Law. Ms. Hinton shares her statistical data on justice-involved Veterans with the attendees, while Ms. Speakman and Ms. Spruell explain Veterans Courts and their need in Alabama. Feedback is positive, and several attendees volunteer their support to this effort.
- Aug 10, 2011** The ADVA hosts first meeting of the Alabama State Veterans Treatment Court Task Force at the Alabama State Bar with W. Clyde Marsh, ADVA Commissioner, presiding. The over 30 attendees include the Commissioner of the Department of Corrections Kim Thomas, the Montgomery City Public Safety Director Christopher Murphy, representatives from the Administrative Office of Courts (AOC) and the Chief Justice's Office, legislators, and mental health professionals. The group agrees to support the effort and establishes committees to study identified areas of growth and impact.
- Fall 2011** Then Chief Justice Chuck Malone specifically identifies Shelby County Circuit Court, Judge Bill Bostick, as a pilot Veterans Court site.

Dec 2011	Shelby County Circuit Court (Judge Bill Bostick) earns Veterans Treatment Court Planning Initiative grant to observe Judge Robert Russell and to train at the Buffalo VTC.
April 2012	Shelby County Veterans Court Team attends training in Buffalo, NY.
Fall 2012	Administrative Office of Courts (AOC) designates pilot sites: Baldwin, Madison, Marshall, Pike, Russell, St. Clair, Shelby, and Tuscaloosa.
Nov 2012	Shelby County holds its first Veterans Court docket.
Dec 2012	St. Clair County Veterans Court (Circuit Judge Phil Seay) earns a Veterans Treatment Court Planning Initiative grant to train at the Tulsa (OK) Veterans Court.
June 2013	St. Clair County attends training in Tulsa.
July 2013	Russell County District Court (Judge David Johnson) graduates 3 Veterans.
August 2013	Marshall County District Court (Judge Tim Riley) graduates 1 Veteran.
Nov 7, 2013	Shelby County graduates its first Veterans Court class.
Dec 13, 2013	St. Clair County graduates its first Veterans Court graduate.
Dec 2, 2013	Alabama State Bar creates Veterans Treatment Court Task Force to assist in the expansion and further development of services to Veterans and their families.
Dec 10, 2013	Governor Bentley establishes through Executive Order the Alabama Executive Veterans Network, known as "AlaVetNet", and creates the Legal Services Committee. This committee commits to developing and expanding Veterans Courts statewide.
Feb 11, 2014	USDVA awards the inaugural 2013 Abraham Lincoln Pillars of Excellence Award for State Innovative Programs to the ADVA for the work of the Alabama State Veterans Treatment Court Task Force.

Source: Sandra Ingram Speakman, General Counsel, Alabama Department of Veterans Affairs

April 30, 2014

“IN WAR, THERE ARE NO UNWOUNDED SOLDIERS”^{*}: THE EMERGENCE OF VETERANS TREATMENT COURTS IN ALABAMA

ABSTRACT

In April 2012, former Alabama Supreme Court Chief Justice Charles Malone requested that Shelby County’s Eighteenth Judicial Circuit Court establish a Veterans Treatment Court to address the unique challenges facing the increasing numbers of military veterans involved with Alabama’s criminal justice system.¹ Renowned for its effective drug and mental health courts, Shelby County will serve as Alabama’s Veterans Treatment Court (VTC) pilot program, a concept judicial leaders, legislators, and veterans advocates hope to implement statewide. Shelby County’s VTC is the product of the Veterans Treatment Court Task Force, a collaborative effort coordinated by the Alabama Department of Veterans Affairs to explore the feasibility of implementing stand-alone VTCs in every jurisdiction.²

With Circuit Judge Bill Bostick presiding, Shelby County’s VTC works with federal and state veterans benefits officials, law enforcement, and local volunteer “mentors” to provide supervision, monitoring, and treatment for veterans facing criminal charges.³ Recognizing that targeted treatment for certain types of criminal offenders—such as drug users and mental health sufferers—reduces recidivism, decreases prison

^{*} José Narosky, *quoted in* Christopher Weiser, *Guaranteeing Health Benefits for America’s Wounded Soldier: Closing the Pre-Existing Personality Disorder Loophole*, 20 FED. CIRCUIT B.J. 101, 101 (2010).

1. Malcomb Daniels, *Shelby County Veterans Group in New York on Learning Trip*, BIRMINGHAM NEWS (Apr. 30, 2012), http://blog.al.com/spotnews/2012/04/shelby_county_veterans_court_g.html.

2. E-mail from Sandra Ingram Speakman, Gen. Counsel, Ala. Dep’t. of Veterans Affairs, to the author (Aug. 4, 2013, 16:26 CST) (on file with the author). In 2011, Rear Admiral W. Clyde Marsh, USN (Ret.), the State Commissioner of the Alabama Department of Veterans Affairs (ADVA), charged its General Counsel Sandra Ingram Speakman with the goal of establishing a statewide Veterans Treatment Court. At the time, the state had one veterans-related court (with Montgomery County Circuit Court Judge Tracy McCooey presiding), that referred veterans from its specialty court dockets to Veterans Affairs services. The ADVA helped form the Veterans Court Task Force, consisting of the Alabama Supreme Court Chief Justice, the Alabama State Bar President, court system personnel, legislators, law enforcement, and mental health representatives, to investigate and encourage the expansion of the VTC program to the various circuits. The task force now serves as a supporting entity to the VTCs.

3. Interview with Bill Bostick, Circuit Judge, Ala. Eighteenth Judicial Circuit, in Tuscaloosa, Ala. (Nov. 7, 2012).

overcrowding, and saves taxpayer money, the VTC initiative seeks to incorporate lessons learned from other specialized courts and capitalize on existing benefits incidental to military service. Shelby County's VTC currently has twenty-five participants, representing every branch of the military, and is based on the VTC model that has enjoyed success in other states confronted with the growing problem of military veterans suffering from the consequences of serving in an all-volunteer military during the nation's longest war.

This Note seeks to identify the systemic psychological issues facing veterans of the Global War on Terror (GWOT) that can lead to criminal behavior and examines how a comprehensive judicial response to veterans charged with particular crimes can potentially ease the burden on both society and veterans themselves, with a focus on Alabama's emergence in this arena. While the Iraq and Afghanistan conflicts are technically two separate operations, "GWOT veterans" includes service members who were deployed in support of Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF), the latter being the name assigned to the war in Afghanistan. Part I discusses how the current military force structure, nature of modern warfare, and common types of combat injuries have exacerbated the traumatic effects of war, thereby hindering veterans' reintegration back into civilian society after military service. Part II reviews the history of VTCs, compares these courts to other specialized courts, and argues why such individualized "problem-solving" courts are better suited to address the distinct needs of veteran offenders. Part III describes the conception, operation, eligibility requirements, and details of Shelby County's VTC and surveys the best practices of successful VTCs currently operating around the country. Cost savings, higher program participation, reduced recidivism, and other benefits associated with VTCs are examined in Part IV. Finally, criticisms of VTCs, such as unwarranted favorable treatment of veterans, unfairness to participants, and inadequate provision of services are discussed in Part V.

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I. CONSEQUENCES OF AMERICA’S LONGEST WAR

Approximately 2.5 million American troops have deployed to Iraq or Afghanistan in support of the Global War on Terror since September 2001, with nearly one million having served multiple combat tours.⁴ During this time, over 40,000 Alabamians have deployed,⁵ giving Alabama the sixteenth highest deployment rate among state residents per capita even though it ranks twenty-third in state population.⁶ This statistic takes on greater significance when accounting for Alabama’s lack of large active-duty infantry or armor military bases (which can add tens of thousands of sure-to-be-deployed nonnative residents to a state’s population) that are present in other states, meaning that Alabama residents have substantially contributed to and are disproportionately affected by the GWOT war effort.

A. *The Nature of Combat in Iraq and Afghanistan*

While war’s traumatic effects on its fighters have long been known, the circumstances surrounding the Iraq and Afghanistan wars have exacted particularly severe and devastating long-term costs on the American service

4. Luis Martinez & Amy Bingham, *U.S. Veterans: By the Numbers*, ABC NEWS (Nov. 11, 2011), <http://abcnews.go.com/Politics/us-veterans-numbers/story?id=14928136#1>.

5. DEF. MANPOWER DATA CTR., U.S. DEP’T OF DEF., LEGAL RESIDENCE/HOME ADDRESS FOR SERVICE MEMBERS EVER DEPLOYED AS OF MAY 31, 2012, available at http://dva.state.wi.us/WebForms/Data_Factsheets/ResDistribution-May12.pdf.

6. U.S. CENSUS BUREAU, U.S. DEP’T OF COMMERCE, STATISTICAL ABSTRACT OF THE UNITED STATES: 2012 19 tbl. 14 (2012), available at <http://www.census.gov/compendia/statab/2012/tables/12s0014.pdf>.

members prosecuting them.⁷ The composition and structure of today's military have concentrated the War's burden on a relatively small all-volunteer force, resulting in multiple deployments of longer duration.⁸ These repeated mobilizations leave little time for troops to properly decompress and reintegrate with their families, as the training for the next deployment begins shortly after the previous one concludes.⁹ Increased reliance on National Guard and Reserve forces has led to hundreds of thousands of part-time soldiers, sailors, airmen, and Marines being extracted from their normal daily civilian lives, deployed to violent combat zones for up to eighteen months, and then being thrown back into civilian society, far away from military installations and without the resources and support available to active duty service members.¹⁰

The distinct nature of combat operations in Iraq and Afghanistan has dramatically increased the scope and severity of combat exposure, compounding both psychological and physiological injuries. Unlike previous conflicts, there are no front lines from which troops can withdraw for rest and recuperation—the threat of death from mortars, rockets, and improvised explosive devices (IEDs) is constant, even for noncombat personnel.¹¹ The hallmark of counterinsurgency guerilla warfare is the lack of an identifiable enemy—every civilian is a potential terrorist and no area is “safe.”¹² Add the continuous danger from IEDs and suicide bombers (who are particularly terrifying since they are unafraid of death and will stop at nothing—even killing civilians—to destroy their targets), and it is clear that relentless paranoia is not only foreseeable, but a valuable survival tool. Aggressive behavior and perpetual suspicion needed to endure months

7. See Craig Logsdon & Michelle Keogh, *Homeland Justice for Veterans: Why Veterans Need Their Own Court: Uncommon Criminals*, 47 ARIZ. ATT'Y 14, 16 (2010). Former Arizona National Guard Gen. Gregg Maxon “believes that the pervasiveness and degree of the psychological stress in the War on Terror is like nothing the United States has ever seen before.” *Id.* at 16.

8. See Tiffany Cartwright, “To Care for Him Who Shall Have Borne the Battle”: The Recent Development of Veterans Treatment Courts in America, 22 STAN. L. & POL'Y REV. 295, 300 (2011).

9. See Michael Daly Hawkins, *Coming Home: Accommodating the Special Needs of Military Veterans to the Criminal Justice System*, 7 OHIO ST. J. CRIM. L. 563, 569 (2010) (“[T]he ‘uncertainty of deployment, repeated and extended tours of duty, and the constant peril’ involved in conducting anti-insurgent warfare in strange and distant lands” have been especially overwhelming for GWOT veterans. (quoting Katrina J. Eagle & Steve R. Binder, *Veterans Facing Criminal Charges: How a Community of Professionals Can Serve Those Who Served Our Country*, NEV. LAW. 16, 16–17 (2008))).

10. See Cartwright, *supra* note 8, at 300.

11. See Steven Berenson, *The Movement Toward VTCs*, 44 CLEARINGHOUSE REV. 37, 38 (2010) (“[T]he counterinsurgency type of warfare blurs periods of battle and periods of rest, prompting the stressful constant vigilance that can lead to psychological ailments.”).

12. See Logsdon & Keogh, *supra* note 7, at 16 (“In Iraq and Afghanistan, the war has no ‘front lines,’ and battles do not follow any schedule. The threat of death is always present, and the enemy is anywhere and everywhere.”).

of harsh combat conditions, along with violent military training, can lead to problems when troops attempt to reintegrate back into civilian life.¹³

B. Post-Traumatic Stress Disorder and Traumatic Brain Injury

In addition to the force structure and unique characteristics of GWOT service, the predominant types of combat injuries sustained by veterans can be physically and mentally debilitating, negatively affecting veterans long after their military service. “[A]s a result of advances in armor and medicine . . . service members are surviving combat experiences that would have killed them in prior wars,” leaving many casualties psychologically traumatized in addition to their physical wounds.¹⁴ Routine exposure to IEDs, the enemy’s preferred method of attack, and other explosions “often cause[] traumatic brain injuries that are difficult to diagnose and treat and may not present symptoms until well after the injury.”¹⁵ These brain injuries frequently result in concurrent mental and physical conditions—post-traumatic stress syndrome (PTSD) and traumatic brain injury (TBI).¹⁶ While the exact number of veterans afflicted with either one or both of these conditions is unknown, statistical studies have estimated that anywhere from 25%–45% of returning veterans suffer from some type of mental illness incidental to their combat service, meaning that up to one million GWOT veterans could have a severe mental disorder.¹⁷ Using these

13. See Cartwright, *supra* note 8, at 300 (“Hypervigilance, aggressive driving, carrying weapons at all times, and command and control interactions, all of which may be beneficial in theater, can result in negative and potentially criminal behavior back home.”); see also Thomas L. Hafemeister & Nicole A. Stockey, *Last Stand? The Criminal Responsibility of War Veterans Returning from Iraq and Afghanistan with Posttraumatic Stress Disorder*, 85 IND. L.J. 87, 103–04 (2010) (“[S]oldiers are conditioned to survive harsh, threatening, and violent environments. They are taught to attack an enemy target dispassionately, quickly, and without hesitation. . . . This training can also result in the soldier becoming less focused on human suffering and more attuned to accomplishing an assigned military objective.”); Hawkins, *supra* note 9, at 569 (“A prosecutor with recent military experience put it this way: ‘You are unleashing certain things in a human being we don’t allow in civic society, and getting it all back in the box can be difficult for some people.’”).

14. Cartwright, *supra* note 8, at 301.

15. Berenson, *supra* note 11, at 37.

16. Logsdon & Keogh, *supra*, note 7, at 16 (“If PTSD is the hallmark psychological injury of the current war, professionals call TBI the ‘signature physical injury.’ Often closely related to PTSD, TBI results from a severe injury to the head and brain. The most common cause is a nearby explosion.”).

17. See TERRI TANELIAN ET AL., RAND CTR. FOR MILITARY HEALTH POL’Y RESEARCH, *INVISIBLE WOUNDS OF WAR: SUMMARY AND RECOMMENDATIONS FOR ADDRESSING PSYCHOLOGICAL AND COGNITIVE INJURIES* (2008), available at <http://justiceforvets.org/sites/default/files/files/RAND%20invisible%20wounds%20of%20war.pdf> (stating that up to 26% of GWOT veterans have mental health issues and 30% endure TBI from blast waves); see also CONG. BUDGET OFFICE, *THE VETERANS HEALTH ADMINISTRATION’S TREATMENT OF PTSD AND TRAUMATIC BRAIN INJURY AMONG RECENT COMBAT VETERANS* (Feb. 9, 2012), available at <http://www.cbo.gov/publication/42969> (stating that up to 25% exhibit PTSD and 23% experience TBI); Cartwright, *supra* note 8, at 299 (stating that one-third of those deployed had at least one condition); Logsdon & Keogh, *supra* note 7, at 18 (stating that 400,000–1 million veterans have psychological problems and 200,000–400,000 service members have

percentages, it is likely that anywhere from 10,000–18,000 Alabama GWOT veterans may be affected by PTSD or TBI or both. Other factors, such as “the effects of climate, compressive forces released by shell explosions, side effects of vaccinations, changes in diet, toxic effects of organophosphates, oil-well fires or depleted-uranium munitions” only compound existing mental and physical injuries.¹⁸

Why is a PTSD or TBI diagnosis significant and how can these disorders lead to criminal behavior?

PTSD...is characterized by the symptoms of re-experience, avoidance, and hypervigilance. Re-experience occurs when vivid memories of sights, sounds, smells, and the like, coupled with painful emotions, lead the person to believe that he is actually re-living the traumatic event. Avoidance means that the person consciously avoids people, places, or things that may remind him of the traumatic event. He may also shut himself off from close personal relationships with family, friends, and colleagues, and may also suffer from depression or survivor's guilt. Hypervigilance means that the person is on “high alert” at all times and is easily startled.¹⁹

In contrast, TBI has a strong neurological component: “TBI is a mental defect that can cause ‘a number of deficits in intellectual and adaptive functioning, such as agnosia (failure to recognize or identify objects) and disturbances in executive functioning connected with planning, organizing, sequencing, and abstracting.’”²⁰

C. Veteran Involvement in the Criminal Justice System

It is easy to understand why a combat veteran, trained to be violent and suffering from injuries that confuse and anger him, requires intensive

TBI); Melissa Pratt, *New Courts on the Block: Specialized Criminal Courts for Veterans in the United States*, 15 APPEAL: REV. CURRENT L. & L. REFORM 39, 39–40 (2010) (stating that 30–40% of GWOT veterans “face serious mental-health injuries”).

18. Michael E. McCarthy, *Diversions: Alternative Procedures for the Prosecution of Military Veterans*, 50 DUQ. L. REV. 475, 477 (2012) (quoting Edgar Jones, *Historical Approaches to Post-Combat Disorders*, 361 PHIL. TRANSACTIONS: BIOLOGICAL SCI. 533, 533 (2006)).

19. Jillian M. Cavanaugh, *Helping Those Who Serve: Veterans Treatment Courts Foster Rehabilitation and Reduce Recidivism for Offending Combat Veterans*, 45 NEW ENG. L. REV. 463, 467–68 (2011).

20. Anthony E. Giardino, *Combat Veterans, Mental Health Issues, and the Death Penalty: Addressing the Impact of Post-Traumatic Stress Disorder and Traumatic Brain Injury*, 77 FORDHAM L. REV. 2955, 2960 (2009) (quoting ABA Task Force on Mental Disability and the Death Penalty, *Recommendation and Report on the Death Penalty and Persons with Mental Disabilities*, 30 MENTAL & PHYSICAL DISABILITY L. REP. 668, 669–70 (2006)); see also Logsdon & Keogh, *supra* note 7, at 16 (“PTSD victims are also prone to unprovoked, sudden and uncharacteristic aggression and violence.”).

treatment for the safety of himself, his family, and the general public. An obvious question is to ask why these veterans are not receiving mental health care to help them deal with their issues and to mitigate potentially dangerous behavior, especially when considering that they are eligible for cost-free care from the Department of Veterans Affairs (VA). The answer is complicated. Returning veterans often face barriers to quality care, including: the fear of being branded a coward by a warrior culture that prizes bravado over seeking treatment, Reservists and Guardsmen being located far from treatment clinics, underreporting of mental issues for fear of delay in returning home, and inadequate treatment due to an overburdened and understaffed mental health system.²¹ In fact, the VA "drastically reduced its substance-use disorder treatment and rehabilitation services between 1996 and 2006," just when the first large "waves" of Iraq veterans began redeploying and before the large Iraq troop "surge" was executed.²²

The nature of these psychological injuries and lack of sufficient treatment form a perfect storm that often leads to a veteran's involvement with the criminal justice system. Faced with crushing anxiety caused by PTSD or TBI, "[many of] these veterans can have two possible outcomes: (1) either veterans will look to drugs and alcohol for self-medication; or (2) they will engage in sensation-stimulating conduct to compensate for the numbness that they feel."²³ "[P]sychiatrists, law enforcement officials, and commentators agree that the traumas of combat can lead to addiction and criminality."²⁴ An estimated one-sixth of GWOT veterans suffer from some form of substance abuse,²⁵ with many developing addictions to prescriptions drugs initially prescribed by the military to treat the symptoms of PTSD and TBI.²⁶ "[I]t is virtually automatic that a PTSD victim will self-medicate with alcohol, although sometimes patients turn to illegal or prescription drugs. Those who develop drug habits frequently resort to criminal behavior to finance their addictions."²⁷ Along with drug offenses, substance abuse often serves as a catalyst for other types of illegal

21. Cartwright, *supra* note 8, at 301–02.

22. OFFICE OF APPLIED STUDIES, SUBSTANCE ABUSE & MENTAL HEALTH SERV. ADMIN., THE N-SSATS REPORT: SUBSTANCE ABUSE TREATMENT FACILITIES OPERATED BY THE DEPARTMENT OF VETERANS AFFAIRS (NOV. 11, 2009), available at <http://www.samhsa.gov/data/2k9/213/213VAFacilities2k9.htm> (during this period, the number of veterans receiving substance abuse treatment decreased 18%).

23. Cavanaugh, *supra* note 19, at 468.

24. Pratt, *supra* note 17, at 39.

25. *What is a Veterans Treatment Court?*, JUSTICE FOR VETS, <http://www.justiceforvets.org/what-is-a-veterans-treatment-court> (last visited Aug. 2, 2013).

26. ALISON HOWELL & ZOE H. WOOL, THE WAR COMES HOME: THE TOLL OF WAR AND THE SHIFTING BURDEN OF CARE (2011), available at <https://www.escholar.manchester.ac.uk/api/datastream?publicationPid=uk-ac-man-scw:154807&datastreamId=FULL-TEXT.PDF>.

27. Logsdon & Keogh, *supra* note 7, at 17.

activity, such as driving under the influence, reckless driving, domestic violence, theft, and disorderly conduct.²⁸ While most crimes committed by veterans are nonviolent misdemeanors,²⁹ evidence exists suggesting that some veterans are prone to violent or homicidal behavior.³⁰

In addition to mental health issues, barriers to care, and substance abuse problems, many veterans experience difficulty transitioning from the military to civilian life, where they often feel abandoned and left to face their struggles alone.³¹ Other veterans are unable to navigate the complex VA benefits process or may be denied compensation or care for service-connected disabilities.³² Some are unable to jettison the aggressive behavior developed for survival on the battlefield and fail to properly conform their conduct to acceptable societal standards.³³ These problems can result in devastating outcomes, with veterans accounting for nearly 20% of all suicides, 10% of prisoners, and approximately one-fifth of America's homeless population.³⁴

The Global War on Terror has exacted a tremendous toll on America's service members and their families. The country's longest war has been fought repeatedly by a miniscule percentage of its population; never has such a monumental burden fallen on the shoulders of so few. The psychological trauma and ensuing problems caused by years in some of the most hostile conditions imaginable can lead to catastrophic consequences in all facets of an affected veteran's life, leading to broken family relationships, homelessness, unemployment, and even incarceration.³⁵ While PTSD and TBI certainly do not excuse criminal behavior, it is clear that imprisonment alone will not only fail to remedy the underlying causes

28. See Cartwright, *supra* note 8, at 302 ("Between 2005 and 2006, the rate of veterans involved in alcohol-related incidents . . . increased from 1.73 per 1000 veterans to 5.71 per 1000 soldiers."); see also HOWELL & WOOL, *supra* note 26 ("[V]ehicular mayhem . . . has risen 100 percent since 2004.").

29. Art Heinz, *Nation's First Online Training for VTCs Mentors Launched by Supreme Court of Pennsylvania*, 13 LAW. J. 5, 5 (2011).

30. Pratt, *supra* note 17, at 40 (stating that between 2002 and 2008, at least 121 GWOT veterans were charged with killings, ranging from involuntary manslaughter to first-degree murder); see also Cartwright, *supra* note 8, at 298 (noting that 57% of incarcerated veterans were convicted of violent crimes compared to 47% for non-veterans).

31. Hawkins, *supra* note 9, at 570 (stating that the cause of their anti-social behavior "is the cycle of their experience from civilian life, to the regimentation of military life with all its attendant support, to the intensity of life in a combat zone, then to what may be a rather swift and unsupported return to civilian life").

32. Pratt, *supra* note 17, at 43.

33. *Id.*; see also Cavanaugh, *supra* note 19, at 480 ("[C]ombat veterans are trained to be violent, and therefore it is difficult for them to readjust to civilian life when returning home from deployment.").

34. McCarthy, *supra* note 18, at 480; THE CMHS NAT'L GAINS CTR., RESPONDING TO THE NEEDS OF JUSTICE-INVOLVED COMBAT VETERANS WITH SERVICE-RELATED TRAUMA AND MENTAL HEALTH CONDITIONS 1, 1 (2008).

35. Robert T. Russell, *Veterans Treatment Court: A Proactive Approach*, 35 N.E. J. ON CRIM. & CIV. CONFINEMENT 357, 357 (2009).

of some veterans' actions, but amounts to the abandonment of those who sacrificed so much so that their fellow Americans would not have to. Most troubled veterans have no previous criminal records and were model citizens committed to their country until their minds and bodies were ravaged by war. Denying suffering veterans the opportunity to rectify their wrongdoings and once again become productive members of society would be tantamount to a denial of the steep cost of war.

II. WHY DO VETERANS NEED THEIR OWN PROBLEM-SOLVING COURTS?

The Department of Justice estimated that in 2004 (the latest date for which figures are available), 140,000 veterans were incarcerated in the nation's prisons, with 20% of state prisoner-veterans and 26% of federal prisoner-veterans having experienced combat duty.³⁶ At that time, when the War on Terror was only two years old and most of the first Iraq veterans had not yet redeployed to the United States, veterans of the Iraq–Afghanistan era comprised 4% of all veterans in federal and state prison.³⁷ In the nine years since the time of the report (which is based on data collected in 2004 and published in 2007), millions of troops have deployed to Iraq and Afghanistan, making it a near certainty that the percentage of GWOT veterans currently imprisoned has increased substantially. One government report, published in 2008, estimates that "[o]n any given day, veterans account for nine of every hundred individuals in U.S. jails and prisons."³⁸ Regardless of the exact number of GWOT veterans incarcerated today, it is clear that with up to one million GWOT service members suffering from mental disorders that can lead to criminality, the number of veteran offenders will continue to grow. The war will wind down, troops will come home, and the military will shrink by discharging hundreds of thousands of veterans into civilian society without an adequate support structure to address their mental health needs, difficulties with reintegration, unemployment, and a host of other issues. In fact, many troops may not even experience difficulties for several years after their service, suggesting that the worst may be yet to come.³⁹

36. MARGARET E. NOONAN & CHRISTOPHER J. MUMOLA, DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS SPECIAL REPORT: VETERANS IN STATE AND FEDERAL PRISON, 2004 (2007), available at <http://bjs.ojp.usdoj.gov/content/pub/pdf/vsfp04.pdf>.

37. *Id.*

38. THE CMHS NAT'L GAINS CTR., *supra* note 34, at 1.

39. See Logsdon & Keogh, *supra* note 7, at 20 (remarking that one study found that most arrested former troops had been discharged from the military for over ten years prior to arrest); see also Berenson, *supra* note 11, at 38 ("[T]raumatic brain injuries . . . are difficult to diagnose and treat and may not present symptoms until well after the injury.").

The prevalence of veterans afflicted with PTSD has led to increased societal awareness of the problem, including increased responsiveness on the part of the judicial system. As others have noted, the prevalence of PTSD-afflicted veterans has

result[ed] in mental health professionals and society, and subsequently the judicial system, becoming more (1) aware of related symptoms; (2) likely to recognize the validity of the diagnosis and the impact of PTSD on human behavior, even when criminal behavior is involved; and (3) willing to take it into account when assessing criminal responsibility and punishment.⁴⁰

Confronted with an increasing number of veteran offenders on their dockets, judges across the nation have begun to use VTCs as “an option for military veterans, charged with nonviolent crimes, to get supervised substance abuse or mental health treatment in addition to being held accountable for their actions.”⁴¹ This approach harmonizes with recent United States Supreme Court jurisprudence, where the Court recognized that “[o]ur Nation has a long tradition of according leniency to veterans in recognition of their service, especially for those who fought on the front lines.”⁴²

A. *The Creation of Veterans Treatment Courts*

Judge Robert Russell established the first official VTC in Buffalo, New York in 2008 after realizing that veterans “shared unique needs that were not being addressed effectively in the existing treatment courts.”⁴³ Noting that veteran offenders differed from their civilian counterparts in their respect for authority, commitment to compliance with court directives, and willingness to assume responsibility for their actions, Judge Russell developed a structured treatment/supervision program that employs accountability and camaraderie—values with which veterans are both familiar and comfortable—to keep veterans out of prison while ensuring they receive the treatment they need.⁴⁴ The program “provides veterans suffering from substance abuse issues, alcoholism, mental health issues, and emotional disabilities with treatment, academic and vocational training,

40. Hafemeister & Stockey, *supra* note 13, at 138.

41. Heinz, *supra* note 29, at 28.

42. Porter v. McCollum, 558 U.S. 30, 30 (2009) (overturning the death sentence of a Korean War veteran convicted of murder because the trial court ignored mitigating evidence, such as the defendant’s psychological trauma related to his battlefield experience).

43. Cartwright, *supra* note 8, at 303.

44. See Logsdon & Keogh, *supra* note 7, at 18.

job skills, and placement services [and] . . . provides further ancillary services . . . such as housing, transportation, medical, dental, and other supportive services.”⁴⁵ In the two years following the Buffalo court’s creation (the latest date for which figures are available), none of the twenty-four defendants who completed the program had committed subsequent offenses and over one hundred veterans were participating in the program.⁴⁶

B. Drug and Mental Health Court Success in Alabama

While VTCs are distinct from other alternative treatment programs available to civilian offenders, these courts are modeled on traditional drug and mental health courts (as veterans face similar issues), which are manifestations of the criminal justice theories of therapeutic justice and problem-solving courts.⁴⁷

Therapeutic justice addresses the root cause of an offender’s criminality and treats the offender to remove the problems and returns the offender to the community as a responsible citizen. Problem-solving courts are “specialized courts that seek to respond to persistent social, human, and legal problems, such as addiction, family dysfunction, domestic violence, mental illness, and quality-of-life crime.”⁴⁸

In the cases of many veteran lawbreakers, their crimes are incidental to mental health or substance abuse issues resulting from their military service, making problem-solving courts an appropriate forum for addressing their antisocial behavior rather than simply focusing on consequences and criminal procedure.⁴⁹

As alternatives to imprisonment, drug and mental health courts have proven to be effective in reducing recidivism and yield other benefits, especially when intervention occurs early following minor offenses.⁵⁰ “The

45. Russell, *supra* note 35, at 364.

46. See Logsdon & Keogh, *supra* note 7, at 18.

47. Pratt, *supra* note 17, at 46.

48. *Id.* (quoting John Feinblatt et al., *Judicial Innovation at the Crossroads: The Future of Problem Solving Courts*, 15 CT. MANAGER 28, 29 (2010)).

49. Andrew D. Leipold, *What’s Wrong With the Criminal Justice System and How We Can Fix It*, 7 OHIO ST. J. CRIM. L. 515, 519 (2010).

50. Hawkins, *supra* note 9, at 571 (“Drug court professionals recognize that the earlier intervention occurs in the dependency cycle, the greater the chance of success.”); see also *Addicted to Courts: How a Growing Dependence on Drug Courts Impacts People and Communities* (Justice Pol’y Inst., Wash. D.C.) Mar. 2011, available at http://www.justicepolicy.org/uploads/justicepolicy/documents/jpi_addicted_to_courts_factsheet_final.pdf. [hereinafter *Addicted to Courts*] (“[I]ntensive supervision programs focused on treatment reduced [drug] crime by about 18 percent.”).

drug court alternative costs less, enhances public safety, and compassionately offers nonviolent first time offenders, who are not drug dealers, a better chance of turning their life around.”⁵¹

Alabama has been particularly successful in establishing drug courts, with 69 drug courts operating in 66 of the state’s 67 counties as of February 2013.⁵² In addition to drug courts, the Alabama Administrative Office of Courts administers the Court Referral Officer (CRO) Program, which provides CROs with substance abuse and criminal justice training to work with substance abusers within the courts.⁵³ Alabama’s Mandatory Treatment Act of 1990 “requires all defendants in alcohol and drug cases to be evaluated, referred, and monitored by the CRO and to pay for such services.”⁵⁴ A critical attribute of Alabama’s CRO and drug court programs is the requirement that defendants consistently appear before a judge throughout the program for continuous monitoring and evaluation to ensure compliance with the court’s directives.⁵⁵ Statistical studies indicate (and Judge Bill Bostick agrees) that just three minutes of periodic defendant interaction with judges reduces recidivism.⁵⁶ Repeated violations of the court’s “no drug or alcohol” policy can result in a defendant’s dismissal from drug court and the imposition of the same sentence the defendant would have incurred with an initial guilty plea.⁵⁷

Alabama’s drug courts have enjoyed enormous success, with defendant-participants “far[ing] much better than those who were arrested, went to court, were adjudicated guilty, fined, sanctioned, and released

51. Susan Pace Hamill, *An Argument for Providing Drug Courts in All Alabama Counties Based on Judeo-Christian Ethics*, 59 ALA. L. REV. 1305, 1320 (2008).

52. Email from Kelly Saucer, Drug Court Specialist, Ala. Admin. Office of Courts, to the author (Aug. 2, 2013, 13:25 CST) (on file with the author).

53. MARTIN A. RAMSAY, ALA. ADMIN. OFFICE OF COURTS, SUBSTANCE ABUSE AND CRIMINAL JUSTICE: ALABAMA’S COURT REFERRAL PROGRAMS, A SUCCESSFUL MODEL FOR REHABILITATING OFFENDERS, 17, 22 (2000), available at <http://ncsc.contentdm.oclc.org/cdm/singleitem/collection/criminal/id/79/rec/9>.

54. *Id.* at 18.

55. ALLEN L. TAPLEY ET AL., ALA. SENTENCING COMM’N, ALABAMA’S CRIMINAL JUSTICE SYSTEM UPDATE 9 (2003), available at <http://sentencingcommission.alacourt.gov/Publications/AL%20Criminal%20Justice%20Sys%20Update.pdf>.

56. See NAT’L ASS’N OF DRUG COURT PROF’LS, ADULT DRUG COURT BEST PRACTICE STANDARDS, 23 (2013) (citing SHANNON M. CAREY ET AL, EXPLORING THE KEY COMPONENTS OF DRUG COURTS: A COMPARATIVE STUDY OF 18 ADULT DRUG COURTS ON PRACTICES, OUTCOMES AND COSTS (2008)) (“In a study of nearly seventy adult Drug Courts, outcomes were significantly better when the judges spent an average of at least three minutes, and as much as seven minutes, interacting with the participants during court sessions. Shorter interactions may not allow the judge sufficient time to gauge each participant’s performance in the program, intervene on the participant’s behalf, impress upon the participant the importance of compliance with treatment, or communicate that the participant’s efforts are recognized and valued by staff.”) (internal citations omitted); see also Bostick, *supra* note 3.

57. TAPLEY ET AL., *supra* note 55, at 10.

without having to attend a program."⁵⁸ Defendants are highly incentivized to participate in the program since successful completion usually results in dismissal of charges and the avoidance of a criminal record.⁵⁹ In addition to reducing participants' substance abuse, these noncustodial treatment/supervision programs alleviate prison overcrowding, save taxpayer money,⁶⁰ and often avoid the possibility that the prison environment will cause nonviolent offenders to commit more serious crimes upon release from prison.⁶¹

Mental health courts were also created under the principle of therapeutic justice, where courts offer treatment to mentally ill defendants accused of minor offenses.⁶² "The underlying belief of this approach is that the charges these individuals face are more a result of their mental illness than an inherent criminality."⁶³ Since approximately one-fifth of veterans experience a mental health disorder,⁶⁴ causing many to fail "to fully appreciate the nature or wrongfulness of [their actions] or . . . to conform [their] conduct to the requirements of the law,"⁶⁵ the same rationale exists for treating veteran offenders suffering from cognitive impairment. Mental health courts have experienced success similar to drug courts, with reduced recidivism for program participants, a 62% decrease in probation violations, and graduates who were 3.7 times less likely to commit additional offenses than non-graduates.⁶⁶

While both drug courts and mental health courts are largely viewed as viable alternatives to incarceration for qualified offenders accused of minor or nonviolent crimes, neither concept completely escapes criticism. Defendants who are eligible for drug court would usually receive shorter prison sentences or probation for their crimes, and long drug court sentences may increase risk of failure, leading to ultimately longer prison sentences.⁶⁷ Critics also note that drug court completion rates vary across jurisdictions, graduation from drug court may not result in complete deletion of a criminal record, and failing drug court may result in a criminal

58. RAMSAY, *supra* note 53, at 25, 34; *see also* Bostick, *supra* note 3 (Shelby County's drug court experiences an 18% recidivism rate, which includes any encounter with law enforcement that leads to custody, even if the alleged offender is not ultimately charged with a crime).

59. TAPLEY, ET AL., *supra* note 55, at 10.

60. *Id.* at 3 (noting that over 14,000 nonviolent offenders are incarcerated, with an annual cost \$10,000 per inmate); *see also* Hamill, *supra* note 51, at 1316 ("The actual cost of handling drug offenders in drug courts is far less than sending these defendants to prison.").

61. Hamill, *supra* note 51, at 1317.

62. Sarah L. Miller & Abigail M. Perelman, *Mental Health Courts: An Overview and Redefinition of Tasks and Goals*, 33 LAW & PSYCHOL. REV. 113, 113 (2009).

63. *Id.*

64. HOWELL & WOOL, *supra* note 26.

65. Hafemeister & Stockey, *supra* note 13, at 105.

66. Miller & Perelman, *supra* note 62, at 117.

67. *Addicted to Courts*, *supra* note 50.

conviction and harsher punishment than if the defendant had simply pleaded guilty.⁶⁸ While mental health courts have improved criminal justice outcomes, there appears to be no difference between mental health court participants and traditional court defendants regarding symptom severity, and participants are no more likely to actually receive mental health treatment.⁶⁹

Although not perfect, the success of drug and mental health courts is undeniable. These types of alternative treatment programs have generated positive outcomes for both their participants and society by reducing recidivism through addressing the root causes of minor, nonviolent crimes.

C. Why Veterans Require Specialized Courts

Although drug and mental health courts may be appropriate for civilian offenders, veterans suffering from PTSD and substance abuse as a consequence of their traumatic combat experiences are better served by a dedicated court capable of handling their unique situations. Judges in dozens of states acknowledge that traditional mental health and drug courts are not equipped to manage PTSD and substance abuse problems caused by combat trauma⁷⁰ and that veterans are “better served when they are separated from others because [they] share a common bond, understand each other and are accustomed to structure.”⁷¹ Encouraged by the success of Buffalo’s VTC, these judges have followed Roberts’s lead by creating similar courts to

hold struggling veterans accountable for their alleged offenses and . . . provide the treatment for the invisible injuries that are often a major factor in the alleged criminality . . . [T]hus break[ing] the cycle of conviction-incarceration-recidivism that occurs so often when the underlying causes of criminal behavior are ignored.⁷²

In addition to recognizing that tailored treatment for combat-related conditions leads to superior outcomes, other justifications for offering veterans an individualized alternative to incarceration or other programs generally available to civilian offenders include: (1) veterans’ ailments are

68. *Id.*

69. Miller & Perelman, *supra* note 62, at 117.

70. See Cartwright, *supra* note 8, at 303.

71. Eileen C. Moore, *Saluting Our Veterans: Never Again Shall One Generation of Veterans Abandon Another*, 52 ORANGE CNTY. LAW. 8, 9 (2010).

72. Berenson, *supra* note 11, at 42.

a result of their service to America;⁷³ (2) professionals who understand battlefield trauma can better treat veterans;⁷⁴ (3) substance abuse treatment programs will not resolve PTSD;⁷⁵ (4) incarceration without treatment of the underlying illness can lead to higher rates of recidivism;⁷⁶ and (5) veterans generally have lower rates of recidivism than other criminals and specialized treatment has been shown to further reduce recidivism.⁷⁷

As of June 30, 2012, there were 104 VTCs in 33 states⁷⁸ with hundreds more in their planning stages.⁷⁹ Colorado, Florida, Illinois, Maine, and Texas have enacted legislation establishing statewide VTCs.⁸⁰

Alabama has a well-established alternative treatment system that could allow VTCs—with the right mix of judges, practitioners, and community support—to experience the same levels of success as its drug and mental health court programs. The drug court concept can be applied to VTCs, where specialists from the many veterans organizations can assist both veterans and the court in obtaining treatment and resolving outstanding criminal issues. In the words of Judge Russell, the “father” of VTCs, “service members and their families experience unique stressors as part of the military experience[,] . . . [thus] the delivery of high quality care for psychological health, including prevention, early intervention and treatment, requires providers who are knowledgeable about and able to empathize with the military experience.”⁸¹

73. Logsdon & Keogh, *supra* note 7, at 24 (“They are victims of PTSD, brain injuries, depression, mental problems, flashbacks and sleepless nights because of their duty, loyalty and service to us.”); *see also* Giardino, *supra* note 20, at 2962 (“Because there is often a clear link between combat- and service-related PTSD or TBI, one can easily distinguish these combat veterans from other offenders with PTSD or TBI because of the government’s involvement in sending them to war where these disabilities were incurred.”).

74. Logsdon & Keogh, *supra* note 7, at 20 (“Veterans need a comprehensive treatment program run by people and professionals who understand the psychological injuries that are inflicted on the battlefield.”); *see also* Berenson, *supra*, note 11, at 39 (“Incarcerating [a veteran] . . . for conduct related to ailments caused by his military service would fail to recognize the sacrifices he made in service to his country . . .”).

75. Logsdon & Keogh, *supra* note 7, at 20 (“[I]t would be a mistake to refer a PTSD victim to a standard drug-treatment program. Instead, the PTSD patient must be treated for PTSD, not just drug abuse, which is merely a symptom of the PTSD. Taking the veteran off of drugs does not cure him of his real problem and the source of the deviant behavior.”).

76. Berenson, *supra*, note 11, at 39.

77. Pratt, *supra* note 17, at 39 (“[V]eterans . . . return to the correctional system at less than 80 percent of the rate at which similarly situated non-veterans return.” (quoting *Veterans’ Program Follow-Up* (State of N.Y. Dep’t of Corr. Servs., New York, N.Y.) (July 1993))).

78. VTCs State Links, NAT’L CTR. FOR STATE COURTS, <http://www.ncsc.org/Topics/Problem-Solving-Courts/Veterans-Court/State-Links.aspx> (last visited Aug. 2, 2013).

79. JUSTICE FOR VETS, <http://www.justiceforvets.org/vtc-history> (last visited Aug. 2, 2013).

80. JUSTICE FOR VETS, <http://www.justiceforvets.org/state-legislation> (last visited Aug. 2, 2013).

81. Russell, *supra* note 35, at 363 (quoting DEP’T OF DEF. TASK FORCE ON MENTAL HEALTH, AN ACHIEVABLE VISION: REPORT OF THE DEPARTMENT OF DEFENSE TASK FORCE ON MENTAL HEALTH, at ES-1, 41 (2007) available at <http://www.health.mil/dhb/mhtf/MHTF-Report-Final.pdf>).

III. HOW DO VETERANS TREATMENT COURTS FUNCTION?

While VTCs are usually judicially created, as they are in Alabama, some states have enacted legislation to implement statewide programs, and a handful of states, such as California, have even amended their penal codes to allow defendants who can demonstrate that their crime was caused by combat-related issues to apply for treatment rather than incarceration.⁸² Recognizing the success of veteran-specific courts, the federal government enacted the Services, Education, and Rehabilitation Act (SERV Act), which authorizes the United States Attorney General to make grants to state and local courts and governments to establish VTCs or expand existing drug courts for veteran treatment.⁸³ As part of the White House's *Strengthening Our Military Families* initiative, the Departments of Justice and Health and Human Services have partnered to further develop the VTC concept, and the National Drug Control Institute is creating a "veterans only" drug court curriculum, with funds having been allocated for training and technical assistance.⁸⁴

A. *Partners in Success*

Similar to the integrated treatment and multi-stakeholder collaboration proven effective in drug and mental health courts, VTCs unite "the efforts of the judge, prosecutor, defense attorney, mental health experts, [and] case managers . . . whose focus is on treatment for offending veterans rather than incarceration."⁸⁵ What separates VTCs from traditional problem-solving courts is the addition of state and federal Veterans Affairs personnel, local veterans organizations, and volunteer veteran mentors to the interdisciplinary team (a concept created by Judge Russell's Buffalo court) to deliver veterans-tailored treatment through their VA benefits and provide constant supervision to ensure compliance with court directives.⁸⁶ Using a non-adversarial approach, the partnership works together to provide mental health and substance abuse rehabilitative care as well as other services, such as primary health care, housing, educational assistance, vocational training and job placement, and family counseling to help

82. See Hawkins, *supra* note 9, at 567; JUSTICE FOR VETS, *supra* note 80; see also Cartwright, *supra* note 8, at 310, 315–16; Wendy S. Lindley, *The Promise of Veterans Court*, 51 ORANGE CNTY. LAW. 29, 29 (2009) (stating that California defendants whose crimes are caused by psychological disorders resulting from combat can apply for diversionary treatment.).

83. See Cartwright, *supra* note 8, at 312; see also Lindley, *supra* note 82, at 29.

84. EXEC. OFFICE OF THE PRESIDENT, STRENGTHENING OUR MILITARY FAMILIES: MEETING AMERICA'S COMMITMENT (Jan. 2011), available at http://www.whitehouse.gov/sites/default/files/rss_viewer/strengthening_our_military_families_meeting_americas_commitment_january_2011.pdf.

85. Cavanaugh, *supra* note 19, at 482.

86. JUSTICE FOR VETS, *supra* note 79.

veterans reintegrate into civilian society.⁸⁷ Shelby County's inaugural VTC team travelled to Buffalo to learn Judge Russell's "best practices." Assembled to develop a holistic and comprehensive program to preserve veterans' rights while also ensuring the protection of the public's safety, the team consisted of Judge Bostick, an assistant district attorney, a public defender, a drug court coordinator, a director of community corrections, a sheriff's department captain, a treatment professional, a representative from Alabama's Veterans Council, and a Veterans Justice Outreach (VJO) specialist (a VA employee who serves as the liaison between the court and the VA and who tracks the status of jailed veterans within an assigned geographical area of responsibility).⁸⁸

Once a veteran-offender is accepted into a VTC and agrees to the conditions of participation, the court's team converges to "guide the veteran through the . . . recovery program."⁸⁹ In both Judge Russell's and Judge Bostick's courts, a VJO specialist with access to the VA records system is present during court sessions to determine a defendant's eligibility and facilitate registration and enrollment into the VA's various benefits programs and services.⁹⁰ Alternatively, if the veteran has commenced treatment, the VJO specialist is able to provide the judge with the status of a defendant's progress.⁹¹ "This commitment by the VA is critical, because it will be a primary location for treatment of veterans who need mental health and substance abuse treatment while on probation."⁹²

In addition to receiving treatment recommended by the interdisciplinary team, the judge may require offenders to attend therapeutic group meetings, obtain employment or pursue education, or undergo individual or family counseling.⁹³ According to Judge Bostick, it is crucial for the same judge to develop each defendant's personalized treatment program and maintain supervision throughout the entire process since doing so, in the words of Judge Russell, "communicates to veterans that someone with authority cares about them and is closely monitoring them."⁹⁴ The continuous support and motivation of veterans' families are

87. Cartwright, *supra* note 8, at 307.

88. Bostick, *supra* note 3.

89. Berenson, *supra* note 11, at 37.

90. Adam Caine, *Fallen From Grace: Why Treatment Should Be Considered for Convicted Combat Veterans Suffering from Post Traumatic Stress Disorder*, 78 UMKC L. REV. 215, 233 (2009).

91. *Id.* at 234; Bostick, *supra* note 3.

92. Logsdon & Keogh, *supra* note 7, at 24; see also OFFICE OF APPLIED STUDIES, SUBSTANCE ABUSE & MENTAL HEALTH SERV. ADMIN., *supra* note 22 (stating that the VA's 183 substance abuse treatment facilities offer treatment for veterans with co-concurring psychological/substance abuse problems, disease testing, and counseling).

93. Tracy Carbasho, *Veterans Court Celebrates Its First Anniversary with Graduation Ceremony*, 12 LAW J. 3, 3 (2010).

94. Bostick, *supra* note 3; see also Russell, *supra* note 35, at 367.

also essential to this process. “[T]he ‘significant people’ in veterans’ lives are their families—they are the ones whom veterans had to leave behind in order to fight in combat, and they are the ones who veterans come home to.”⁹⁵ Finally, veterans who are incarcerated for more than sixty days are likely to lose their VA benefits, incentivizing VTC participation since they are transferred from traditional dockets to VTCs, where the judge has the flexibility to release them from jail upon the condition that veterans promise to comply with VTC requirements.⁹⁶ Of course, veterans may have their benefits revoked upon incarceration for any subsequent offenses.⁹⁷

The addition of veteran mentors is an element unique to VTCs. Volunteer mentors, who are similar to the “sponsors” found in Alcoholics Anonymous, meet defendants in court and assist with interactions between veterans and the court, VA, and other applicable agencies.⁹⁸ Many mentors are themselves veterans who understand the challenges of transitioning from military to civilian life. These mentors advocate for the veterans, assist them with understanding and complying with court directives, help them make appointments, assist with locating housing and employment, facilitate benefits requests, counsel them on ways to resolve life’s everyday problems, work with them to set goals and create plans of action, and provide moral support.⁹⁹ While some mentors in some courts are not veterans, many commentators believe that “those who have a shared experience, other veterans, offer the most easily accepted and effective ‘tough love’ support,” which increases the probability of successful completion of a treatment program.¹⁰⁰ Many courts provide training for their mentors “so that during meetings with veteran offenders they can do more for them than merely relate to them on a personal level,”¹⁰¹ and Shelby County is currently working to establish a mentor certification curriculum that will provide training to mentors.¹⁰² Shelby County’s mentors include law enforcement officers, attorneys, educators, and other

95. Cavanaugh, *supra* note 19, at 483.

96. Bostick, *supra* note 3.

97. *Id.*

98. Cavanaugh, *supra* note 19, at 476–77.

99. See Carbasho, *supra* note 93, at 9; Cavanaugh, *supra* note 19, at 484; Russell, *supra* note 35, at 370.

100. Hawkins, *supra* note 9, at 570; *see also* Carbasho, *supra* note 93, at 9 (“The mentors often turn into confidants because the veterans know they are talking to someone who understands what they have endured.”); Cartwright, *supra* note 8, at 304 (“[V]eterans respond better to treatment when they work with other veterans.”); Russell, *supra* note 35, at 366 (“Active support from a veteran peer mentor throughout treatment increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior in the future.”).

101. Cavanaugh, *supra* note 19, at 484; *see also* Heinz, *supra* note 29, at 5 (Pennsylvania authorities developed an online VTC mentor training program to enhance access and increase the number of trained mentors.).

102. Bostick, *supra* note 3.

volunteers, all of whom are veterans themselves, who work with substance abuse and mental health professionals to coordinate VA appointments, provide encouragement, and assist veterans with implementing solutions to their problems.¹⁰³ Critical to the mentor–defendant relationship is its informal and confidential nature—the defendant can speak freely to and confide in the mentor without worrying about his or her statements being reported to the court.¹⁰⁴ The “[c]onstant . . . support . . . offer[s] encouraging signs that the particularized needs of returning military veterans will be met with an understanding heart, a firm hand, and a watchful eye.”¹⁰⁵

B. A Proactive Approach

While personal accountability is the hallmark of VTCs, consistent monitoring and evaluation of a participant’s compliance is essential to gauge the program’s effectiveness and make necessary adjustments.¹⁰⁶ In Shelby County’s VTC, where a program can last from twelve months to several years depending on a particular individual’s situation and charges, a defendant is initially required to report to Judge Bostick weekly, with continuous satisfactory participation reducing the frequency of appearances.¹⁰⁷ Regular drug and alcohol testing ensures that defendants remain substance-free and fulfill their obligations to those who spend their time and energy helping them turn their lives around. Successful completion through compliance with the judge’s attendant conditions results in reduced charges or sentences in the case of a post-conviction program, while charges may be completely dismissed in a pre-conviction diversion program.¹⁰⁸ Noncompliance, such as failure to maintain appointments, attend mandatory meetings, or remain drug and alcohol free, can lead to graduated sanctions or total removal from the VTC and imposition of the original sentence or traditional adjudication.¹⁰⁹ In Shelby County, re-arrest or committing “fraud upon the court” (such as lying to a case manager or forging a group therapy sign-in sheet) can result in expulsion from the program.¹¹⁰

103. *Id.*

104. *Id.*

105. Hawkins, *supra* note 9, at 572.

106. Russell, *supra* note 35, at 367.

107. Bostick, *supra* note 3.

108. See generally Berenson, *supra* note 11, at 41; Cartwright, *supra* note 8, at 306.

109. Cartwright, *supra* note 8, at 306–07; Bostick, *supra* note 3.

110. Bostick, *supra* note 3.

C. Eligibility Requirements

When creating a VTC, organizers must first determine which categories of cases will be eligible for transfer from the traditional criminal court system. Most VTCs restrict eligibility to misdemeanors or nonviolent crimes since these courts employ volunteer mentors and external treatment providers in public settings and are not structured to rehabilitate violent offenders.¹¹¹ A California VTC accepts offenders “who had no problems during school and no contacts with the criminal justice system when they joined the military.”¹¹² The Buffalo court receives nonviolent felonies, but requires that eligible defendants’ charges stem from a substance abuse or mental health problem “associated with a medical, behavioral, or socioeconomic issue that can be treated through the VA.”¹¹³ Some courts accept low-level domestic violence charges due to their prevalence.¹¹⁴ It has been argued that even violent offenders, who suffer from the same issues as their nonviolent counterparts and whose military training and aggressive combat behavior often lead to their crimes, should also be afforded equal access to specialized treatment.¹¹⁵

The Shelby County VTC has established formal eligibility criteria that are substantially similar to the county’s existing drug and mental health courts, including the requirement that the District Attorney consent to an offender’s participation.¹¹⁶ Judge Bostick has worked with the presiding judges of the county’s drug and mental health courts to harmonize the VTC’s admission criteria with those courts, but notes that eligibility standards are fluid and transfer from traditional criminal court depends on the facts of each particular case.¹¹⁷ A previous criminal record, including violent crimes, does not automatically foreclose adjudication in the VTC, though the District Attorney has final veto authority.¹¹⁸ Even violent offenders may be eligible for the Shelby County VTC if the prosecution recommends transfer and the victim and appropriate agency agree for the defendant’s case to be transferred to a problem-solving court, as this is the

111. See Berenson, *supra* note 11, at 41; see also Caine, *supra* note 91, at 236 (noting that some VTCs accept all eligible defendants except those accused of sex, violent, or weapons offenses); Cartwright, *supra* note 8, at 306.

112. Moore, *supra* note 71, at 9.

113. Cartwright, *supra* note 8, at 306.

114. *Id.*

115. Cavanaugh, *supra* note 19, at 486–87 (“The violent offenders need help more than anybody . . . [D]oes it make sense to give special services only to those who need help the least?”).

116. Bostick, *supra* note 3.

117. *Id.*

118. *Id.*

county’s current practice for defendants facing domestic violence and driving under the influence charges.¹¹⁹

D. Identifying Qualified Participants

After establishing which categories of cases are eligible for transfer to the VTC, authorities must determine which types of defendants are qualified for alternative adjudication. Identification of eligible veterans may occur during a defendant’s preliminary hearing.¹²⁰ In Shelby County, an arrestee is asked about prior military service during booking, thereby providing the District Attorney with a list of veteran-arrestees during preliminary hearings so that qualified offenders can be immediately docketed to the VTC.¹²¹ A significant requirement for many VTCs is that the veteran must have been discharged under honorable conditions so that he or she is eligible for VA benefits (access to VA health services is dependent on discharge status).¹²² An honorable discharge also “reflects the sense that participants deserve the help provided in the treatment court because of their honorable service.”¹²³ As previously mentioned, some courts require that veterans be diagnosed with mental health or substance abuse issues or that their criminal conduct be a result of psychological issues incurred in combat,¹²⁴ while many courts allow any honorably discharged veteran to participate.¹²⁵ Participation in a VTC is voluntary, and defendants must agree to comply with the court’s conditions, such as undergoing mandatory treatment for substance abuse or mental health issues, obtaining housing and employment, and attending any requisite therapy sessions for the duration of the program.¹²⁶

The Shelby County VTC does not require participants to be diagnosed with mental health or substance abuse issues resulting from their service, though a service-connected diagnosis can help inform the level of treatment to be provided by the VA and other practitioners.¹²⁷ Also, any veteran is presumably eligible, regardless of their combat service or lack thereof.¹²⁸ In addition to the streamlined booking and identification process, Judge Bostick’s court does not immediately disqualify a dishonorably discharged

119. *Id.*

120. Hawkins, *supra* note 9, at 568.

121. Bostick, *supra* note 3.

122. Cartwright, *supra* note 8, at 306.

123. *Id.*

124. Cavanaugh, *supra* Note 19, at 479.

125. Hawkins, *supra* note 9, at 565.

126. Spectrum Dep’t, *Second Chance for Vets*, 73 TEX. B. J. 810, 810 (2010).

127. Bostick, *supra* note 3.

128. *Id.*

veteran from participation.¹²⁹ Although not eligible for VA benefits, veterans with dishonorable discharges may qualify for admission into drug court since the State of Alabama and user fees subsidize the county's drug court.¹³⁰ Judge Bostick may impose individualized stipulations, such as that the defendant perform community service or avoid "the people, places, and things" that led to their involvement with the criminal justice system.¹³¹ This restriction on certain activities and locations is particularly familiar to veteran offenders, who are already well-accustomed to the military's restraints on conduct and its "off-limits" policy for certain places and establishments.

E. Pre- and Post-Conviction Programs

The manner of adjudication of cases is an important element of VTCs, for the timing of the diversion determines whether offenders are left with a criminal record upon successful completion. Some courts offer a post-conviction program to veterans that requires guilty or no contest pleas before treatment; these programs result in sentences being suspended or reduced upon successful completion.¹³² This approach allows judges to leverage the threat of the suspended sentence to encourage participation, but leaves veterans who successfully complete the program with criminal records, further hampering their reintegration into society.¹³³

Other courts employ a truly diversionary model by deferring adjudication until the conclusion of treatment, with charges dismissed upon successful completion, allowing the veteran to avoid a criminal record.¹³⁴ Some courts that accept a wider variety of crimes, such as the Buffalo and Shelby County courts, condition the manner of adjudication on the type of crime—more severe crimes can lead to reduced or non-confinement sentences for successful program completion, while charges for minor crimes may be completely dismissed.¹³⁵ Regardless of the timeliness of a VTC's intervention, a defendant's failure to comply with the court's conditions can result in traditional adjudication or imposition of the same sentence as if a defendant had plead guilty.¹³⁶

129. *Id.*

130. *Id.*

131. *Id.*

132. Cartwright, *supra* note 8, at 306.

133. Berenson, *supra* note 11, at 37.

134. *Id.*

135. Cartwright, *supra* note 8, at 306–07; Bostick, *supra* note 3.

136. Cartwright, *supra* note 8, at 306–07; Bostick, *supra* note 3.

IV. BENEFITS OF VETERANS TREATMENT COURTS

While the concept is less than five years old, preliminary data suggests that VTCs may be an answer to the ageless question of how to effectively deal with combat-traumatized veterans and their attendant issues. "It is impossible to deny the frequent connection between combat trauma and subsequent criminal behavior. The United States must recognize this as a direct societal cost of war and do everything it can to rehabilitate veterans and return them to society as law-abiding citizens."¹³⁷ Since many veterans' afflictions are the consequence of their volunteer service to America and because incarceration has proven ineffective, targeted treatment that addresses the root cause of veterans' problems is not only a moral obligation, but can result in "[l]ong-term benefits . . . in the form of less crime, a healthier community, more employed individuals, less need of government assistance, and fewer people contributing to the drug industry and more to the economy."¹³⁸

A. *Saving Local Tax Dollars*

The problem-solving court model has proven to reduce recidivism, improve public safety, and cost less money than traditional adjudication of offenders with substance abuse or mental health issues.¹³⁹ "If you put someone in jail, you limit their access to opportunities that could help them address the problem that got them to this point in their life . . . treatment dollars are less than jail dollars."¹⁴⁰ One study revealed that mentally ill offenders who were properly transferred to mental health courts rather than being imprisoned saved a Pennsylvania county \$9,500 per offender over a two-year period.¹⁴¹ The Buffalo court's VTC costs less than 10% of the cost of incarceration.¹⁴² Alabama pays over \$17,000 per year to incarcerate each inmate for a total annual cost of \$462.5 million for the state's prison system.¹⁴³ Each nonviolent offender who participates in mental health, drug, or veteran treatment court instead of going to prison can potentially save the state thousands of dollars, especially when considering that such problem-solving courts are supported by user fees.

137. Pratt, *supra* note 17, at 57.

138. Russell, *supra* note 35, at 371.

139. Lindley, *supra* note 82, at 29; *see also* Berenson, *supra*, note 11, at 40 ("[T]he financial cost of problem-solving courts is still less than the financial costs of incarceration and recidivism.").

140. Carbasho, *supra* note 93, at 3 (internal quotations omitted).

141. *Id.*

142. Cavanaugh, *supra* note 19, at 478.

143. VERA INST. OF JUSTICE, THE PRICE OF PRISONS: ALABAMA (2012), <http://www.vera.org/files/price-of-prisons-alabama-fact-sheet.pdf> (last visited Aug. 5, 2013).

B. Enhanced Efficacy

The greatest financial advantage of VTCs is the VA's financing of myriad health, counseling, housing, and employment benefits and services for eligible veterans, "sav[ing] counties 'hundreds of thousands of treatment dollars while providing the best therapeutic environment — that is an environment where the care providers are specifically trained to assist veterans who suffer from PTSD and TBI.'"¹⁴⁴ With supplemental funding from the Substance Abuse and Mental Health Services Administration, the Department of Health and Human Services, and court-levied user fees, states and counties employing the VTC concept incur no additional expenses, and their veteran-offenders avoid costly and ineffective incarceration while receiving high quality care.¹⁴⁵ Since VTCs like Shelby County's require no additional staff, local resources are then available for use in civilian drug and mental health courts.¹⁴⁶ "Helping veterans turn their lives around . . . saves local taxpayers money by saving the high cost of incarceration, state support services, and the likely continued involvement with the criminal justice system."¹⁴⁷

C. Treatment Is More Effective than Incarceration

In addition to initial financial benefits to communities, VTCs have proven to help veterans regain control of their lives in ways that prison could never do. Speaking of one veteran suffering from severe PTSD and other emotional problems, one observer noted:

Had he been sent to prison, his withdrawal, his repressed anger, and his alienation would surely have gotten worse; and upon his release, our society—having sown the wind—would surely have reaped a devastating whirlwind. Instead, he has been participating in Veterans Court—receiving counseling, attending group and individual therapy, and accessing a wide range of resources tailored to meet his needs.¹⁴⁸

When compared to other voluntary problem-solving courts, the characteristics of the participants seem to result in particularly high rates of success of VTCs, with veterans staying in treatment longer, keeping more

144. Spectrum Dep't, *supra* note 126, at 810 (quoting Marc Carter, Veterans Court Judge, Harris Cnty., Pa.).

145. Pratt, *supra* note 17, at 46, 52.

146. Bostick, *supra* note 3.

147. Carbasho, *supra* note 93, at 3.

148. Lindley, *supra* note 82, at 29.

appointments, being re-arrested less frequently, and generally having a reduced recidivism rate.¹⁴⁹ Since its inception, graduates of the Buffalo court have made tremendous strides in their personal lives, which likely could not have occurred with incarceration or traditional adjudication.¹⁵⁰ Of the twenty-five participants in Judge Bostick's VTC, only one participant has re-offended, and on the district attorney's recommendation and his family's request, he was allowed to continue to participate in the program for the benefit of his family and himself.¹⁵¹ According to Judge Bostick, these positive outcomes flow from constant interaction with the judge, whereas a common drug charge results in 30–60 days of probation, after which the defendant is generally unsupported and unsupervised, leaving him or her susceptible to bad habits. In contrast, VTC participants must submit to weekly monitoring, intensive treatment, and vigorous judicial supervision.¹⁵²

V. CRITICISMS OF VETERANS TREATMENT COURTS

Although the reaction to VTCs has largely been favorable, the concept is not immune from criticism. The four-year-old movement is not perfect and it, like any criminal justice program, can certainly be improved upon. That being said, the drive to treat underlying issues that lead to criminality has enjoyed success in other formats, producing far more benefits to offenders and society than simple incarceration.

A. Unwarranted Favorable Treatment of Veterans

Critics have suggested that VTCs treat veterans as a "special class" of defendants who receive a "get out of jail free" card for having served in the military, while similarly situated non-veteran defendants (who can be considered victims of their circumstantial poverty, abuse, or mental illness) are unfairly excluded from such preferential and necessary treatment.¹⁵³ However, many civilians whose crimes stem from substance abuse or mental health issues are afforded specialized treatment in the form of

149. See Cartwright, *supra* note 8, at 315; Cavanaugh, *supra* note 19, at 478.

150. Russell, *supra* note 35, at 370 ("[T]hese same individuals are substance free, dealing with mental health concerns, have a place to live, and have stable employment or are actively engaged in furthering their education. Many have also managed to repair damaged relationships with family and friends.").

151. Bostick, *supra* note 3.

152. *Id.*

153. See Cartwright, *supra* note 8, at 307; Hawkins, *supra* note 9, at 570–71; Pratt, *supra* note 17, at 56.

mental health and drug courts. Furthermore, service members often require different treatment for their unique issues—separate courts are a more effective allocation of resources. Veterans are also held to the same levels of accountability as their civilian counterparts, with incarceration being used when necessary.¹⁵⁴ According to Judge Bostick, veterans do not receive *preferential* treatment—they receive *targeted* treatment for their particular issues.¹⁵⁵ The veteran-offender is already the state's responsibility, so it makes sense to use the resources provided by the VA, mentors, and drug and mental health courts to reduce the state's burden as well as the veteran's potential recidivism.¹⁵⁶ Finally, some have argued, including the Supreme Court, that veterans who served their country honorably do in fact deserve preferential treatment to counter the harmful effects of that service.¹⁵⁷

B. Unfairness to Veteran-Participants

While some critics consider VTCs to be unfair to civilians, others believe such courts to be disadvantageous to veteran-participants. Most nonviolent minor offenses result in several days in county jail followed by probation; VTCs involve long periods of intense judicial supervision, provoking many veterans (particularly young GWOT service members) to decline much needed treatment for their issues and accept traditional adjudication.¹⁵⁸ For those veterans who opt to participate in VTCs, the protracted length of the program, while necessary, increases the risk of failure, which leads to the imposition of the original or harsher sentence.¹⁵⁹ Finally, if admission into VTC requires a guilty plea, even successful completion of the program results in a criminal record, further hindering a veteran's reintegration.¹⁶⁰

Courts can employ graduated responses to reduce the possibility of the long duration of a VTC program leading to failure, with noncompliance with the court's conditions leading to increased supervision or other sanctions rather than immediate expulsion.¹⁶¹ Courts have developed alternatives to permanent criminal records in jurisdictions where a

154. See Caine, *supra* note 91, at 239; Cartwright, *supra* note 8, at 307.

155. Bostick, *supra* note 3.

156. *Id.*

157. See Porter v. McCollum, 558 U.S. 30, 30–31, 43 (2009); Logsdon & Keogh, *supra* note 7, at 20 ("Another reason that veterans deserve special treatment is that while they are sick, most of them are not bad people. . . . [They] literally put [their] li[ves] on the line for fellow soldiers and complete strangers.").

158. Cartwright, *supra* note 8, at 310.

159. *Addicted to Courts*, *supra* note 50.

160. Cartwright, *supra* note 8, at 308.

161. Russell, *supra* note 35, at 366.

defendant-veteran is required to plead guilty before admission into a VTC—judges can suspend proceedings or refrain from entering a judgment of conviction, with documents being sealed or charges expunged after successful completion of the program.¹⁶² Other courts afford judges the discretion to determine the outcome of a defendant’s criminal charges, including complete dismissal at the conclusion of treatment or sentencing the defendant to treatment rather than prison.¹⁶³

C. *Not Enough Veterans are Getting Help*

An additional critique of VTCs is that they are not helping enough veterans who desperately need their services. Many courts are established near large cities, prohibiting access by eligible National Guard and Reserve service members who are more likely to reside in rural or suburban areas.¹⁶⁴ The “discharge under honorable conditions” eligibility requirement means that many needy defendants are precluded from VTC, even though a veteran’s PTSD may have led to his dishonorable discharge when a medical (rather than dishonorable) discharge for PTSD may have been the appropriate condition of discharge and would have allowed him to retain his eligibility.¹⁶⁵ The restriction of VTCs to nonviolent offenders “might fence out many of the veterans whose crimes are most tied to their combat trauma.”¹⁶⁶ Paranoia and habit cause many veterans to carry weapons, leading to more severe charges for minor offenses. Additionally, substance abuse and aggression associated with PTSD can result in domestic violence, assaults, and serious driving offenses, leading to a veteran’s ineligibility for VTC participation.¹⁶⁷

Statewide legislative implementation of VTCs and judicial discretion to consider a veteran’s combat service during sentencing would increase accessibility to treatment for afflicted veterans. VTCs could accept a broader range of crimes (including violent crimes), “but require a tighter nexus between the criminal behavior and the defendant’s combat experience.”¹⁶⁸ Rather than simply denying them treatment, defendants charged with more serious crimes can be required to plead guilty with the possibility of a reduced sentence or reduced charges upon completion of

162. Cartwright, *supra* note 8, at 311.

163. *Id.*

164. *Id.* at 308–09.

165. *Id.* at 309.

166. *Id.*

167. *Id.* at 309, 316 (“[F]encing out offenders who carried a gun or got into a bar fight right after coming home from Iraq seems to miss the point.”).

168. *Id.* at 316.

the program,¹⁶⁹ or a violent offender requiring incarceration can receive treatment in prison.

CONCLUSION

With more than 40,000 Alabamians¹⁷⁰ having deployed to either Iraq or Afghanistan or both, resulting in over 100 service members killed and over 700 wounded,¹⁷¹ the State of Alabama and its citizens have contributed substantially to the GWOT effort. Statistically, as many as 10,000–18,000 of these Alabama veterans are likely suffering from mental health and substance issues stemming from their service to America, which could lead to criminal behavior upon their return to society. Alabama's prison system is woefully overburdened, with nearly 31,000 inmates currently incarcerated in facilities designed to house 16,000 prisoners¹⁷² and 190 prisoners being added monthly.¹⁷³ VTCs offer a pragmatic and compassionate solution to the growing crisis of veteran criminality by addressing their unique needs through early diversion programs before their problems fester, causing further strain on Alabama's overtaxed criminal justice system. Tailored treatment as an alternative to incarceration in Alabama has proven successful in civilian mental health and drug courts, costs less than prison, and reduces recidivism.

Alabama has taken steps in the right direction by following the lead of thirty-one other states in creating Shelby County's VTC. To maximize the benefits of this program, the state should employ the "best practices" outlined above, such as harnessing the expertise gained from its effective drug and mental health courts, taking advantage of federally funded veterans benefits, and using a flexible approach to meet the needs of individual defendants while holding them rigidly accountable for their actions. Judge Bostick's willingness to consider all veteran-offenders for admission into Shelby County's program, as well as his commitment to devote the time and effort to tailor the conditions and treatment to each individual veteran's situation, increases the likelihood of his court's success and should be adopted throughout Alabama. In fact, Shelby

169. *Id.* at 316.

170. DEFENSE MANPOWER DATA CTR., *supra* note 5.

171. ICASUALTIES.ORG, <http://icasualties.org/OEF/USCasualtiesByState.aspx>. (last visited Aug. 5, 2013) (click both the "Iraq" and "Afghanistan" links on the top banner and add together the listed Alabama casualties).

172. Ed. Board, *Behind Bars in Alabama: Lawmakers Must Address State's Prison Overcrowding Issue*, THE ANNISTON STAR (Jan. 30, 2013), http://annistonstar.com/view/full_story/21569571/article-Behind-bars-in-Alabama--Lawmakers-must-address-state%E2%80%99s-prison-overcrowding-issue?instance=opinion_secondary.

173. RAMSAY, *supra* note 53, at 8.

County's admissions standards rank among the most inclusive in the country, ensuring that those veterans whose crimes may be most connected to their combat service have the opportunity to turn their lives around. State-wide implementation of the VTC concept and even legislation allowing for consideration of combat service during criminal proceedings would recognize veterans' sacrifices while acknowledging that their crimes may result from underlying issues caused by their service. VTCs benefit society by reducing financial costs associated with incarceration, increasing public safety, and providing justified individualized treatment to men and women who, in the words of Judge Bostick, volunteered to “go anywhere I am sent, do anything I am commanded, and signed that blank check to Uncle Sam, payable with my life if necessary, in service of our country.”¹⁷⁴

Jeremiah M. Glassford^{**}

174. Bostick, *supra* note 3.

^{**} I wish to thank Judge Bill Bostick for his extensive time, effort, and guidance in the preparation of this Note. I also appreciate Judge Joseph Colquitt's insight into the history of Alabama's problem-solving courts, and want to thank Wes Wintermyer and Bo Bledsoe for their helpful suggestions. Finally, I am grateful to Sandra Ingram Speakman and Kelly Saucer for providing invaluable information on extremely short notice.

Introduction to Program Forms

The section contains information relating contains forms and other guidance necessary to establish and operate a Veterans Court in the State of Alabama. These forms, which were developed by Veterans Court judges and key personnel, may be reproduced and redistributed. Microsoft Word versions of these forms are provided. Specific forms included in this section are as follows:

1. **Memorandum of Understanding** - a draft MOU (Memorandum of Understanding) among the stakeholders involved in establishing a Veterans Court, including the VA, the Court, the District Attorney, etc.
2. **Veterans Court Application** - This is the application form for Veterans Court. Ordinarily maintained by the District Attorney's Office, this file includes:
 - 1) Eligibility questionnaire,
 - 2) Application form,
 - 3) List of Rules and Requirements of Veterans Court,
 - 4) Drug Screening Protocol,
 - 5) List of Sanctions,
 - 6) Consent for Disclosure of Confidential Information form,
 - 7) Permission to Conduct Search and to Seize Certain Property form, and
 - 8) Defendant's Admission of Guilt form.
3. **Veterans Court Form Orders** - This file contains a sample of court orders used in administering a Veterans Court, including:
 - 1) Initial Order,
 - 2) Release Order,
 - 3) Felony Plea Agreement and Order,
 - 4) Probation Violation Order, and
 - 5) Sanction Order.
4. **Veterans Court Intake Packet** - This packet contains all forms utilized by the Case Manager in administration of the program, including all rules and testing protocols. A complete index of included forms is found on Page 1 of this packet.

MEMORANDUM OF UNDERSTANDING
Between the
Department of Veterans Affairs, Southeast Network
and Shelby County Circuit Court, 18th Judicial Circuit

Background:

The Shelby County Circuit Court, 18th Judicial Circuit, established a Veterans Treatment Court to work with to divert select members of the Veteran population, charged with non-violent misdemeanor and felony crimes, away from jail and into appropriate rehabilitative programs. The Veterans Treatment Court (“VTC”) program is a collaborative effort of the Shelby County Circuit Court, the Shelby County District Attorney, the Shelby County Public Defender, Shelby County Community Corrections, the Shelby County Sheriff’s Office and the Department of Veterans Affairs, Southeast Network.

The VTC has encountered Veterans charged with non-violent misdemeanors and felonies who face challenges in their lives. Many of these Veterans have medical, mental health and other problems, including those resulting from their military service. Veterans who are charged with non-violent misdemeanors and felony crimes often need rehabilitative services which can be provided by combining resources of the Court, clinical treatment through the Department of Veterans Affairs (VA) and community programs.

The VTC seeks to provide treatment services to Veterans through a program of pretrial diversion or probation supervision. As the ultimate goal, the VTC seeks to improve the lives of the offending Veterans and promote public safety by supporting sobriety and law-abiding behavior through reducing relapse and recidivism for moderate risk individuals.

The VA Veteran Justice Outreach (VJO) Initiative is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible justice-involved Veterans have timely access to VHA mental health and substance use services when clinically indicated, and other VA services and benefits as appropriate.

Through the VTC, the Court, probation, prosecution, defense, treatment professionals, and VJO Specialists (VJOS) will work collaboratively to provide a direct link between a Veteran in VTC, the court and treatment resources at the VA.

Purpose:

The purpose of this Memorandum of Understanding (“MOU”) between the Shelby County Circuit Court, the Shelby County District Attorney, the Shelby County Public Defender, Shelby County Community Corrections, Shelby County Sheriff’s Office and the Department of Veteran Affairs, Southeast Network (“VISN7”) is to establish the rights and responsibilities of each stakeholder involved in the VTC program and to maximize the ability to provide qualified Veteran offenders an opportunity to realize better outcomes in their contact with the criminal justice system through utilization of community and VA-sponsored rehabilitative programs.

Authority:

The Court has the authority to operate the VTC as a specialty court within the circuit and district courts of Shelby County. The VA has the authority to administer programs and provide healthcare to eligible Veterans pursuant to Title 38 of the United States Code. This MOU is not intended to confer or create authority not already in existence for the parties.

Eligibility:

The VTC is intended to serve Veterans charged with non-violent misdemeanors and felonies in the 18th Judicial Circuit who meet certain criteria. Among the factors considered for entry in the VTC are:

- Mental health diagnosis
- Substance abuse diagnosis
- Motivation to make lifestyle changes
- Eligibility for healthcare through the VA*
- Availability of healthcare through the VA**
- Nature of offense charged
- Prior criminal history
- Social and treatment history

*VA eligibility statutes will govern whether Veteran-Defendants who appear in the VTC are authorized to receive VA health care. Decisions related to a Veteran's eligibility for VA health care will be made exclusively by the VA.

** Decisions related to the nature and accessibility of VA treatment options/services will be made exclusively by the VA.

The Parties to this MOU agree as follows:

1. The VTC will include representatives of the Court, any contractors of the Court, Shelby County Community Corrections, Shelby County Sheriff's Office, the VA, the Shelby County District Attorney's Office and the Shelby County Public Defender's Office who will assist in the planning, development and application of the same.
2. Veterans charged with non-violent misdemeanor and/or felony crimes may be eligible to enter the VTC program.
3. The VTC is a voluntary program, which requires Veterans charged with non-violent misdemeanor and/or felony crimes to agree, in writing during a hearing, to enter into the VTC. The VTC is currently scheduled every Thursday afternoon at 2:00 p.m.
4. The VJOS shall be responsible for having the Veteran-Defendant sign all necessary forms for participation provided by the Court, including those allowing a release of health information from the VA to the Court and the Veteran-Defendant's current charges from the County Jail to the VA. The parties understand and agree that if the consent to release information is revoked by the Veteran-Defendant at any time, the VA will be unable to provide any information to the VTC directly or through its contractor, or any other team member pursuant to federal privacy laws.

5. The parties will collaborate and cooperate for the purpose of developing and implementing necessary forms to be utilized to fulfill the requirements of the VTC and to create a viable data collection process for a review of the efficacy of the VTC at the conclusion of the 1-year trial period.

6. Referral Process: The Shelby County District Attorney will make a preliminary determination as to whether the Veteran appears to be an appropriate candidate for the VTC. The Court will request an assessment from the VJO. If the Veteran is willing to participate and is a candidate for available treatment, the Veteran will be placed on the docket.

7. The VA shall provide one VJO whose responsibilities shall include:

- a. Obtaining consents for Releases of Information between VTC and its contractors and the VA for each Veteran defendant so that information can be released by the VA Privacy Act Officer;
- b. Appearing at the VTC's docket regularly to respond to court inquiries concerning VA Programs and availability and assisting with scheduling of treatment appointments;
- c. Appearing with Veterans who are providing treatment status reports to the VTC on a regular basis as requested;
- d. Assisting in treatment planning (via teleconference) and placement for Veteran-Defendants;
- e. Providing assistance to Veteran-Defendants with VA enrollment and eligibility determinations.

8. The VA agrees to adopt the treatment recommendation proposed by the VTC Team on a regular basis as long as the treatment recommendation is consistent with the VA's standard of care. If the VA does not adopt the treatment recommendation proposed by the Court's independent evaluator, the parties shall attempt to reach an agreement as to the proposed level of treatment to be provided by the VA; however, in the absence of such an agreement, the Court's independent evaluator shall seek alternative treatment options existing within the community.

9. To preclude the appearance of or an actual conflict of interest, the VTC understands and agrees that the VA is not required to accept recommendations by the Court's independent evaluator that would result in a referral to the independent evaluator's own agency/employer.

10. The parties understand and agree that the VA may provide an assessment of a Veteran-Defendant when the Veteran applies to the VTC.

11. The VA lacks authority to furnish hospital and outpatient care for a Veteran who is an inmate in an institution of another government agency if that agency has a duty to give the care or services. 38 U.S.C. §1710(h); 38 C.F.R. § 17.38(c)(5).

12. The VTC agrees that the referral for treatment shall be general as to the level of treatment and it is within the discretion of the VA to develop a specific treatment plan for each Veteran-Defendant. The VA shall provide treatment to the degree and duration needed in accordance with the standard of care.

13. The parties understand that the VA may only provide treatment through programs and services the VA has available and to which a Veteran is eligible and entitled to receive under federal law, and that the VA may be limited in its treatment options due to budget and availability of providers. The parties also understand that the Veteran-Defendants participating in the VTC may not receive priority over Veterans who are not participating in the VTC.

14. The Court's independent contractor agrees to locate alternative treatment options existing within the community if:

- a. The Veteran-Defendant is not eligible for VA care,
- b. The VA is unable to provide treatment within the time frame mandated by the VTC,
- c. The VA is unable to provide treatment at the level established by the VTC, or
- d. The VA is unable to provide treatment for any other reasons.

15. VA's authority to pay for care for the Veteran-Defendant at non-VA facilities is limited to those specific situations set forth in 38 U.S.C. §1703.

16. In order to assist in treatment planning, the VTC, the VTC's independent contractor, the Shelby County Sheriff's Office, the Shelby County Community Corrections, and the DA agree to provide the VA with the Veteran defendant's criminal history and current charges at the time of the referral to the VA.

Confidentiality of Veteran Records:

The VA medical and claims records are and shall remain the property of VA and shall not be removed or transferred from VA except in accordance with 5 U.S.C. §552a (Privacy Act), 38 U.S.C. §5701 (Confidentiality of Claimants Records), 5 U.S.C. §552 (FOIA), 38 U.S.C. §5705 (Confidentiality of Medical Quality Assurance Records), 38 U.S.C. §7332 (Confidentiality of Certain Medical Records) and federal laws, rules and regulations. Subject to applicable federal confidentiality and privacy laws, Veterans or their designated representatives may have access to information from VA's records, upon request during normal business hours.

All individually identifiable health information shall be treated as confidential by the parties in accordance with all applicable federal, state, and local laws, rules and regulations governing the confidentiality and privacy of individually identifiable health information, including, but without limitation, the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Independent Contractors:

For the purposes of this MOU, the relationship of the parties shall not be construed or interpreted to be a partnership, association, joint venture, or agency. The relationship of the parties is an independent contractor relationship and not agents, representatives, or employees of the other party. No party shall have the authority to make any statements, representations, or commitments of any kind or to take any action that shall be binding on another party, except as may be expressly provided for herein or authorized in writing.

Liability:

Each party shall retain all the rights and remedies available under applicable Federal and state laws. Each party shall be responsible and liable for the errors and omissions of their employees, agents and representatives. VA employees performing under this MOU are covered by the Federal Tort Claims Act and do not carry separate insurance.

Notices:

Any notices required or resulting from this MOU shall be in writing and made to the following:

Term of Agreement: The term of this MOU is one (1) year commencing on _____. Thereafter, for all parties who do not opt out by written notification to all parties, it will automatically renew for consecutive one (1) year terms commencing on _____, of each year until amended. Any party may terminate its participation in this MOU at any time by providing written notice to all other parties not less than thirty (30) days prior to the effective date of such termination. If a party terminates its participation in the MOU, the parties agree to honor any and all agreements entered into with participating Veteran defendants until the conclusion of their criminal case.

Accepted for VISN-7 Southeast Network, Birmingham VAMC:

_____ Date: _____
Acting Director

Accepted for the Shelby County Circuit Court, Veterans Treatment Court:

_____ Date: _____
Honorable William H. Bostick, III, Circuit Court Judge, 18th Judicial Circuit

Accepted for the Shelby County District Attorney, 18th Judicial Circuit:

_____ Date: _____

Accepted for the Shelby County Community Corrections, 18th Judicial Circuit:

_____ Date: _____
David Horn, Executive Director

Accepted for the Shelby County Public Defender's Office, 18th Judicial Circuit:

_____ Date: _____
Barry Woodham, Esq.

Accepted for the Sheriff's Office, Shelby County

_____ Date: _____
CPT Christopher George

VETERANS COURT APPLICATION

Revised 06/16/14

Applicant's name

Veterans Court

Eligibility Questionnaire

- 1) Have you ever served in the U.S. Armed Forces?
☐ Yes
☐ No
- 2) Have you ever served in the U.S. National Guard or Reserves?
☐ Yes
☐ No
- 3) In what branch of the Armed Forces did you serve?
☐ Army (including Army National Guard or Reserve)
☐ Navy (including Reserve)
☐ Marine Corps (including Reserve)
☐ Air Force (including Air National Guard and Reserve)
☐ Coast Guard (including Reserve)
☐ Other – Specify _____
- 4) When did you first enter the Armed Forces?
Month & Year _____
- 5) During this time did you see combat in a combat line unit?
☐ Yes
☐ No
- 6) When were you last discharged?
Month & Year _____
- 7) Altogether, how much time did you serve in the Armed Forces?
Number of Years _____
Number of Months _____
Number of Days _____
- 8) What type of discharge did you receive?
☐ Honorable
☐ General (Honorable Conditions)
☐ General (Without Honorable Conditions)
☐ Other Than Honorable
☐ Bad Conduct
☐ Dishonorable
☐ Other – Specify _____
☐ Don't Know
- 9) Have you ever received services at any VA Hospital?
☐ Yes
☐ No

VETERANS COURT APPLICATION

Full Name: Last: _____ First: _____ MI _____

Date of Birth: _____

SSN: _____

Attorney: _____

Case No(s). _____

Charge(s): _____

Physical Address: _____

City, State, Zip _____

Telephone Number(s), including cell: _____

Email Address: _____

Mailing Address (if different): _____

City, State, Zip: _____

Employer: _____

Work Address: _____

City, State, Zip: _____

Work Telephone: _____

Local Relative (other than spouse): _____

Address: _____

City, State, Zip: _____

Telephone: _____

I am: () married () divorced () never married () widowed

Spouse's Name (if married): _____

Spouse's Address (if different): _____

City, State, Zip: _____

Spouse's Telephone: _____

Spouse's Employment: _____

Spouse's Work Telephone: _____

Children's names, ages,
and where they reside: _____

List all past criminal convictions,
date of conviction, and location
of conviction. _____

Are you currently on probation
or parole from any past convictions? () yes () no

If on probation/parole, name of jurisdiction,
name and telephone # of probation officer: _____

Do you currently have pending charges
in this or any other jurisdiction?

() yes

() no

Do you have reliable transportation?

() yes

() no

Do you have a Driver's License?

() yes

() no

DL No. _____

Do you have health insurance?

() yes

() no

If yes, name of insurance provider:

Do you believe you have a
substance abuse problem?

() yes

() no

What is your drug of choice?

Do you believe you need treatment
for substance abuse or addiction?

() yes

() no

Do you believe you have or have you been
previously diagnosed with a mental
health issue?

() yes

() no

If you have been previously diagnosed
with a mental health issue what was the
diagnosis and when/where did you receive
the diagnosis/treatment?

What talents or skills do you have?

What is the last grade of school completed?

Why are you applying for Veterans Court? _____

What will prevent you from
Completing Veterans Court?

Explain, in detail, your actions that
led to these criminal charges. Use the
back side of the page if needed:

Please consider the following reactions which sometimes occur after a traumatic event. This questionnaire is concerned with your personal reactions to the traumatic event. Please indicate whether or not you have experienced any of the following **AT LEAST TWICE IN THE PAST WEEK**:

	YES, AT LEAST TWICE IN THE PAST WEEK	NO
1. Upsetting thoughts or memories about the event that have come into your mind against your will		
2. Upsetting dreams about the event		
3. Acting or feeling as though the event were happening again		
4. Feeling upset by reminders of the event		
5. Bodily reactions (such as fast heartbeat, stomach churning, sweatiness, dizziness) when reminded of the event		
6. Difficulty falling or staying asleep		
7. Irritability or outbursts of anger		
8. Difficulty concentrating		
9. Heightened awareness of potential dangers to yourself and others		
10. Being jumpy or being startled at something unexpected		

VETERANS COURT RULES & REQUIREMENTS For GRADUATION

In order to graduate from Veterans Court, I will abide by all of the following Rules and Requirements. I further understand that failure to comply with any such Rule or Requirement will result in a sanction, which may include termination from the Veterans Court Program and imposition of my jail or prison sentence.

Initials

Rule

I will attend every Court session as ordered, on time. I understand that I am responsible for making sure that I have a reliable method of transportation.

I will report to the Veterans Court Case Manager or other Veterans Court personnel as directed by the Veterans Court Case Manager or Treatment Director.

I will comply with all terms of my Treatment Plan, and I understand that it may be changed as needed during my participation in Veterans Court. I understand the extent and seriousness of my drug use or mental health issues may be re-assessed during my participation in the Veterans Court Program and that I may be referred to intensive outpatient treatment, inpatient treatment, or other treatment programs deemed appropriate for me and that, if I am referred to such a program, I will be required to successfully complete the program before I can complete the Veterans Court Program. I understand that I may be required to pay some or all of the costs of any treatment program to which I am referred.

I understand that I am responsible for calling the Drug Monitoring System **every day**. I understand that a missed drug screen, abnormally diluted drug screen, or a refusal/inability to submit to a drug screen will be treated as a positive drug screen by the Veterans Court and that I will be sanctioned by the Court. I also understand that if I miss a screen, I should test as soon as I discover that I missed, and I should call my Case Manager immediately to inform the Court of the missed screen and the makeup screen.

I will obtain and maintain full-time employment or be enrolled as a full-time student unless specifically excused from this requirement by the Court.

I will not use or possess any mind-altering substance, including alcohol, during my participation in the Veterans Court Program. I understand that I will be sanctioned for any use of mind-altering substances, including alcohol, during my participation in the Veterans Court Program.

_____ I will not consume any prescription medication without first obtaining a prescription from my doctor, and having my doctor sign an Acknowledgement that he/she is aware that I am participating in Veterans Court, and presenting the Acknowledgment to the Veterans Court Case Manager, and receiving permission from the Veterans Court Case Manager to take the medication. I understand that I am responsible for obtaining my doctor's signature and any other required information (including diagnosis) on the Acknowledgement, that I may obtain these forms from the Veterans Court office, and that I am responsible for having such a form with me at all times in case I am required to seek immediate medical treatment.

_____ I understand that I will not be allowed to obtain a prescription for methadone during my participation in the Veterans Court Program.

_____ I understand that I will not be allowed to obtain a prescription for any substance for which I was arrested during the Veterans Court Program.

_____ I understand that I cannot consume any non-prescription medication without first determining whether it is on the approved list of over-the-counter medications given to me on my first day in Veterans Court.

_____ If Ordered by the Court, I understand that I may be required to obtain a Driver's License if I do not currently possess one and I otherwise qualify.

_____ If Ordered by the Court, I understand that I may be required to obtain a high-school diploma or GED Certificate.

_____ I understand that I may not possess or use firearms during my participation in Veterans Court.

_____ I understand that I must notify my Veterans Court Case Manager immediately of any contact that I have with law enforcement.

_____ I understand that any drug use or any other sanctionable event within four months of my anticipated Veterans Court graduation date will result in an extension of the time required to graduate from Veterans Court if I am allowed to complete the program and not terminated.

_____ I understand that I am responsible for keeping the Veterans Court Office and my Case Manager informed at all times of my current address, employment, and telephone number. I understand that if the Veterans Court is unable to contact me because of inaccurate or outdated contact information, I will be sanctioned by the Court.

I understand that I will be sanctioned for violation of any of these Rules & Requirements. I understand that my case will be treated individually and that any sanctions I receive may be more or less severe than sanctions given to other Participants who violate the same or similar rules.

I understand that I will be required to pay for all drug screens I must take during my participation in the Veterans Court Program.

I understand that I am required to pay Veterans Court fees totaling \$1,200.00 for the Veterans Court Program before I will be allowed to graduate from Veterans Court. I also understand that if I am allowed to enter either program on a case in which there is restitution that I may not be allowed to graduate until that restitution is paid in full. I understand that I will not be promoted to a higher Phase of the Veterans Court Program unless I have first entered into a written payment plan with my Veterans Court Case Manager and I am compliant with that pay plan and that I may not be allowed to travel out of town overnight until a portion of my fees are paid. I also understand that additional fees may be charged if my participation in the program is longer than my originally anticipated graduation date in order to cover the cost of additional drug screens.

I will comply with all other Court orders and requirements of the Court, the Veterans Court Case Manager, and the Treatment Director not specifically set forth in these Rules & Requirements.

Participant

Date

Witness

Date

Drug Screening Protocol for **Veterans Court**

As a condition of my admission into any Program of the Veterans Court, I understand and agree to all of the following Drug Screening Protocols and Procedures:

1. Drug Screening shall be conducted only on urine samples provided by me. I will not be allowed to have drug screening conducted by blood sample, hair follicle, or other screening method;
2. I will be drug screened at least 6-8 times per month throughout the program;
3. While my application is pending, I will only be allowed to provide urine samples at the Work Release Lab;
4. Following my formal admission to the Program, I may be allowed to test at alternative locations, but will only be allowed to do so at the discretion of my case manager and only at testing facilities approved by the Lab Director as complying with standards of the Veterans Court Program. The privilege of testing at locations other than the Work Release Lab may be withdrawn at any time at the discretion of the Court or my case manager, and will be suspended, at least temporarily, following any sanction I receive;
5. I understand that initial testing of my urine samples will be conducted by the Community Corrections Lab. Any positive drug screen result (a result that indicates I have used a prohibited substance or a result that indicates an abnormally diluted urine sample) must be “confirmed” before I may be sanctioned or punished for such result. A positive drug screen may be confirmed in two ways. I will first be given an opportunity to admit or deny use of the substance indicated by the initial drug screen result, or to accept or challenge an initial indication of an abnormally diluted urine sample. If I admit use of the indicated substance or accept the initial indication of abnormal dilution, I understand I will be sanctioned or punished for such result. If I deny use of the indicated substance or challenge the initial indication of an abnormally diluted urine sample, I will not be sanctioned or punished until my urine sample is sent for confirmation testing by Gas Chromatography/Mass Spectrometry (GC/MS) or, in the event the initial screen indicates use of alcohol, confirmation testing by Liquid Chromatography/Mass Spectrometry/Mass Spectrometry (LC/MS/MS). If GC/MS or LC/MS/MS testing also indicates use of a prohibited substance or a diluted urine sample, my positive screen will be deemed confirmed and I will be sanctioned or punished for such result. I understand that a sanction following a GC/MS or LC/MS/MS confirmation will be more severe than a sanction following a confirmation by my admission and acceptance of responsibility. In the event I request a GC/MS or LC/MS/MS confirmation of any drug screen result, I will be responsible for payment of the confirmation testing if the initial results are confirmed by GC/MS or LC/MS/MS;
6. I agree that all drug screen results, whether initial screen results from the Community Corrections Lab or confirmation results from labs conducting GC/MS or LC/MS/MS confirmation, will be provided to the court in writing, and that all supporting chain of custody information will likewise be provided to the court in writing. As a condition of my admission into the Program, I expressly and specifically waive any requirement for personal appearance by, or testimony of, any person or entity involved directly or indirectly in the transportation, storage, maintenance, handling, or testing of any urine screen;

7. If allowed to leave a urine sample at any lab facility other than the Community Corrections Lab, I understand that testing of such urine sample will be conducted by the alternative lab facility. I agree that the court will accept the results provided by such alternative lab facility and that such alternative lab facility may not have the ability to maintain or store my initially positive urine sample for confirmation screening by GC/MS or LC/MS/MS. In that event, I am bound by the results provided by the alternative lab facility and any positive drug screen results or abnormally diluted urine sample will be deemed confirmed;
8. In the event I provide a urine sample at Community Corrections Lab that I believe may be abnormally diluted, I will have the opportunity to leave a second urine sample, provided: (a) I do not leave the lab between providing the first and second sample; (b) I leave the second sample no more than 60 minutes after the first sample; **and** (c) the second sample is provided prior to 7:00 p.m.;
9. I may **not** ask any lab personnel about the results of any drug testing on any of my urine samples, nor seek advice regarding providing second urine samples under the circumstances set forth in Paragraph 8;
10. I must leave a sufficient volume of urine for both initial drug screening and, if necessary, confirmation GC/MS or LC/MS/MS drug screening. The minimum volume required for such testing will be determined by the Community Corrections Lab. If I do not leave a sufficient volume of urine for either initial drug screening or confirmation GC/MS or LC/MS/MS drug screening, my urine sample will be deemed to be positive and I will be sanctioned for such result;
11. I understand the Community Corrections Lab is open from 7:00 a.m. to 7:00 p.m. and that I am not allowed to test outside of those hours without the **prior written authorization** of my case manager. I understand that lab personnel are specifically prohibited by the Court from accepting urine samples outside of these hours without prior written consent of my case manager.

Participant

Date

Participant's Attorney

Date

VETERANS COURT LIST OF SANCTIONS

Sanctions will be imposed for violation of any of the Veterans Court Rules & Requirements, as well as violation or any other failure to comply with an Order of the Veterans Court Judge, the Veterans Court Case Manager, or the Veterans Court Treatment Director. Sanctions will be imposed based on the specifics of the individual case. Additionally, treatment may be required which may include an outpatient or inpatient treatment program. Such a requirement is a therapeutic effort to address my substance abuse problem or mental health issue and is not designed to be a sanction or punishment for any rules or requirements violated. The same violation may not result in the same sanction for two different Veterans Court participants. The following is a partial list of sanctions that may be imposed for non-compliance. The Court or Veterans Court Case Manager may impose different or additional sanctions that may be appropriate for the non-compliant conduct:

Incarceration in the County Jail

Detention at the Community Corrections Facility (Work Release).

Community service

Electronic monitoring

Increased frequency of court appearances

Increased reporting to Case Manager

Increased frequency of drug screens

Delay in graduation date

Increased costs to graduate (only applicable if sanction results in extension of time to graduate).

Termination from the Veterans Court Program – Imposition of Sentence or reinstatement of charges that were continued to be dismissed pursuant to Deferred Prosecution

I have read and understand the sanctions I may be subject to for violation of the Veterans Court Rules & Requirements.

Participant

Date

Witness

Date

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL
VETERANS COURT MENTAL HEALTH/ SUBSTANCE ABUSE INFORMATION**

I, _____, have read or had explained to me the Notice to Patients Pursuant to 42 C.F.R. § 2.22 regarding the disclosure of my treatment information and hereby consent to the release of the approved treatment information between the following individuals and/or entities:

The Veterans Court (including all Veterans Court team members); my retained or appointed defense counsel; the Community Corrections Facility; and any outpatient or inpatient substance abuse treatment program or facility to which I may be referred or in which I may participate during my participation in the Veterans Court Program.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Veterans Court monitoring criteria.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Veterans Court Program for the above-referenced case(s), such as the discontinuation of all court supervision upon my successful completion of the Veterans Court Program requirements OR upon my discharge from the program or the imposition of my sentence following my termination from the Veterans Court Program for failure to comply with Program requirements.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of patient records and that recipients of this information may re-disclose it only in connection with official duties.

Date

Signature of Applicant/Participant

NOTICE TO PATIENTS PURSUANT TO 42 C.F.R. § 2.22

The confidentiality of mental health and alcohol and drug abuse patient records maintained by this Program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a mental illness or as a drug or alcohol abuser UNLESS:

1. The patient consents in writing;
2. The disclosure is allowed by a Court Order; or
3. The disclosure is made to medical personnel in a medical emergency or to a qualified person for research, audit or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

PERMISSION TO CONDUCT SEARCH AND TO SEIZE CERTAIN PROPERTY

I, _____, do hereby give my consent to any police officer, Sheriff, Deputy Sheriff, State Trooper, any agent or employee of the District Attorney's Office, or any agent or employee of the Veterans Court Program to enter any premises under my control or to detain me or any vehicle under my control for the purpose of searching my person or the premises or vehicle under my control. I understand that the search may be performed at any time of the day or night for the purposes of searching for and seizing any controlled substances, paraphernalia, or any other evidence relative to the possession, distribution, manufacture or use of any controlled substance. I also understand that if any evidence is found, it will be used against me if it is evidence of a criminal offense, or if it is evidence that I have violated the conditions of my participation in the Veterans Court Program.

By my signature below, I affirm that I grant said consent for so long as I am participating in the Veterans Court Program.

APPLICANT

DATE

WITNESS

DATE

DEFENDANT'S ADMISSION OF GUILT

I, _____ hereby voluntarily and in the presence

(Name of Defendant)

of my attorney _____, state the facts concerning my

(Name of attorney)

arrest on _____:

(Date of Offense)

I have read the above statement and verify that it is a true and accurate representation of fact, this _____ day of _____, 20____. I verify that I have not in any manner altered the truthful account of the facts surrounding my case in order to receive the privilege of participating in the Veterans Court Program. I further verify that I enter this Admission of Guilt voluntarily, and that I have not been coerced or threatened into doing so. I understand that in the event I am rejected for the Veterans Court Program that this Admission of Guilt will not be used against me in the further disposition of this matter, whether by plea, trial, or otherwise. However, I also understand that in the event I am admitted to the Veterans Court Program and am subsequently terminated from that Program for non-compliance, this Admission of Guilt will be used against me in subsequent proceedings regarding this matter, including its admission at any trial regarding this matter.

Defendant

Date

IN THE CIRCUIT COURT FOR SHELBY COUNTY, ALABAMA

STATE OF ALABAMA

v.

Defendant

Case No.: _____

ORDER

You have been identified as a potential applicant for the Shelby County Veterans Court Program on the above-referenced cases. You are receiving this Order upon your first appearance date in Veterans Court to notify you of the Court's requirements of you until your case(s) have been accepted into Veterans Court or have been transferred for disposition to another Court. You and your attorney will determine whether applying for Veterans Court is in your best interest. If you decide not to apply, your case(s) will be transferred to a traditional criminal docket in another Court. If you do decide to apply and your Application is denied, your case(s) will likewise be transferred to another Court. If you submit an Application for Veterans Court and are accepted into the Program, your attorney and the Court will provide you additional requirements of the Program before your formal admission.

Unless and until your cases are transferred to another Court, you are **ORDERED as a further condition of your bond:**

1. To appear in Shelby County Veterans Court, Courtroom #5, each Thursday at 2:00 p.m. until further Order of the Court. If the Courthouse is closed for a holiday on a particular Thursday, the Court will announce in advance the alternative day for Court that week.
2. To participate in Random Drug Screens at Shelby County Work Release pursuant to the document titled "Drug Testing Form" which is being provided to you at the same time as this Order. Such Instructions are incorporated into this Order and violation of any of the terms of such Instructions shall result in an appropriate sanction, which may include revocation of your bond and incarceration;
3. To not use, possess, or be in contact with or in the vicinity of any illegal drug or controlled substance. The Court is aware that your recent use of illegal substances may result in your testing positive for an illegal substance for a short period of time after entry of this Order. The Court will not impose a sanction or revoke your bond for use prior to the date of this Order. In order to determine the date by which you should be clean of all illegal drugs or controlled substances, you have informed the Court that you have used the following substances (on the date indicated) within the last 30 days:

If you are taking prescription medication, you are required to obtain from your case manager in the Veterans Court Office a form notifying the prescribing physician of your participation in this Program and have your physician sign the form. The form must be returned to the Veterans Court Office within seven days of this Order.

4. To not consume or possess alcoholic beverages.
5. To obey all laws.

JUDGE

Date

Copy in Open Court to: Defendant; District Attorney's Office; Veterans Court Office;

IN THE CIRCUIT COURT FOR SHELBY COUNTY, ALABAMA

STATE OF ALABAMA v. _____
Defendant

CASE No(s): DC _____

ORDER OF RELEASE FROM INCARCERATION

The above-named Defendant has applied or intends to apply for admission to the Shelby County Veterans Court Program. Defendant shall be immediately released from incarceration in the Shelby County Jail on the above-referenced cases on a personal recognizance bond in the amount of \$5,000 in each case. All other terms of Defendant's bond shall remain unchanged.

Upon release from incarceration, Participant shall report to the Shelby County Work Release Center and remain in overnight detention until further Order of the Court. Participant shall comply with all rules, regulations, and requirements of the Shelby County Work Release Center.

Participant shall report to Veterans Court, Courtroom #5, at 2:00 p.m. each Thursday until released from such requirement by the Court. Failure to comply with the terms of this Order or failure to comply with the terms of treatment, including drug testing, implemented by the Shelby County Veterans Court Office shall result in revocation of Defendant's bond and the issuance of a warrant for Defendant's immediate arrest.

DEFENDANT MUST LEAVE A URINE SAMPLE AT SHELBY COUNTY WORK RELEASE IMMEDIATELY UPON RELEASE FROM INCARCERATION AND SHALL UNDERGO RANDOM DRUG SCREENS ONLY AT SHELBY COUNTY WORK RELEASE UNTIL FURTHER ORDER OF COURT.

JUDGE

Date

Copy in Open Court to: Defendant; District Attorney's Office; Veterans Court Office;
 Shelby County Jail

 x New Applicant – Approved by District Attorney for Release

 x Send to Work Release

_____ Send to Treatment

_____ Other: _____

IN THE DISTRICT COURT OF SHELBY COUNTY, ALABAMA
STATE OF ALABAMA v. _____

FELONY PLEA AGREEMENT
CASE NO. DC

COMES NOW the Defendant having been advised of all relevant procedural, substantive, and constitutional rights, with counsel, and the State, to present for ratification this voluntary Plea Agreement. The Defendant waives any attorney conflict. The Defendant will **PLEAD GUILTY** to the Class C felony of **UNLAWFUL POSSESSION OF MARIJUANA, 1ST DEGREE**, a violation of Ala. Code §13A-12-213, as charged, embraced, or amended in Count I of the Information or Indictment. This is a BEST INTEREST PLEA with a FACTUAL BASIS.

The **PARTIES stipulate** the following basis for this plea: Complete discovery is believed to have been made and no sufficiently exculpatory evidence exists. The Defendant has **ONE** prior adult felony conviction(s). Each party has received a copy of this Agreement. Sentencing shall be set at a date to be determined upon Defendant's completion of Veterans Court. A Pre-Sentence Report is **waived**.

The **STATE** will recommend a **Sentence** of **THIRTY-TWO (32) MONTHS** to be **SPLIT** with **TWELVE (12) MONTHS TO SERVE** in the **Alabama Penitentiary**. The **remainder** of this sentence is **SUSPENDED** for **THREE (3) Years** on **PROBATION SUPERVISED** by the **State Probation Office**. Jail credit of _____ **days**, as stipulated by the parties, shall be deducted from the split portion of this sentence. The Defendant shall report to the State Probation Office in Shelby County within two (2) business days of release from incarceration, cooperate fully therewith, abide by its rules and regulations, and pay a monthly supervision fee.

This Sentence shall run **concurrently** with all cases pled this date, all pending cases, and all other cases in which the Defendant has any sentence. This Sentence is a departure from Alabama's Sentencing Standards because the Defendant has been terminated from Drug Court for non-compliance and this sentence is imposed pursuant to the terms of Defendant's Veterans Court Plea Agreement.

The Defendant **ACCEPTS the State's recommended sentence**.

The Defendant will also be **SENTENCED** to fulfill the following as **SPECIAL CONDITIONS** of this Sentence, and/or Community Corrections, Probation, Parole, Work Release, SIR, or other program. **The Defendant Shall:**

- (x) Obey all laws and ordinances. Avoid all contact with illegal drugs and submit to and pass **random drug screens** and **alcohol screens**, as directed by any Probation, Work Release, CRO, or other such officer.
- (x) Pay all **Court Costs**, all **Medical Expenses** incurred in jail, **\$50.00 to the Crime Victims' Compensation Fund**, and a **Fine of \$0.00**. Pay all Court-Ordered monies in the Order given to the **Court Clerk** as directed by any Probation, Parole, Work Release, SIR, or other such Officer, but no later than **February 7, 2017**. Pursuant to Ala. Code §12-17-225, a **30% Collection Fee** shall be added to any amount unpaid after 90 days from this date and the District Attorney shall pursue collection.
- (x) Successfully complete a Substance Abuse Treatment Program as directed by any Probation, Community Corrections, Parole, Work Release, SIR, CRO or other such officer, pay **\$100** to the Forensic Science Trust Fund, pay an additional fee of **\$1,000** (to be suspended when proof of successful completion of a Substance Abuse Program is filed with the Court Clerk), and **surrender any Driver's License for suspension** by the Department of Public Safety.

The Court accepts Defendant's plea of Guilty on the date noted below, but continues adjudication of guilt and sentencing to a date to be determined upon Defendant's completion of Veterans Court. Pursuant to the Agreement between the Defendant and the State of Alabama, the plea will be set aside and this matter dismissed if Defendant successfully completes Veterans Court.

Date: 02/07/13

District Attorney
Alan Miller

Defendant

Attorney for Defendant
Public Defender

Acknowledged: 02/07/13

CIRCUIT JUDGE

IN THE DISTRICT COURT OF SHELBY COUNTY, ALABAMA
STATE OF ALABAMA v. _____

FELONY RIGHTS EXPLANATION
CASE NO. DC

To the Defendant: If you plead GUILTY to Unlawful Possession of Marijuana, 1st Degree, which is a **CLASS C FELONY**, Alabama law provides the following punishment:

No Prior Adult Felony Convictions: Imprisonment from 1 year and 1 day to 10 years and up to a \$15,000 fine;

1 Prior Adult Felony Conviction: Imprisonment from 2 years to 20 years and up to a \$30,000 fine;

2 Prior Adult Felony Convictions: Imprisonment from 10 years to 99 years, or Life Imprisonment, & up to a \$60,000 fine;

3 Prior Adult Felony Convictions: Imprisonment from 15 years to 99 years, or Life Imprisonment & up to a \$60,000 fine.

If a **Firearm or deadly weapon** was used or attempted to be used in the commission of this offense, imprisonment must be at least 10 years.

Initial Voluntary Sentencing Standards: The Court will review and consider Alabama's Sentencing Standards. In the event the Court finds that this case is not suitable for sentencing pursuant to those Standards, your sentence will fall within the range specified above. However, should the Court find that this case is suitable for sentencing pursuant to those Standards, your sentence shall be from **13 months to 32 months**.

Your sentence may run consecutively or concurrently with any other. You may be required to pay an assessment of \$50 to \$10,000 to the Crime Victims' Compensation Fund, all court costs, all medical bills incurred while in jail, restitution, and recoupment to the Fair Trial Tax Fund and submit to the taking of DNA samples. If an illegal drug was involved, your driver's license must be suspended for 6 months & you must pay \$100 to the Forensic Science Trust Fund & an assessment of \$1,000 (which can be suspended only after you complete & pay for a substance abuse treatment program) & a \$50 alcohol/drug **evaluation fee** to the Court Referral Officer.

You have the right to remain silent. Anything you say will be used against you. **You have the right to have a lawyer.** If you cannot afford a lawyer, one will be appointed to represent you at no cost. You have the right to a public **jury trial** where the State must prove these charges beyond a reasonable doubt. You are presumed innocent and do not have to prove anything. You have the right to be present, to have your attorney assist you, to confront and question your accuser and witnesses, to subpoena and present your witnesses and evidence, and to testify in your own behalf – but no one can force you to do so. If you testify, the State can question you. If you do not testify, no one can mention that you did not testify. Your attorney must do everything honorable and reasonable to see you get a fair and impartial trial. No confidential conversation with your attorney can be disclosed. **If you plead guilty, you will give up all these trial rights and the right to appeal unless an issue is expressly reserved.** The Judge will also explain these rights and the nature of the charges. If you have any questions, ask the judge and a further explanation will be made.

Under oath, I certify that I read the foregoing or had it read &/or thoroughly explained to me. I understand all my rights, the charges against me, the punishments involved, and the consequences of pleading guilty. I am not under the influence of any drugs, medicines, or alcoholic beverages. I have not been abused, threatened, or offered anything to plead guilty. I freely waive my trial rights, know what I am pleading guilty to, and admit my guilt, &/or believe it is in my best interests to plead guilty.

Date: _____

Defendant _____

I certify that I have read and/or explained in detail to the Defendant all of the foregoing, including all rights and all punishments and consequences of pleading guilty. In my judgment, the Defendant understands all of the same and knowingly and voluntarily waives these rights to enter this guilty plea. Neither I, nor anyone else to my knowledge, has forced or otherwise induced this guilty plea.

Date: _____

Attorney _____

Through a personal colloquy, the Court has ascertained and now specifically finds that the Defendant knowingly and voluntarily waives all the constitutional, statutory, and procedural rights related to a guilty plea as set out above and has a full understanding of what a guilty plea means as well as all of the consequences thereof.

Date: _____

Judge _____

IN THE DISTRICT COURT OF SHELBY COUNTY, ALABAMA

STATE OF ALABAMA v. _____

CASE NO. DC _____

STATEMENT OF ATTORNEY'S REPRESENTATION

Comes now the Defendant in the above-styled matter to honestly state under oath, as true and correct all of the following as to the representation of the Attorney(s) of Record herein.

1) Are you completely satisfied with the way your attorney has represented you in this case?

_____ Yes _____ No

2) Given all the circumstances, are you completely satisfied with the settlement worked out by your attorney in this case?

_____ Yes _____ No

3) Do you accept this settlement voluntarily and of your own free will?

_____ Yes _____ No

4) Did anyone force, coerce, threaten, or promise you anything to get you to accept this settlement?

_____ Yes _____ No

5) Do you have any complaints at all about your attorney or the legal representation you received in this matter?

_____ Yes _____ No

I DO HEREBY CERTIFY, upon my oath before this Court, that all of the above answers are absolutely true and correct.

Date: _____

_____ Defendant

Acknowledged: _____

_____ Circuit Judge

IN THE DISTRICT COURT OF SHELBY COUNTY, ALABAMA
STATE OF ALABAMA v. _____

FELONY PLEA ORDER
CASE NO. DC

COMES NOW the Defendant, represented by the Office of the Public Defender, to withdraw all previous pleas and offer instead a **PLEA OF GUILTY** in this matter. The State is duly represented by Alan Miller.

The Parties have executed and filed a PLEA AGREEMENT. The Defendant has executed and filed an EXPLANATION OF RIGHTS form. The Court has verified and acknowledged both. The Defendant has also filed and the Court has verified, a STATEMENT OF ATTORNEY'S REPRESENTATION.

BEFORE ACCEPTING the Defendant's GUILTY PLEA, the Court, on the record, has personally informed the Defendant of all of the following and now **FINDS** the Defendant knowingly understands:

- 1) The nature of the charge herein and the material elements of the offense to which this GUILTY PLEA is offered;
- 2) The mandatory minimum and maximum possible penalties imposed by law for this offense, including all enhancing provisions;
- 3) That, if applicable, any sentence imposed herein may run consecutively to or concurrently with another sentence or sentences;
- 4) That the Defendant has the right to plead not guilty, not guilty by reason of mental disease or defect, or both not guilty and not guilty by reason of mental disease or defect and to persist in any such plea already made, or to plead guilty;
- 5) That the Defendant has the right to remain silent and may not be compelled to testify or give evidence against himself or herself, but also has the right, if the Defendant so wishes, to testify on his or her own behalf;
- 6) That by entering this GUILTY PLEA, the Defendant waives the rights to a trial by jury, to confront witnesses and have them cross-examined in the Defendant's presence, to testify and present evidence and witnesses in the Defendant's behalf, and to have the aid of compulsory subpoena process in securing the attendance of such witnesses; and
- 7) That if the Court accepts the Defendant's GUILTY PLEA, there will not be a trial on the issue of the Defendant's guilt;

THROUGH THIS PERSONAL COLLOQUY, the Court has ascertained and now specifically **FINDS** that:

- A. The Defendant knowingly and voluntarily waives all the constitutional, statutory, and procedural rights as set out above and in the EXPLANATION OF RIGHTS FORM filed herein, **and the right to appeal unless the Defendant expressly reserves the right to appeal on specific grounds.**
- B. The Defendant has a full understanding of what this GUILTY PLEA means and all of the consequences thereof;
- C. This GUILTY PLEA is made knowingly and voluntarily and is not the result of any force, threats, or coercion, nor of any promise, not contained in the PLEA AGREEMENT previously disclosed to the Court; and
- D. There is a factual basis for this GUILTY PLEA, the Defendant knows exactly what he is pleading guilty to, and has provided a sufficient basis for believing that the same is in the Defendant's best interest.

THEREFORE, the Court accepts said plea and sets **Adjudication and Sentencing at a date to be determined following Defendant's participation in Veterans Court.** A Pre-Sentence Report shall not be prepared.

DONE and ORDERED: 02/07/13

CIRCUIT JUDGE

IN THE DISTRICT COURT OF SHELBY COUNTY, ALABAMA

STATE OF ALABAMA v. _____

CASE NO. DC _____

INTENT TO PLEAD TO INFORMATION

COMES NOW the above-named Defendant, with counsel, pursuant to Amendment 598, *Constitution of Alabama, 1901*, §15-15-20.1, *Code of Alabama, 1975, Ex Parte Hambrick*, 744 So.2d 535 (Ala. 2000), and *McLaurin v. State*, 895 So.2d 1010 (Ala. Cr. App. 2004), to respectfully waive the right to grand jury consideration in this matter and state an intention to plead guilty to an Information duly filed herein by the District Attorney for Shelby County, Alabama.

Respectfully Submitted this 7th day of February, 2013.

Defendant

Attorney for Defendant

ORDER TO DIRECT FILING OF INFORMATION

IT HAS BEEN MADE KNOWN to the Court that the Defendant in the above –referenced case has duly requested to waive Indictment and enter a **GUILTY PLEA** to a District Attorney’s **INFORMATION**. Therefore, it is **ORDERED** and **DECREED** that the Shelby County District Attorney shall prepare and file an **INFORMATION** in this matter setting out the offense with the same specificity as an Indictment, so that a guilty plea upon the same may be taken.

Date: _____

Circuit Judge -Shelby County, Alabama

INFORMATION

Pursuant to the foregoing ORDER, the State of Alabama, by and through the Office of the District Attorney for Shelby County, Alabama comes now to charge, by way of an **INFORMATION**, that before this filing, the above Defendant, whose true name is to the District Attorney unknown otherwise than as stated, did

On or about the **13th day of July, 2012**, in Shelby County, Alabama, unlawfully possess **marijuana for other than personal use**, in violation of § **13A-12-213**, *Code of Alabama, 1975*, and against the peace and dignity of the State of Alabama.

Assistant District Attorney – Affiant

State of Alabama)
Shelby County)

Before me, a notary public for said state and county, did personally appear the foregoing Affiant, who being known to me and having been duly sworn, did swear and affirm upon information and belief that said Affiant has knowledge of the facts contained in the above **INFORMATION**, and that the same are believed by said Affiant to be true. Sworn and Subscribed on: _____.

Notary Public
My Commission Expires _____

IN THE CIRCUIT COURT OF SHELBY COUNTY, ALABAMA

STATE OF ALABAMA v. _____

CASE NO. DC _____

ORDER

The above-referenced Participant is hereby ORDERED to pay fees totaling \$1,200.00 to the Shelby County Veterans Court Program, which shall cover all treatment evaluations and assessments, monitoring fees, and drug testing fees for screens collected by the Shelby County Work Release Center. Such fees **do not** cover the cost of any treatment program to which Participant may be referred. The Participant is eligible to complete the Shelby County Veterans Court Program in February, 2014.

Participant is ORDERED to meet with the Shelby County Veterans Court Administrative Assistant to complete a written pay plan sufficient to allow Participant's completion of the Program by the eligible completion date noted above. No Participant shall be promoted or advanced through the Shelby County Veterans Court Program unless the Participant is compliant with the pay plan established, and no Participant shall be allowed to complete the Program until the entire Veterans Court Fee accrued is paid in full.

The Clerk of Court is hereby ORDERED to accept payment of any sums up to \$1,200.00 from the named Participant to be applied to Veterans Court fees.

The terms of Defendant's bond are hereby **AMENDED** to require Defendant to comply with all provisions of the Veterans Court Application, all provisions of the Veterans Court Handbook, and all directives of the Veterans Court Case Manager and Veterans Court Treatment Director. Defendant's bond is further amended to allow travel out of state pursuant to the provisions of the Veterans Court Handbook, **provided** Defendant is compliant with all Veterans Court requirements and further has obtained written authorization from the Veterans Court Case Manager, who shall have sole discretion to permit or deny such travel.

Done this 7th day of February, 2013.

Circuit Court Judge

Statutory Bond Fee in the amount of \$_____ is hereby assessed against Defendant.

IN THE CIRCUIT COURT OF SHELBY COUNTY, ALABAMA PROBATION VIOLATION ORDER
STATE OF ALABAMA v. _____ CASE NO. CC _____

The above Probationer comes before the Court with counsel for a **VIOLATION OF PROBATION** hearing. The Probationer waives any attorney conflict. The following is hereby **ORDERED, ADJUDGED, and DECREED.**

[x] The Probationer **PLEADS GUILTY** to said Violation. Based on a personal colloquy, the Court finds the Probationer has: a) received written notice of the alleged violation(s) and full disclosure of the evidence serving as its basis; b) understands the right to be represented by counsel, have a full hearing in this matter, testify in person, and present beneficial witnesses and evidence, and confront and cross-examine all adverse witnesses; c) and understands that if this violation involves an un-adjudicated criminal offense, a trial may still be had for that offense and that any statement made by the Probationer in this proceeding can be used at that trial. The Court also finds that the Probationer knowingly and voluntarily **WAIVES** a full hearing and all of these rights, except that to counsel, provided a factual basis for this admission, understands that the probation may be revoked, and does _____ offer mitigating circumstances.

[x] The Court is reasonably satisfied that Probationer has **VIOLATED** the terms of Probation, based upon the Probationer's Admission that Probationer has:

- () Committed a new criminal offense of _____;
- () Willfully failed to pay court-ordered monies;
- () Willfully failed to report to the Probation Officer;
- () Willfully failed to _____;

[x] Disposition is Continued until a date to be determined by the Court upon Probationer's Participation in Veterans Court. As an additional condition of Probation, Probationer is **ORDERED** to comply with all terms of the Veterans Court Application, Veterans Court Handbook, and all directives of the Veterans Court Judge, Case Manager, and Treatment Director. Probationer is further **ORDERED** to appear in Veterans Court each Thursday at 2:00 p.m., or pursuant to other Schedule Provided to Probationer by the Veterans Court Case Manager. Probationer is relieved of the requirement to report to the State Probation Office and/or Shelby County Community Corrections Probation Services pending Probationer's completion of Veterans Court. All other conditions of Probationer's Probation remain in full force and effect, including conditions of payment of restitution, fines, and court costs.

[] Probationer shall be immediately released from incarceration in the Shelby County Jail on the above-referenced matter.

District Attorney

Probationer

Attorney

[x] The Probationer, was duly advised of the right to appeal, and, if indigent, to have a free transcript and appellate counsel.

DONE and ORDERED: _____
_____, **CIRCUIT JUDGE**

IN THE CIRCUIT COURT OF SHELBY COUNTY, ALABAMA EXPLANATION OF RIGHTS
STATE OF ALABAMA v. _____ CASE NO. CC _____

To the above Probationer: A VIOLATION OF PROBATION has been filed against you by the Alabama Board of Pardons and Parole and/or the District Attorney in Shelby County, Alabama, petitioning this Court to REVOKE YOUR PROBATION and RE-INSTATE THE SENTENCE originally imposed in this case.

IN THIS MATTER, you have the following rights:

1. To receive written notice of the alleged violation(s) and full disclosure of the evidence serving as the basis for such violation(s);
2. To have a hearing to determine whether your probation should be revoked and if sentence should be re-instated;
3. To be represented by counsel at such a hearing, and if you cannot afford counsel of your own choosing, to have counsel appointed to represent you at no cost;
4. To appear in person at such a hearing and to testify in your own behalf, although no one can force you to testify;
5. To present any witnesses and evidence in your behalf and to confront and cross-examine all witnesses presented against you; and
6. To appeal any adverse decision in this matter. If you cannot afford appellate counsel or a transcript of these proceedings, to have the same provided to you at no cost.

If this alleged violation involves a new criminal offense for which you have not yet been tried, regardless of the outcome of this revocation proceeding, a trial may still be had for that offense and that any statement made by you in this proceeding can be used at that trial;

If the Court determines that a violation of probation has occurred, your probation can be revoked, your sentence re-instated, and your custody remanded to the Sheriff of Shelby County, Alabama. However, in the discretion of the Court, your probation could also be continued, with or without additional special conditions.

You may admit violating your probation only if you do not want a full trial in this matter and if you are actually guilty of such a violation or, if given all the circumstances, you feel it is in your best interest to offer such an admission. **If you admit the violation there will be no full hearing, you will be giving up all these related rights, and the right to appeal unless an issue is expressly reserved.**

You may admit the violation and offer **Mitigating Circumstances** requesting that probation herein not be revoked. HOWEVER, BASED ON YOUR ADMISSION, THE JUDGE CAN DECIDE TO REVOKE PROBATION AND REQUIRE THE SENTENCE HEREIN TO BE SERVED.

The Judge will go over these matters, as well as the nature and essential elements the alleged violation(s) with you. If you have any questions, ask the Judge to explain them further.

Date: _____ **Defendant** _____

I certify that I have read and/or explained in detail to the Probationer all of the foregoing, including all rights and all punishments and consequences of pleading guilty. In my judgment, the Defendant understands all of the same and knowingly and voluntarily waives these rights to enter this guilty plea. Neither I, nor anyone else to my knowledge, has forced or otherwise induced this guilty plea.

Date: _____ **Attorney** _____

Through a personal colloquy, the Court has ascertained and now specifically finds that the Probationer knowingly and voluntarily waives all the constitutional, statutory, and procedural rights related to a guilty plea as set out above and has a full understanding of what a guilty plea means as well as all of the consequences thereof.

Date: _____ **Judge** _____

IN THE CIRCUIT COURT OF SHELBY COUNTY, ALABAMA

STATE OF ALABAMA v. _____.

CASE NO. CC_____

STATEMENT OF ATTORNEY'S REPRESENTATION

Comes now the Defendant in the above-styled matter to honestly state under oath, as true and correct all of the following as to the representation of the Attorney(s) of Record herein.

1) Are you completely satisfied with the way your attorney has represented you in this case?

_____ Yes _____ No

2) Given all the circumstances, are you completely satisfied with the settlement worked out by your attorney in this case?

_____ Yes _____ No

3) Do you accept this settlement voluntarily and of your own free will?

_____ Yes _____ No

4) Did anyone force, coerce, threaten, or promise you anything to get you to accept this settlement?

_____ Yes _____ No

5) Do you have any complaints at all about your attorney or the legal representation you received in this matter?

_____ Yes _____ No

I DO HEREBY CERTIFY, upon my oath before this Court, that all of the above answers are absolutely true and correct.

Date: _____

_____ Defendant

Acknowledged: _____

_____ Circuit Judge

IN THE CIRCUIT COURT OF SHELBY COUNTY, ALABAMA

STATE OF ALABAMA v. _____

CASE NO. CC _____

ORDER

The above-referenced Participant is hereby ORDERED to pay fees totaling \$1,200.00 to the Shelby County Veterans Court Program, which shall cover all treatment evaluations and assessments, monitoring fees, and drug testing fees for screens collected by the Shelby County Work Release Center. Such fees **do not** cover the cost of any treatment program to which Participant may be referred. The Participant is eligible to complete the Shelby County Veterans Court Program in December, 2014.

Participant is ORDERED to meet with the Shelby County Veterans Court Administrative Assistant to complete a written pay plan sufficient to allow Participant's completion of the Program by the eligible completion date noted above. No Participant shall be promoted or advanced through the Shelby County Veterans Court Program unless the Participant is compliant with the pay plan established, and no Participant shall be allowed to complete the Program until the entire Veterans Court Fee accrued is paid in full.

The Clerk of Court is hereby ORDERED to accept payment of any sums up to \$1,200.00 from the named Participant to be applied to Veterans Court fees.

The terms of Defendant's bond are hereby **AMENDED** to require Defendant to comply with all provisions of the Veterans Court Application, all provisions of the Veterans Court Handbook, and all directives of the Veterans Court Case Manager and Veterans Court Treatment Director. Defendant's bond is further amended to allow travel out of state pursuant to the provisions of the Veterans Court Handbook, **provided** Defendant is compliant with all Veterans Court requirements and further has obtained written authorization from the Veterans Court Case Manager, who shall have sole discretion to permit or deny such travel.

Done this 7th day of December, 2013.

Circuit Court Judge

IN THE CIRCUIT COURT OF SHELBY COUNTY, ALABAMA

STATE OF ALABAMA v. _____
Defendant

CASE No(s): CC _____

ORDER OF SANCTIONS

The above-named Participant having failed to comply with the Policies, Rules, and terms of Participation in the Shelby County Veterans Court Program, it is hereby ORDERED that the Participant:

Be taken into custody immediately and remain incarcerated in the Shelby County Jail until **9:00 a.m. on the 10th day of February, 2014.**

Upon release from incarceration, Participant shall report immediately to the Veterans Court Office for any necessary assessment and/or treatment referral. Additionally, Participant shall attend Veterans Court, Courtroom #5, each Thursday at 2:00 p.m. until released from such requirement by the Court.

DEFENDANT MUST LEAVE A URINE SAMPLE AT SHELBY COUNTY WORK RELEASE IMMEDIATELY UPON RELEASE FROM INCARCERATION AND SHALL UNDERGO RANDOM DRUG SCREENS ONLY AT SHELBY COUNTY WORK RELEASE UNTIL FURTHER ORDER OF COURT.

ANY ALIAS WARRANT(S) ON THE ABOVE-REFERENCED CASE(S) OUTSTANDING AS OF THE DATE BELOW ARE HEREBY WITHDRAWN AND HELD FOR NAUGHT.

JUDGE Date

Copy in Open Court to: Defendant; District Attorney's Office; Veterans Court Office;
Shelby County Jail

Reason for Sanction: () + drug screen () missed court () other

LAST USE INFO:

Defendant disclosed last use of _____ **(substance) on** _____ **(date)**
Reason for Sanction: () + drug screen () missed court () other



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Veterans Court Intake Packet

Welcome to the Shelby County Veterans Court Program. This folder contains information to assist you during your participation in the Veterans Court Program. You are responsible for knowing and maintaining the information and forms contained here. The following items are included:

- Frequent Contacts (Page 2)
- Rules & Requirements for Participation in and Graduation From Program (Pages 3 -6)
- List of Sanctions (Page 7)
- Urine Abstinence Testing and Incidental Alcohol Exposure Contract (Page 8)
- Diluted Urine Sample Advisory (Page 9)
- Drug Testing Form (Page 10)
- Participant Authorization for Disclosure of Protected Health Information (Page 11)
- Medical Form (Page 12) - A Notice to Physician which must be signed by your treating physician and returned to the Veterans Court Office every time you receive a prescription. You may make copies of the blank form or obtain additional copies from the Veterans Court office, but you should have at least one blank form with you at all times in case a visit to a physician or hospital become necessary. VA medications can be verified through www.Myhealth.va.gov
- Medical Form Procedures (Page 13)
- Prescription Medication Request Form (Page 14)
- Prescription Safe To Take List (Page 15)
- Over The Counter Safe Medication List (Page 16)
- Veterans Court Payment Agreement (Page 17)
- A Request to Travel Out of Town, which you must complete and have approved by your Veterans Court Case Manager or the Court prior to leaving town at any time (Page 18)
- Notification of Change of Address, Telephone or Employment, which you must provide to Veterans Court Case manager any time these items are changed (Page 19)
- Dress Code (Page 20)
- Resource Sheet (Page 21)

You are responsible for keeping any items that you may need during your participation.

The Shelby County Veterans Court is designed to assist you in addressing and overcoming your substance use and/or abuse issues as well as any mental health issues. If there are additional services or assistance you need in your efforts, please make a Veterans Court Team Member aware of your needs and we will do everything we can to assist you.



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Shelby County Veterans Court Team Frequent Contacts

Drug Court Office- Crystal Howell
Phone 669-8900
Fax 669-8901

COLOR CODE: 669-8902 (MUST CALL EVERYDAY)

Address: Shelby County Veterans Court
P.O. Box 70
Columbiana, AL 35051

Robin Bird (Veterans Court Case Manager)	669-3950
Debbie Fickle (Treatment Coordinator)	669-3643
Ahmad Brewer (Veterans Affairs Liaison)	993-8101 ext. 6813



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Rules and Requirements for Graduation

In order to graduate from the Shelby County Veterans Court, I will abide by all of the following Rules and Requirements. I further understand that failure to comply with any such Rule or Requirement will result in a sanction, which may include termination from the Veterans Court Program and imposition of my jail or prison sentence.

Initials

Rule

I will attend every Court session as ordered, on time. I understand that I am responsible for making sure that I have a reliable method of getting to Court each week.

I will report to my Veterans Court Case Manager as directed by the Court.

I will comply with all terms of my Treatment Plan, and I understand that it may be changed as needed during my participation in Veterans Court. I understand the extent and seriousness of my drug use or mental health issue may be assessed at different times during my participation in the Veterans Court Program and that I may be referred to intensive outpatient treatment, inpatient treatment, or other treatment programs deemed appropriate for me and that, if I am referred to such a program, I will be required to successfully complete the program before I can complete the Veterans Court Program. I understand that I may be required to pay some or all of the costs of any treatment program to which I am referred.

I understand that I am responsible for calling the Color Code System **every day** at **669-8902**. I understand that a missed drug screen, abnormally diluted drug screen, or a refusal to submit to a drug screen will be treated as a positive drug screen by Veterans Court and that I will be sanctioned by the Court. I also understand that if I miss a drug screen, I should test as soon as I discover that I missed, and I should call my Case Manager immediately to inform the Court of the missed screen and the makeup screen.

I will obtain and keep full-time employment or be enrolled as a full-time student unless on full disability or specifically excused from this requirement by the Court.



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_____ I will not use or possess any mind-altering substance, including alcohol, during my participation in the Veterans Court Program. I understand I will be sanctioned for any use of mind-altering substances, including alcohol, during my participation in the Veterans Court Program. **NO SYNTHETICS.**

_____ I will not consume any prescription medication without first obtaining a prescription from my doctor **and** having my doctor sign an Acknowledgement that I am participating in Veterans Court **and** presenting the Acknowledgement to my Veterans Court Case Manager, **and** receiving permission from the Veterans Court Case Manager to take the medication. I understand that I am responsible for obtaining my doctor's signature and any other necessary information (including diagnosis) on the Acknowledgement form, that I may obtain these forms from the Veterans Court office, and that I am responsible for having such a form with me at all times in case I am required to seek immediate medical treatment. If I do not use this form then I must set up an account with www.myhealth.va.gov and login so that my case manager can print out my prescription information from the website prior to taking the medications I have been prescribed.

_____ I will not consume any non-prescription medication without first notifying and obtaining the consent of my Veterans Court Case Manager. Non-prescription medication includes, but is not limited to, diet pills, ephedra, cough medicine, cold medicine, and substances intended to boost energy, including "stackers." I understand that consuming any non-prescription medication whatsoever without the prior notification to and consent of the Veterans Court Supervisor, will cause me to be sanctioned by the Court.

_____ It is my responsibility to take the provided medical form with me and have the medical personnel complete the form at that time. This must be done on every visit to the Dr., Dentist, Therapist, ER, etc.

_____ I will call my case manager immediately upon leaving the Doctor/Medical facility to inform them of the Dr. visit and the medications given.

_____ I will bring the original completed medical form to my respective case manager within 2 business days. (I.e. if you go to the Dr. on Saturday, you must have med form turned into your case manager by Tuesday of the next week)

_____ I understand I should take medications only as prescribed and that I should not take old medications that are not current (older than 30 days).



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- _____ If I am prescribed a temporary narcotic, then it is my responsibility to call my case manager at the end of the day and inform them of how many pills were taken that day and how many that leaves me with. Follow this procedure until the medication is completed.
- _____ I understand that if I am taking an ongoing narcotic (i.e. amphetamine for ADHD), then I must turn in a NEW med form EVERY time your medication is re-prescribed.
- _____ If Ordered by the Court, I may be required to obtain a Driver's License if I do not currently possess one and I otherwise qualify.
- _____ If Ordered by the Court, I may be required to obtain a high-school diploma or GED Certificate.
- _____ I may not possess or use firearms during my participation in Veterans Court.
- _____ I understand that any drug use within four months of my anticipated Veterans Court graduation date may result in an extension of the time required to graduate from Veterans Court or expulsion from the Program. I understand that I will not graduate from Veterans Court unless I have been drug free for a minimum of four months.
- _____ I understand that I am responsible for keeping the Veterans Court Office informed at all times of my address, employment, and telephone number. I understand that if the Veterans Court is unable to contact me because of inaccurate or outdated contact information, I will be sanctioned by the Court.
- _____ I understand that I may not be anywhere near anyone using, possessing, selling, manufacturing, or otherwise handling any illegal substance.
- _____ I must not have any contact with any victims of or witnesses to the crime/crimes which I have been charged with.
- _____ I must report to my Veterans Court Case Manager any contact with law enforcement, including any arrest, traffic violation, search, or questioning. I must report such contact within one business day of such contact.
- _____ I will not travel out of state without prior authorization from my case manager or the court.
- _____ I understand that I will be sanctioned for violation of any of these Rules & Requirements. I understand that my case will be treated individually and that any sanctions I receive may be more or less severe than sanctions given to other Participants who violate the same or similar rules.



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_____ I understand that my court fees will pay for all drug screens I must take at the Shelby County Community Corrections Lab during my participation in the Veterans Court Program.

_____ I understand that I am required to pay Veterans Court fees totaling \$1,200 before I will be allowed to graduate from the Veterans Court Program. I understand that I may not be allowed to travel out of town overnight until a portion of my fees are paid. Additionally, I understand that my fees may be raised to cover the cost of additional drug screens if my participation in the Program is longer than my originally anticipated graduation date.

_____ I will comply with all other Court orders and requirements of the Court, the Veterans Court Supervisor, and Treatment Provider not specifically set forth in these Rules & Requirements.

_____ OTHER: _____

Participant

Date

Witness

Date



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List of Sanctions

Sanctions will be imposed for violation of any of the Veterans Court Rules & Requirements, as well as violation or any other failure to comply with an Order of the Veterans Court Judge, the Veterans Court Supervisor, or the Treatment Provider. Sanctions will be imposed based on the specifics of the individual case. The same violation may not result in the same sanction for two different Veterans Court participants. The following is a partial list of possible sanctions that may be imposed for non-compliance. The Court or Veterans Court Supervisor may impose different or additional sanctions that may be appropriate for the non-compliant conduct:

- Incarceration in the Shelby County Jail for a period to be determined by the Court.
- Detention at the Shelby County Community Corrections Center (Work Release)
- Community service
- Electronic monitoring
- Increase frequency of court appearances
- Increase reporting to Case Supervisor
- Increase frequency of drug screens
- Delay in graduation date
- Increase in costs to graduate from Veterans Court
- Termination from the Veterans Court Program – Imposition of Prison or Jail Sentence

Additionally, I may be referred to and required to complete an outpatient or inpatient substance abuse treatment program or mental health program. Such a requirement is a therapeutic effort to address my substance abuse problem or mental health problem and is not designed to be a sanction or punishment for any Rules or Requirements I may have violated.

I have read and understand the sanctions I may be subject to for violation of the Veterans Court Rules & Requirements.

Participant

Date

Witness

Date



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Urine Abstinence Testing and Incidental Alcohol Exposure Contract

Recent advances in the science of alcohol detection in urine have greatly increased the ability to detect even trace amounts of alcohol consumption. In addition, these tests are capable of detecting alcohol ingestion for significantly longer periods of time after a drinking episode. Because these tests are sensitive, in rare circumstances, exposure to non-beverage alcohol sources can result in detectable levels of alcohol (or its breakdown products). In order to preserve the integrity of the Veterans Court testing program, it has become necessary for us to restrict and/or advise Veterans Court participants regarding the use of certain alcohol-containing products.

It is **YOUR** responsibility to limit your exposure to the products and substances detailed below that contain ethyl alcohol. It is **YOUR** responsibility to read product labels, to know what is contained in the products you use and consume and to stop and inspect these products **BEFORE** you use them. **Use of the products detailed below in violation of this contract will NOT be allowed as an excuse for a positive test result. When in doubt, do not use, consume, or apply.**

Cough Syrups and Other Liquid Medications: Veterans Court participants are prohibited from using alcohol-containing cough/cold syrups, such as Nyquil®. Other cough syrup brands and numerous other liquid medications, rely upon ethyl alcohol as a solvent. Veterans Court participants are required to read product labels carefully to determine if they contain ethyl alcohol (ethanol).

Non-Alcoholic Beer and Wine: Although legally considered non-alcoholic, NA beers (ex: O'Doul's®, Sharps®) do contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed. Veterans Court participants are not permitted to ingest NA beer or NA wine.

Food and Other Ingestible Products: Numerous other consumable products contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol or its breakdown products. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided.

Mouthwash and Breath Strips: Most mouthwashes (Listerine®, Cepacol®) and other breath cleansing products contain ethyl alcohol. The use of mouthwash containing ethyl alcohol can produce a positive test result. Veterans Court participants are required to read product labels and educate themselves as to whether a mouthwash product contains ethyl alcohol. Use of ethyl alcohol-containing mouthwashes and breath strips by Veterans Court participants is not permitted.

Hand Sanitizer: Hand sanitizers (ex: Purell®, Germex®) and other antiseptic gels and foams used to disinfect hands contain up to 70% ethyl alcohol. Excessive, unnecessary, or repeated use of these products could result in a positive urine test.

Hygiene Products: Aftershaves and colognes, hair sprays and mousse, astringents, insecticides (bug sprays such as OFF®) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol (or its breakdown products) excessive, unnecessary, repeated use of these products could affect test results. Participants must use such products sparingly to avoid reaching detection levels. Just as the court requires Veterans Court participants to regulate their fluid intake to avoid dilute urine samples, it is likewise incumbent upon each participant to limit their use of topically applied (on the skin) products containing ethyl alcohol.

Solvents and Lacquers: Many solvents, lacquers, and surface preparation products used in the construction industry and at home contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. As with the products noted above, Veterans Court participants must educate themselves as to the ingredients in the products they are using. A positive test result will not be excused by reference to use of an alcohol-based solvent

REMEMBER! WHEN IN DOUBT, DO NOT USE, CONSUME, OR APPLY!

I have read and understand my responsibilities:

Participant's Signature

Date



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Columbiana, AL 35051



Diluted Urine Sample Advisory

In urine drug/alcohol screening one of the most important things that must be done is to make sure we receive a valid sample. One way this is done is by checking the sample for dilution by measuring the creatinine level (Creatinine. is an amino acid contained in muscle tissue and excreted in the urine at a steady rate.) The urine becomes diluted when a person drinks large amounts of fluids, (water, any water based drink, tea, coffee, Gatorade, etc) or energy drinks such as Red Bull, Monster Fuel, 5 Hour Energy etc. A normal urine sample will have a creatinine level of 20mg/dl or higher, a sample with a value of less than 20mg/dl will be considered dilute. When the urine is dilute, there is a lower concentration of drugs/metabolites and alcohol and testing may not detect them. Because of this, the judicial system considers a dilute sample a positive sample and sanctions may be imposed. Another reason dilute samples are considered positive is because some people will drink large amounts of liquids in an effort to "flush" anything from their system.

Some ways to avoid dilution are; plan the time you are going to leave your sample, about 2-2 ½ hours prior to leaving the sample limit your fluid intake to 8 oz. every 40 minutes. Another way is to leave your sample early in the morning; urine is usually more concentrated early in the day, when you leave your sample look at it. If it is light and you think it may be dilute, you can leave another sample, but you must remain at the lab until you leave the next sample.

Lab staff members are not allowed to tell you whether your sample is dilute. Use your own judgment.

By signing below I acknowledge that I have read this document and understand it.

Signature: _____

Witness: _____

Date: _____



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Drug Testing Form

Case Manager: Robin Bird **Phone: 669-3950 ext. 46**

Client Name: _____ Social Security: _____

Your Color is: **Khaki**

Listed below are the instructions you will follow for the Shelby County Community Corrections (SCCC) Color Code System. Through cooperating with this program, you can help yourself by proving to the criminal justice system that you are drug free.

1. You will be assigned a color.
2. You shall call the following number **every day including Saturday and Sunday. 205-669-8902**
3. A recording will give you the color of the day. If your color comes up, you will report to the SCCC Lab **THAT DAY** to leave a urine sample. **REMEMBER, WHEN YOUR COLOR COMES UP, YOU MUST REPORT TO THE LAB THAT DAY.**
4. Urine specimens are collected from 7:00am to 7:00pm every day, including Saturday and Sunday. All urine collections are **observed**. A **missed** test is considered a **failed** test!
5. When you come in for urinalysis, you will **NOT** be required to pay. Testing fees are included in your court fees.

The Color Code System is designed to help you by:

- Making it necessary to give up your habit entirely since the system is random and you will never know when your color is coming up.
- Helping us feel confident in providing a positive report of your progress to the Court.

Signed

Witnessed

Date



Shelby County
Community Corrections
"Providing Alternatives and Opportunity for Shelby County"
P. O. Box 70
Columbiana, AL 35051



Participant Authorization for Disclosure of Protected Health Information

Participant Name: _____

Case Number: _____

Date of Birth: _____

I hereby authorize Shelby County Veterans Court to disclose or obtain my health information as follows:

Disclose my health information to:

Obtain my health information from:

Specific description of the health information to be disclosed/obtained:

The purpose for which health information is to be disclosed/obtained:

By providing this Authorization, I understand the following:

1. I understand that this Authorization is voluntary. I may refuse to sign this Authorization and my treatment and/or payment obligations will not be affected.
2. I understand that I may revoke this Authorization at any time by notifying Shelby County Veterans Court in writing, but if I do, it will not have any effect on disclosures prior to the receipt of the revocation. It is understood that the duration of this consent will not be longer than would be necessary and reasonable to carry out the purpose for which it is given.
3. I understand that I will receive a copy of the Authorization form after I sign it.
4. I understand that this Authorization will expire on _____ or termination of my case.
Date of Expiration
5. I also give my permission to fax this information if necessary. _____

Participant's Initials

Signature of Participant or Participant's Representative

Date

Printed Name of Participant

Date

Signature of Witness

Date

NOTE TO PARTY RECEIVING INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal law, which prohibits you from making any further disclosure of information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general release of medical or other information is not sufficient for this purpose. (This form meets the requirements of Federal Reg. 42CFR, Part 2).



Shelby County Community Corrections

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Columbiana, AL 35051



Medical Form

Name of Participant: _____

Date: _____

To Any Physician, Hospital, or other Medical or Health Care Provider:

I am currently a participant in the Shelby County Veterans Court Program, in which I am receiving treatment for substance abuse or mental health issues. I am required to inform all medial care providers of my participation in the Program and request that, to the extent possible, I not be prescribed narcotic or other addictive medications. Before I may accept a prescription from you for any medication, I must have you, as the treating physician, sign below that I have made you aware of my substance abuse treatment.

This form is also consent for release of information

Participant _____
(Signature)

Current Prescription	Dosage	Quantity	Refills	Diagnosis

Treating Physician: _____
Print Name

Treating Physician: _____
Signature

Telephone #: _____



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Medical Form Procedures

- _____ It is my responsibility to take the provided medical form with me and have the medical personnel complete the form at that time. This must be done on every visit to the Dr., Dentist, Therapist, ER, etc.
- _____ I will call my case manager immediately upon leaving the Doctor/Medical facility to inform them of the Dr. visit and the medications given.
- _____ I will bring the original completed medical form to my respective case manager within 2 business days. (I.e. if you go to the Dr. on Saturday, you must have med form turned into your case manager by Tuesday of the next week)
- _____ I understand I should take medications only as prescribed and that I should not take old medications that are not current.
- _____ If I am prescribed a temporary narcotic, then it is my responsibility to call my case manager at the end of the day and inform them of how many pill were taken that day and how many that leaves me with. Follow this procedure until the medication is completed.
- _____ I understand that if I am taking an ongoing narcotic (i.e. amphetamine for ADHD), then I must turn in a NEW med form EVERY time your medication is re-prescribed.

Participant

Date

Witness

Date



Shelby County Community Corrections

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Columbiana, AL 35051



Prescription Medication Request

I, _____ a Participant in the Shelby County Veterans Court Program, hereby notify the Shelby County Veterans Court Office that I am/have been prescribed the medication listed below and am requesting permission to continue taking such prescription medication during my participation in the Shelby County Veterans Court Program. I understand that a decision on my request will be provided to me, and that I cannot take such medication until I receive such written permission.

Medication		Diagnosis	Doctor	Date Filled
1				
2				
3				
4				
5				
6				

Applicant

Applicant may take Medications numbered _____

Applicant may take Medications numbered _____ but must terminate all use of such medication () at least _____ months prior to Applicant's successful completion of the Program () no later than _____.

Applicant may take Medications numbered _____ and may remain on such medications throughout participation in the Program.

Applicant must comply with all policies and procedures regarding prescription medication and med forms. Failure to comply with such provisions may result in revocation of the authorization to take prescription medication.

Shelby County Veterans Court



Shelby County Community Corrections

"Providing Alternatives and Opportunity for Shelby County"
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Columbiana, AL 35051



Prescription Safe to Take List

The following prescriptions that have been prescribed to you by a Doctor are safe to take without prior authorization. You must contact your Case Manager the next business day and let them know that you have taken said medicine.

- Amoxicillin (Amoxil)
- Augmentin
- Bactrim
- Cephalexin
- Cipro
- Clindamycin
- Diflucan
- Doxycycline
- Flagyl
- Penicillin
- Steroid Pack
- Zithromax (Z-Pak)

By signing below, I attest that I understand that I am to contact my case manager the next business day.

Print Name: _____

Signature: _____

Date: _____



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Over the Counter (OTC) Safe Medication List

Classification	Ingredient to Avoid	OTC - Safe Medication
Allergy/Decongestant	Brompheniramine, Chlorpheniramine, Dexbrompheniramine, Diphenhydramine, Acrivastine, Phenylephrine, Pseudoephedrine, Triprolidine	Claritin [®] , Alavert [®] (Loratadine), Zyrtec [®] (Cetirizine), Clarinex [®] (Desloratadine), Allegra [®] (Fexofenadine), Tavist [®] (Clemastine Fumarate)
Cough/Cold/Sore Throat	Dextromethorphan	(Guaifenesin) Mucinex [®] Tablets, Robitussin [®] Plain, Cepastat [®] , Chloraseptic [®] , Gly-Oxide [®] , Halls [®] , Lozenges, Mycinette [®] , Nice [®] Lozenges, Sucrets [®] Lozenges, Vicks [®] Cough Drops, Vicks [®] Throat Discs, Vicks [®] Vapor Rub
ADHD, Anorexiants, Stimulants, and Weight Control	Benzphetamine HCl, Sibutramine HCl, Diethylpropion HCl, Ephedrine, Ephedra, MaHuang, Methylphenidate, Modafinil, Pemoline, Phendimetrazine Tartrate	Weight Control- Diet Aids [®] (candy), Slim-Mint [®] (gum), Slim Fast [®] , Slender [®] Xenical [®] (Orlistat)
Analgesics (pain relief)		Nonsteroidal Anti-Inflammatory Advil [®] , Aleve [®] , Aspirin [®] , Bufferin [®] , Tylenol [®] , Generics of any of these
Nasal Decongestant Sprays	Oxymetazoline Tetrahydrozoline, Xylometazoline, Ephedrine, L-Desoxyephedrine, Naphazoline, Phenylephrine HCl, Propylhexedrine	Ocean [®] , Humist [®] , Ayr Saline [®] , NaSal [®] , Salinex [®]
Mouthwash/Dental Hygiene	Alcohol	Orajel [®] , Perioseptic [®] , Crest Pro Health [®] Mouthwash
Diarrhea/Gas	Diphenozylate HCl, Alcohol	Kaopectate [®] , Kaopectolin [®] , Lactinex [®] , Imodium A-D [®] , Pepto Bismol [®] , Simethicone, Imodium [®] Multi Symptom
Nausea (Antiemetic/Antivertgo Agents)	Bucizine HCl, Cyclizine, Diphenhydramine, Dimenhydrinate, Meclizine, Scopolamine Transdermal	Pepto Bismol [®] , Emetrol, Alka Seltzer [®] Gold, Kaopectate [®]
Sedatives/Anti-Anxiety/Sleep	Doxylamine Succinate, Diphenhydramine	Warm milk, Melatonin
Urinary Tract Infection		AZO [®] Standard
Heartburn/Indigestion		Kaopectate [®] , Pepto Bismol [®] , Alka Seltzer [®] Gold, Tums [®] , Pepcid [®] Complete, Pepcid [®] AC
Topical Creams	Diphenhydramine	Ben Gay [®] , Icy Hot [®] , Anti-Itch creams, Anti-Fungal creams, Calamine [®] Lotion



Shelby County Community Corrections

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Pay Plan – Veterans Court

I, _____ agree to pay, \$1,200 to the Shelby County Community Corrections for my Veterans Court costs.

In an effort to pay off my Veterans Court balance, I agree to pay a **minimum of \$75 per month**. My personal monthly payment goal is \$_____ per month/week.

If I fail to make these payments and/or are not up to date with payments, I will be held responsible by the Court and possibly be **incarcerated**.

If I exceed one graduation past my original graduation, then I will be ordered by the court to pay \$100 per month added to my original \$1,200 Veterans Court fees.

Name

Date

Witness

Date



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Community Corrections
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Columbiana, AL 35051



Out Of Town Request Form

Date: _____

I, (name) _____ request approval for out of town travel

to

(City, state) _____ on _____ through

_____.

Participant

____ Required to test the day before I leave on _____ and the day after my
return on _____.

____ Required to test at an approved facility when my color is called

____ Approved

____ Denied

Case Manager Signature



Shelby County
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Columbiana, AL 35051



Notification of Change of Address, Telephone or Employment

Name of Participant: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Cell Number: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

Supervisor: _____

Other Methods _____

Of Contact: _____

I understand that I am responsible for keeping the Veterans Court Office informed of a reliable method to contact me at all times. I understand that if the Veterans Court attempts to contact me and I do not respond within 24 hours that a warrant for my arrest may be issued.

Participant

Date



Shelby County Community Corrections

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Columbiana, AL 35051



Dress Code

When reporting for Veterans Court you must dress accordingly. The following are a few simple guidelines to use when deciding if something is appropriate to wear to court. If you have any questions please speak to a member of the Veterans Court team and they will provide you further instruction.

- No caps/hats are to be worn
- No shorts and /or skorts
- No torn blue jeans
- No nose, brow or tongue rings
- Skirts should not be shorter than 5 inches above the knee
- No clothing and/or jewelry that promote drugs/alcohol should be worn.
- Skirts should appropriately fit. This means that the chest, back, and/or stomach are not to be exposed or easily seen by others.
- Pants should not ride so low that undergarments are exposed.
- No gang related and/or violence promoting clothing is to be worn.

All program participants stand at parade rest when standing before the bench during Veterans Court.

Please maintain appropriate hygiene. Be sensitive to the other individuals present in the courtroom. Should these guidelines be violated you may be asked to cover the inappropriate article and/or be dismissed from court. Continued violations will be dealt with on an individual basis, and cause you to be sanctioned.

Thank you for your attention to this matter. Let's work together to make sure this does not become a problem for you.



Shelby County
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Columbiana, AL 35051



Resource Sheet

11 th Area of Alabama Opportunity Action Committee (Multiple Services)	
Chilton County	205-755-1204
Shelby County	205-669-3836
Alcoholics Anonymous of Central Alabama	205-290-0060
Celebrate Recovery	205-668-6077
Christian Service Mission	205-252-9906
Cocaine Anonymous	205-266-2022 205-888-3558
Crisis Line	205-323-7777
Jessie's Place (Women/Children)	205-323-5878
Jimmy Hale Mission (Men)	205-324-2271
Literacy Council of Central Alabama	205-326-1925 888-448-7323
M-Power Clinic (Medical and Dental)	205-535-5959
Narcotics Anonymous	205-941-2655 800-711-6373
National Domestic Violence Hotline	800-650-6522
Oak Mountain Missions	205-987-6268
Rape Response Crisis Center	205-323-7273
SafeHouse of Shelby County (Domestic Violence) Crisis Line	205-664-HELP (4357)
Salvation Army (Shelby County)	205-663-7105
Salvation Army (Jefferson County)	205-328-5656
Shelby Baptist Association	205-669-0514
Shelby Emergency Assistance (Multiple Services)	205-665-1942
Suicide Prevention Lifeline	800-273-TALK

Introduction to Key Personnel

The section contains information relating to the roles and core competencies for personnel necessary to the operation of a Veterans Court in the State of Alabama. The duties and responsibilities of these persons are included, as well as the 10 Key Components for a successful Veterans Court. Contact information for other personnel, such as Veterans Service Officers, is also provided. Specific items included in this section are as follows:

1. ADVA Veterans Service Officers Directory/Contact Information (by County)
2. Veterans Court Team Members—Core Competencies Guide (VTCPIIT)
3. The Ten Key Components of Veterans Treatment Courts

Department of Veterans Affairs



Directory

January 2014

ALABAMA DEPARTMENT OF VETERANS AFFAIRS

DIRECTORY

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STATE BOARD OF VETERANS AFFAIRS
October 2009 – September 2013

CHAIRMAN Governor Robert Bentley	VICE CHAIRPERSON Delores “Dee” Hardin	DEPUTY VICE CHAIRMAN Chad Richmond
<u>American Ex-Prisoner of War Inc.</u> Vacant	<u>Disabled American Veterans</u> James Graves 3702 County Road 1223 Vinemont, AL 35179 Res: 256.737.0175	<u>Veterans of Foreign War</u> Wayne Dial 91 Dial Lane Talladega, AL 35160 Res: 256.268.2325
<u>American Legion</u> Dolores “Dee” Hardin P O Box 680417 Prattville, AL 36068 Res: 334.361.6929 Bus: 334.567.1171	<u>Military Officers Assc. of America</u> Patrick Downing 2117 Marchfield Drive West Mobile, AL 36693 Cell: 251.751.6619	<u>Vietnam Veterans of America</u> Ken Rollins 3121 Apple Valley Lane Oxford, AL 36203 Res: 256.831.2838 Fax: 256.835.0607 (call first)
Willis Frazier 3142 Hwy 32 Aliceville, AL 35442 Res: 205.373.8936	<u>Military Order of Purple Heart</u> John R. New 2106 Victoria Drive Daphne, Alabama 36526 (Res) 251-626-2951	Cynthia Jean Watson 96 Plainview Street Newton, AL 36352 Work: 334-270-8399
William Wyatt 1102 Rock School Road Harpersville, AL 35078-1102 Res: 205.678.8557	<u>Marine Corp League</u> Donald Fisher 8054 Lakeridge Drive Montgomery, AL 36117 Res: 334.356.6561 Cell: 334.221.3175	Charles Stephens 3453 County Road 121 Fort Payne, AL 35968-5110 Bus: 256.845.4752 Fax: 256.845.7673 Res: 256-638-4000
<u>American Veterans</u> Vacant		

HEADQUARTERS PERSONNEL

RSA Plaza -- Suite 470
770 Washington Avenue
Montgomery, Alabama 36104
Web: www.va.alabama.gov

P. O. Box 1509
Montgomery, AL 36102-1509
Monday thru Friday 8:00 a.m. to 5:00 p.m.
FAX: (334) 242-5102
G. I. Dependent's Scholarship Program FAX: (334) 353-4078

Executive Department

W. Clyde Marsh, Commissioner
Wendi Findley, Executive Assistant

clyde.marsh@va.alabama.gov
wendi.findley@va.alabama.gov
(334) 242-5077

Administrative Division

Michael E. Northcutt, Assistant Commissioner
Rhonda S. Armstrong, Personnel Assistant
Brandon Baker, IT Systems Technician

mike.northcutt@va.alabama.gov
rhonda.armstrong@va.alabama.gov
brandon.baker@va.alabama.gov
(334) 353-9405
(334) 242-5057
(334) 242-5059

Legal Division

Sandra Speakman, Legal Counsel
Tomeca Jones, Administrative Support Assistant
Lorie Tanner, Administrative Support Assistant

sandy.speakman@va.alabama.gov
tomeca.jones@va.alabama.gov
lorie.tanner@va.alabama.gov
(334) 353-5033
(334) 242-5056
(334) 242-5077

Finance Division

Dixie Black, Accounting Manager
Ann Heath, Staff Accountant
Amy Caldwell, Account Technician

dixie.black@va.alabama.gov
ann.heath@va.alabama.gov
amy.caldwell@va.alabama.gov
(334) 242-5088
(334) 242-5074
(334) 242-5064

Alabama G.I. Dependent's Scholarship Program

Willie E. Moore, Assistant Commissioner
Shelia A. Worthington, Eligibility and Adjudication
Kayla S. Kyle, Invoices

willie.moore@va.alabama.gov
shelia.worthington@va.alabama.gov
kayla.kyle@va.alabama.gov
(334) 242-5066
(334) 242-5087
(334) 242-5086

Public Affairs

Robert M. Horton, Jr., Public Information Officer

robert.horton@va.alabama.gov
(334) 242-5084

State Veterans Homes Program

Kimberly B. Justice, Executive Director

kim.justice@va.alabama.gov
(334) 353-5057

CLAIMS DIVISION PERSONNEL

345 Perry Hill Road
Room 1-106
Montgomery, AL 36109

P. O. Box 1391
Montgomery, AL 36102-1391
Monday – Friday
7:30 a.m. to 4:30 p.m.
FAX: (334) 279-8086

CLAIMS DIVISION

L. Darrell Smith	Claims Manager	darrell.smith@va.alabama.gov	(334) 213-3325
William “Bill” Myrick	Assistant Claims Manager	bill.myrick@va.alabama.gov	(334) 213-3325
Donna Jones	Administrative Support Assistant	donna.jones@va.alabama.gov	
Kelly L. Hight Virginia Barnett	Claims Reviewer Administrative Support Assistant	kelly.hight@va.alabama.gov virginia.barnett@va.alabama.gov	(334) 213-3322
Lisa Parmer Elizabeth A Easterling	Claims Reviewer Administrative Support Assistant	lisa.parmer@va.alabama.gov elizabeth.easterling@va.alabama.gov	(334) 213-3320
P. Mark Sullivan Audrey Shehane	Training Manager Receptionist	pmark.sullivan@va.alabama.gov audrey.shehane@va.alabama.gov	(334) 213-3302 ext. 3821 (334) 213-3320

VETERANS HOME PERSONNEL

Bill Nichols State Veterans Home
1784 Elkahatchee Road
Alexander City, AL 35010

Phone: (256) 329-3311
FAX: (256) 329-3350

Kathryn W. Fuller, Director
Mary Hopkins, Administrative Support Assistant

kathryn.fuller@va.alabama.gov
mary.hopkins@va.alabama.gov

William F. Green State Veterans Home
300 Faulkner Drive
Bay Minette, AL 36507

Phone: (251) 937-8049
FAX: (251) 937-2472

Kathleen B. Voll, Director
Angela M. Smith, Administrative Support Assistant

kathleen.voll@va.alabama.gov
angela.smith@va.alabama.gov

Floyd E. "Tut" Fann State Veterans Home
2701 Meridian Street
Huntsville, AL 35811

Phone: (256) 851-2807
FAX: (256) 851-2967

Charlotte V. Eason, Director
Musette A. Williams, Administrative Support Assistant

charlotte.eason@va.alabama.gov
musette.williams@va.alabama.gov

Colonel Robert L. Howard State Veterans Home
7054 Veterans Parkway
Pell City, AL 35125

Phone: (205) 338-6487
FAX: (205) 338-4073

Manda M. Mountain, Director
Bethany Whaley, Administrative Support Assistant

manda.mountain@va.alabama.gov
bethany.whaley@va.alabama.gov

STATE CEMETERY

Alabama State Veterans Memorial Cemetery
34904 State Highway 225
Spanish Fort, AL 36527

Phone: (251) 625-1338
FAX: (251) 626-9204

Tony Ross, Director

tony.ross@va.alabama.gov

Joseph Buschell, Assistant Director/Maintenance Supervisor

joseph.buschell@va.alabama.gov

Danny Kidder, Grounds Worker

Kathy Miller, Grounds Worker

DISTRICT OFFICE PERSONNEL

District I

Thomas M. “Mike” Beaird, District Manager

Phone: (256) 650-1793
Fax: (256) 650-1795

3000 Johnson Road SW
Huntsville, Alabama 35805-5847

Blount, Cherokee, Colbert, Cullman, DeKalb, Etowah, Fayette, Franklin, Jackson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Pickens, St. Clair, Walker, and Winston

District II

Robert W. “Bob” Higgins, District Manager

Phone: (205) 554-3572
Fax: (205) 554-4633

Debra Perry, Administrative Support Assistant

3701 Loop Road East Box 37
Tuscaloosa, Alabama 35404

Autauga, Bibb, Calhoun, Chambers, Chilton, Choctaw, Clay, Cleburne, Coosa, Dallas, Elmore, Greene, Hale, Jefferson, Lee, Marengo, Perry, Randolph, Shelby, Sumter, Talladega, Tallapoosa, Tuscaloosa and Wilcox

District III

Lynda T. Jenkins, District Manager

Phone: (251) 574.5607
Fax: (251) 574.5606

1150 Government Street, Room 113
Mobile, Alabama 36604

Baldwin, Barbour, Bullock, Butler, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Escambia, Geneva, Henry, Houston, Lowndes, Macon, Mobile, Monroe, Montgomery, Pike, Russell and Washington

COUNTY VETERANS AFFAIRS PERSONNEL

COUNTY	PERSONNEL & PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Autauga District II	Tracey L. Jackson Phone: (334) 358-6746 FAX: (334) 361-4821	218 North Court Street Prattville, AL 36067	218 North Court Street Prattville, AL 36067	Tuesday, Wednesday, and Friday 8:00 - 4:30
Baldwin District III	Raymond Williamson Vickie Prewett Phone: (251) 937-0218 FAX: (251) 972-8535	201 East Section Ave Foley, AL 36535	Satellite Courthouse 201 East Section Ave Foley, AL 36535	Monday - Friday 8:00 - 5:00
Barbour District III	Itinerant Phone: (334) 619-1511 FAX: (334) 619-1512	Barbour County Courthouse Eufaula, AL 36027	County Courthouse 303 East Broad St. Ste. 102 Eufaula, AL 36027	Monday & Thursday 8:00 - 3:00
Bibb District II	Roger D. Kinard Phone: (205) 926-3116 FAX: (205) 926-3126	P.O. Box 607 Centreville, AL 35042	35 Court Square East Suite 105 Centreville, AL 35042	Monday, Tuesday, Thursday, and Friday 8:00 - 4:00
Blount District I	Jeff Samoranski Phone: (205) 274-2287 FAX: (205) 274-7611	P. O. Box 702 Oneonta, AL 35121	Community Services Building 1004 2 nd Avenue East Room 13 Oneonta, AL 35121	Monday 8:00 - 4:00

The Bullock County office has been re-located to the Montgomery County location.

Bullock
District III

COUNTY	PERSONNEL & PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Butler District III	Tammie R. Rice Phone: (334) 382-3231 FAX: (334) 382-6595	P. O. Box 276 Greenville, AL 36037	201 South Conecuh St., Ste. 102 Greenville, AL 36037	Monday - Friday 7:30 - 4:30
Calhoun District II	Kathryn S. Moore Theodore R. Smart Annette J. Rainge Phone: (256) 241-2950 FAX: (256) 231-1893	P.O. Box 643 Anniston, AL 36202	Ken Joiner Administration Bldg. 1702 Noble Street, Suite 109 Anniston, AL 36201	Monday - Friday 8:00 - 2:30
Chambers District II	The Chambers County office has been re-located to the Lee County location.			
Cherokee District I	The Cherokee County office has been re-located to the Etowah County location.			
Chilton District II	The Chilton County office has been re-located to the Shelby County location.			
Choctaw District III	F. Dwight McBride Phone: (205) 459-2111 FAX: (205) 459-2116	Choctaw County Courthouse 117 South Mulberry St., RM 126 Butler, AL 36904	Choctaw County Courthouse 117 South Mulberry St. RM 126 Butler, AL 36904	Monday - Friday 8:00 - 4:30
Clarke District III	Rhonda K. Jackson Phone: (251) 275-3374 FAX: (251) 275-1060	P.O. Box 241 Grove Hill, AL 36451	Clarke County Commission 120 Court Street Grove Hill, AL 36451	Monday, Tuesday Wednesday 8:00 – 5:00

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Clay District II	The Clay County office has been re-located to the Randolph County location.			
Cleburne District II	Rochelle I. Osbourn Phone: (256) 463-7765 FAX: (256) 463-1015	Cleburne County Courthouse 120 Vickery Street Room 106 Heflin, AL 36264	Cleburne County Courthouse 120 Vickery Street Room 106 Heflin, AL 36264	Monday, Tuesday and Wednesday 8:00 - 4:00
Coffee District III	Meriah H. Nelson Diann Pearson Phone: (334) 894-5858 FAX: (334) 894-6506	Post Office Box 283 New Brockton, AL 36351	Coffee County Complex 1065 E. McKinnon Street New Brockton, AL 36351	Monday and Tuesday 8:00 - 3:00 Thursday and Friday 8:00 - 5:00
Colbert District I	The Colbert County office has been re-located to the Lauderdale County location.			
Conecuh District III	Itinerant Phone: (251) 578-7036 FAX: (251) 578-2835	111 Court Street Suite #108 Evergreen, AL 36401	111 Court Street Suite #108 Evergreen, AL 36401	Wednesday & Thursday 8:30 - 4:00
Coosa District II	The Coosa County office has been re-located to the Tallapoosa County location.			
Covington District III	Itinerant Phone: (334) 428-2687 FAX: (334) 428-2679	County Administrative Bldg. 250 Hillcrest Drive, Box 10 Andalusia, AL 36420	County Administrative Bldg. 250 Hillcrest Drive Room 151 Andalusia, AL 36420	Monday and Tuesday 8:30 - 4:00
Crenshaw District III	The Crenshaw County office has been re-located to the Butler County location.			

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Cullman District I	Johanna A. Chambers Debra Moore Phone: (256) 775-4662 FAX: (256) 775-4947	P. O. Box 2793 Cullman, AL 35056-0391	Cullman County Courthouse 500 2 nd Avenue SW Room 109 Cullman, AL 35055	Monday - Friday 7:45 - 4:15
Dale District III	Jerry L. Lucas Phone: (334) 774-5550 FAX: (334) 774-5713	County Ag-Plex Bldg 202 Hwy 123 South, Suite F Ozark, AL 36360	County Ag-Plex Bldg 202 Hwy 123 South, Suite F Ozark, AL 36360	Monday, Tuesday, Wednesday & Friday 8:00-5:00
Dallas District II	Alnita J. Whitt Phone: (334) 874-2533 FAX: (334) 874-2599	P. O. Box 987 Selma, AL 36702	County Courthouse, RM 132 105 Lauderdale Street Selma, AL 36702	Monday - Friday 7:30 - 3:30
DeKalb District I	James E. McIntire Phone: (256) 845-8572 FAX: (256) 845-8582	P. O. Box 680373 Ft. Payne, AL 35968-0373	500 Grand Avenue SW Ft. Payne, AL 35967	Tuesday - Friday 8:00 - 5:00
Elmore District II	Tracey L. Jackson Phone: (334) 567-1175 FAX: (334) 514-5845	218 North Court Street Prattville, AL 36067	203 Hill Street Wetumpka, AL 36092	Monday and Thursday 8:00 - 4:00
Escambia District III	Michael M. Hanks Phone: (251) 368-4223 Ext. 115 FAX: (251) 446-8610	8600 Highway 31 East Box 4 Atmore, AL 36502	8600 Highway 31 East Box 4 Atmore, AL 36502	Monday – Friday 7:30 – 4:30

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Etowah District I	Kevin F. Martin Norma Jean Russell Phone: (256) 549-5458 FAX: (256) 549-5459	800 Forest Avenue, Suite 202 Gadsden, AL 35901	800 Forest Avenue, Suite 202 Gadsden, AL 35901	Monday – Friday 8:00 – 4:00
Fayette District I	Jon A. Doolittle, Sr. Phone: (205) 932-6262 FAX: (205) 932-5251	P. O. Box 304 Fayette, AL 35555-0304	County Courthouse Annex 103 First Avenue NW Fayette, AL 35555-0304	Monday, Thursday and Friday 8:00 – 4:30
Franklin District I	Thomas Malone Brenda Holaway Phone: (256) 332-8845 FAX: (256) 332-8839	P. O. Box 115 Russellville, AL 35653	Franklin County Courthouse 410 Jackson Avenue Russellville, AL 35653	Monday – Friday 8:00 – 4:30
Geneva District III	Itinerant Diann Pearson Phone: (334) 684-5657 FAX: (334) 684-5656	P. O. Box 233 Geneva, AL 36340	Geneva County Courthouse 200 North Commerce Street Geneva, AL 36340	Tuesday - 8:30 – 3:00 Wednesday and Thursday 7:30 – 4:30
Greene District II	Roger D. Kinard Phone: (205) 372-6977 FAX: (205) 372-6947	P. O. Box 548 Eutaw, AL 35462	William McKinley Branch Courthouse Eutaw, AL 35462	Wednesday 8:00 – 3:00
Hale District II	The Hale County office has been re-located to the Bibb County location.			
Henry District III	The Henry County office has been re-located to the Barbour County location.			

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Houston District III	Davy K. Daughtry Phone: (334) 677-4749 FAX: (334) 673-7550	1685 Ross Clark Circle Dothan, AL 36301	1685 Ross Clark Circle Dothan, AL 36301	Monday - Friday 7:30 – 4:30
Jackson District I	Mike Maynor Phone: (256) 259-1411 FAX: (256) 259-9019	P. O. Box 207 Scottsboro, AL 35768	102 E. Laurel St. Suite 33 Scottsboro, AL 35768	Wednesday - Thursday 8:00 – 4:30
Jefferson District II (Birmingham)	Bruce Herndon Charles A. Abron Angela F. Hunter Shameka S. Miles Rashida A. Simmons Phone: (205) 521-7305 FAX: (205) 521-7309	2121 Rev. Abraham Woods, Jr., Blvd. N. Suite 1501 Birmingham, AL 35203	2121 Rev. Abraham Woods, Jr., Blvd. N. Suite 1501 Birmingham, AL 35203	Monday – Friday 7:30 – 4:30
Jefferson District II (Bessemer)	C. David McElwee Phone: (205) 481-4117 FAX: (205) 481-8015	Courthouse, Room 105-A 1801 3 rd Avenue North Bessemer, AL 35020	Courthouse, Room 105-A 1801 3 rd Avenue North Bessemer, AL 35020	Monday – Friday 7:30 – 4:00
Lamar District I	Jon A. Doolittle, Sr. Phone: (205) 695-7253 FAX: (205) 695-0023	P. O. Box 304 Fayette, AL 35555-0304	Courthouse Annex Bevill Bldg. West Columbus Avenue Vernon, AL 35592	Wednesday 8:30 – 4:00

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Lauderdale District I	Lenita Riedel Raynea D. Call Pearly R. Tittle Peggy Marquart Phone: (256) 760-5845 FAX: (256) 767-0013	312 S. Court Street Florence, AL 35630	312 S. Court Street Florence, AL 35630	Monday – Friday 8:00 - 5:00
Lawrence District I	The Lawrence County office has been re-located to the Morgan County location.			
Lee District II	Cindy Michaud Lou Johnsick Elaine W. Whatley Toll-free: (855) 212-8028 Phone: (334) 737-3626 FAX: (334) 745-9769	P. O. Box 2388 Opelika, AL 36803	215 South 9 th Street Room 120 Lee County Courthouse Opelika, AL 36801	Monday – Friday 8:00 – 4:30
Limestone District I	Michael W. Davis Phone: (256) 233-6459 FAX: (256) 233-6423	P. O. Box 995 Athens, AL 35612	Limestone County Market Street Bldg. 1109 W. Market Street Suite B Athens, AL 35611	Monday – Wednesday 8:00 – 4:00
Lowndes District III	The Lowndes County office has been re-located to the Montgomery County location.			

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Macon District III	David Sharpe Betty O. DuBose Phone: (334) 727-0550 Ext. 3470 FAX: (334) 724-6890	CAVHCS Building 2, Room 2-109 2400 Hospital Road Tuskegee, AL 36083	Building 2, Room 2-109 2400 Hospital Road Tuskegee, AL 36083	Monday - Friday 7:30 – 4:30
Madison District I	Harley F. Goble, Jr. Ricardo J. Pearson Wesley H. Conner Phone: (256) 532-1662 FAX: (256) 532-1562	100 Northside Square, Box 125 Huntsville, AL 35801	Old Grant Building 115-B Washington Street Huntsville, AL 35801	Monday – Friday 8:00 – 4:30
Marengo District II	Sandra M. Wright Phone: (334) 295-2243 FAX: (334) 295-2268	P. O. Box 374 Linden, AL 36748	County Office Building Room 123 101 E. Coats Avenue Linden, AL 36748	Monday - Friday 8:00 – 4:30
Marion District I	Donald Walls Phone: (205) 921-3161 FAX: (205) 921-1742	P. O. Box 729 Hamilton, AL 35570-0729	County Courthouse RM 139 First Ave. SW & Military St. Hamilton, AL 35570	Monday - Friday 8:00 – 4:30
Marshall District I	Rhonda D. Tidmore Phone: (256) 571-7761 FAX: (256) 571-7856	P. O. Box 386 Guntersville, AL 35976	County Courthouse 424 Blount Avenue Guntersville, AL 35976	Monday – Friday 7:00 – 4:00

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Mobile District III	Tonya D. Wicks Latashia M. Love Darlene Stinson Phone: (251) 574-8578 FAX: (251) 574-5606	1150 Government Street Room 107 Mobile, AL 36604	Bay Haas Building 1150 Government Street Room 107 Mobile, AL 36604	Monday – Friday 7:30 – 4:30
Monroe District III	Rhonda K. Jackson Phone: (251) 575-9832 FAX: (251) 743-4313	P. O. Box 863 Monroe, AL 36461	65 North Alabama Avenue Monroe, AL 36461	Thursday and Friday 8:30 – 4:00
Montgomery District III	Charles McCray Pamela U. Foster Phone: (334) 832-1392 FAX: (334) 832-7725	P. O. Box 1667 Montgomery, AL 36102-1667	County Courthouse Annex 2 125 Washington Avenue 2nd Floor Room 223 Montgomery, AL 36102	Monday – Friday 7:30 – 4:30
Morgan District I	Anthony M. Robinson Karen C. Lockhart Phone: (256) 351-4636 FAX: (256) 351-4664	P. O. Box 806 Decatur, AL 35602	Morgan County Courthouse 302 Lee Street NE, 1 st Floor Decatur, AL 35601	Monday - Friday 8:00 – 4:30
Perry District II	The Perry County office has been re-located to the Dallas County location.			
Pickens District I	Jon A. Doolittle, Sr. Phone: (205) 367-2099 FAX: (205) 367-2265	P. O. Box 304 Fayette, AL 35555-0304	Service Center Building Room 302-B Highway 17 North Carrollton, AL 35447	Tuesday 8:30 – 4:00

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Pike District III	Charles “Randy” Ross Phone: (334) 566-1780 FAX: (334) 566-9141	County Courthouse 120 W. Church Street Troy, AL 36081	County Courthouse 120 W. Church Street Troy, AL 36081	Tuesday- Friday 8:00 - 5:00
Randolph District II	Itinerant Phone: (256) 357-4775 FAX: (256)357-4846	P. O. Box 835 Wedowee, AL 36278	County Courthouse One Main Street Rm 208 Wedowee, AL 36278	Thursday & Friday 8:30 – 3:00
Russell District III	David C. Sharpe James C. Holloway Natasha S. Sanks Phone: (334) 298-7767 FAX: (334) 298-7297	P. O. Box 1633 Phenix City, AL 36868	1000 Broad Street Phenix City, AL 36867	Monday – Friday 8:00 – 5:00 EST
Shelby District II	Harry Moon John D. Jones Phone: (205) 669-3835 FAX: (205) 669-8559	P.O. Box 1035 Columbiana, AL 35051	County Agriculture Bldg. 54 Kelley Lane Columbiana, AL 35051	Monday - Friday 7:30 - 4:00
St. Clair District I	Jeff Samoranski Phone: (205) 338-7315 FAX: (205) 338-7315	St. Clair Co. Courthouse 1815 Cogswell Avenue Suite 132 Pell City, AL 35125	St. Clair Co. Courthouse 1815 Cogswell Avenue Suite 132 Pell City, AL 35125	Tuesday – Friday 8:00 – 4:00

Sumter
District II

The Sumter County office has been re-located to the Choctaw County location.

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Talladega District II	Itinerant Phone: (256) 761-2117 FAX: (256) 761-2144	P.O. Box 643 Anniston, AL 36202	County Office Complex 132 North Court Street Talladega, AL 35160	Friday 8:30 – 3:30
Tallapoosa District II	Aretha R. Ford Phone: (256) 234-5246 FAX: (256) 234-5648	P. O. Box 247 Alexander City, AL 35011	395 Lee Street Room 145 Alexander City, AL 35010	Monday – Friday 8:00 – 4:30
Tuscaloosa District II	Rogers Wilson, Jr. Eric G. Ervin LaWanna L. Peters Phone: (205) 349-3870 Ext. 360/361/363 FAX: (205) 464-8365	Tuscaloosa County Courthouse 714 Greensboro Avenue Room 241 Tuscaloosa, AL 35401	Tuscaloosa Co. Courthouse 714 Greensboro Avenue Room 241 Tuscaloosa, AL 35401	Monday – Friday 8:00 – 4:30
Walker District I	Jaime Dinger Patricia H. Hall Phone:(205) 384-7277 FAX: (205) 384-7015	P. O. Box 1047 Jasper, AL 35502	Walker County Courthouse 1803 3 rd Avenue South Room 106 Jasper, AL 35502	Monday – Friday 8:00 – 3:30

COUNTY	PERSONNEL &PHONE/FAX NOS.	MAILING ADDRESS	LOCATION	DAYS/HOURS OF OPERATION
Washington District III	The Washington County office has been re-located to the Clarke County location.			
Wilcox District II	The Wilcox County office has been re-located to the Marengo County location.			
Winston District I	The Winston County office has been re-located to the Walker County location.			

**CORE COMPETENCIES GUIDE
VETERANS TREATMENT
COURT PLANNING INITIATIVE
TRAININGS**

VETERANS TREATMENT COURT JUDGE CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A Veterans Treatment Court judge presides over non-adversarial court appearances for court appearances and leads the Veterans Treatment Court team in creating a participant focused recovery program.

COMPETENCY 1: Participates fully as a Veterans Treatment Court team member, committing him or herself to the program, mission and goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Select team members from each discipline and extend an invitation to take part in veterans treatment court;
- Schedule planning meetings conducive to the schedule of each veterans treatment court team member;
- Develop with team members the structure of program mission; along with goals and objectives during planning process meetings;
- Assure all agreed upon terms of the program structure are memorialized;
- Maintain role as team leader while promoting a productive work environment where each team member can participate without fear

OPERATIONAL VETERANS TREATMENT COURT

- Continues to schedule regular meetings, focused on program structure only
- Regularly revisits program mission and goals & objectives with team to assure there efficacy and application
- Schedules team building activities designed to promote and encourage team members

COMPETENCY 2: As part of the Veterans Treatment Court team, in appropriate non-court settings (i.e. staffing), the judge advocates for effective incentives and sanctions for program compliance or lack thereof.

PLANNING PROCESS

- Discuss with the team when staffings will convene
- Participates in client staffings
- Presides over court sessions
- Learn science-based principles regarding the development and usage of incentives and sanctions
- Explores, along with team, community resources available for the imposition of incentives (i.e. gift certificates for local businesses) and sanctions (i.e. community service at local animal shelter)
- Participate in the development of incentives and sanctions to be used in the veterans treatment court program.

OPERATIONAL VETERANS TREATMENT COURT

- Participates in scheduled staff meetings to review progress of participants
- Presides over court sessions

- Solicits information regarding participant's progress from every team member in attendance
- Remains abreast of research regarding behavior modification techniques and the imposition of incentives and sanctions
- Imposes incentives and sanctions that are consistent while considering the individual needs of each veterans treatment court participants
- Establishes separate meetings to ensure that policy and staffing issues are discussed
- Delivers coordinated response to participants in the courtroom.

COMPETENCY 3: Is knowledgeable of addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Selects treatment provider who is knowledgeable and informed
- Participates in the creation of a memorandum of understanding reflecting the mutual agreements between the veterans treatment court and treatment provider
- Learns about psychopharmacology and addiction.
- Learns about scientific and evidenced based treatment modalities and interventions for the target population.
- Learns about strengths based approaches

OPERATIONAL VETERANS TREATMENT COURT

- Participates in regular cross-trainings with the treatment team
- Focuses on strengths based approaches.

COMPETENCY 4: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Selects team members who are culturally competent and familiar with the population from which veterans treatment court participants will be selected
- Engages in cultural awareness training

OPERATIONAL VETERANS TREATMENT COURT

- Participates in on-going cultural awareness training
- Promotes cultural competency among entire team through outside and cross-training activity

COMPETENCY 5: Initiates the planning process by bringing together the necessary agencies and stakeholders to evaluate the current court processes and procedures and thereafter collaborates to coordinate innovative solutions.

PLANNING PROCESS

- Identifies agencies and stakeholders in the community whom can assist with the development and implementation of the program
- Schedules meetings to bring together all potential agencies and stakeholders

- Participates in open dialogue with community agencies and stakeholders
- Assists in establishment of memoranda of understanding with agencies and stakeholders

OPERATIONAL VETERANS TREATMENT COURT

- Acts as a mediator to develop and maintain resources and improve interagency linkages

COMPETENCY 6: Becomes a program advocate by utilizing his/her community leadership role to create interest and develop support for the program.

PLANNING PROCESS

- Share of information regarding the efficacy of drug courts with local civic organizations, other members of the judiciary and the community at large
- Seeks opportunities to illuminate media sources about veterans treatment court

OPERATIONAL VETERANS TREATMENT COURT

- Acts as a spokesperson for the veterans treatment court at various community events

COMPETENCY 7: Effectively leads the team to develop all the protocols and procedures of the program.

PLANNING PROCESS

- Schedules regular meetings with team members to create written protocols and procedures
- Promotes dialogue among team members to create protocols and procedures that address the concerns of each discipline

OPERATIONAL VETERANS TREATMENT COURT

- Regularly reviews protocols and procedures to assure their continued applicability and effectiveness
- Monitors veterans treatment court process to ensure protocols and procedures are utilized

COMPETENCY 8: Aware of the impact that substance abuse has on the court system, the lives of offenders, their families and the community at large.

PLANNING PROCESS

- Assist in collection of data regarding the offender population
- Seeks competent Evaluator as key team member who will collect relevant data and disseminate to the team

OPERATIONAL VETERANS TREATMENT COURT

- Assist in collection of data regarding veterans treatment court's impact on offender population

- Request and review process evaluation, ensure to reference original goals and objectives when doing so
- Request and review outcome evaluation, share positive information and address negative information resulting there from

COMPETENCY 9: Contributes to education of peers, colleagues and judiciary in the efficacy of Veterans Treatment Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about veterans treatment court
- Seeks public speaking opportunities to speak about veterans treatment courts
- Discusses veterans treatment courts with colleagues

OPERATIONAL VETERANS TREATMENT COURT

- Oversees integrity of veterans treatment court program through quality assurance
- Disseminates information about veterans treatment court as frequently as possible

VETERANS TREATMENT COURT COORDINATOR CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A veterans treatment court coordinator oversees the activity of the team, conducts quality assurance of each team member, maintains client data, remains informed regarding budgetary concerns of the veterans treatment court and coordinates services from each discipline, and the local community, in a manner that is most therapeutic to the drug court participant.

COMPETENCY 1: Participates fully as a Veterans Treatment Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Assists in scheduling planning meetings conducive to the schedule of each veterans treatment court team member
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Memorializes all agreed upon terms of the program structure
- Helps to promote a productive work environment where each team member can participate
- Gathers information needed to keep team members informed

OPERATIONAL VETERANS TREATMENT COURT

- Continues to help schedule regular meetings, focused on program structure only
- Regularly revisits program mission, goals & objectives with team to assure there efficacy and application
- Arranges team building activities designed to promote and encourage team members
- Remains watchful and informed on formation of the team
- Conducts regular quality assurance of all services from each discipline and the local community

COMPETENCY 2: As part of the Veterans Treatment Court team, in appropriate non-court settings (i.e. staffing), the coordinator reports on previous incentives and sanctions or lack thereof

PLANNING PROCESS

- Assists in selection of veterans treatment court participants
- Works with team to create appropriate incentives and sanctions
- Researches use of incentives and sanctions in other drug courts and collects other data that might assist the team in choosing appropriate incentives and sanctions
- Memorializes selected incentives and sanctions

OPERATIONAL VETERANS TREATMENT COURT

- Creates file for each veterans treatment court participant
- Maintains ongoing log of incentives and sanctions given to each participant including the date and reason given
- Assures consistency of incentives and sanctions while ensuring each participant is treated as an individual

COMPETENCY 3: Is knowledgeable of addiction, alcoholism and pharmacology generally and applies that knowledge to suggest responses.

PLANNING PROCESS

- Assists in selecting competent and informed treatment provider
- Assists in drafting memorandum of understanding with treatment provider that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with treatment provider to ensure appropriate treatment
- Gathers information needed to keep team members informed

OPERATIONAL VETERANS TREATMENT COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance to ensure appropriate treatment
- Actively participates in staffings

COMPETENCY 4: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Seeks out and arranges training opportunities to inform team members about cultural competence

OPERATIONAL VETERANS TREATMENT COURT

- Continues to seek out and arrange training opportunities to inform team members about cultural competence
- Conducts regular quality assurance to assure application of cultural competence by all team members

COMPETENCE 5: Develops team resource strategy to acquire funding. Writes grant applications and manages the program's budget. Creates opportunities to obtain funding and build linkages by supporting team in community outreach and lobbying activities

PLANNING PROCESS

- Obtain training on grant seeking and writing
- Create long-term funding plan, with team, not solely dependent upon grant funding
- Research potential funders and other sources of revenue for program
- Investigate how other programs obtained and maintained funding
- Practice grant writing in advance of actually submitting applications
- Create effective book keeping system including an inventory of veterans treatment court supplies

OPERATIONAL VETERANS TREATMENT COURT

- Build relationships with any potential funder, including private organizations
- Regularly invite potential funders to veterans treatment court events

- Prepare and submit grant applications
- Keep bookkeeping system up-to-date
- Work with Evaluator to obtain persuasive data for potential funders
- Create long term funding strategy

COMPETENCY 6: Participates in the planning process to create and the memorialize program eligibility standards, operating procedures and rules. Assist in the development of the client contract, confidentiality releases and entry procedures. Create memoranda of understanding and linkage agreements.

PLANNING PROCESS

- Assists in scheduling planning meetings conducive to the schedule of each veterans treatment court team member
- Brainstorms with entire team on ideal program structure then compromises with team members regarding structure of program during planning process meetings
- Memorializes all agreed upon terms of the program structure
- Gathers information needed for team members to make informed decisions

OPERATIONAL VETERANS TREATMENT COURT

- Tailor each required document, including client contract, to the needs of the veterans treatment court program
- Work with each discipline to assure all documented procedures, contract, releases, etc. reflect the best, most therapeutic, interest of the client
- Periodically reviews all documents and procedures for continued applicability and efficacy

COMPETENCY 7: Negotiates and monitors treatment and ancillary service contracts. Conducts site visits, reviews progress reports and assists in audits and certification monitoring. Creates and monitors standards for urine collection and compliance reporting. Ensure gender, age and culturally specific treatment services.

PLANNING PROCESS

- Assists in selecting competent team members
- Researches best practices for treatment and ancillary services
- Informs treatment provider about expectations including appropriate progress reports for veterans treatment court purposes
- Works with team members from treatment, community supervision and law enforcement to create most effective urine collection and compliance reporting model for the drug court program then seeks input from other team members before finalizing a method
- Helps to promote a productive work environment where each team member can participate
- Gathers information needed to keep team members informed

OPERATIONAL VETERANS TREATMENT COURT

- Conducts regular and ongoing quality assurance
- Arranges cultural competence training

COMPETENCY 8: Creates and maintains a data collection system to monitor client compliance, identify trends and provide a basis for evaluation.

PLANNING PROCESS

- Seeks out Management Information Systems (MIS) to collect data
- Works with Evaluator to create an effective method of data collection

OPERATIONAL VETERANS TREATMENT COURT

- Consistently inputs data
- Reviews information collected and shares with team members
- Works with Evaluator to interpret statistical relevance

COMPETENCY 9: Create interagency linkages to address client's ancillary needs in the areas of culture, age and gender needs, medical and mental health provision, educational, vocational, skills training and employment training and placement.

PLANNING PROCESS

- Maps out providers in community
- Arranges meeting with providers to begin process of building a relationship

OPERATIONAL VETERANS TREATMENT COURT

- Develop memoranda of understanding with providers willing too offer services to veterans treatment court clients
- Monitor veterans treatment court participant's involvement with ancillary services

COMPETENCY 10: Develop police and corrections linkages to improve supervision and agency coordination.

PLANNING PROCESS

- Assist in selecting team member who can serve as liaison between the veterans treatment court and law enforcement
- Schedule meetings with local law enforcement officials
- Create mutually beneficial memoranda of understanding

OPERATIONAL VETERANS TREATMENT COURT

- Keep law enforcement informed about progress of veterans treatment court clients and supervision efforts
- Extend invitations to all veterans treatment court events
- Share statistical data showing positive impact of drug court on local community

COMPETENCY 11: Educate referral sources and the community on eligibility standards and program goals. Encourage team members to educate in their fields and in the community. Develop teambuilding activities and conduct staff replacement training.

PLANNING PROCESS

- Assists in scheduling meetings conducive to the schedule of each veterans treatment court team member
- Draft eligibility criteria with input of other team members
- Assist in scheduling presentations to local bar associations and civic organizations
- Arrange team building activities

OPERATIONAL DRUG COURT

- Maintain community outreach
- Continue to arrange team building activities designed to promote and encourage team members

COMPETENCY 12: Manage daily operations and filing systems. Develop and maintain fee systems.

PLANNING PROCESS

- Create system of organization that keeps track of all participants
- Develop rapport with all team members based on information sharing
- Work with team to determine which fees the veterans treatment court participants will pay

OPERATIONAL VETERANS TREATMENT COURT

- Oversees collection of fees
- Maintains and updates veterans treatment court participant files

VETERANS TREATMENT COURT PROSECUTOR CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A veterans treatment court prosecutor is usually a “gate keeper” and selects offenders who participate in the program; he/she obtains prior criminal histories of offenders, participates in team meetings and attends non-adversarial court proceedings.

COMPETENCY 1: Participates fully as a Veterans Treatment Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Assists in scheduling planning meetings conducive to the schedule of each veterans treatment court team member
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by veterans treatment court
- Develops efficient method of conducting legal screens on potential veterans treatment court participants
- Assures stringency of program along
- Actively demands participant accountability
- Assists in creating and executing all participant waivers and contracts

OPERATIONAL VETERANS TREATMENT COURT

- Promptly conducts legal screens on offenders recommended to veterans treatment court
- Assists in executing all participant waivers and contracts
- Advocates for prompt sanctions in response to negative client behavior
- Protects integrity for veterans treatment court program by monitoring effectiveness of community supervision
- Maintains up-to-date record of participant performance
- Moves for dismissal of participant from program based on factual history of non-compliance (when appropriate)

COMPETENCY 2: The prosecutor, while in Veterans Treatment Court, participates as a team member, operating in a non-adversarial manner, promoting a sense of a unified team presence.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by veterans treatment court
- Develops professional rapport with team members based on information sharing
- Actively participates in team building exercises

OPERATIONAL VETERANS TREATMENT COURT

- Attends regularly scheduled court staffings
- Solicits information regarding participant progress, or lack thereof, from all team members
- Share information regarding status of the drug court and individual clients with veterans treatment court team members
- Maintains up-to-date record of participant performance

COMPETENCY 3: As part of the Veterans Treatment Court team, in appropriate non-court settings (i.e. staffing), the prosecutor advocates for effective incentives and sanctions for program compliance or lack thereof.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Assists in researching use of incentives and sanctions in veterans treatment court setting
- Actively participates in seeking appropriate incentives and sanctions that benefit local community
- Compromises with team in creating incentives and sanctions and assures final decisions are memorialized

OPERATIONAL VETERANS TREATMENT COURT

- Attends regularly scheduled staffings
- Requests appropriate incentives and sanctions, based on participant behavior
- Researches efficacy of veterans treatment court's behavior modification techniques
- Argues for swift response to participant behavior
- Maintains up-to-date record on prior incentives and sanctions given to assure consistency

Competency 4: Ensures community safety concerns by maintaining eligibility standards while participating in a non-adversarial environment which focuses on the benefits of therapeutic program outcomes.

PLANNING PROCESS

- Participates with entire team in creating eligibility criteria for potential veterans treatment court participants
- Analyzes population for whom veterans treatment court might be most effective based on current offender characteristics

OPERATIONAL VETERANS TREATMENT COURT

- Moves for dismissal of veterans treatment court participants who no longer meet eligibility criteria
- Monitors participant behavior for compliance and continued eligibility

COMPETENCY 5: Monitors offender progress to define parameters of behavior that allow continued program participation and suggest effective incentives and sanctions for program compliance.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Builds effective means of information sharing with entire team in order to make informed choices for participants
- Compromises with team in creating program procedures and protocol
- Assures each drug court participant is fully advised of requirements of program prior to agreeing to participate
- Assists in completion of all client contracts and waivers

OPERATIONAL VETERANS TREATMENT COURT

- Attends regularly scheduled staffings
- Solicits information from team members regarding client compliance
- Vehemently encourages sanctions for client noncompliance and seeks incentives for client compliance
- Files motions or other legal document in order to remove noncompliant participants
- Offers encouragement to participants while reminding them of consequences of noncompliance

COMPETENCY 6: Is knowledgeable about addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Assists in selecting competent and informed treatment provider
- Assists in drafting memorandum of understanding with treatment provider that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with treatment provider to ensure appropriate treatment
- Researches and studies publications regarding addiction, alcoholism and pharmacology

OPERATIONAL VETERANS TREATMENT COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance to ensure appropriate treatment
- Attends and actively participates in all court sessions and staffing

COMPETENCY 7: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Attends training opportunities to inform team members about cultural competence

OPERATIONAL VETERANS TREATMENT COURT

- Continues to attend training opportunities to inform team members about cultural competence

COMPETENCY 8: Contributes to the team's efforts in community education and local resource acquisition.

PLANNING PROCESS

- Evaluates whether any potential funding sources exist within the prosecutor's office
- With other team members, attends local civic organizations, bar association and other community meetings

OPERATIONAL VETERANS TREATMENT COURT

- Assist in researching any potential funding streams

COMPETENCY 9: Contributes to education of peers, colleagues and judiciary in the efficacy of Veterans Treatment Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about veterans treatment courts
- Seeks public speaking opportunities to speak about veterans treatment courts
- Discusses veterans treatment courts with colleagues

OPERATIONAL VETERANS TREATMENT COURT

- Oversees integrity of veterans treatment court program through quality assurance
- Disseminates information about drug court as frequently as possible

VETERANS TREATMENT COURT DEFENSE COUNSEL CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A veterans treatment court defense counsel informs the veterans treatment court participant about the rigors of drug court, preserves all legal rights of the client, advocates for fair and equal treatment of client, participates in team meetings and attends non-adversarial court proceedings.

COMPETENCY 1: Participates fully as a Veterans Treatment Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by veterans treatment court
- Assists in development of efficient method of conducting legal screens on potential veterans treatment court participants
- Assures program considers best interest of the client from a legal perspective
- Actively demands participant accountability
- Assists in creating and executing all participant waivers and contracts
- Assures program is not unduly burdensome on client and considers clients integration into law-abiding society

OPERATIONAL VETERANS TREATMENT COURT

- Promptly recommends offenders to veterans treatment court when appropriate
- Assists in executing all participant waivers and contracts
- Advocates for prompt incentives and sanctions in response to client behavior
- As counsel, shields client from ineffective care; as team member, protects integrity for veterans treatment court program by monitoring effectiveness of all components of client care and supervision
- Maintains up-to-date record of participant performance
- As counsel, serves as “voice of client” in pointing out deficiencies of veterans treatment court program; as team member, seeks productive means of addressing deficiencies
- Attends all staffings and actively listens for undue encroachment upon client liberties or disparate treatment of participants
- While never breaching attorney-client privilege, when appropriate, encourages clients to be forthcoming and honest regarding their recovery process
- Solicits information from veterans treatment court team members regarding client and share relevant information with team members in appropriate and ethical manner

COMPETENCY 2: Evaluates the offender's legal situation and ensures that the offender's legal rights are protected.

PLANNING PROCESS

- Negotiates with prosecutor for optimum incentive to attract potential participants to drug court program
- Contemplates target population, with prosecutor and other team members, considering client's offense and individual circumstances
- Creates waivers and contracts for clients that promotes their best interest
- Prescreens potential veterans treatment court participant for suitability in drug court program including considering likelihood of success
- Assure that completion of veterans treatment court leaves client in more favorable position than normal course of criminal proceedings
- Design format of entry into veterans treatment court that streamlines traditional case processing

OPERATIONAL VETERANS TREATMENT COURT

- Insist that legal and clinical screens are promptly conducted
- Ensures prompt admittance into program and start of rehabilitative treatment
- Advises client regarding rigors of veterans treatment court program
- Advises client regarding all rights waived as participant in veterans treatment court in contrast to rights waived in traditional criminal proceedings
- Assure client understands all waivers and contracts prior to execution of said documents
- Advocates for client to have every opportunity for recovery before involuntary dismissal from program

COMPETENCY 3: While in Veterans Treatment Court, participates as a team member, operating in a non-adversarial manner while in court, promoting a sense of a unified team presence.

PLANNING PROCESS

- Negotiates with prosecutor for optimum incentive to attract potential participants to veterans treatment court program
- Creates and memorializes agreements with prosecutor that are most advantageous to client
- Compromises with team members regarding structure of program
- Attends veterans treatment court planning meetings

OPERATIONAL VETERANS TREATMENT COURT

- Attends regularly scheduled staffings
- While in court, allows client to address the bench
- Reaches consensus with team regarding effective means of addressing client behavior

COMPETENCY 4: Effectively advises the defendants on their legal rights, legal options, treatment options, program conditions and sentencing outcomes while developing a relationship with the offender that promotes the offender's long term best interest.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program

OPERATIONAL VETERANS TREATMENT COURT

- Prior to recommending client to veterans treatment court, discuss legal options with client in unbiased manner
- Goes through each waiver and contract with client advising client about appropriate course of action.
- Encourages client through out the veterans treatment court process

COMPETENCY 5: Monitors client progress to support full participation and ensure the appropriate provision of treatment and other rehabilitative services.

PLANNING PROCESS

- Research effective treatment modalities in veterans treatment court environment
- Assist in selecting treatment provider for team

OPERATIONAL VETERANS TREATMENT COURT

- Questions client regarding effectiveness of treatment and ancillary services
- Conducts quality assurance of treatment and ancillary services

COMPETENCY 6: As part of the Veterans Treatment Court team, in appropriate non-court settings (i.e. staffing), defense counsel advocates for effective incentives and sanctions for program compliance or lack thereof.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding creation of effective incentives and sanctions

OPERATIONAL VETERANS TREATMENT COURT

- Advocates for prompt incentives and sanctions in response to client behavior
- Advocate for client's general well being and productive recovery without mitigating and defending client's behavior

COMPETENCY 7: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Attends training opportunities to inform team members about cultural competence

OPERATIONAL VETERANS TREATMENT COURT

- Continues to attend training opportunities to inform team members about cultural competence

COMPETENCY 8: Is knowledgeable about addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Assists in selecting competent and informed treatment provider
- Assists in drafting memorandum of understanding with treatment provider that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with treatment provider to ensure appropriate treatment
- Researches and studies publications regarding addiction, alcoholism and pharmacology

OPERATIONAL VETERANS TREATMENT COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance to ensure appropriate treatment
- Actively participates in staffings
- Attends all court sessions and staffing

COMPETENCY 9: Contributes to the team's efforts in community education and local resource acquisition.

PLANNING PROCESS

- Assists in seeking potential funding sources
- With other team members, attends local civic organizations, bar association and other community meetings

OPERATIONAL VETERANS TREATMENT COURT

- Ongoing research of potential funding streams

COMPETENCY 10: Contributes to education of peers, colleagues and judiciary in the efficacy of Veterans Treatment Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about veterans treatment court
- Seeks public speaking opportunities to speak about veterans treatment courts
- Discusses veterans treatment courts with colleagues

OPERATIONAL VETERANS TREATMENT COURT

- Oversees integrity of veterans treatment court program through quality assurance
- Disseminates information about veterans treatment court as frequently as possible

VETERANS TREATMENT COURT TREATMENT PROVIDER CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A veterans treatment court treatment provider provides rehabilitative therapy sessions, drug screening, case management and monitoring for veterans treatment court participants in keeping with the holistic recovery of the veterans treatment court participant. Additionally, within the bounds of ethics and legalities, a veterans treatment court treatment provider shares information regarding the progress of a participant in appropriate settings to all veterans treatment court team members.

COMPETENCY 1: Participates fully as a Veterans Treatment Court team member, committing him or herself to the program mission and goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Familiarize treatment team with difference between traditional treatment and treatment within the drug court confines
- Research ethical and legal constraints of participation as drug court team member
- Attend all drug court planning meetings
- Provide information to other team members regarding ability to divulge information
- Compromises with team members regarding structure of program
- Design treatment program that is specific to drug court participants

OPERATIONAL VETERANS TREATMENT COURT

- Attends regularly scheduled staffings
- Provide information regarding veterans treatment court participant's progress to each team member
- Productively communicates with team so each member can make informed choices regarding veterans treatment court participants
- Protects integrity of veterans treatment court program by providing competent treatment
- Remains abreast of best practices of the field.
- Maintains up-to-date record of participant performance

COMPETENCY 2: Ensures that the participant receives the highest level of care available, at a reasonable cost, by all contracted and ancillary service providers. Develop post program services, client outreach, mentor programs and alumni associations.

PLANNING PROCESS

- Serves as effective consumer by seeking cost efficient services for veterans treatment court participants
- Attends regularly scheduled planning meetings and actively participates in creating therapeutically beneficial treatment program
- Seeks continuing education opportunities which incorporate veterans treatment court training
- Researches mentor and alumni programs

OPERATIONAL VETERANS TREATMENT COURT

- Conducts regular quality assurance of all treatment and ancillary services
- Performs case autopsy on charts of participants who are discharged from the program as method of quality improvement
- Creates treatment environment that is encouraging and restorative
- Maintains competent staff
- Regularly reviews all client charts and maintains up-to-date record of participant performance

COMPETENCY 3: Ensures that offenders are evaluated in a timely and competent process and that placement and transportation are effectuated in an expedited manner.

PLANNING PROCESS

- Attends all regularly scheduled planning meetings
- Maps, along with other team members, community resources that can assist program participants at little to no cost
- Creates method of conducting treatment screens that are prompt and efficient

OPERATIONAL VETERANS TREATMENT COURT

- Promptly processes referrals to veterans treatment court by completing treatment screens efficiently
- Secures assistance from ancillary services as needed for participants

COMPETENCY 4: Develops effective measure for drug/alcohol testing and treatment progress reporting that provide the team with sufficient and timely information to implement incentives and sanctions systems.

PLANNING PROCESS

- Seeks competent staff, or outside source, to perform regular, random and observed drug screens
- Trains treatment staff and drug court team on appropriate method of drug/alcohol screening
- Researches state of the art and cost effective companies to perform screens
- Develops method of documenting drug screen results

OPERATIONAL VETERANS TREATMENT COURT

- Implements random system of screening for veterans treatment court participants
- Conducts visually monitored screens for each participant
- Maintains up-to-date records of all screens
- Shares information regarding screens with all team members

COMPETENCY 5: Assists in providing advanced training in substance abuse, addiction and treatment methodologies so as to provide the team with a meaningful basis to implement incentives and sanctions systems and design program protocols and procedures.

PLANNING PROCESS

- Performs in-service training of all team members regarding substance abuse addiction and treatment
- Assists in creating appropriate incentives and sanctions system
- Actively participates in design of program protocols and procedures

OPERATIONAL VETERANS TREATMENT COURT

- Provides ongoing training to all team members
- Supports most therapeutic application of incentives and sanctions

COMPETENCY 6: As part of the Veterans Treatment Court team, in appropriate non-court settings (i.e. staffing), the treatment provider advocates for effective incentives and sanctions for program compliance.

PLANNING PROCESS

- Assists in creating effective incentives and sanctions
- Attends all planning meetings

OPERATIONAL VETERANS TREATMENT COURT

- Assures incentives and sanctions are given on a consistent and fair basis
- Recommends therapeutic incentives and sanctions
- Considers client behavior and shares relevant information with team

COMPETENCY 7: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Assists in selecting team members who are gender, age and culturally aware
- Attends training opportunities to inform team members about cultural competence

OPERATIONAL VETERANS TREATMENT COURT

- Continues to attend training opportunities to inform team members about cultural competence

COMPETENCY 8: Is knowledgeable about addiction, alcoholism and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Assists in selecting competent and informed team members
- Assists in drafting memorandum of understanding with team members that assures effective information sharing and compliance with all regulations
- Researches effective treatment modalities for offender population
- Creates open dialogue with team members to ensure appropriate treatment
- Researches and studies publications regarding addiction, alcoholism and pharmacology

OPERATIONAL VETERANS TREATMENT COURT

- Continues to research effective treatment modalities
- Conducts regular quality assurance
- Actively participates in staffings
- Attends all court sessions and staffing

COMPETENCY 9: Contributes to the team's efforts in community education and local resource acquisition.

PLANNING PROCESS

- Assists in seeking potential funding sources
- With other team members, attends local civic organizations, bar association and other community meetings

OPERATIONAL VETERANS TREATMENT COURT

- Ongoing research of potential funding streams

COMPETENCY 10: Contributes to education of peers, colleagues and judiciary in the efficacy of Veterans Treatment Courts.

PLANNING PROCESS

- Informs judiciary and local bar association about veterans treatment court
- Seeks public speaking opportunities to speak about veterans treatment courts
- Discusses veterans treatment courts with colleagues

OPERATIONAL VETERANS TREATMENT COURT

- Maintains integrity of veterans treatment court program through quality assurance
- Disseminates information about veterans treatment court as frequently as possible

VETERANS TREATMENT COURT COMMUNITY SUPERVISION CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A veterans treatment court community supervision officer actively monitors drug court participants outside of the drug court setting including conducting home and job visits. All client contact is documented and visits logged to help encourage positive participant behavior.

COMPETENCY 1: Participates fully as a Veterans Treatment Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by veterans treatment court
- Assists in development of efficient method of conducting legal screens on potential veterans treatment court participants
- Ensure that criminogenic needs assessment tool is identified.
- Assists in creating all participant waivers and contracts
- Assures program is not unduly burdensome on client and considers clients integration into law-abiding society

OPERATIONAL VETERANS TREATMENT COURT

- Promptly recommends offenders to veterans treatment court when appropriate
- Assists in executing all participant waivers and contracts
- Execute criminogenic risk needs assessment and assessments on-going and ensure that case plan is developed and modified based upon the assessments.
- Share the criminogenic risk needs assessment with the team.
- Advocates for prompt incentives and sanctions in response to client behavior
- Maintains up-to-date record of participant performance
- Attends and participates in client staffings by providing progress reports, making recommendations, and identifying supervision and ancillary services needed.

COMPETENCY 2: Provides coordinated and comprehensive supervision so as to minimize participant manipulation and splitting of program staff. Develop post program services, client outreach, Mentor programs and Alumni Associations.

PLANNING PROCESS

- Identify community resources to address the needs of the target population.
- Develop comprehensive program policies that govern the supervision of target population that are consistent.
- Assists in the development of an Alumni Association or Mentor Program for target population.

OPERATIONAL VETERANS TREATMENT COURT

- Coordinates continuum of care through regular contact with treatment provider.
- Advocates for continuum of care beyond treatment continuum to be inclusive of other community-based sources.

COMPETENCY 3: Develops effective measures for drug testing and supervision compliance reporting that provide the team with sufficient and timely information to implement incentives and sanctions systems.

PLANNING PROCESS

- Learn the basic methods of testing that limit client manipulation that is reliable and effective.
- Design an effective drug testing protocol based upon the target population.
- Design effective home, field and office visit protocols to assist in supervision of the target population.

OPERATIONAL VETERANS TREATMENT COURT

- Provides progress reports prior to client staffings.
- Conduct home and field visits using strength's based approach.
- Collect alcohol and drug testing in accordance with policy and report results to team in a timely fashion.
- Recommend appropriate incentives and sanctions based upon information gleaned from supervision.
- Continually assess and review supervision and drug testing protocols and terms and conditions of supervision/probation regularly to ensure they are still working for the target population.

COMPETENCY 4: Coordinates the utilization of community-based services such as health and mental health services, victims' services, housing, entitlements, transportation, education, vocational training, job skills training and placement to provide a strong foundation for recovery.

PLANNING PROCESS

- Assist in identifying community resources to meet the diverse needs of the target population.
- Design an effective case management protocol for target population.

OPERATIONAL VETERANS TREATMENT COURT

- Makes on-going referrals for target population that is consistent with the treatment case plan.

COMPETENCY 5: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area of addiction, alcoholism, and pharmacology.
- Attends training on Motivational Interviewing and States of Change.

- Attend training on what is relapse and how to identify relapse triggers.

OPERATIONAL VETERANS TREATMENT COURT

- Continues to participate in on-going cross training to remain knowledgeable about addiction, alcoholism, and pharmacology.
- Utilize motivational interviewing techniques when interacting with the target population.
- Note relapse triggers and behaviors in the target population and report in a timely manner to the team.

COMPETENCY 6: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area gender, age and cultural issues that may impact the target population and community.

OPERATIONAL VETERANS TREATMENT COURT

- Continues to participate in on-going cross training to remain knowledgeable about gender, age and cultural issues of the community and target population.

COMPETENCY 7: Contributes to the team's efforts in the community education and local resource acquisition.

PLANNING PROCESS

- Helps to develop PowerPoint's and educational materials for distribution at local and community education opportunities.

OPERATIONAL VETERANS TREATMENT COURT

- Acts a spokesperson to community leaders and organizations.
- Provides statistical information to use for grant writing or other funding acquisition.

COMPETENCY 8: Contributes to the education of peers, colleagues and judiciary in the efficacy of Veterans Treatment Courts.

PLANNING PROCESS

- Helps to develop PowerPoint's and educational materials that are specific about your role to assist with educating peers, colleagues and the judiciary.

OPERATIONAL VETERANS TREATMENT COURT

- Acts a spokesperson to peers, colleagues and the judiciary.

VETERANS TREATMENT COURT COMMUNITY POLICING OFFICER/LAW ENFORCEMENT CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A veterans treatment court community supervision officer actively monitors veterans treatment court participants outside of the veterans treatment court setting including conducting home and job visits. All client contact is documented and visits logged to help encourage positive participant behavior.

COMPETENCY 1: Participates fully as a Veterans Treatment Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Compromises with team members regarding structure of program (including creating a program mission along with goals and objectives) during planning process meetings
- Assists in gathering data relevant to the population that would be impacted by veterans treatment court
- Assists in development of efficient method of conducting legal screens on potential veterans treatment court participants
- Assists in creating all participant waivers and contracts
- Assures program is not unduly burdensome on client and considers clients integration into law-abiding society

OPERATIONAL VETERANS TREATMENT COURT

- Promptly recommends offenders to veterans treatment court when appropriate
- Assists in executing all participant waivers and contracts
- Advocates for prompt incentives and sanctions in response to client behavior
- Provides up to date information on veterans treatment court clients.
- Attends and participates in client staffings by providing progress reports, making recommendations, and identifying supervision and ancillary services needed.

COMPETENCY 2: Provides information of participant appropriateness from law enforcement sources to the team and makes recommendation to the team.

PLANNING PROCESS

- Ensure that the views of law enforcement are identified and consider in the target population selection process.
- Develop comprehensive program policies that govern the supervision of target population that are consistent.

OPERATIONAL VETERANS TREATMENT COURT

- Assist in the identification of potential veterans treatment court participants

COMPETENCY 3: Facilitates the swift delivery of bench warrants for participants who have absconded from the program.

PLANNING PROCESS

- Develop written protocols for how drug court warrants will be processed and served..

OPERATIONAL VETERANS TREATMENT COURT

- Processes and serves warrants

COMPETENCY 4: Acts as a liaison to police agencies, providing education, information and training on the importance of the drug court program to community safety and the benefits of law enforcement in collaborating with the Veterans Treatment Court.

PLANNING PROCESS

- Helps to develop PowerPoint's and educational materials that are specific about your role to assist with educating peers, colleagues, community agencies and the judiciary.

OPERATIONAL VETERANS TREATMENT COURT

- Acts a spokesperson to peers, colleagues, community agencies and the judiciary.

COMPETENCY 5: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area of addiction, alcoholism, and pharmacology.
- Attends training on Motivational Interviewing and States of Change.
- Attend training on what is relapse and how to identify relapse triggers.

OPERATIONAL VETERANS TREATMENT COURT

- Continues to participate in on-going cross training to remain knowledgeable about addiction, alcoholism, and pharmacology.
- Utilize motivational interviewing techniques when interacting with the target population.
- Note relapse triggers and behaviors in the target population and report in a timely manner to the team.

COMPETENCY 6: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

PLANNING PROCESS

- Participates in regular cross training.
- Attends training and develop knowledge in the area gender, age and cultural issues that may impact the target population and community.

OPERATIONAL VETERANS TREATMENT COURT

- Continues to participate in on-going cross training to remain knowledgeable about gender, age and cultural issues of the community and target population.

COMPETENCY 7: Provides a monitoring function to the team (along with supervision and treatment): i.e. going on joint home visits, reporting on a participant's activities in the community, and supervising participation in community service.

PLANNING PROCESS

- Learn the basic methods of testing that limit client manipulation that is reliable and effective.
- Design an effective drug testing protocol based upon the target population.
- Design effective home, field and office visit protocols to assist in supervision of the target population.

OPERATIONAL VETERANS TREATMENT COURT

- Provides pertinent information about participants in staffings.
- Conduct home and field visits using strength's based approach.
- Conducts home visits and trains peers to enhance supervision of participants.
- Collect alcohol and drug testing in accordance with policy and report results to team in a timely fashion.
- Recommend appropriate incentives and sanctions based upon information gleamed from supervision.
- Continually assess and review supervision and drug testing protocols and terms and conditions of supervision/probation regularly to ensure they are still working for the target population.

COMPETENCY 8: Provides assistance, information and support to participants in the community encouraging them to succeed in the program.

PLANNING PROCESS

- Assist in identifying community resources to meet the diverse needs of the target population.
- Assist community supervision officer in designing an effective case management protocol for target population.

OPERATIONAL VETERANS TREATMENT COURT

- Makes on-going referrals for target population that is consistent with the treatment case plan in conjunction with the community supervision officer.

VETERANS TREATMENT COURT EVALUATOR CORE COMPETENCIES

(The following tasks are intended to be illustrative and not all inclusive)

A veterans treatment court evaluator assists the drug court team in developing, capturing, and communicating useful and useable information for key stakeholders and other audiences,

COMPETENCY 1: Get involved in the program during the planning process enabling the effective development of a data collection and evaluation components that collect relevant information critical to the program's survival.

PLANNING PROCESS

- Attends regularly scheduled planning meetings
- Assist teams in ensuring that goals and objectives are measurable and quantifiable.
- Assists in gathering data relevant to the population that would be impacted by veterans treatment court

OPERATIONAL VETERANS TREATMENT COURT

- Promptly recommends offenders to veterans treatment court when appropriate
- Assists in executing all participant waivers and contracts
- Advocates for prompt incentives and sanctions in response to client behavior
- Provides up to date information on veterans treatment court clients.
- Attends and participates in client staffings by providing progress reports, making recommendations, and identifying supervision and ancillary services needed.

COMPETENCY 2: Become an adjunct to the team, familiar with its policies and procedures, the program process and the inner workings of the program.

PLANNING PROCESS

- Attend regularly scheduled planning meetings and provide feedback to team as they develop the program design.
- Become knowledgeable of addiction, alcoholism and pharmacology generally.
- Become knowledgeable of gender, age and cultural issues that may impact the community and target population of the veterans treatment court program.

OPERATIONAL VETERANS TREATMENT COURT

- Attend court sessions to the extent possible to review program design implementation.
- Hold focus groups with participants to the extent possible.
- Interview key stakeholders to the extent possible.

COMPETENCY 3: Utilizes the knowledge and resources of the team to develop a data collection/operating system.

PLANNING PROCESS

- Create with team and maintain data collection and operating system.

OPERATIONAL VETERANS TREATMENT COURT

- Train team on data collection and operating system.
- Maintain data collection and operating system.

COMPETENCY 4: Ensures that the information system assists the team in monitoring the progress of the participant in the program and enhances the ability of the team to act immediately when there is noncompliance.

PLANNING PROCESS

- Helps to develop the management information system that allows for the quick assimilation of data for evaluation and day to day operations of the program.

OPERATIONAL VETERANS TREATMENT COURT

- Provide reports to the team based upon information gleaned from the management information system.

COMPETENCY 5: The data collection/operational system assist the team in monitoring program protocols and procedures to allow the team to react quickly to program deviations and the development of trends.

PLANNING PROCESS

- Educate the team on trends and ways to monitor goal accomplishment.

OPERATIONAL VETERANS TREATMENT COURT

- Continuously provides feedback to team on progress toward goals and trends.

VETERANS MENTOR COORDINATOR CORE COMPETENCIES
(The following tasks are intended to be illustrative and not all inclusive)

A Veterans Mentor Coordinator

COMPETENCY 1:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 2:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 3:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 4:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 5:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 6:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 7:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 8:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT

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COMPETENCY 9:

PLANNING PROCESS

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OPERATIONAL VETERANS TREATMENT COURT



The National Clearinghouse for Veterans Treatment Courts at the
National Association of Drug Court Professionals

The Ten Key Components of Veterans Treatment Court

In 2008, The Buffalo Veterans Treatment Court adopted with slight modifications the essential tenements of the U.S. Department of Justice Publication entitled “*Defining Drug Courts: The Key Components*”, (Jan.1997). There are key differences between Drug Courts, Mental Health Courts, and Veterans Treatment Courts. These *Key Components* provide the foundation for the successful operation of a Veterans Treatment Court.

Key Component #1: Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing

Veterans Treatment Courts promotes sobriety, recovery and stability through a coordinated response to veteran’s dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors.

Key Component #2: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights

To facilitate the veterans’ progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team’s focus is on the veteran’s recovery and law-abiding behavior—not on the merits of the pending case.

Key Component #3: Eligible participants are identified early and promptly placed in the Veterans Treatment Court program

Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person’s life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult.

Key Component #4: Veterans Treatment Court provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services

While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma.

Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress.

Key Component #6: A coordinated strategy governs Veterans Treatment Court responses to participants' compliance

A veteran's progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior.

Key Component #7: Ongoing judicial interaction with each Veteran is essential

The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them and is closely watching what they do.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program

Key Component #9: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations

All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared

understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components.

Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

Key Component #10: Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness

Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veteran Administration, veterans and veterans families support organizations, and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

Introduction to Mentor Guide

The section contains training materials for the Veteran Mentors that serve in the Veterans Courts. These materials include the eligibility requirements to be a Mentor, the duties and responsibilities of Mentors, and a description of the court proceedings. Word versions of these materials are provided for courts to modify the guide to reflect the needs of their jurisdiction. Specific items in this section are as follows:

1. Veterans Court Program Mentor Guide
2. Veterans Court Mentoring Program Application Form
3. Veterans Participant Fact Sheet

SHELBY COUNTY, ALABAMA VETERANS COURT PROGRAM MENTOR GUIDE

INTRODUCTION

In 2011, Shelby County was selected by the Alabama Administrative Office of Courts to serve as a pilot county for implementation of a Veterans Court pursuant to the recommendations of Alabama's Veterans Treatment Court Initiative Task Force, a multidisciplinary task force formed to explore the development of Veterans Courts across the state. Shelby County Circuit Judge Bill Bostick established the court, which provides judicial supervision of military veterans (many of whom served in Iraq or Afghanistan) facing criminal charges, with assistance from the Veterans Administration and volunteers from the local veteran community who serve as mentors to the participants.

In the spring of 2012, Judge Bostick and nine members of the Veterans Court team traveled to Buffalo, New York to study under Judge Robert Russell, who established the nation's first Veterans Court in 2008. Upon their return, the team began preparation to launch the court, and in November 2012, the Shelby County Veterans Court convened. According to Judge Bostick, "Our goal in establishing a Veterans Court was to ensure that veterans involved with the criminal justice system have access to the services and treatment they are eligible for by virtue of the service they rendered. Our hope was to build upon the success of our existing Drug Court and Mental Health Court, which have a proven track record of significantly reducing recidivism among, and improving the quality of life for, the participants."

Many American troops have served in Afghanistan (Operation Enduring Freedom) and/or Iraq (Operation Iraqi Freedom). Noteworthy are national reports regarding the frequency of these returning veterans with diseases of Mental Illness and/or substance addictions. War related illnesses may contribute to escalated suicide attempts, arrest, incarceration, divorce, domestic violence, homelessness and despair. Rather than be reactionary to the anticipated increase of veterans appearing in our criminal courts, Veterans Court takes a proactive approach by meeting the particularized needs of the veteran.

Veterans Court seeks to divert eligible veteran defendants with substance dependency and/or mental illness who are charged with typically misdemeanor, and some felony, non-violent criminal offenses to a specialized criminal docket. The court substitutes a treatment problem solving model for the traditional court procedure. Veterans are identified through evidence based screenings and assessments. The veterans voluntarily participate in a judicially supervised treatment plan that a team of court staff, veterans health care professionals, veteran mentors and mental health professionals develop with the veteran. At regular status hearings, treatment plans and other conditions are periodically reviewed for appropriateness, incentives are offered to reward adherence to court conditions, and sanctions for non-adherence are handed down. Completion of their program is defined according to specific criteria. Many will have their charges

dismissed upon successful completion and others are assured of a sentence not involving jail upon completion.

Many Veterans are known to have a warrior's mentality and often do not address their treatment needs for physical or psychological health care. Often those who are referred to the Veterans' Treatment Court are homeless, in despair, suffering from alcohol or drug addiction, and others have serious mental illnesses. Their lives are spiraling out of control and this court is intended to give a veteran a chance to stay out of the criminal justice system of prison and jail. The collaboration of unique partners affords opportunities for these veterans to regain stability in their lives, to have their families strengthened, to have housing for the homeless, and to have employment for the employable. The treatment court team will offer them assistance, assess their needs, manage their care and help them solve their problems.

VOLUNTEER MENTORS

An essential part of the Veterans Court is the team of Volunteer Mentors, a group of veterans who have served in uniform on active duty in Vietnam, Desert Shield, Operation Enduring Freedom and Operation Iraqi Freedom. The Volunteer Mentors are part of the support team that encourage, guide and motivate participants to enter and complete timely and appropriate treatment for physical, psychological and substance abuse conditions stemming from their military service.

Led by the Mentor Program coordinator, trained and committed volunteer mentors develop active and supportive relationships with the participants. While in court, mentors are assigned to meet with participants and discuss any ongoing problems or issues of interest. They work to problem solve existing issues and bring to the attention of the court any issues that the court can assist in resolving. This relationship promotes and fosters through encouragement a "can do" attitude in the veteran, that the veteran can accomplish their goals in treatment, that the veterans are not alone and that the mentors are there for them. Before and since the court operation, the volunteer veteran mentors have not wavered in their commitment, time or dedication, despite the fact they are all volunteers and are not monetarily compensated for their time or expertise. Faithfully they are present, ready to serve at every Veteran's Treatment Court Session – without reservation.

THE PROPER ROLE OF THE MENTOR

The role of the VTC Veteran Mentor is to act as a coach, guide, role model, advocate, and a support person for the individual veteran participant with whom he/she is working. Mentors understand the roles of other support team members and "fill the gap" to help keep the participant moving successfully toward completing the VTC program.

Additionally, the mentor is a primary resource and referral provider to the participant by helping him/her with benefits, assistance and support services that are community based. The mentors are a "Resource" to the veteran. Access to support

services will help reduce the participant's stress that can be caused by distractions like housing or family needs, VA benefits, educational assistance, civil legal services, Alabama State Veterans Benefits and the like.

The mentorship relationship is intended to encourage, guide, and support the veteran as he/she progresses through the court supervised treatment program. One of the most important skills the mentor will bring to the program is his/her ability to be a good *listener*. A very important role is for the mentor to listen to the concerns of the veteran and help that person access their needs. Mentors should avoid lecturing the participants by imposing their own values/beliefs, but should work to understand the participant's own values/beliefs and encourage each participant to solve their own problems before they become destructive to their treatment program or probation compliance.

The mentor must be ready to offer suggestions and general guidance to the participants for any concerns they may have as they progress through the program, but it is not the mentor's job to solve the problem for the participant or **ACT AS A COUNSELOR**. Rather, the mentor can help the participant identify resources that might be helpful and encourage the participant to do the "footwork" to get the help they need to resolve their own life's challenges.

The mentor must be available and ready to support the veteran when he/she may feel alone, frustrated or anxious in a way only another veteran can appreciate and understand. In doing this, the mentor should maintain close contact with the VTC Mentor Coordinator and the team leader and keep him/her informed of significant issues the mentee may have that could derail his/her treatment program success.

Finally, the mentor should be protective of sensitive information given to him/her by the veteran or the VTC Mentor Coordinator or Team Leader, and not reveal any information except as may be required by the court unless in a situation, where safety of the participant or another human may be a risk. In those critical situations, the mentor must make emergency contacts to prevent harm.

All mentors shall be screened and approved by the VTC Coordinator and will be expected to assist the VTC Mentor coordinator and Mentor Team Leaders to cooperate fully with other members of the VTC Collaborative team and the participant's treatment provider.

MENTOR ELIGIBILITY REQUIREMENTS

In order to participate as a mentor in the VTC program, you must:

- A. Be a veteran or former active duty member of one of the branches of the United States Military, including, Navy, Army, Marine Corps, Air Force, Coast Guard, or corresponding reserve branches of the aforementioned services and members of the Reserve and National Guard.

- B. Agree to follow and abide by all policies and procedures of the Shelby County Veterans Treatment Court and its Mentoring Program.
- C. Commit to the VTC Mentoring Program for a minimum of one year.
- D. Complete the Mentoring Orientation Program and any additional training that may be required by the program.
- E. Not be currently on probation for the conviction of any crime (felony or misdemeanor). Have no felony or misdemeanor convictions within the past three years and be able to pass a security background check.
- F. Complete and file the application form with the VTC Mentor Coordinator and complete the screening process.
- G. Understand and support the VTC participant's requirements, treatment plan and goals, and term and conditions of probation and assist each participant in complying to make progress and achieve success.
- H. Understand the psychological war wounds from which the participant suffers and the manner in which such will present challenges to the participant's path to success. Be able and willing to be a guiding influence toward recovery.

MENTOR DUTIES AND RESPONSIBILITIES

1. VTC Veteran Mentors shall have the following duties and responsibilities:
 - A. Attend all scheduled court sessions of their veteran participant unless excused by the VTC Coordinator.
 - B. Participate in and lead mentoring sessions with their assigned veteran, as required by the VTC Mentor Coordinator and Team Leader.
 - C. Be supportive of the veteran's treatment progress and steer him/her towards program compliance and success.
 - D. To the extent possible, the mentor should assist the veteran to identify ways to resolve personal and family problems that may interfere with success in the court process or treatment program. The mentor should be knowledgeable and prepared to offer available community based resources and coordinate with the Mentor Coordinator and their Team Leader. Team Leaders will then coordinate with Court Coordinator to avoid interference with other aspects of the VTC Program, specifically the Counseling sessions at the VA Hospital.

- E. Be supportive of other mentors in the program.
- F. Be honest with the participant, VTC team members, and the court at all times.
- G. Mentors shall take immediate action to encourage the participant to contact suicide resources including dialing 911 yourself, if there is any indication of suicidal thoughts, attempts or plans on the part of the participant. Mentors should keep current resource numbers on your person at all times and ensure that they are updated by frequent contact with the VTC Mentor Coordinator and their team leader. The VTC Mentor Coordinator or Team Leader shall notify the Court Coordinator and participant's treatment provider team representative immediately if the mentor has any concerns that the mentee may be suicidal.

2. The VTC Team Leader Responsibilities:

- A. Will distribute cases at each court session to the mentors and abide by all duties and responsibilities of a mentor listed above.
- B. Will act as the go between for the mentor and the Court Coordinator. The Team Leader will inform the Court Coordinator of issues the mentor feels he/she should be aware of.
- C. Will work closely with the Mentor Coordinator to ensure an orderly process during the court session.
- D. Will assume the role of Mentor Coordinator in the absence of the Mentor Coordinator.

3. The VTC Mentor Coordinator shall have the following duties and responsibilities:

- A. Assume the major responsibilities for recruiting qualified veteran mentors.
- B. Be responsible for coordinating the mentor orientation program and any specialized required training.
- C. Be responsible for matching and recommending particular mentors for each eligible veteran participant in the Veteran's Treatment Court program.
- D. Provide all mentors with current contact information for suicide prevention resources, keep them updated, and provide frequent contacts with mentors to ensure they understand the importance of using these resources in appropriate situations.

E. Attend all court sessions and carry out any other duties assigned by the VTC Court Coordinator or the Judge.

F. Appoint Team Leaders.

How to apply to become a Mentor in the SHELBY COUNTY Veterans Treatment Court Program

Contact VTC Mentor Resource Coordinator Daniel Williams at (205) 266-8353 or Mentor Coordinator Bryan Morgan (334) 590-1221 to receive an application.

Volunteer Veteran Mentor

Position Description

Main Function:

The role of the Volunteer Veteran's Mentor is to act as a coach, a guide, a role model, an advocate, and as support for the individuals he/she is working with. A mentor is intended to encourage, guide, and support the veteran participant as he/she progresses through the court process. This will include listening to the concerns of the participant and making general suggestions, assisting the participant in determining what their needs are and acting as support for the participant at a time when they feel alone in a way that only another veteran can understand.

Duties and Responsibilities:

- ❖ Attend at least one out of every four monthly court sessions which occur on Thursdays at 1:00 p.m. - court begins at 2:00 p.m. in Courtroom 5.
- ❖ Participate in and lead mentoring sessions with veterans who have come into contact with the criminal justice system.
- ❖ Be supportive and understanding of the difficulties veterans face.
- ❖ Assist the veterans as much as possible to resolve their concerns around the court procedures as well as interactions with the Veteran's Administration system.
- ❖ Be supportive and helpful to the other mentors within the program.

Requirements:

- ❖ Be a veteran or active duty member of one of the branches of the United States Military, including, Navy, Army, Marine Corps, Air Force, Coast Guard, or corresponding reserve branches of the aforementioned services and members of the Reserve or National Guard. You must have an Honorable Discharge and provide a copy of DD214 or NGB22 stating such.
- ❖ Adhere to all the Shelby County Veteran's Treatment Court policies and procedures.
- ❖ Commit to participation for a minimum of one year.
- ❖ Participate in additional training throughout time of service.
- ❖ Go through our Vetting process (police background check)

Desirable Qualities:

- ❖ Willing listener
- ❖ Encouraging and supportive
- ❖ Tolerant and respectful of individual differences.

For more information, Contact VTC Mentor Resource Coordinator Daniel Williams at (205) 266-8353 or Mentor Coordinator Bryan Morgan (334) 590-1221 to receive an application.

Veterans Court
Mentoring Program Application Form

Date:_____

Last Name:_____ First Name:_____

Address:_____ City, State:_____

Email Addresses:_____

Phones: H_____W_____C_____

Branch of Service:_____ Length of Service:_____

Type of Discharge:_____ Military Speciality/MOS:_____

Current Civilian Occupation:_____

Are you available to meet all or any of the scheduled court dates and times: Yes or No

What does being a "mentor" mean to you?

What motivated you to participate in the Veterans Court Mentoring Program?

What skills and experiences do you bring to the mentoring program that will be helpful to you, the other mentors or the veterans in the program?

What are you hoping to take away from volunteering with the Veterans Court Mentoring program?

Do you agree to provide a DD214 (or other discharge document, NGB22) to the Mentor Coordinator and agree to a police records check? Yes or No

Veterans Court
Participant Fact Sheet

Last Name:_____ First Name:_____ Initial:_____

Address:_____

Phone: home_____ cell:_____

DOB:_____ Male or Female:____ Single/Married:_____ Civilian Job:_____

Branch of Service:_____ Length of Service:_____ MOS/AFSC:_____

Entrance Date:_____ Type Discharge:_____ Discharge Date:_____

Date of Acceptance into Veterans Court Program: _____

Mentor's Remarks:

Mentor's Remarks:

Mentor's Remarks:

Mentor's Remarks:

Introduction to Glossary of Terms

This section contains a glossary of military terms and acronyms that will assist Veterans Court personnel in communicating and assisting a Veteran participant.

List of U.S. government and military acronyms

From Wikipedia, the free encyclopedia

List of initialisms, acronyms ("words made from parts of other words, pronounceable"), and other abbreviations used by the government and the military of the United States :

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0–9

- **0K** - Zero Killed (pronounced OK, as the expression that everything is all right)
- **1LT** – First Lieutenant (U.S. Army) (USAF uses "1st Lt")
- **2LT** – Second Lieutenant (U.S. Army) (USAF uses "2d Lt")
- **2IC** – Second In Command

A

- **A** – analog
- **A1C** – Airman 1st Class (USAF E-3)
- **A2C2** – Army airspace command and control
- **A-3** – (Operations Directorate (COMAFFOR))
- **A-5** – (Plans Directorate (COMAFFOR))
- **AA** – Anti-aircraft
- **AA** – Armed Forces America
- **AA** – assembly area
- **AA** – assessment agent
- **AA** – avenue of approach
- **AAA** – antiaircraft artillery
- **AAA** – arrival and assembly area
- **AAA** – assign alternate area
- **AAAS** – amphibious aviation assault ship
- **AABB** – American Association of Blood Banks
- **AABWS** – amphibious assault bulk water system
- **AAC** – activity address code
- **AAC** – Army Air Corps (British)
- **AAC** – Australian Army Cadets (Australia)
- **AACG** – arrival airfield control group
- **AADC** – area air defense commander
- **AADP** – area air defense plan
- **AA&E** – arms, ammunition, and explosives
- **AAEC** – aeromedical evacuation control team
- **AAFC** – Australian Air Force Cadets (Australia)
- **AAFES** – Army and Air Force Exchange Service
- **AAFIF** – automated air facility information file
- **AAFS** – amphibious assault fuel system
- **AAFSF** – amphibious assault fuel supply facility
- **AAGS** – Army air-ground system
- **AAI** – air-to-air interface
- **AAM** – air-to-air missile
- **AAMDC** – US Army Air and Missile Defense Command

- **AAOE** – arrival and assembly operations element
- **AAOG** – arrival and assembly operations group
- **AAP** – Allied administrative publication
- **AAP** – assign alternate parent
- **AAR** – after action report
- **AAR** – after action review
- **AAS** – Army Apprentice School (Australia)
- **AAST** – aeromedical evacuation administrative support team
- **AAT** – automatic analog test
- **AAT** – aviation advisory team
- **AAU** – analog applique unit
- **AAV** – amphibious assault vehicle
- **AAW** – antiair warfare
- **AB** – airbase
- **AB** – Airman Basic (USAF E-1)
- **ABCA** – American, British, Canadian, Australian Armies Program
- **ABCS** – army battle command system
- **ABD** – airbase defense
- **ABV** - Assault Breacher Vehicle (U.S. Army)
- **ABFC** – advanced base functional component
- **ACF** – army cadet force (UK Military)
- **ADF** – Australian Defence Force (Australia)
- **ADFA** – Australian Defence Force Academy (Australia)
- **ADFC** – Australian Defence Force Cadets (Australia)
- **ADOS** – active duty, operational support
- **ADSW** – active duty, special work
- **AE** – Armed Forces Europe
- **AEW&C** - Airborne early warning and control
- **AFI** – awaiting further instruction/Air Force Instruction (requirement guide)
- **AFMC** – armed forces medical college
- **AFOQT** – air force officer qualifying test
- **AFOSI** – Air Force Office of Special Investigations
- **AFSC** - Air Force Specialty Code
- **AHA** – ammunition holding area
- **AIM** – airborne intercept missile (U.S. military)
- **AIPD** – Army Institute For Professional Development
- **AIRTC** – Air Training Corps (former name for the Australian Air Force Cadets)
- **AIT** – advanced individual training (U.S. Army)
- **Amn** – airman (USAF E-2)
- **ALCON** – All concerned (U.S. military)
- **AMU** – aircraft maintenance unit
- **AMXG** – aircraft maintenance group
- **AMXS** – aircraft maintenance squadron
- **An** – Antonov (Russian)
- **ANZAC** – Australian and New Zealand Army Corps
- **AOL** – absent over leave (U.S. Navy)
- **AO** – area of operations
- **A&P** – administrative and personnel
- **AP** – Armed Forces Pacific
- **AP** – armor-piercing
- **APC** – armored personnel carrier
- **APFSDS** – armour-piercing fin-stabilized discarding sabot

- **APO** – Army Post Office; See also FPO
- **APPN** – appropriation number (U.S. Military)
- **APRT** – Army Physical Readiness Test (U.S. Army)
- **ARA** – Australian Regular Army (Australia)
- **ARes** – Army Reserve (Australia)
- **ARM** – anti-radar missile
- **ARM** – anti-radiation missile
- **ARMS** – automated recruit management system (U.S. military)
- **ARMS** – aviation resource management system (USAF)
- **ART** – alarm response team (USAF)
- **ARVN** – Army of the Republic of (South) Viet Nam (U.S. Military)
- **ASAP** – army substance abuse program (U.S. military)
- **ASAP** – as soon as possible
- **ASEAN** – Association of South East Asian Nations
- **ASM** – air-to-surface missile
- **ASCM** – anti-ship C missile
- **ASV** – anti-surface vessel (airborne radar)
- **ASVAB** – armed services vocational aptitude battery
- **ASW** – Anti-submarine warfare
- **ATC** – air training corps
- **ATC** – air traffic control
- **ATO** – air tasking order
- **ATO** – antiterrorism officer
- **ATRRS** – army training requirements and resources system
- **AWACS** - Airborne Warning and Control System
- **AWOL** – absent without leave

B

- **BAMCIS** – Begin planning Arrange Recon Make the plan Complete the plan Issue the order Supervise (US Marine Corps)
- **BAH** – Basic Allowance for Housing
- **BAR** – Browning Automatic Rifle
- **BAU** – Behavioural Analysis Unit
- **BCD** - Bad Conduct Discharge (aka Big Chicken Dinner)
- **BCG** – Birth Control Glasses (U.S. Military Slang)
- **BCT** – Basic Combat Training (U.S. Army)
- **BDF** – Barbados Defence Force (Barbados)
- **BDU** – Battle Dress Uniform (U.S. Military)
- **Be** – Beriev (Russian)
- **BEA** – Budget Execution Authority (U.S. Navy)
- **BFT** – Blue Force Tracker (U.S. Military)
- **BG** – Bodyguard
- **BGHR** – By God He's Right (U.S. Military)
- **BLUF** – Bottom Line Up Front (US Military)
- **BMNT** – Begin Morning Nautical Twilight (U.S. Army)
- **BN** - Battalion (U.S. Army)
- **BDE** - Brigade (U.S. Army)
- **BOHICA** – Bend Over Here It Comes Again (US Military Slang)
- **BRAC** – Base Realignment And Closure
- **BRAT** (American)– Born Raised And Transferred (American usage, refers to dependent children of military personnel) Usually Pronounced "Military Brat" (Or "Air Force BRAT", or Army "Brat", Navy "Brat" etc.).^[1]

- **BRAT** (British)– British RegimentAttachedTraveler (British military usage, may have been the original usage, which was later adapted to the American military: Means "child that travels with a soldier") Usually pronounced "Military Brat" or "Base Brat".^{[2][3]}
- **BUB** – Battle Update Brief
- **BVR** – Beyond Visual Range (USAF)
- **BX** – Base Exchange (USAF)

C

- **C1** – Command
- **C2** – Command And Control
- **C3** – Command Control And Communication
- **C4IR** – Command Control Communication Computers Intelligence And Recognition
- **CAC** – Common Access Card (U.S. DoD, pron. "cac")
- **CAG** – Commander, Air Group (U.S. Navy, pron. "cag")
- **CAGE** – Commercial and Government Entity
- **CAPT** – Captain (US Navy, USCG O-6)
- **Capt** – Captain (USMC, USAF O-3)
- **CAS** – Close Air Support
- **CASEX** – Coordinated Antil-Submarine EXercise
- **CAT** – Combat Application Tourniquets
- **CBRN** – Chemical Biological Nuclear Radiological
- **CBU** – Cluster Bomb Unit
- **CCIR** – Commanders Critical Information Requirements
- **CDAT** – Computerized Dumb Ass Tanker (M1 Abrams Crewmen)
- **CDIAC** – Carbon Dioxide Information Analysis Center
- **CDRUSPACOM** Commander United States Pacific Command
- **CENTCOM** – Central Command (U.S. Military)
- **CF** – Cluster Fuck (always pronounced phonetically "Charlie Foxtrot")
- **CH** – Cunt Hair (a unit of measurement)
- **CIA** – **Central Intelligence Agency**
- **CIC** – Command Intelligence Center (U.S. Navy)
- **CINCLANT** – Commander-in-chief, Atlantic Forces (U.S. Navy before 2002)
- **CINCLANTFLT** – Commander-in-chief, Atlantic Fleet (U.S. Navy before 2002)
- **CINCPAC** – Commander-in-chief, Pacific Forces (U.S. Navy before 2002)
- **CIWS** – Close-In Weapon System
- **CMSgt** – Chief Master Sergeant (USAF E-9; highest AF enlisted rank)
- **CMSAF** – Chief Master Sergeant of the Air Force (USAF E-9 – Senior Enlisted Member)
- **CO** – Commanding Officer
- **COA** – Course of Action
- **COB** - Chief Of the Boat (Chief Petty Officer in charge of the Boat usually a Master Chief (USN Submariner Terminology))
- **COCOM** – Combatant Commander
- **CODELS** – Congressional Delegations
- **'''** Col. Colonel
- **COMINT** – Communications Intelligence
- **COMPACFLT** – Commander, Pacific Fleet (U.S. Navy)
- **COMSEC'** – **Communication Security**
- **CONUS** – Continental United States (U.S. military, pron. "cone-us")
- **CONUSA** – Continental United States Army (numbered Armies of U.S. military)
- **CORDS** – (U.S. military, Vietnam era)
- **COP** – Combat Out Post

- **CoS** – Chief of Staff
- **COT** – Commissioned Officer Training
- **CPL** – Corporal (U.S. Army and Marine Corps E-4)
- **CPO** – Chief Petty Officer (USCG/USN E-7)
- **CPT** – Captain (US Army O-3)
- **CPX** – Command Post Exercise
- **CQB** – Close Quarters Battle
- **CRC** – CONUS Replacement Center (a military processing center at Fort Benning, Georgia, US)
- **CSM** – Command Sergeant Major (U.S. Army E9 highest Army enlisted rank))
- **CT** – Counter-terrorism Team
- **CTR** – Close Target Reconnaissance
- **CUB** – Commander Update Brief
- **CVN** – Nuclear-powered Aircraft Carrier (NOTE: the V comes from the expression "heavier than air flying machine")
- **CZN** – Nuclear-powered Airship Carrier (NOTE: the Z comes from the use of the word Zeppelin although non-Zeppelin airships would also be transported on a CZN)

D

- **DA** – Defence Attaché
- **DAC** – Department of the Army Civilian
- **DAGR** – Defense Advanced GPS Receiver
- **DARPA** – Defense Advanced Research Projects Agency (U.S. Military)
- **DCAA** – Defense Contract Audit Agency
- **DCMA** – Defense Contract Management Agency
- **DME** - Depot Maintenance Enterprise (U.S. Military)
- **DFAC** – Dining Facility (U.S. Military)
- **DFAS** – Defense Finance and Accounting Service (U.S. Military) * **D.I.A** – Defensive Intelligence Agency
- **DINFAC** – Dining Facility (U.S. Military)
- **DISA** – Defense Information Systems Agency
- **DLB** – Dead Letter Box
- **DMEA** - Defense Microelectronics Activity
- **DMS** – Defense Message System (U.S. Military)
- **DMZ** – Demilitarized Zone
- **DoDAAC** – Department of Defense Activity Address Code (U.S. Military)
- **DoDAF** – Department of Defense Architectural Framework (U.S. Military)
- **DoDIC** – Department of Defense Identification Code (U.S. Military)
- **DOP** – Drop-Off Point
- **DPMs** – Disruptive Pattern Material
- **DRT** – Dead Right There; wounded in such a way as to indicate immediate and/or unavoidable death; often used as a sarcastic form of the civilian acronym DOA (Dead On Arrival)
- **DTO** – Daily Tasking Order
- **DTRA** - Defense Threat Reduction agency
- **DZ** – Drop Zone

E

- **E&E** – Escape and Evade
- **EA** - Electronic Attack
- **ECP** – Entry Control Point
- **EI** – Engineering and Installation
- **EIS** – Engineering and Installation Squadron, Environmental Impact Statement

- **EI SIT** – Engineering and Installation Site Implementaion Team
- **ELINT** – Electronic Intelligence
- **EMI** - Extra Military Instruction
- **ENS** – Ensign (US Navy junior officer rank, O-1)
- **EOD** – Explosive Ordnance Disposal
- **EOS** - End of Service
- **EP** - Electronic Protection
- **EPW** – Enemy Prisoner of War
- **ERV** – Emergency Rendezvous
- **ETA** – Estimated time of arrival
- **ETS** – Estimated Termination of Service
- **EUCOM** – European Command (U.S. Military)
- **EW** - Electronic Warfare (comprises EA, EP)
- **Exfil** – Exfiltration (Opposite of infiltration; exiting undetected)

F

- **FA** – Field Artillery
- **FABS** – Fetus Aborted By Squad
- **FAK** – First Aid Kit
- **FAR** – Federal Acquisition Regulation
- **FBCB2** – Force XXI Battlefield Command Brigade and Below
- **FBI** – Federal Bureau of Investigation
- **FEBA** – Forward Edge of the Battle Area
- **FIDO** – FIre Direction Officer
- **FIST** – FIre Support Team
- **FISTer** – Member of a FIre Support Team
- **FIST-V** – FIre Support Team Vehicle
- **FISINT** – Foreign Instrumentation Signals Intelligence
- **FISHDO** – Fuck It, Shit Happens, Drive On
- **FitRep** – Fitness Report
- **FLOT** – Forward Line of Troops
- **FLOTUS** – First Lady of the United States (U.S. – see POTUS)
- **FM** – Field Marshal
- **FMC** – Fully Mission Capable
- **FO** – Forward Observer
- **FO** – Foxtrot Oscar (i.e. F**k Off) (US/UK Forces)
- **FOB** – Forward Operating Base
- **FOD** – Foreign Object Damage (U.S.)
- **FOD** – Foreign Object Debris (U.S.)
- **FPO** – Fleet Post Office; See also APO
- **FSA** – Force Structure Allowance
- **FSTE** – Foreign Service Tour Extension
- **FTUS** – Full Time Unit Specialist
- **FUBAR** – Fucked Up Beyond All Recognition

G

- **G1** – General Staff Level office for Personnel and Manpower (Division and Above)
- **G2** – General Staff Level office for Military Intelligence (Division and Above)
- **G3** – General Staff Level office for Operations and Plans (Division and Above)

- **G4** – General Staff Level office for Logistics (Division and Above)
- **G5** – General Staff Level office for Military/Civil Affairs (Division and Above)
- **G6** – General Staff Level office for Signal and Communication (Division and Above)
- **G7** – General Staff Level office for Training and Exercises (Division and Above)
- **G8** – General Staff Level office for Force Development and Analysis (Division and Above)
- **G9** – General Staff Level office for Civil Operations (Division and Above)
- **GBU** – Guided Bomb Unit
- **GEN** – General
- **GI** – Government Issue
- **GIGO** – Garbage In Garbage Out
- **GM** – Gone Mersault
- **GO** – General Officer
- **GOCO** – Government owned, contractor operated
- **GPMG** – General Purpose Machine Gun
- **GPS** – Global Positioning System
- **GROM** – Polish Special Operations Team (Polish Grupa Reagowania Operacyjno-Manewrowego)
- **Gulag** – The Chief Administration of Collective Labor Camps (Russian Главное Управление Лагере́й, "Glavnoye Upravleniye Lagerey")

H

- **HALO** – High Altitude Low Opening (Airborne)
- **HBL** - Holiday Block Leave (U.S. Army)
- **HE** – High Explosive
- **HEAT** – High Explosive Anti-Tank warhead
- **HMAS** – Her Majesty's Australian Ship (Australia)
- **HMCS** – Her Majesty's Canadian Ship (Canada)
- **HMFIC** – Head Motherf*cker In Charge – colloquialism for the highest-ranking person present; more commonly used by NCO's than by officers (U.S. Military)
- **HMMWV** – High Mobility Multipurpose Wheeled Vehicle (U.S. Military)
- **HMNZS** – Her Majesty's New Zealand Ship (New Zealand)
- **HMS** – Hans Majestäts Skepp (His Majesty's ship, Sweden)
- **HMS** – Her Majesty's Ship (Royal Navies such as Royal British Navy) (His Majesty's Ship if King)
- **Hr.Ms** - His/Her Dutch Majesty's Ship (Dutch Royal Navy ship)
- **HOMSEC** – Homeland Security
- **HRAP** - Hometown Recruiter Assistance Program
- **HQ** – Headquarters
- **HHB** - Headquarters and Headquarters Battery
- **HHC** - Headquarters and Headquarters Company
- **HHT** - Headquarters and Headquarters Troop
- **HUMINT** – Human Intelligence
- **HYT** – High Year Tenure

I

- **IAF** – Indian Air Force
- **IAF** – Israeli Air Force
- **ICBM** – Intercontinental Ballistic Missile
- **ICE** – Individual Carrying Equipment
- **ID** – IDentification
- **IED** – Improvised Explosive Device

- **IFAK** – Individual First Aid Kit
- **IFF** – Identification Friend or Foe
- **IFF** – Introduction to Fighter Fundamentals (USAF)
- **IG** – Inspector General (US Military)
- **IFV** – Infantry Fighting Vehicle
- **INSCOM** – United States Army Intelligence and Security Command
- **Il** – Ilyushin
- **Interpol** – International Criminal Police Organization
- **ISO** – Inter School Course
- **ISR** – Intelligence, Surveillance, and Reconnaissance
- **IYAAYAS** – If You Aint AMMO, You Ain't Shit

J

- **JA** – Judge Advocate [General]
- **JAG** – Judge Advocate General
- **J.S.F** – Joint Strike Fighter
- **JATO** – Jet-fuel Assisted Take Off
- **JETDS** – Joint Electronics Type Designation System
- **JSAM** – Joint Service Achievement Medal
- **JSTAR** – Joint Surveillance Target Acquisition Radar
- **JSOC** – Joint Special Operations Command
- **JDAM** – Joint Direct Attack Munition
- **JEEP** - Just Enough Essential Parts

K

- **KATUSA** – Korean Augmentation Troops to the United States Army
- **KIA** – Killed In Action
- **KISS** – Keep It Simple, Stupid – USAF
- **KP** – Kitchen Police or Kitchen Patrol
- **KBO** – Keep Buggering On

L

- **LAAD** – Low Altitude Air Defense
- **LCDR** – Lieutenant Commander (US Navy)
- **LCPL** – Lance Corporal (US Marines)
- **LES** – Leave and Earnings Statement
- **LP** – Listening Post
- **LP/OP** – Listening Post Observation Post
- **LGOP** – Little Group Of Paratroopers
- **LT** – Lieutenant
- **LTC** or **Lt Col** – Lieutenant Colonel
- **LTG** or **Lt Gen** – Lieutenant General
- **LTJG** – Lieutenant, Junior Grade (US Navy)
- **LUP** – Lying-Up Point
- **LZ** – Landing Zone

M

Maj.- major

- **MARCORSYSCOM** – MARine CORps SYStems COMmand (U.S. Military)
- **MARFORRES** – MARine FORces REServe (U.S. Marine Corps)
- **MAW** – Maximum Allowable Weight
- **MBT** – Main Battle Tank
- **MCCS** – Marine Corps Community Services (also known by the humorous backronym Marine Corps Crime Syndicate)
- **MCEN** – Marine Corps Enterprise Network (U.S. Military)
- **MCEITS** – Marine Corps Enterprise Information Technology Service (U.S. Military)
- **MCPO** – Master Chief Petty Officer (USCG/USN E-9)
- **MFA** – Ministry of Foreign Affairs
- **MG** – Machine Gun
- **MG** – Major General
- **MI** – Military Intelligence
- **Mi** – Mil Moscow Helicopter Plant (Russian)
- **MIA** – Missing In Action
- **MedEvac** – Medical Evacuation
- **MICV** – Mechanized Infantry Combat Vehicle
- **MiG** – Mikoyan-Gurevich (Russian)
- **MK** – Mark
- **MK** – Machinery Technician (U.S. Coast Guard)
- **MLRS** – Multiple Launch Rocket System
- **MMFD** – Miles and Miles of F...ing Desert (unofficial report in Gulf War)
- **MOA** – Military Operating Area (USAF Airspace)
- **MOAB** – Massive Ordnance Air Blast bomb, also known as "Mother Of All Bombs". (U.S. military)
- **MOAC** - Mother of All Coffee (Green Bean Coffee)
- **MOB** – Main Operating Base
- **MOBCOM** – MOBile COMmand
- **MOPP** – Mission Oriented Protective Posture
- **MPDS** – Military Planning Data Allowance
- **MRAP** – Mine Resistant Ambush Protected
- **MRE** – Meal Ready to Eat (U.S. Military)
- **MRX** – Mission Rehearsal Exercise
- **MSgt** – Master Sergeant (USAF E-7)
- **MTOE** – Modified Table Of Organizational Equipment
- **MTS+** – Movement Tracking System Plus
- **MSDC+** – Marine Science Diving Club (Diving Club Of Hasanudin University)

N

- **NAFTA** – North American Free Trade Agreement
- **NAS** – Naval Air Station
- **NATO** – North Atlantic Treaty Organisation
- **NCIS** – Naval Criminal Investigative Service (U.S. Navy)
- **NAVAIR** – Naval Air Systems Command
- **NCI** - National Cancer Institute
- **NCO** – Non-Commissioned Officer
- **NCOES** - Non-Commissioned Officer Education System
- **ND** – Negligent Discharge
- **NIBC** National Interagency Biodefense Campus
- **NICBR** - National Interagency Confederation for Biological Research

- **NMC** – Not Mission Capable
- **NMCI** – Naval Marine Corps Intranet (U.S. Navy)
- **NNMSA** – Non-Nuclear Munitions Storage Area
- **NS** – Network Services
- **NSA** – National Security Agency

O

- **OBE** – Overcome by Events (DoD)
- **OCONUS** – Outside Continental United States
- **OCS** – Officer Candidate School
- **OM** – On the Move (Normally just spelled out Oscar Mike)
- **O&M, MC** – Operations & Maintenance, Marine Corps (U.S. Navy)
- **O&M, N** – Operations & Maintenance, Navy (U.S. Navy)
- **OODA** – Observe, Orient, Decide, And Act
- **OP** – Observation Post
- **ORM** – Operational Risk Management
- **OSM** – Oh Shit Moment (U.S. Marine Corps)
- **OSP** – On Site Procurement
- **OPORD** – Operations Order
- **OPSEC** – Operations Security
- **OTF** – Out There Flapping (Airborne)
- **OTS** – Officer Training School
- **OTV** – Outer Tactical Vest

P

- **PACOM** – Pacific Command
- **PCS** – Permanent Change of Station
- **PDS** – Permanent Duty Station (U.S. Military)
- **PDT** – Pre-Deployment Training
- **PE** – Plastic Explosive
- **PFC** – Private First Class (U.S. Military)
- **PFM** – Pure Fuckin Magic (U.S. Military)
- **PFT** – Physical Fitness Test
- **PII** - Personally Identifiable Information or Personal Identity Information
- **PL** – Platoon Leader (U.S. Army)
- **PLT** – Platoon (U.S. Army)
- **PMC** – Partially Mission Capable
- **PME** – Professional Military Education
- **PMS** – Planned Maintenance Schedule (U.S. Navy)
- **PNG** – Passive Night Goggles
- **PO** – Post Office
- **PO1** – Petty Officer 1st Class (USCG/USN E-6)
- **PO2** – Petty Officer 2nd Class (USCG/USN E-5)
- **PO3** – Petty Officer 3rd Class (USCG/USN E-4)
- **POBCAK** – Problem Occurs Between Chair And Keyboard
- **POL** – Petroleum Oil & Lubricants (U.S. Air Force)
- **POC** – Point Of Contact
- **POTUS** – President of the United States

- **POG** – Person Other than Grunt (All non-combat arms job fields i.e. any MOS or CMF other than infantry, cavalry, armor, and artillery; among infantrymen, refers to anyone other than infantry or Special Forces)
- **POW** – Prisoner Of War
- **POV** – Privately Owned Vehicle
- **PPG** – PT Parade Games
- **PRP** – Personnel Reliability Program
- **PRP** – Pretty Retarded Program
- **PRT** – Provincial Reconstruction Team
- **PRT** – Physical Readiness Training (U.S. Army)
- **PT** – Physical Training
- **PTB** - Powers That Be
- **PV2** – Private 2nd class (U.S. Army E-2)
- **PVT** – Private (U.S. Army and Marine Corps E-1)
- **PX** – Post Exchange (U.S. Army)

R

- **RAAF** – Royal Australian Air Force (Australia)
- **RAF** – Royal Air Force (UK)
- **RAN** – Royal Australian Navy (Australia)
- **RATO** – Rocket Assisted Take Off
- **RCSC** – Royal Canadian Sea Cadets (Canada)
- **REMF** – Rear Echelon Mother Fucker
- **RFL** – Response Force Leader
- **RMC** – Royal Military College of Canada (Canada) in Kingston, Ontario
- **RN** – Royal Navy (UK)
- **ROE** – Rules Of Engagement
- **ROMA Data**, Right Out of My Ass Data. Unverifiable created data (different from SWAG)
- **ROWPU** – Reverse Osmosis Water Purification Unit
- **RNZAF** – Royal New Zealand Air Force (New Zealand)
- **RPG** – Rocket-Propelled Grenade
- **RPM** – Rounds per minute
- **RS** – RatShit (Australia – related to US – Unserviceable)
- **RSS** – Regional Security System (Caribbean)
- **RTB** – Return To Base
- **RV** – Rendez-Vous
- **RTO** - Radio Telephone Operator

S

- **SA** – Seaman Apprentice (USCG/USN E-2)
- **SAS** – Special Air Service (British special forces)
- **SBS** – Special Boat Service (British special forces)
- **SAAS** – Standard Army Ammunition System (U.S. Army)
- **SAM** – Surface-to-air Missile
- **SARSS** – Standard Army Retail Supply System (U.S. Army)
- **SCOTUS** – Supreme Court of the United States
- **SCPO** – Senior Chief Petty Officer (USCG/USN E-8)
- **SEAC** - Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff
- **SEAL** – Sea, Air and Land (US Navy SEALs)
- **SERE** – Survival, Evasion, Resistance and Escape

- **SFC** – Sergeant First Class (U.S. Army E7)
- **SGM** – Sergeant Major (U.S. Army E9 – Sometimes referred to as Staff Sergeant Major)
- **SGT** – Sergeant (U.S. Army E5)(U.S. Marines uses Sgt)
- **SITREP** – Situation Report
- **SJA** – Staff Judge Advocate
- **SLAM** – Standoff Land Attack Missile
- **SMA** – Sergeant Major of the Army (U.S. Army E9 – Senior Enlisted Member)
- **SMEAC** - Situation Mission Execution Admin/logistics Command/signal (US Marine Corps basic knowledge)
- **SMSgt** – Senior Master Sergeant (USAF E-8)
- **SN** – Seaman (USCG/USN E-3)
- **SNAFU** – Situation Normal: All Fucked Up
- **SOCOM** – United States Special Operations Command
- **SOFA** – Status of Forces Agreement
- **SOP** – Standard Operating Procedures
- **SOS** – Shit On a Shingle, or creamed chipped beef on toast.
- **SPC** – Specialist (U.S. Army E-4)
- **SR** – Seaman Recruit (USCG/USN E-1)
- **SrA** – Senior Airman (USAF E-4)
- **SRR** – Special Reconnaissance Regiment (British special Forces)
- **SSDD** – Same Shit Different Day
- **SSDDBS** – Same Shit Different Day Bigger Shovel
- **SSG** – Staff Sergeant (US Army E-6)
- **SSgt** – Staff Sergeant (US Air Force E-5)(U.S. Marines E-6)
- **SOL** – Shit Out of Luck (US Army)
- **SOLJWF** – Shit Out of Luck and Jolly Well Fucked (U.S. Marines)
- **STOVL** – Short Takeoff, Vertical Landing
- **SUSFU** – Situation Unchanged, Still Fucked Up
- **SWAG** – Scientific Wild Ass Guess

T

- **TACP** – Tactical Air Control Party (USAF)
- **TAD** – Temporary Additional Duty (U.S. Military)
- **TBD** – To Be Determined
- **TDY** – Temporary Duty (U.S. Military)
- **TF** – Task Force
- **TFOA** – Things Falling Off Aircraft
- **TG6** – Task Group 6 (group designation for NZ SAS – NZ Army)
- **TIC** – Troops In Contact
- **TSgt** – Technical Sergeant (USAF E-6)
- **TU** – Tits Up (Dead, Inoperable), a.k.a. "tango uniform"
- **TARFU** – Things Are Really Fucked Up, or Totally And Royally Fucked Up

U

- **UA** – Unauthorized Absence
- **UAS** – Unmanned Aerial System
- **UAV** – Unmanned Aerial Vehicle
- **UCAV** – Unmanned Combat Air Vehicle
- **ULLS** – Unit Level Logistics System (U.S. Army)
- **UMA** – Unit Mobilization Assistor

- **UN** – United Nations
- **US** – Unserviceable
- **USSS** – United States Secret Service
- **USAF** – United States Air Force
- **USAFE** – United States Air Forces in Europe
- **USAMRICD** - United States Army Medical Research Institute of Chemical Defense
- **USAMRIID** - United States Army Medical Research Institute of Infectious Disease
- **USAMRMC** - United States Army Medical Research and Materiel Command
- **USAMRAA** - United States Army Medical Research Acquisition Activity
- **USA PATRIOT Act** – Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act
- **USAREC** – US Army REcruiting Command
- **USAREUR** – US Army European Command
- **USMC** – United States Marine Corps
- **USN** – United States Navy
- **USO** – United Service Organizations (U.S. Military)
- **USR** – Unit Status Report
- **UUV** – Unmanned Underwater Vehicle
- **UXB** – Unexploded Bomb (bomb disposal; British)
- **UXO** – Unexploded Ordnance

V

- **VBIED** – Vehicle-borne Improvised Explosive Device
- **VDM** – Visual Distinguishing Mark
- **VFD** – Volunteer Fire Department
- **VFR** – Volunteer Fire and Rescue

W

- **WIA** – Wounded In Action
- **WO1** – Warrant Officer 1
- **WSA** – Weapons Storage Area
- **WMD** – Weapons of Mass Destruction
- **WILCO** – Will Comply

X

- **XO** – Executive Officer

See also

- military slang
- List of acronyms
- List of government and military acronyms
- List of U.S. Air Force acronyms and expressions
- List of U.S. Marine Corps acronyms and expressions
- List of U.S. Navy acronyms

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2. ^ Clifton, Grace, "Making the Case for the BRAT (British Regiment Attached Traveler)", *British Educational Research Journal*, Vol. 30, No. 3 2004
3. ^ Adams, Leah; Kirova, Anna (2006), *Global Migration and education*, Mahwah, NJ: Lawrence Erlbaum Associates, Inc., p. 263–4, ISBN 0-8058-5838-5

External links

- AcronymFinder – Military and Government (<http://milgov.acronymfinder.com/>)
- Abbreviation.com – Military Abbreviations (<http://www.abbreviations.com/acronyms/MILITARY>)
- All Acronyms – Military Acronyms (<http://www.all-acronyms.com/?g=2>)
- Acronyms List – US Military Acronyms (<http://www.acronymslist.com/cat/us-military-acronyms.html>)

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| United States-related lists | Military terminology of the United States

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Introduction to Substance Abuse Counseling

The information contained in this section describes substance abuse counseling services available to Veterans and their family members. This information will assist court personnel in accessing substance abuse treatment for Veterans participating in the Veterans Court. Specific materials included in this section are as follows:

1. VA
 - i. Descriptions of VA SUD Treatment Programs in the SUD Program Locator
 - ii. Summary of VA Treatment Programs for Substance Use Programs
2. Non-VA
 - i. ADMH: Substance Abuse Services Provider Directory

Descriptions of VA SUD Treatment Programs in the SUD Program Locator

SUD 24-hour care (Residential) programs are those that provide 24-hour (live-in) SUD care using VA funded beds dedicated to the program to house Veteran patients participating in the program. These may include traditional inpatient SUD treatment programs, officially designated Substance Abuse Residential Rehabilitation Treatment Programs (SARRTP) and Substance Abuse Domiciliary Programs (SA-DOM). SUD 24-hour care also includes SUD-Tracks within other non-SA residential settings (e.g., General Doms, general RRTPs, DCHVs); these programs provide dedicated beds and SUD services to program participants.

SUD Intensive Outpatient programs include day-treatment, partial hospitalization, and intensive outpatient clinic-based programs that provide at least 3 hours of services per patient per day for at least 3 days per week.

SUD Standard Outpatient programs are clinics that provide less intensive ambulatory addiction treatment services than SUD Intensive Outpatient programs. Specifically, these outpatient programs offer less than 3 hours of services per patient per day or less than 3 days per week of SUD services.

Summary of VA Treatment Programs for Substance Use Problems

Many veterans have problems with use of alcohol, tobacco, or drugs. This can include use of street drugs as well as using prescription medications in ways they weren't prescribed. Such substance use can harm health, cause mood and behavior problems, hurt social relationships, and cause financial problems. Many people find it difficult to cut down or stop using substances on their own. Effective treatments for substance use problems are available at VA. Available treatments address all types of problems related to substance use, from unhealthy use of alcohol to life-threatening addictions.

The VA provides effective, scientifically proven services for all eligible veterans, no matter where they come for services. VA providers know that in many cases substance use problems are continuing conditions that require care over a long period of time. For other veterans, the substance use problems may be resolved more quickly with attention paid to related problems. Such related problems could be posttraumatic stress disorder (PTSD), depression, pain, disturbed sleep, irritability, and/or relationship problems.

The VA offers a number of options for those seeking treatment for substance use problems. These options include therapy, either alone with the therapist or in a group, as well as medications to help veterans reduce their use of alcohol, tobacco and drugs.

Treatments that do not involve medications involve one or more of the following:

- increasing and making clearer the veteran's motivation for change
- helping veterans to improve their skills for spotting and dealing with triggers and relapse risks
- counseling couples together on how to recover from substance abuse and how to improve relationships
- getting outside support for recovery, including programs like Alcoholics Anonymous (AA)
- looking at how substance use problems may relate to other problems such as PTSD and depression.

VA providers may use medications to treat alcohol dependence. Effective medications can help manage withdrawal symptoms, reduce craving, and promote abstinence, which is not drinking any alcohol.

Several medications for stopping tobacco can be effective alone or in combination:

- a nicotine replacement skin patch, gum or lozenge
- the medication *bupropion*, that has also been effective with depression
- the newest choice, *varenicline*, that has a very different way of working than the other medicines.

There are three different medications to treat addiction to opioid drugs like heroin, oxycodone or other pain killers. *Methadone* is an effective approach for chronic opioid addiction that can be provided only

within a special program. *Buprenorphine / naloxone* and *naltrexone* can be part of treatment plans in a variety of clinical settings.

To help make sure that veterans can attend VA treatment services, programs offer evening and weekend hours. Residential (live-in) options are available for veterans who live far away from a VA clinic or have unstable housing. Special programs are often offered for patients with special concerns, such as women, OEF/OIF veterans, and homeless patients.

A patient coming to VA can expect to find the following types of care:

- first-time screening for alcohol or tobacco use in all care locations
- short outpatient counseling including focus on motivation
- intensive outpatient treatment
- residential (live-in) care
- medically managed detoxification (stopping substance use safely) and services to get stable
- continuing care and relapse prevention
- marriage and family counseling
- self-help groups
- drug substitution therapies and newer medicines to reduce craving

Decisions as to which services are provided and how intense they are will be based on the patient's needs and desires.

HOW CAN I GET HELP?

- Speak with your existing VA healthcare provider
- Contact the OEF/OIF Coordinator at your local VA Medical Center
- Contact your local Vet Center
- Call 1-800-827-1000, VA's general information hotline

A list of VA and Vet Center facilities can be found online at www.va.gov and www.vetcenter.va.gov

Alabama

Substance Use Disorder (SUD) Program

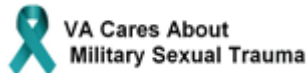
[Descriptions of VA SUD Programs](#) | [Learn more about Substance Use Disorder \(SUD\)](#)

NOTE: The email and phone numbers provided for the SUD Programs are for information inquiries and are not continuously monitored.

VA Medical Centers without a specific SUD Program do offer SUD Treatment. Contact your [local VA Medical Center](#) and ask for the Mental Health clinic.

Many Vet Centers and VA Community Based Outpatient Clinics also offer SUD treatment.

If you need immediate assistance, contact 911 or 1-800-273-TALK/8255.



Birmingham VA Medical Center

700 S. 19th Street
Birmingham, AL 35233
Phone: 205-933-8101

SUD 24-Hour Care (Residential)

Cathy Prellwitz (Outpatient SA Clinic): (205) 933-8101 X 6761

SUD Intensive Outpatient

Cathy Prellwitz (Outpatient SA Clinic): (205) 933-8101 X 6761

SUD Standard Outpatient

Cathy Prellwitz (Outpatient SA Clinic): (205) 933-8101 X 6761

Central Alabama Veterans Health Care System East Campus

2400 Hospital Road
Tuskegee, AL 36083-5001
Phone: 334-727-0550 Or 334-727-0550

SUD 24-Hour Care (Residential)

Lisa Brown (SATP): (334) 727-0550

SUD Intensive Outpatient

Lisa Brown (SATP): (334) 727-0550

Tuscaloosa VA Medical Center

3701 Loop Road, East
Tuscaloosa, AL 35404
Phone: 205-554-2000 Or 205-554-2000

SUD Intensive Outpatient

Dianne Guthrie, Outpatient Substance Abuse (205): (205) 554-2000 X 2472

VA Employees: To update contact information in the SUD Program Locator, contact Stephen.Tracy@va.gov



Alabama

A D M H

Department of Mental Health

lifting life's possibilities

SUBSTANCE ABUSE SERVICES PROVIDER DIRECTORY

RSA Union Building
100 North Union Street
P.O. Box 301410
Montgomery, Alabama 36130-1410

Phone:

(334) 242-3961

Fax:

(334) 242-0759

Help Line:

1-800-367-0955

Visit us at:

www.mh.alabama.gov

April 2013

TABLE OF CONTENTS

TYPE OF SERVICES AND PROVIDER

COUNTY

A. LEVEL 0.5: EARLY INTERVENTION (ADOLESCENTS)

Calhoun/Cleburne Mental Health Center	Calhoun
North Central Mental Health Center	Morgan
UAB Beacon Addiction Treatment Center	Jefferson

B. LEVEL 0.5: EARLY INTERVENTION (ADULTS)

Calhoun/Cleburne Mental Health Center	Calhoun
Insight Treatment Program, Inc.	Clarke/Coffee/Dale/Escambia
North Central Mental Health Center	Morgan
UAB Beacon Addiction Treatment Center	Jefferson

C. LEVEL I: OUTPATIENT TREATMENT (ADOLESCENT)

Baldwin County Mental Health Center	Baldwin
The Bridge, Inc.	Cullman/Dekalb/Mobile/Tuscaloosa
Cahaba Mental Health Center	Dallas
Calhoun/Cleburne Mental Health Center	Calhoun
Cheaha Mental Health Center	Talladega/Randolph
Chemical Addictions Program	Autauga/Montgomery
Chilton Shelby Mental Health Center	Chilton/Shelby
Hope House, Inc.	Blount
Huntsville-Madison County Mental Health Center	Madison
North Central Mental Health Center	Morgan
New Pathways, LLC	St. Clair
Northwest Alabama Mental Health Center	Fayette/Lamar/Marion/Walker/Winston
Recovery Services of Dekalb County	Marshall
Riverbend Mental Health Center	Lauderdale/Colbert
Spectracare Health Systems, Inc.	Dale/Geneva
TEARS, Inc.	Russell
UAB Beacon Addiction Treatment Center	Jefferson

D. LEVEL I: OUTPATIENT TREATMENT (ADULT)

Alcohol and Drug Abuse Treatment Center	Jefferson
Aletheia House	Butler/Cleburne/Colbert/Conecuh/Crenshaw/Dallas/Lawrence/Lowndes/Jefferson/Walker
The Bridge, Inc.	Dekalb
Cahaba Mental Health Center	Dallas/Wilcox
Calhoun/Cleburne Mental Health Center	Calhoun
Cheaha Mental Health Center	Randolph/Talladega
Chemical Addictions Program	Montgomery/Autauga

D. LEVEL I: OUTPATIENT TREATMENT (ADULT) Cont'd	
Chilton Shelby Mental Health Center	Chilton/Shelby
Cullman Mental Health Authority	Cullman
East Central Alabama Mental Health Center	Pike
East Alabama Mental Health Center	Chambers/Lee/Russell
Etowah/Dekalb/Cherokee Mental Health Center (CED MHC)	Cherokee/Etowah
Franklin Primary Health Center	Mobile
Hope House, Inc.	Blount
Huntsville-Madison County Mental Health Center	Madison
Indian Rivers Mental Health Center	Bibb/Pickens/Tuscaloosa
Insight Treatment Program, Inc.	Clarke/Coffee/Dale/Escambia
Lifetime Resolutions, LLC (Female Only)	Montgomery
Lighthouse Counseling Center	Montgomery
North Central Mental Health Center	Limestone/Morgan
New Pathways, LLC	St. Clair
Northwest Alabama Mental Health Center	Fayette/Lamar/Marion/Walker/Winston
Phenix City Court Referral Program	Lee/Macon/Randolph/Tallapoosa
Recovery Services of Dekalb County	Cherokee/Dekalb
Riverbend Mental Health Center	Colbert/Lauderdale
Ronald R. Bowen, LCSW, LLC Federal Bureau of Prisons Clients Only	Jefferson/Montgomery/Mobile
The Shoulder	Baldwin
Southwest Alabama Behavioral Health Care Systems	Escambia/Monroe
South Central Alabama Mental Health Center	Covington
SpectraCare Health Systems, Inc.	Barbour/Dale/Geneva/Henry/Houston
Starting Over Recovery Program, LLC	Elmore
West Alabama Mental Health Center	Marengo
UAB Substance Abuse Program	Jefferson
E. LEVEL I-D: AMBULATORY DETOXIFICATION W/O EXTENDED ON-SITE MONITORING (ADOLESCENT)	
Bradford Health (Addiction & Mental Health Services)	Calhoun/Jefferson/Lauderdale/Madison/ Mobile/Shelby
F. LEVEL I-D: AMBULATORY DETOXIFICATION W/O EXTENDED ON-SITE MONITORING (ADULT)	
Bradford Health (Addiction & Mental Health Services)	Calhoun/Houston/Jefferson/Lauderdale/Madison/ Marshall/Mobile/Montgomery/Shelby/Tuscaloosa
G. LEVEL II.1: INTENSIVE OUTPATIENT TREATMENT (ADOLESCENTS)	
Bradford Health (Addiction & Mental Health Services)	Calhoun/Houston/Jefferson/Lauderdale/Madison/ Mobile/Montgomery/Shelby/Tuscaloosa

G. LEVEL II.1: INTENSIVE OUTPATIENT TREATMENT (ADOLESCENTS) Cont'd

The Bridge, Inc.	Mobile/Tuscaloosa
Cahaba Mental Health Center	Dallas
Chemical Addictions Program	Autauga/Jefferson/Montgomery
East Central Alabama Mental Health Center	Pike
Hope House, Inc.	Blount
Huntsville-Madison County Mental Health Center	Madison

Therapeutic Resources, Inc.	Houston
UAB Beacon Addiction Treatment Center	Jefferson

H. LEVEL II.1: INTENSIVE OUTPATIENT TREATMENT (ADULT)

AIDS Alabama (Living in Balance Chemical Addiction Program) (LIBCAP) For HIV+ adults w/chemical addition	Jefferson
Alcohol & Drug Abuse Treatment Center	Jefferson
Alabama Abuse Counseling Center, Inc.	Jefferson/Shelby/Tuscaloosa/Walker
Altapointe Health Systems	Mobile
Aletheia House	Colbert/Dallas/Jefferson
Baldwin County Mental Health Center	Baldwin
Bradford Health (Addiction & Mental Health Services)	Calhoun/Houston/Jefferson/Lauderdale/Lee/Madison/Marshall/Mobile/Montgomery/Shelby/Tuscaloosa
The Bridge, Inc.	Dekalb
Cahaba Mental Health Center	Dallas/Wilcox
Calhoun/Cleburne Mental Health Center	Calhoun
Cheaha Mental Health Center	Talladega
Chemical Addictions Program	Autauga/Montgomery
Chilton/Shelby Mental Health Center	Shelby
Cullman Mental Health Authority	Cullman
Dauphin Way Lodge	Mobile
Dothan-Houston County Treatment Center	Houston
East Alabama Mental Health Center	Lee/Russell
East Central Alabama Mental Health Center	Pike
Etowah/Dekalb/Cherokee Mental Health Center (CED MHC)	Cherokee/Etowah
Family Life Center, Inc.	Cherokee/DeKalb/Etowah/Jackson/Limestone/Marshall/Madison /Morgan
Freedom House (Substance Abuse Council of Northwest Alabama)	Franklin/Lauderdale
Hope House, Inc.	Blount
Huntsville/Madison Mental Health Center	Madison
Indian Rivers Mental Health Center	Tuscaloosa
Insight Treatment Program	Clarke/Coffee/Dale/Escambia
JCCEO	Jefferson
Lighthouse Counseling Center	Montgomery
Lifetime Resolutions, LLC (Female Only)	Montgomery
Marwin Counseling Services, Inc.	Fayette/Marion/Winston
Mountain Lakes Behavioral Healthcare	Marshall
MHC of North Central Alabama	Morgan
Oakmont Center	Jefferson
Phenix City Court Referral Program	Russell
Positive Changes, LLC	Autauga

Riverbend Mental Health Center	Colbert/Lauderdale
Southeastern Psychiatric Management, Inc. (Mountain View Hospital)	Etowah
H. LEVEL II.1: INTENSIVE OUTPATIENT TREATMENT (ADULT) Cont'd	
Southwest Alabama Behavioral Health Care Systems	Escambia/Monroe
SpectraCare Health Systems, Inc.	Houston
UAB Beacon Addiction Treatment Center	Jefferson
West Alabama Mental Health Center	Clarke

I. LEVEL II.5: PARTIAL HOSPITALIZATION TREATMENT

Bradford Health (Addiction & Mental Health Services)	Madison
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J. LEVEL II.5: PARTIAL HOSPITALIZATION TREATMENT (ADULTS)

Bradford Health (Addiction & Mental Health Services)	Jefferson/Madison
UAB Beacon Addiction Treatment Center	Jefferson

K. LEVEL II-D: AMBULATORY DETOXIFICATION WITH EXTENDED ON-SITE MONITORING

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M. LEVEL III.01: TRANSITIONAL RESIDENTIAL

MOMS, Inc. (Male Only)	Lauderdale
Pathfinder, Inc.	Madison

N. LEVEL III.1: CLINICALLY MANAGED LOW INTENSITY RESIDENTIAL TREATMENT

Anniston Fellowship House	Calhoun
CED Fellowship House (Male Only)	Etowah
Cullman Lighthouse (North Central Alabama Association for Alcoholism) (Male Only)	Cullman
Dauphin Way Lodge	Mobile
Lighthouse of Tallapoosa (Male Only)	Tallapoosa
Lifetime Resolutions, LLC (Female Only)	Montgomery
New Life for Women (New Centurions, Inc.) (Female Only)	Etowah
Phoenix House, Inc. (Male Only)	Tuscaloosa
Rapha Christian Ministries (Male Only)	Etowah
The Shoulder (Male Only)	Baldwin
Southeast Intervention Group, Inc.	Houston
St. Anne's Home (Female Only)	Jefferson

O. LEVEL III.3: CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT

Alcohol & Drug Abuse Treatment Center	Jefferson
Aletheia House (Male Only)	Jefferson
Birmingham Fellowship House	Jefferson
Dauphin Way Lodge (Male Only)	Mobile
Freedom House (Substance Abuse Council of Northwest Alabama) (Female Only)	Lauderdale
Indian Rivers Mental Health Center (Female Only)	Tuscaloosa

Q. LEVEL III.5: CLINICALLY MANAGED MEDIUM INTENSITY RESIDENTIAL TREATMENT (ADOLESCENTS)

The Bridge, Inc. (Male Only)	Etowah/Mobile
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**R. LEVEL III.5: CLINICALLY MANAGED HIGH INTENSITY
RESIDENTIAL TREATMENT (ADULTS)**

Alcohol & Drug Abuse Treatment Center	Jefferson
Cheaha Mental Health Center	Talladega
Chemical Addictions Program (Male Only)	Montgomery
Dauphin Way Lodge (Salvation Army)	Mobile
New Centurions, Inc. (New Life for Women) (Female Only)	Etowah
Northwest Alabama Mental Health Center (Female Only)	Walker
Rapha Christian Ministries (Male Only)	Etowah
Riverbend Mental Health Center (Male Only)	Franklin
South Central Alabama Mental Health Center (Male Only)	Covington
SpectraCare Health Systems, Inc.	Dale/Houston

**S. LEVEL III.7: MEDICALLY MONITORED INTENSIVE
RESIDENTIAL TREATMENT (ADULTS)**

Bradford Health (Addiction & Mental Health Services)	Madison
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**T. LEVEL III.7: MEDICALLY MONITORED INTENSIVE
RESIDENTIAL TREATMENT (ADOLESCENTS)**

Bradford Health (Addiction & Mental Health Services)	Madison
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**V. LEVEL III.7-D: MEDICALLY MONITORED RESIDENTIAL
DETOXIFICATION (ADOLESCENTS)**

Bradford Health (Addiction & Mental Health Services)	Madison
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**W. LEVEL III.7-D: MEDICALLY MONITORED RESIDENTIAL
DETOXIFICATION (ADULTS)**

Alcohol and Drug Abuse Treatment Center	Jefferson
Bradford Health (Addiction & Mental Health Services)	Jefferson/Madison
Cheaha Mental Health Center	Talladega

X. LEVEL I-O: OPIOID MAINTENANCE THERAPY

AltaPointe Health Systems	Mobile
Birmingham Metro Treatment Center	Jefferson
Calhoun Treatment Center	Calhoun
Chilton County Treatment Center	Chilton
Cullman County Treatment	Cullman
ECD (Escape from Chemical Dependency)	Mobile
Gadsden Treatment Center	Etowah
Gulf Coast Treatment Center	Mobile
Houston Treatment Center	Dale
Huntsville Metro Treatment Center	Madison
Huntsville Recovery, Inc.	Madison
Marion County Treatment Center	Marion
Mobile Metro Treatment Center	Mobile
Montgomery Metro Treatment Center	Montgomery
Northeast Alabama Treatment Center	Jackson
Northwest Treatment Center	Jefferson
Shelby County Treatment Center	Shelby
Shoals Treatment Center	Colbert
Sumter County Treatment	Sumter
Tri-County Treatment Center	Jefferson
Tuscaloosa Treatment Center	Tuscaloosa
Walker Recovery Center	Walker

Y. PREVENTION SERVICES

Agency for Substance Abuse Prevention	Calhoun
Alcohol & Drug Abuse Treatment Center	Jefferson
Aletheia House	Jefferson
Baldwin County Mental Health Center	Baldwin
Bibb Pickens Tuscaloosa Mental Health Center	Tuscaloosa
Cahaba Mental Health Center	Dallas
Cheaha Mental Health Center	Talladega
Cherokee County Substance Abuse Council	Cherokee
Chilton Shelby Mental Health Center	Chilton/Shelby
Council on Substance Abuse (NCADD)	Montgomery
Drug Education Council	Mobile
East Alabama Mental Health Center	Lee
East Central Alabama Mental Health	Pike
Elmore County Partnership For Children, Inc.	Elmore
Etowah/Dekalb/Cherokee Mental Health Center (CED MHC)	Etowah

Y. PREVENTION SERVICES Cont'd	
Franklin Primary Health Center	Mobile
Gateway (Family & Child Services)	Jefferson
The Housing Authority of the City of Aliceville, Alabama	Pickens
JCCEO	Jefferson
Jefferson-Blount-St. Clair Mental Health Authority	Jefferson
Lighthouse Counseling Center	Montgomery
Mental Healthcare of Cullman	Cullman
Mental Health Center of Madison County	Madison
Mental Health Center of North Central Alabama	Morgan
Mountain Lakes Behavioral Healthcare	Marshall
Northwest Alabama Mental Health Center	Fayette/Walker/Winston
Oakmont Center	Jefferson
Riverbend Center for Mental Health	Colbert/Lauderdale
SAYNO of Montgomery, Inc.	Montgomery
Southern Prevention Associates, LLC	Chilton
SpectraCare Health Systems, Inc.	Geneva/Houston
TEARS, Inc.	Russell
UAB Beacon Addiction Treatment Center	Jefferson
West Alabama Mental Health Center	Marengo

**AGENCY FOR SUBSTANCE ABUSE PREVENTION*

Interim Executive Director: Seyram Selase

www.asaprev.com

1128 Edmar St. Suite A
Oxford, Al. 36203
Telephone: (256) 831-4436
Fax: (256) 237-7631

Services Offered
Prevention Services

COUNTY: Calhoun

AIDS ALABAMA (LIVING IN BALANCE CHEMICAL ADDICTION PROGRAM)

Executive Director: Patricia Todd

www.aidsalabama.org

2110 Avenue H Ensley
Birmingham, Alabama 35218
Telephone: (205) 786-0586
Fax: (205) 324-9311
Hotline: (800) 592-2437

Services Offered
Level II.1: Intensive Outpatient
(FOR HIV+ ADULTS ONLY)

COUNTY: Jefferson

ALABAMA ABUSE COUNSELING CENTER

Executive Director: Virginia Blankenship

1612 3rd Avenue North
Bessemer, Alabama 35020
Telephone: (205) 428-2650
Fax: (205) 428-0048

Services Offered
Main Office
Level II.1: Intensive Outpatient (Adult)

COUNTY: Jefferson

260 McDow Road
Columbiana, Alabama 35051
Telephone: (205) 669-3950
Fax: (205) 669-3964

Services Offered
Level II.1: Intensive Outpatient (Adult)

COUNTY: Shelby

1406 22nd Avenue
Tuscaloosa, Alabama 35401
Telephone: (205) 759-9698
Fax: (205) 759-9605

Services Offered
Level II.1: Intensive Outpatient (Adult)

COUNTY: Tuscaloosa

2060 3rd Avenue
Jasper, Alabama 35501
Telephone: (205) 221-2220
Fax: (205) 221-2919

Services Offered
Level II.1: Intensive Outpatient (Adult)

COUNTY: Walker

***ALCOHOL AND DRUG ABUSE TREATMENT CENTER**

Executive Director: Fred Armstead

adatc.org

Pearson Hall
2701 Jefferson Avenue South West
Birmingham, Alabama 35211
Telephone: (205) 923-6552
Fax: (205) 923-9826

COUNTY: Jefferson

Services Offered

Level III.7-D: Medically Monitored Residential Detox
Level III.5: Clinically Managed High Intensity
Residential Treatment for Adults

Olivia's House
8017 2nd Avenue South
Birmingham, Alabama 35206
Telephone: (205) 833-5708
Fax: (205) 838-8452

COUNTY: Jefferson

Services Offered

Level III.3, Clinically Managed Medium Intensity
Residential Treatment (Adult)
Special Women's Services
Prevention Services

Zukoski Outpatient Center
601 Princeton Avenue South West
Birmingham, Alabama 35211
Telephone: (205) 785-5787
Fax: (205) 785-1780

COUNTY: Jefferson

Services Offered

Level I: Outpatient Treatment
Level II.1: Intensive Outpatient

***ALETHEIA HOUSE**

Executive Director: Chris Retan

www.specialkindofcaring.org

Aletheia House
201 West Finley Avenue
Birmingham, Alabama 35204
Telephone: (205) 324-6502
Fax: (205) 324-7810

Services Offered

Level II.1: Intensive Outpatient (Adult/Male)
Level I: Outpatient Services (Adult/Male)
Prevention Services

Women's Hope
700 37th Street South
Birmingham, Alabama 35222
Telephone: (205) 324-6502

Services Offered

Level I: Outpatient Treatment (Adult/Female)
Level II.1: Intensive Outpatient (Adult/Female)

135 Finley Avenue West
Birmingham, Alabama 35204
Telephone: (205) 328-3600
Fax: (205) 324-7810

COUNTY: Jefferson

Services Offered

Level III.3: Clinically Managed Medium Intensity
Residential Treatment for Adults (**Male Only**)

102 Central Park Dr.
Selma, AL 36701
Telephone: (205) 324-6502

COUNTY: Dallas

Services Offered

Level I: Outpatient Treatment (Adult)

***ALETHEIA HOUSE CONT'D**

Executive Director: Chris Retan

5 Hickory Street, Unit B
Greenville, Alabama 36037
Telephone: (334) 665-4305

COUNTY: Butler

Services Offered

Level I: Outpatient Treatment (Adult)

141 Willoughby Street
Heflin, Alabama 36264
Telephone: (256) 310-7449

COUNTY: Cleburne

Services Offered

Level I: Outpatient Treatment (Adult)

520-A Louise Street
Miscle Shoals, Alabama 35674
Telephone: (256) 655-7266

COUNTY: Colbert

Services Offered

Level I: Outpatient Treatment (Adult)

Level II: Intensive Outpatient (Adult)

120 Rural Street
Evergreen, Alabama 36401
Telephone: (251) 578-4060

COUNTY: Conecuh

Services Offered

Level I: Outpatient Treatment (Adults)

1390 South Forest Avenue
Luverne, Alabama 36049-7311
Telephone: (334) 335-5500

COUNTY: Crenshaw

Services Offered

Level I: Outpatient Treatment (Adult)

522 Lawrence Street
Moulton, Alabama 35136
Telephone: (256) 466-5942

COUNTY: Lawrence

Services Offered

Level I: Outpatient Treatment (Adult)

129 Tuskeena Street
Hayneville, AL 36040
Telephone: (334) 548-5115

COUNTY: Lowndes

Services Offered

Level I: Outpatient Treatment (Adult)

***ALTAPOINTE HEALTH SYSTEMS (GREATER MOBILE MENTAL HEALTH CENTER)**

Executive Director: J. Tuerk Schlesinger

www.altapointe.org

5750-A Southland Drive
Mobile, Alabama 36693
Telephone: (251) 473-4423
Fax: (251) 450-2213

COUNTY: Mobile

Services Offered

Main Office

AltaPointe Substance Abuse Services
4211 Government Street
Mobile, Alabama 36693
Telephone: (251) 666-2569
Fax: (251) 602-6489

COUNTY: Mobile

Services Offered

Level II.1: Intensive Outpatient

Special Women's Services

Level I-O: Opioid Maintenance Therapy

Level II.1: Intensive Outpatient (Adult)

2400 Gordan Smith Dr
Mobile, AL 36617

Services Offered

Level II.1 Intensive Outpatient (Co-Occuring)

***ANNISTON FELLOWSHIP HOUSE**

Executive Director: Hank Waide

Anniston Fellowship House
106 East 22nd Street
Anniston, Alabama 36201
Telephone: (256) 236-7229
Fax: (256) 231-1001

Services Offered

Level III.1 Clinically Managed Low Intensity Residential
(Male Only)

COUNTY: Calhoun

***BALDWIN COUNTY MENTAL HEALTH CENTER**

Executive Director: Robin Riggins

www.bcmhcal.com

1507 US Highway 31 South
Bay Minette, Alabama 36507
Telephone: (251) 928-2871
Fax: (251) 937-2048

Services Offered

Level II.1: Intensive Outpatient (Adult)

2009 Medical Center Drive
Bay Minette, Alabama 36507
Telephone: (251) 990-4243

Services Offered

Level I: Outpatient Treatment (Adolescent)

372 South Greeno Road
Fairhope, Alabama 36532
Telephone: (251) 990-4234
Fax: (251) 928-0126

Services Offered

Level I: Outpatient Treatment (Adolescent)
Level II.1: Intensive Outpatient (Adult)

200 East Fig
Foley, Alabama 36535
Telephone: (251) 972-8223
Fax: (251) 970-5298

Services Offered

Level II.1: Intensive Outpatient (Adult)

201 East Camphor Avenue
Foley, Alabama 36535
Telephone: (251) 990-4243

Services Offered

Level I: Outpatient Treatment (Adolescent)

909 B Plantation BLVD
Fairhope, AL. 36532

Services Offered

Prevention Services

COUNTY: Baldwin

**BIBB/PICKENS/TUSCALOOSA MENTAL HEALTH CTR.
(INDIAN RIVERS MHC)*

Executive Director: J. Randall Phillips

www.irmhc.org

2209 9th Street
Tuscaloosa, Alabama 35401
Telephone: (205) 562-3700
Fax: (205) 556-1653

Services Offered

Level I: Outpatient Treatment
Level I: Outpatient Treatment
Level II.1: Intensive Outpatient Treatment

A Woman's Place
8110 Smith Jackson Road
Northport, Alabama 35476
Telephone: (205) 333-9184
Fax: (205) 333-9184

Services Offered

Level III.3 Clinically Managed Medium Intensity
Residential Treatment Program for Adults
(Female Only)

1914 7th Street
Tuscaloosa, Alabama 35403

COUNTY: Tuscaloosa

Services Offered

Prevention Services

2439 Main Street
PO Box 218
Brent, Alabama 35034
Telephone: (205) 926-4681
Fax: (205) 926-9016

COUNTY: Bibb

Services Offered

Level I: Outpatient Treatment

890 Reform Street
Carrollton, Alabama 35447
Telephone: (205) 367-8032
Fax: (205) 367-1237

COUNTY: Pickens

Services Offered

Level I: Outpatient Treatment

**BIRMINGHAM FELLOWSHIP HOUSE*

Executive Director: Beth Bachelor

fshbhm.org

1625 12th Avenue South
Birmingham, Alabama 35205
Telephone: (205) 933-2430
Fax: (205) 933-2475

COUNTY: Jefferson

Services Offered

Level III.3 Clinically Managed Medium Intensity
Residential Treatment Program for Adults
Adult Case Management

BIRMINGHAM METRO TREATMENT (COLONIAL MGMT. GROUP, LP)

Program Director: Brent Hamer

www.methadonetreatment.com

151 Industrial Drive
Birmingham, Alabama 35211
Telephone: (205) 941-1799
Fax: (205) 942-2037

COUNTY: Jefferson

Services Offered

Level I-O: Opioid Maintenance Therapy

BRADFORD HEALTH SERVICES**Executive Director: Margo M. Hays****www.bradfordhealth.com**

2101 Magnolia Avenue South
Suite 518
Birmingham, Alabama 35205
Telephone: (205) 251-7753
Fax: (205) 251-7760

COUNTY: Jefferson

300 Century Park South, Suite 100
Birmingham, Alabama 35226
Telephone: (205) 251-7753
Fax: (205) 942-0767

COUNTY: Jefferson

1189 Albritton Road
P.O. Box 129
Warrior, Alabama 35180-0129
Telephone: (205) 251-7753
Fax: (205) 244-3026

COUNTY: Jefferson

1701 B-Pelham Road, Suite D
Jacksonville, AL 36265
Telephone: (256) 237-4209

COUNTY: Calhoun

114 Ardis Place
Dothan, Alabama 36303
Telephone: (205) 251-7753
Fax: (334) 792-0657

COUNTY: Houston

303 East College Street
Florence, Alabama 35630
Telephone: (256) 760-0200
Fax: (256) 760-0692

COUNTY: Lauderdale

The Reprieve
401 South 9th Street
Opelika, Alabama 36801
Telephone: (334) 749-3445
Fax: (334) 749-2787

COUNTY: Lee

555 Sparkman Drive, Ste. 208
Huntsville, Alabama 35816
Telephone: (256) 895-3848
Fax: (256) 895-3213

COUNTY: Madison**Services Offered****Main Office****Services Offered**

Level II.1: Intensive Outpatient (Adolescent & Adult)
Level I-D: Ambulatory Detox w/o Extended On-Site
Monitoring (Adolescent & Adult)

Services Offered

Level II.1: Intensive Outpatient (Adult)
Level II.5: Partial Hospitalization Treatment (Adult)
Level III.7-D: Medically Monitored Residential Detox

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
Level I-D: Ambulatory Detox w/o Extended On-Site
Monitoring (Adolescent & Adult)

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
Level I-D: Ambulatory Detox w/o Extended On-Site
Monitoring (Adult)

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
Level I-D: Ambulatory Detox w/o Extended On-Site
Monitoring (Adolescent & Adult)

Services Offered

Level II.1: Intensive Outpatient (Adult)

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
Level I-D: Ambulatory Detox w/o Extended On-Site
Monitoring (Adolescent & Adult)

BRADFORD HEALTH SERVICES CONT'D**Executive Director: Margo M. Hays**

1600 Browns Ferry Road
 Madison, Alabama 35758
 Telephone: (256) 461-7272
 Fax: (256) 464-9618

COUNTY: Madison

703 Medical Center Parkway
 Boaz, Alabama 35957
 Telephone: (256) 593-9152
 Fax: (256) 840-1559

COUNTY: Marshall

1000 Hillcrest Road, Suite 304
 Mobile, Alabama 36695
 Telephone: (251) 633-0900
 Fax: (251) 633-6438

COUNTY: Mobile

386 St. Lukes Drive
 Montgomery, Alabama 36117
 Telephone: (205) 251-7753
 Fax: (334) 277-2786

COUNTY: Montgomery

101 Aviators View Drive, Suite B
 Alabaster, Alabama 35040
 Telephone: (205) 621-4429
 Fax: (205) 251-7760

COUNTY: Shelby

515 Energy Center Boulevard
 Northport, Alabama 35473
 Telephone: (205) 251-7753
 Fax: (205) 750-8375

COUNTY: Tuscaloosa****THE BRIDGE, INC.*****Executive Director: Tim Naugher****www.bridgeinc.org**

Northwood
 3232 Lay Springs Road
 Gadsden, Alabama 35904
 Telephone: (256) 546-6324
 Fax: (256) 456-1460

COUNTY: Etowah

402 Arnold Street, Northeast, Suite 104
 Cullman, Alabama 35055
 Telephone: (256) 546-6324

COUNTY: Cullman

461 Donald St
 Mobile, Al. 36617
 Telephone: (256) 546-6324

750 Downtowner Loop W Suite G
 Mobile, Al. 36609
 Telephone: (256) 546-6324

COUNTY: Mobile**Services Offered**

Level II.5: Partial Hospitalization Treatment
 (Adolescent & Adult)
 Level III.7: Medically Monitored High Intensity
 Residential Treatment for Adolescent
 Level III.7: Medically Monitored High Intensity
 Residential Treatment for Adult
 Level III.7-D: Medically Monitored Detox
 (Adolescent & Adult)

Services Offered

Level II.1: Intensive Outpatient (Adult)
 Level I-D: Ambulatory Detox w/o Extended On-Site
 Monitoring (Adult)

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
 Level I-D: Ambulatory Detox w/o Extended On-Site
 Monitoring (Adolescent & Adult)

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
 Level I-D: Ambulatory Detox w/o Extended On-Site
 Monitoring (Adult)

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
 Level I-D: Ambulatory Detox w/o Extended On-Site
 Monitoring (Adolescent & Adult)

Services Offered

Level II.1: Intensive Outpatient (Adolescent & Adult)
 Level II.1: Intensive Outpatient (Adult - Drug Court)
 Level I-D: Ambulatory Detox w/o Extended On-Site
 Monitoring (Adult)

Services Offered

Level III.5: Clinically Managed Medium Intensity
 Residential for Adolescents (**Male Only**)

Services Offered

Level I: Outpatient Treatment (Adolescent)

Services Offered

Level I: Outpatient Treatment (Adolescent)

Services Offered

Level II. 1 Intensive Outpatient (Adolescent)

**THE BRIDGE, INC. CONT'D*

Executive Director: Tim Naugher

100 7th Street NE
Ft. Payne, Alabama 35967
Telephone: (256) 546-6324
Fax: (256) 844-8335

COUNTY: Dekalb

Services Offered

Level I: Outpatient Treatment (Adolescent)
Level I: Outpatient Treatment (Adult)
Level II.1: Intensive Outpatient (Adult)

Westwood Program Gulf Coast Campus
3401 Newman Road
Mobile, Alabama 36617
Telephone: (251) 633-0475
Fax: (251) 635-1057

Services Offered

Level III.5: Clinically Managed Medium Intensity
Residential for Adolescents (**Male Only**)

722 Downtowner Loop West
Mobile, Alabama 36609
Telephone: (251) 338-1780
Fax: (251) 338-0056

COUNTY: Mobile

Services Offered

Level I: Outpatient Treatment (Adolescent)
Level II.1: Intensive Outpatient Treatment (Adolescent)

6001 12th Avenue East
Tuscaloosa, Alabama 35405
Telephone: (205) 546-6324
Fax: (205) 758-9478

COUNTY: Tuscaloosa

Services Offered

Level I: Outpatient Treatment (Adolescent)
Level II.1: Intensive Outpatient (Adolescent)

**CAHABA CENTER FOR MENTAL HEALTH*

Executive Director: Lafon Barlow

417 Medical Center Parkway
Selma, Alabama 36701
Telephone: (334) 875-2100
Fax: (334) 418-6540

COUNTY: Dallas

Services Offered

Main Office

1017 Medical Center PKWY
Selma, AL. 36701
(334) 874-2600

COUNTY: Dallas

Services Offered

Level I: Outpatient Treatment (Adol, Adult, & Women)
Level II.1 Intensive Outpatient (Adol, Adult, & Women)
Prevention Services

Dallas County Jail
988 Selfield Road
Selma, Alabama 36701
Telephone: (334) 415-6500

COUNTY: Dallas

Services Offered

Level I: Outpatient Treatment (Women's)

45 Camden Bypass
Camden, Alabama 36726
Telephone: (334) 682-4499
Fax: (334) 682-4615

COUNTY: Wilcox

Services Offered

Level I: Outpatient Treatment (Adult)
Level II.1 Intensive Outpatient (Adult)

**CALHOUN/CLEBURNE MENTAL HEALTH CENTER*

Executive Director: Mickey Turner

www.ccmhc.net

331 East 8th Street
P.O. Drawer 2205
Anniston, Alabama 36202
Telephone: (256) 236-3403
Fax: (256) 238-6263

Services Offered

Main Office

Cleburne MHC
150 Thompkins St
Heflin, Al. 36264
Telephone: (256) 236-8003

Services Offered

Level 0.5 Early Intervention (Adolescent & Adult)
Level I: Outpatient Treatment (Adult & Adolescent)
Level I: Outpatient Treatment (Co-Occuring) (Adult)

Jacksonville MHC
614 Pelham Rd.
Jacksonville, Al. 36265
Telephone: (256) 236-8003

Services Offered

Level 0.5 Early Intervention (Adolescent & Adult)
Level I: Outpatient Treatment (Adolescent & Adult)
Level I: Outpatient Treatment (Co-Occuring) (Adult)

New Directions
1640 Coleman Road
Anniston, Alabama 36207
Telephone: (256) 236-8003
Fax: (256) 236-9926

Services Offered

Level 0.5 Early Intervention (Adolescent & Adult)
Level I: Outpatient Treatment (Adol. & Adult)
(Co-Occuring)
Level II.1: Intensive Outpatient (Co-Occuring) (Adult)

COUNTY: Calhoun

CALHOUN TREATMENT CENTER

Program Director: Wendy Sprayberry

www.calhountreatmentcenter.net

118 East Choccolocco Street
Oxford, Alabama 36203
Telephone: (256) 831-4601
Fax: (256) 835-3386

Services Offered

Level I-O: Opioid Maintenance Therapy

COUNTY: Calhoun

**CED FELLOWSHIP HOUSE, INC.*

Executive Director: Sam Long

www.cedfellowshiphouse.org

4209 Brooke Avenue
Gadsden, Alabama 35904-8300
Telephone: (256) 413-3470
Fax: (256) 413-3472

Services Offered

Level III.1 Clinically Managed Low Intensity Residential
Treatment (**Male Only**)

COUNTY: Etowah

***CHEAHA MENTAL HEALTH CENTER**

Executive Director: Cindy Atkinson

crmhc.org

351 West 3rd Street
Sylacauga, Alabama 35150
Telephone: (256) 245-1340
Fax: (256) 245-1343
HOTLINE: (256) 245-2201

COUNTY: Talladega

Services Offered

[Business Office](#)
[Prevention Services](#)

Caradale Lodge
1721 Old Birmingham Hwy.
Sylacauga, Alabama 35150
Telephone: (256) 249-2395
Fax: (256) 245-9548

COUNTY: Talladega

Services Offered

[Level I: Outpatient Treatment \(Adult\)](#)
[Level III.5: Clinically Managed High Intensity
Residential for Adults \(**Male Only**\)](#)
[Level III.7-D: Medically Monitored Residential Detox
\(Adult\)](#)

Caradale Lodge Annex
1721 Old Birmingham Hwy.
P.O. Box 1248
Sylacauga, Alabama 35150
Telephone: (256) 249-2395
Fax: (256) 245-9548

COUNTY: Talladega

Services Offered

[Level I: Outpatient Treatment \(Adult\)](#)
[Level III.5: Clinically Managed High Intensity
Residential for Adults \(**Female Only**\)](#)

10 Bemiston Avenue
Talladega, Alabama 35160
Telephone: (256) 362-8600
Fax: (256) 245-9548

COUNTY: Talladega

Services Offered

[Level I: Outpatient Treatment \(Adolescent & Adult\)](#)

Randolph County Outpatient Services
706 Main Street
Roanoke, Alabama 36272
Telephone: (256) 245-1340
Fax: (334) 863-5519

COUNTY: Randolph

Services Offered

[Level I: Outpatient Treatment \(Adult & Adolescent\)](#)

**CHEMICAL ADDICTIONS PROGRAM (CAP)*

Executive Director: Jeff Merrett

www.capmgm.com

1153 Airbase Boulevard
Montgomery, Alabama 36108
Telephone: (334) 269-2150
Fax: (334) 265-0475

Services Offered

Level I: Outpatient Treatment (Adolescent)
Level II.1: Intensive Outpatient (Adolescent)

Pegasus Center
1151 Airbase Boulevard
Montgomery, Alabama 36108
Telephone: (334) 269-2150
Fax: (334) 265-0475

Services Offered

Level I: Outpatient Treatment (Adult)
Level II.1: Intensive Outpatient (Adult)

Capitol Recovery Center
1155 Airbase Boulevard
Montgomery, Alabama 36108
Telephone: (334) 262-2737
Fax: (334) 265-0475

Services Offered

Level III.5: Clinically Managed High Intensity
Residential (**Male Only**)

Mount Meigs Campus
1000 Industrial Road
Mount Meigs, Alabama 36057

Services Offered

Level II.1: Intensive Outpatient

COUNTY: Montgomery

2066 Highway 14 East
Prattville, Alabama 36066
Telephone: (334) 323-3204

Services Offered

Level I: Outpatient Treatment (Adolescent)
Level I: Outpatient Treatment (Adult)
Level II.1: Intensive Outpatient (Adolescent)
Level II.1: Intensive Outpatient (Adult)

COUNTY: Autauga

VACCA Campus
8950 Roebuck Boulevard
Birmingham, Alabama 35206

Services Offered

Level II.1: Intensive Outpatient (Adolescent)

COUNTY: Jefferson

CHILTON COUNTY TREATMENT CENTER

Executive Director: Susan Sidwell

www.chiltoncountytreatmentcenter.com

2100 Holiday Inn Drive
Clanton, Alabama 35046
Telephone: (205) 755-4300

Services Offered

Level I-O: Opioid Maintenance Therapy

***CHILTON/SHELBY MENTAL HEALTH CENTER**

Executive Director: Melodie Crawford

www.chiltonshelby.org

P.O. Drawer 689
Calera, Alabama 35040
Telephone: (205) 663-1252
Fax: (205) 685-0900

COUNTY: Shelby

Services Offered

Please send all mail to the post office drawer

151 Hamilton Lane
Calera, Alabama 35040
Telephone: (205) 668-4308
Fax: (205) 668-0894

COUNTY: Shelby

Services Offered

Level I: Outpatient Treatment (Adult Co-Occurring)
Level I: Outpatient Treatment (Adult & Adolescent)
Level II.1: Intensive Outpatient (Adult)
Prevention Services

110 Medical Center Drive
Clanton, Alabama, 35045
Telephone: (205) 755-5985
Fax: (205) 755-7060

COUNTY: Chilton

Services Offered

Level I: Outpatient Treatment (Adolescent & Adult)
Level II.1: Intensive Outpatient Treatment (Adult)

***COUNCIL ON SUBSTANCE ABUSE (NCADD)**

President/CEO: Shereda Finch

www.cosancadd.org

828 Forest Avenue
Montgomery, Alabama 36106
Telephone: (334) 262-1629
Fax: (334) 262-6725

COUNTY: Montgomery

Services Offered

Prevention Services

CULLMAN COUNTY TREATMENT CENTER

Executive Director: Kim Duke

www.cullmantreatmentcenter.com

1912 Commerce Avenue NW
P.O. Box 2085
Cullman, Alabama 35055
Telephone: (256) 739-5595
Fax: (256) 739-5375

COUNTY: Cullman

Services Offered

Level I-O: Opioid Maintenance Therapy

***CULLMAN LIGHTHOUSE**

(AKA NORTH CENTRAL ALABAMA ASSOCIATION FOR ALCOHOLISM)

Executive Director: Larry Cox

ncaaa.tripod.com

925 Convent Road North East
Cullman, Alabama 35055
Telephone: (256) 739-2777
Fax: (256) 739-0977

COUNTY: Cullman

Services Offered

Level III.1 Clinically Managed Low Intensity Residential
(Male Only)

**DAUPHIN WAY LODGE (SALVATION ARMY)*

Executive Director: Lyndia Benion

1009 Dauphin Street
P.O. Box 1025
Mobile, Alabama 36604
Telephone: (251) 438-4729
Fax: (251) 438-7742

COUNTY: Mobile

Services Offered

Level II.1 Intensive Outpatient
Level III.1 Clinically Managed Low Intensity
Residential for Adults
Level III.5 Clinically Managed High Intensity
Residential for Adults

3200 Pleasant Valley Road
Mobile, Alabama 36606
Telephone: (251) 438-1625
Fax: (251) 438-7742

COUNTY: Mobile

Services Offered

Level I: Outpatient Treatment
Level II.1 Intensive Outpatient

DOTHAN-HOUSTON COUNTY DRUG TREATMENT CENTER

Executive Director: Earl C. Jones

300 Columbia Hwy.
Suite 3
Dothan, Alabama 36301
Telephone: (334) 671-2231 (Office)
Telephone: (334) 596-1412 (Cell)

COUNTY: Houston

Services Offered

Level II.1: Intensive Outpatient

**DRUG EDUCATION COUNCIL, INC.*

Executive Director: Virginia Guy

www.drugeducation.org

3000 Television Avenue
Mobile, Alabama 36606
Telephone: (251) 478-7855
Fax: (251) 478-7865

COUNTY: Mobile

Services Offered

Prevention Services

**EAST ALABAMA MENTAL HEALTH CENTER*

Executive Director: Dr. Anne Penney, Ed.D

www.eastalabamamhc.com

2506 Lambert Drive
Opelika, Alabama 36801
Telephone: (334) 742-2700
Fax: (334) 742-2707

Services Offered

Main Office

Opelika Addiction Center
2300 Center Hills Drive, Building II
Opelika, Alabama 36801
Telephone: (334) 742-2700
Fax: (334) 742-2138

COUNTY: Lee

Services Offered

Level I: Outpatient Treatment (Adult)
Level II.1: Intensive Outpatient (Adult)
Prevention Services

Chambers County Addictions Center
410 9th Avenue Southwest
Lafayette, Alabama 36862
Telephone: (334) 864-4000
Fax: (334) 742-2840

COUNTY: Chambers

Services Offered

Level I: Outpatient Treatment (Adult)

EAST ALABAMA MENTAL HEALTH CENTER CONT'D*Executive Director:** Dr. Anne Penney, Ed.Dwww.eastalabamamhc.com

Russell County Addictions Center
 3170 Martin Luther King Parkway South
 Phenix City, Alabama 36868
 Telephone: (334) 298-2405
 Fax: (334) 742-2840

Services Offered

Level I: Outpatient Treatment (Adult)
 Level II.1 Intensive Outpatient (Adult)

COUNTY: Russell**EAST CENTRAL ALABAMA MENTAL HEALTH CENTER***Executive Director:** Don Schofieldwww.ecmhm.org

200 Cherry Street
 Troy, Alabama 36081
 Telephone: (334) 566-6022
 Fax: (334) 566-5346

Services Offered

Level II.1: Intensive Outpatient (Adult)
 Level I: Outpatient Treatment
 Prevention Services

COUNTY: Pike*ECD (ESCAPE FROM CHEMICAL DEPENDENCY)***Executive Director:** Anthony York

808 Downtowner Loop West
 Mobile, Alabama 36609
 Telephone: (251) 341-9504
 Fax: (251) 341-9509

Services Offered

Level I-O: Opioid Maintenance Therapy

COUNTY: Mobile**ELMORE COUNTY PARTNERSHIP FOR CHILDREN, INC.***Executive Director:** June Myers

507 Alabama St.
 Wetumpka, Al. 36092
 Telephone: (334) 514-3594
 Fax: (334) 514-3596

Services Offered

Prevention Services

COUNTY: Elmore**ETOWAH/DEKALB/CHEROKEE MENTAL HEALTH CTR.
(CED) MENTAL HEALTH CENTER)***Executive Director:** Sheila Hurley, MSwww.cedmhc.org

425 5th Avenue NW
 Attalla, Alabama 35954
 Telephone: (256) 492-7800
 Fax: (256) 494-5536
 HOTLINE: (256) 492-7800

Services Offered

Level I: Outpatient Treatment
 Level II.1 Intensive Outpatient
 Prevention Services

COUNTY: Etowah

P.O. Box 499
 200 Dean Buttram Avenue
 Centre, Alabama 35960
 Telephone: (256) 492-7800
 Fax: (256) 927-4520

Services Offered

Level I. Outpatient Treatment
 Level II.1 Intensive Outpatient

COUNTY: Cherokee

FAMILY LIFE CENTER, INC.**Executive Director: Debra Garner****www.familylifecenter.ws**3022 Greenhill Boulevard
Fort Payne, Alabama 35968**COUNTY: Dekalb****Services Offered**[Main Office](#)141 West Main Street
Centre, Alabama 35960
Telephone: (256) 997-9356
Fax: (256) 927-4800**COUNTY: Cherokee****Services Offered**[Level II.1: Intensive Outpatient \(Adult\)](#)300 Gault Avenue, South
Fort Payne, Alabama 35967
Telephone: (256) 997-9356
Fax: (256) 997-9314**COUNTY: Dekalb****Services Offered**[Level II.1: Intensive Outpatient \(Adult\)](#)219 S. 4th St
Gadsden, AL. 35954
Telephone: (256) 459-4494**COUNTY: Etowah****Services Offered**[Level II.1: Intensive Outpatient \(Adult\)](#)715 C. Wheeler Ave
Huntsville, Al. 35801
Telephone: (256) 845-1261**COUNTY: Madison****Services Offered**[Level II.1: Intensive Outpatient \(Sheriff Office\)](#)211 South Market Street
Scottsboro, Alabama 35768
Telephone: (256) 997-9356
Fax: (256) 574-1234**COUNTY: Jackson****Services Offered**[Level II.1: Intensive Outpatient \(Adult\)](#)410 South Jefferson Street
Athens, Alabama 35611
Telephone: (256) 216-3917 (Mondays & Wednesdays)
Fax: (256) 845-8813**COUNTY: Limestone****Services Offered**[Level II.1: Intensive Outpatient \(Adult\)](#)432 Gunter Avenue
P.O. Box 101
Guntersville, Alabama 35976
Telephone: (256) 582-1471
Fax: (256) 582-2275**COUNTY: Marshall****Services Offered**[Level II.1: Intensive Outpatient \(Adult\)](#)501 McGalathery Lane, Suite 6-B
Decatur, Alabama 35601
Telephone: (256) 355-3703
Fax: (256) 355-3704**COUNTY: Morgan****Services Offered**[Level II.1: Intensive Outpatient \(Adult\)](#)

**FRANKLIN PRIMARY HEALTH CENTER, INC.*

Executive Director: Charles White

www.franklinprimary.org

510 S. Wilson Ave
Prichard, Al. 36610
Telephone: (251) 434-8195
Fax: (251) 434-8199

Services Offered
Level I: Outpatient Treatment
Prevention Services

COUNTY: Mobile

GADSDEN TREATMENT CENTER

Executive Director: Rebecca Clayton

www.thetreatmentcentersinc.com

1107 West Meighan Boulevard
Gadsden, Alabama 35901
Telephone: (256) 549-0807
Fax: (256) 549-0887

Services Offered
Level I-O: Opioid Maintenance Therapy

COUNTY: Etowah

**GATEWAY (FAMILY & CHILD SERVICES)*

Executive Director: Jim Loop

www.gway.org

1401 South 20th Street
Birmingham, Alabama 35205
Telephone: (205) 776-6030
Fax: (205) 714-9951

Services Offered
Prevention Services

COUNTY: Jefferson

GULF COAST TREATMENT CENTER

Executive Director: Linda Gabriel

www.gulfcoasttreatmentcenter.com

12271 Interchange Drive
P.O. Box 1149
Grand Bay, Alabama 36541
Telephone: (251) 865-0123
Fax: (251) 865-0247

Services Offered
Level I-O: Opioid Maintenance Therapy

COUNTY: Mobile

HOPE HOUSE, INC.*Executive Director: John Atchison**

www.myhopehouse.org

Please send all mail to the post office box

1000 Lincoln Avenue Ste. B
 P.O. Box 127
 Oneonta, Alabama 35121
 Telephone: (205) 625-4673
 Fax: (205) 625-4820

COUNTY: Blount**Services Offered**

Level I: Outpatient Treatment (Adolescent & Adult)
 Level II.1: Intensive Outpatient (Adolescent & Adult)

*HOUSING AUTHORITY OF THE CITY OF ALICEVILLE, ALABAMA***Executive Director: Frieda Blakney**

413 3rd Avenue Northwest
 Aliceville, Alabama 35442
 Telephone: (205) 373-8333

Services Offered

Prevention Services

*HOUSTON TREATMENT CENTER***Clinical Director: Katesha Ford, M.S.**

9283 West U.S. 84
 Newton, Alabama 36352
 Telephone: (334) 692-4455
 Fax: (334) 692-4457

COUNTY: Dale**Services Offered**

Level I-O: Opioid Maintenance Therapy

*HUNTSVILLE METRO TREATMENT CENTER***Program Director: Terry Mitchell**

2227 Drake Avenue, Suite 19
 Huntsville, Alabama 35805
 Telephone: (256) 881-1311
 Fax: (256) 881-1412

COUNTY: Madison**Services Offered**

Level I-O: Opioid Maintenance Therapy

*HUNTSVILLE RECOVERY, INC.***Program Director: Bill Garrett**

www.huntsvillerecovery.com

Please send all mail to the post office box

P.O. Box 2066, Huntsville, AL 35804
 4040 Independence Drive
 Huntsville, Alabama 35816
 Telephone: (256) 721-1940
 Fax: (256) 721-1934

COUNTY: Madison**Services Offered**

Level I-O: Opioid Maintenance Therapy

*INSIGHT TREATMENT PROGRAM, INC.***Executive Director: Thomas E. Lee, Jr.**

1111 East I-65 Service Road, South, Suite A-7
 Mobile, Alabama 36606
 Telephone: (251) 473-6093
 Fax: (334) 445-6511

COUNTY: Mobile

Services Offered
[Administrative Office](#)

Send all substance abuse mail to:
 1111 East I-65 Service Rd. South, A-7
 Mobile, AL 36606

Clarke County Drug Court
 114 Court Street
 Grove Hill, AL 36451
 Telephone: (251) 473-6093
 Fax: (334) 445-6511

COUNTY: Clarke

Services Offered
[Level 0.5: Early Intervention](#)
[Level I: Outpatient Treatment](#)
[Level II.1: Intensive Outpatient](#)

Coffee County Drug Court Referral
 501 Plaza Drive, Ste. 113A
 Enterprise, Alabama 36451
 Telephone: (334) 445-6190
 Fax: (334) 445-6511

COUNTY: Coffee

Services Offered
[Level 0.5: Early Intervention](#)
[Level I: Outpatient Treatment](#)
[Level II.1: Intensive Outpatient \(Court Referral\)](#)

123 Painter Avenue, Suite G
 Ozark, Alabama 36360
 Telephone: (334) 445-6190
 Fax: (334) 445-6511

COUNTY: Dale

Services Offered
[Level 0.5: Early Intervention](#)
[Level I: Outpatient Treatment](#)
[Level II.1: Intensive Outpatient](#)

717 Douglas Ave
 Brewton, AL 36426
 Telephone: (251) 473-6093

COUNTY: Escambia

Services Offered
[Level 0.5: Early Intervention](#)
[Level I: Outpatient Treatment](#)
[Level II.1: Intensive Outpatient](#)

JCCEO (JEFFERSON COUNTY COMMITTEE FOR ECONOMIC OPPORTUNITY)*Executive Director: Marquita Davis****www.jcceo.org**

300 8th Avenue West
 Birmingham, Alabama 35204

Services Offered
[Main Office](#)
[Prevention Services](#)

228 2nd Avenue North
 Birmingham, Alabama 35204
 Telephone: (205) 787-3040
 Fax: (205) 783-6542

Services Offered
[Level II.1: Intensive Outpatient \(Adult\)](#)

1324 4th Avenue North
 Bessemer, Alabama 35020
 Telephone: (205) 428-7362

COUNTY: Jefferson

Services Offered
[Level II.1: Intensive Outpatient \(Adult\)](#)

JEFFERSON-BLOUNT-ST. CLAIR MENTAL HEALTH AUTHORITY*Executive Director: Dr. Richard Craig****www.jbsmha.com**

940 Montclair Road, Suite 200
 Birmingham, Alabama 35213
 Telephone: (205) 595-4555
 Fax: (205) 592-3539

COUNTY: Jefferson

Services Offered
[Prevention Services](#)

LIFETIME RESOLUTIONS, LLC**Executive Director: Brenda Allen**

2525 East South Boulevard
 Montgomery, Alabama 36116
 Telephone: (334) 284-7502
 Fax: (334) 284-7503

COUNTY: Montgomery**Services Offered**

Level III.1 Clinically Managed Low Intensity Residential
 Level I: Outpatient Treatment
 Level II.1 Intensive Outpatient
(Female Only)

****LIGHTHOUSE COUNSELING CENTER*****Executive Director: John Roper****www.lighthousehelp.com**

111 Coliseum Boulevard
 Montgomery, Alabama 36109
 Telephone: (334) 286-5980
 Fax: (334) 286-5993

Services Offered

Level 0.5 Early Intervention
 (Co-Occurring & Special Women's)
 Level I: Outpatient Treatment
 Level I: Outpatient Treatment
 (Co-Occurring & Special Women's)
 Level II.1 Intensive Outpatient
 Level II.1 Intensive Outpatient
 (Co-Occurring & Special Women's)
 Prevention Services

Montgomery County Jail
 250 South McDonough
 Montgomery, Alabama 36752

COUNTY: Montgomery**Services Offered**

Level I: Outpatient Treatment

****LIGHTHOUSE OF TALLAPOOSA*****Executive Director: Teri Trammell**

36 Franklin Street
 Alexander City, Alabama 35010
 Telephone: (256) 234-4894
 Fax: (256) 234-4854

COUNTY: Tallapoosa**Services Offered**

Level III.1 Clinically Managed Low Intensity
 Residential **(Male Only)**

MARION COUNTY TREATMENT CENTER, INC.**Executive Director: Steve Kiser****www.methadonesouth.com**

1879 Military Street South
 Hamilton, Alabama 35570
 Telephone: (205) 921-3799
 Fax: (205) 921-3480

COUNTY: Marion**Services Offered**

Level I-O: Opioid Maintenance Therapy

*MARWIN COUNSELING SERVICES, INC.***Executive Director: Lavon Harris**

422 2nd Street, SW
 Hamilton, Alabama 35570
 Telephone: (205) 487-0359
 Fax: (205) 487-0002

Services Offered

Level II.1: Intensive Outpatient (Adults)

1077 Highway 43
 P.O. Box 1576
 Winfield, Alabama 35594
 Telephone: (205) 487-0359
 Fax: (205) 487-0002

Services Offered

Level II.1: Intensive Outpatient (Adults)

COUNTY: Marion

42451 Highway 195, Suite 107
 Haleyville, Alabama 35565
 Telephone: (205) 485-1540
 Fax: (205) 485-1286

Services Offered

Level II.1: Intensive Outpatient (Adults)

COUNTY: Winston**MENTAL HEALTHCARE OF CULLMAN***Executive Director: Chris Van Dyke**www.mentalhealthcareofcullman.org

P. O. Box 2186
 Cullman, Alabama 35055

1909 Commerce Avenue North West
 Cullman, Alabama 35055
 Telephone: (256) 734-4688
 Fax: (256) 734-4694

Services Offered

Level I: Outpatient Treatment (Adult)

(Co-Occurring Capable)

Level II.1: Intensive Outpatient (Adult)

(Co-Occurring Capable)

Prevention Services

Cullman County Detention Facility
 1910 Beech Avenue Southeast
 Cullman, Alabama 35055
 Telephone: (256) 734-4688
 Fax: (256) 734-4694

Services Offered

Level I: Outpatient Treatment (Adult)

COUNTY: Cullman**MENTAL HEALTH CENTER OF MADISON COUNTY***Executive Director: Brian Davis**www.mhcmc.org

New Horizons Recovery Center
 4040 South Memorial Parkway
 Huntsville, AL 35802-4319
 Telephone: (256) 533-1970
 Fax: (256) 705-6356

Services Offered

Level I: Outpatient Treatment (Adult)

Level II.1: Intensive Outpatient Treatment (Adult)

Nova Center for Youth & Family
 1900 Golf Road, 2nd Floor
 Huntsville, Alabama 35802
 Telephone: (256) 705-6493
 Fax: (256) 532-4112

Services Offered

Level I: Outpatient Treatment (Adolescent)

Level II.1 Intensive Outpatient (Adolescent)

Prevention Services

Madison County Detention Facility
 815 Wheeler Avenue
 Huntsville, Alabama 35801

Services Offered

Level I: Outpatient Treatment (Adult)

COUNTY: Madison

***MENTAL HEALTH CENTER OF NORTH CENTRAL ALABAMA**

Executive Director: Marie H. Hood

www.mhcnca.org

1316 Somerville Road, Suite 1
Decatur, Alabama 35601
Telephone: (256) 260-7324
Fax: (256) 355-6092

Services Offered
[Main Administrative Office](#)

Quest Recovery Center
4110 Highway 31 South
Decatur, Alabama 35603
Telephone: (256) 353-9116
Fax: (256) 353-1407

COUNTY: Morgan

Services Offered
[Level 0.5 Early Intervention \(Adult & Adolescent\)](#)
[Level I: Outpatient Treatment \(Adult & Adolescent\)](#)
[Level I: Outpatient Treatment](#)
[Level II.1 Intensive Outpatient \(Adult\)](#)
[Level II.1 Intensive Outpatient Prevention Services](#)

Quest Recovery Center
Community Corrections Program
410 South Jefferson Street
Athens, Alabama 35612
Telephone: (256) 216-3919
Fax: (256) 353-1407

COUNTY: Limestone

Services Offered
[Level I: Outpatient Treatment \(Adult\)](#)

MOBILE METRO TREATMENT CENTER (COLONIAL MGMT GROUP, LP)

Program Director: Barb Delisle

1924-C Dauphin Island Parkway
Mobile, Alabama 36605
Telephone: (251) 476-5733
Fax: (251) 470-7249

COUNTY: Mobile

Services Offered
[Level I-O: Opioid Maintenance Therapy](#)

MOMS, INC.

Executive Director: David McCullough

www.moms-inc.org

414 E. Tuscaloosa Street
Florence, Alabama 35630
Telephone: (256) 412-0010
Fax: (256) 712-1830

COUNTY: Lauderdale

COUNTY: Colbert

Services Offered
[Level III.01: Transitional Residential \(Male Only\)](#)

MONTGOMERY METRO TREATMENT CENTER**Program Director: Carol Duval****www.methadonetreatment.com**

6001 East Shirley Lane
 Montgomery, Alabama 36116
 Telephone: (334) 244-1618
 Fax: (334) 272-4689

Services Offered**Level I-O: Opioid Maintenance Therapy****COUNTY: Montgomery******MOUNTAIN LAKES BEHAVIORAL HEALTHCARE*****Executive Director: Myron Gargis****www.mlbhc.com**

Administrative Office
 22165 US Hwy 431
 Guntersville, Alabama 35976
 Telephone: (256) 582-3203
 Fax: (256) 582-5226

Services Offered**Prevention Services******NEW CENTURIONS, INC. (NEW LIFE FOR WOMEN)*****Executive Director: Phillip Carr**

102 Centurion Way
 Gadsden, Alabama 35904
 Telephone: (256) 413-0200
 Fax: (256) 413-0198

Services Offered**Level III.1: Clinically Managed Low Intensity Residential****Level III.5: Clinically Managed High Intensity****Residential for Adults (Female Only)****COUNTY: Etowah*****NEW PATHWAYS, LLC*****Executive Director: Patsy Isbell**

1508 Bunt Drive
 Pell City, Alabama 35125
 Telephone: (205) 814-1423
 Fax: (205) 814-1429

Services Offered**Level I: Outpatient Treatment (Adolescent & Adult)****COUNTY: St. Clair*****NORTHEAST ALABAMA TREATMENT CENTER (COMPREHENSIVE MGMT)*****Executive Director: Anthony Ardis**

196 County Road 85
 Stevenson, Alabama 35772
 Telephone: (256) 437-2728

Services Offered**Level I-O: Opioid Maintenance Therapy**

**NORTHWEST ALABAMA MENTAL HEALTH CENTER*

Executive Director: Dave Cottle 123 2nd Avenue Northwest Fayette, Alabama 35555 Telephone: (205) 932-3301 Fax: (205) 932-3307	www.nwamhc.com <u>Services Offered</u> Level I: Outpatient Treatment (Adolescent & Adult) Prevention Services
COUNTY: Fayette 141 2 nd Avenue North West Vernon, Alabama 35592 Telephone: (205) 695-9183 Fax: (205) 695-0078	<u>Services Offered</u> Level I: Outpatient Treatment (Adolescent & Adult)
COUNTY: Lamar 260 Baker Street Winfield, Alabama 35594 Telephone: (205) 487-2124 Fax: (205) 487-8708	<u>Services Offered</u> Level I: Outpatient Treatment (Adolescent & Adult)
COUNTY: Marion Business Office 1100 7 th Avenue Jasper, Alabama 35501 Telephone: (205) 302-9061 Fax: (205) 302-9002	<u>Services Offered</u> Level I: Outpatient Treatment (Adolescent & Adult) Prevention Services
COUNTY: Walker START Program 500 Blackwell Dairy Rd Jasper, Al. 35504 Telephone: (205) 295-9530 Fax: (205) 295-9532	<u>Services Offered</u> Level III.5: Clinically Managed Medium Intensity Residential Treatment for Adolescents (Female Only)
COUNTY: Walker 71 Carraway Drive Haleyville, Alabama 35565 Telephone: (205) 302-9017 Fax: (205) 486-8981	<u>Services Offered</u> Level I: Outpatient Treatment (Adolescent & Adult) Prevention Services
COUNTY: Winston Hamilton C & A 1435 Military St Hamilton, Al. 35570 Telephone: (205) 302-9017	<u>Services Offered</u> Level I: Outpatient Treatment (Adolescent)
COUNTY: Marion	

NORTHWEST ALABAMA TREATMENT CENTER**Acting Executive Director: Shelly Wilson****www.nwadc.net**

P.O. Box 1485
 Bessemer, Alabama 35021

4204 Edmonton Drive
 Bessemer, Alabama 35022
 Telephone: (205) 425-1200
 Fax: (205) 425-9606

COUNTY: Jefferson**Services Offered**[Level I-O: Opioid Maintenance Therapy](#)****OAKMONT CENTER*****Executive Director: Dr. Ernest Porterfield****www.theoakmontcenter.com**

2008 21st Street Ensley
 P.O. Box 8328
 Birmingham, Alabama 35218
 Telephone: (205) 787-7100
 Fax: (205) 787-6401

COUNTY: Jefferson**Services Offered**[Level II.1 Intensive Outpatient Prevention Services](#)****THE PATHFINDER, INC.*****Executive Director: Mike McLemore****www.thepathfinder.us**

3104 Ivy Avenue
 Huntsville, Alabama 35805
 Telephone: (256) 534-7644
 Fax: (256) 533-0760

COUNTY: Madison**Services Offered**[Level III.01 Transitional Residential](#)***PHENIX CITY COURT REFERRAL PROGRAM*****Program Director: Angela Williams**

1517 5th Avenue
 P.O. Box 3294
 Phenix City, Alabama 36868
 Telephone: (334) 448-4466
 Fax: (334) 448-9775

COUNTY: Russell**Services Offered**[Level II.1 Intensive Outpatient](#)

WING II
 28 Clay Street
 Alexander City, Alabama 35010
 Telephone: 1(800) 729-5217
 Fax: (334) 448-9775

COUNTY: Tallapoosa**Services Offered**[Level I: Outpatient Treatment](#)

WING III
 205 N Main St
 Tuskegee, Alabama 36083
 Telephone: (334) 448-4466
 Fax: (334) 448-9775

COUNTY: Macon**Services Offered**[Level I: Outpatient Treatment](#)

PHENIX CITY COURT REFERRAL PROGRAM CONT'D**Program Director: Angela Harp****WING IV**

2204 East Gateway Drive
 Opelika, Alabama 36901
 Telephone: (256) 750-2004
 Fax: (334) 448-9775

COUNTY: Lee**Services Offered****Level I: Outpatient Treatment****WING V**

136 Main Street
 Roanoke, Alabama 36274
 Telephone: (334) 448-9775
 Fax: (334) 448-9775

COUNTY: Randolph**Services Offered****Level I: Outpatient Treatment******PHOENIX HOUSE, INC.*****Executive Director: Ronald Colvin****www.phoenixhousetuscaloosa.com**

700 35th Avenue
 Tuscaloosa, Alabama 35401
 Telephone: (205) 758-3867
 Fax: (205) 758-3803

COUNTY: Tuscaloosa**Services Offered****Level III.1 Clinically Managed Low Intensity Residential (Adult)*****POSITIVE CHANGES, LLC*****Executive Director: Melva Turner, Ph.D., LPC****www.melvturnerpositivechanges.vpweb.com**

114 Walker Street
 Prattville, Alabama 36067
 Telephone: (334) 430-2346
 Fax: (334) 356-8923

COUNTY: Autauga**Services Offered****Level II.1: Intensive Outpatient (Adult)******RAPHA CHRISTIAN MINISTRIES*****Executive Director: Barry Hooks****<http://raphaministries.net>**

677 West Covington Avenue
 Attalla, Alabama 35954
 Telephone: (256) 538-7458
 Fax: (256) 538-5474

COUNTY: Etowah**Services Offered****Level III.1 Clinically Managed Low Intensity Residential
 Level III.5 Clinically Managed High Intensity Residential (Male Only)******RECOVERY SERVICES OF DEKALB COUNTY INC.*****Executive Director: Paula Thomas**

133 South Emmett Street
 Albertville, Alabama 35950
 Telephone: (256) 891-9540
 Fax: (256) 845-9369

COUNTY: Marshall**Services Offered****Level I: Outpatient Treatment (Adolescent)**

409 A Main St
 Rainsville, Al. 35986
 Telephone: (256) 486-5330

Services Offered**Level I: Outpatient Treatment**

301 Godfrey Avenue SE
 Fort Payne, Alabama 35967
 Telephone: (256) 845-9220

COUNTY: Dekalb**Services Offered****Level I: Outpatient Treatment (Adult)**

350 E Main St
 Centre, Al. 35960
 Telephone: (256) 486-5330

COUNTY: Cherokee**Services Offered****Level I: Outpatient Treatment**

**RIVERBEND CENTER FOR MENTAL HEALTH*

Executive Director: Bryan Libell

www.rcmh.org

635 West College Street
P.O. Box 941
Florence, Alabama 35631-0941
Telephone: (256) 764-3431
Fax: (256) 760-9255

COUNTY: Colbert & Lauderdale

Services Offered

Level I: Outpatient Treatment (Adolescent/Co-occurring)
Level I: Outpatient Treatment (Adult/Co-Occurring)
Level II.1: Intensive Outpatient (Adult/Co-occurring)
Prevention Services

Sunrise Lodge
1163 Washington Avenue, South West
Russellville, Alabama 35653
Telephone: (256) 332-0078
Fax: (256) 332-6862

COUNTY: Franklin

Services Offered

Level III.5 Clinically Managed High Intensity
Residential for Adults (**Male Only**)

RONALD R. BOWEN, LCSW, LLC

Executive Director: Ronald Bowen

***Federal Bureau of Prisons Clients Only**

1134 22nd Street North
Birmingham, Alabama 35234
Telephone: (205) 907-9527
Fax: 1-888-560-6161

COUNTY: Jefferson

Services Offered

Level I: Outpatient Treatment (Adult)

4901 Battleship Parkway
Spanish Fort, Alabama 36527
Telephone: (205) 907-9527

COUNTY: Mobile

Services Offered

Level I: Outpatient Treatment (Adult)

4230 Norman Bridge Road
Montgomery, Alabama 36105
Telephone: (205) 907-9527

COUNTY: Montgomery

Services Offered

Level I: Outpatient Treatment (Adult)

**SAYNO OF MONTGOMERY, INC.*

Executive Director: Anderson Graves

492 South Court Street, Ste. 1
Montgomery, Alabama 36104
Telephone: (334) 265-1821
Fax: (334) 264-5154

COUNTY: Montgomery

Services Offered

Prevention Services

SHELBY COUNTY TREATMENT CENTER**Executive Director: Susan Sidwell**

750 Highway 31 South
 Saginaw, Alabama 35007
 Telephone: (205) 266-5022
 Fax: (205) 216-0203

COUNTY: Shelby**Services Offered**

Level I-O: Opioid Maintenance Therapy

SHOALS TREATMENT CENTER**Executive Director: Rebecca Clayton**

3430 North Jackson Hwy.
 Sheffield, Alabama 35660
 Telephone: (256) 383-6646
 Fax: (256) 383-6654

COUNTY: Colbert**Services Offered**

Level I-O: Opioid Maintenance Therapy

****THE SHOULDER*****Executive Director: David Brown****www.theshoulder.org**

7801 Highway 59, Suite A
 Foley, Alabama 36535
 Telephone: (251) 626-2199
 Fax: (251) 626-2388

COUNTY: Baldwin**Services Offered**

Level I: Outpatient Treatment

31214 Coleman Lane
 Spanish Fort, Alabama 36527
 Telephone: (251) 626-2199
 Fax: (251) 626-2388

Services Offered

Level I: Outpatient Treatment (Adult)

Level III.1 Clinically Managed Low Intensity Residential

****SOUTH CENTRAL ALABAMA MENTAL HEALTH CENTER*****Executive Director: Diane Baugher**

Montezuma Complex
 205 Academy Drive
 Andalusia, Alabama 36420
 Telephone: (334) 428-5045
 Fax: (334) 428-5006

COUNTY: Covington**Services Offered**Level III.5 Clinically Managed High Intensity
Residential for Adults (**Male Only**)

Level I: Outpatient Treatment (Adult)

SOUTHEAST INTERVENTION GROUP, INC.**Program Director: Dr. Larry R. Kirkland, Jr., MD, MPH****www.sigdothan.com****The Herring Houses of Dothan**

101 North Herring Street
 Dothan, Alabama 36303-4064
 Telephone: (334) 699-3175
 Fax: (334) 699-3137

COUNTY: Houston**Main Office**

Please send all mail to this location

Actual Facility Location:

Herring Houses of Dothan
 110 North Herring Street
 Dothan, Alabama 36303
 Telephone: (334) 699-3175
 Fax: (334) 699-3137

COUNTY: Houston**Services Offered**

Level III.1: Clinically Managed Low Intensity
 Residential for Adults (**Female Only**)

Step by Step Recovery
 1130 West Main Street
 Dothan, Alabama 36301
 Telephone: (334) 699-3175
 Fax: (334) 699-3137

COUNTY: Houston**Services Offered**

Level III.1: Clinically Managed Low Intensity Residential
 (**Male Only**)

SOUTHEASTERN PSYCHIATRIC MANAGEMENT, INC. (MOUNTAIN VIEW HOSPITAL)**Executive Director: Cecil Ledbetter****www.mtnviewhospital.com**

3001 Scenic Highway
 Gadsden, Alabama 35904
 Telephone: (256) 543-7640
 Fax: (256) 546-6156

COUNTY: Etowah**Services Offered**

Main Office
 Level II.1: Intensive Outpatient Deferred
 Prosecution (Adult)

1 Independence Drive
 Rainbow City, Alabama 35906
 Telephone: (256) 413-1880
 Fax: (256) 413-1882

COUNTY: Etowah**Services Offered**

Level II.1: Intensive Outpatient Treatment (Adult)

SOUTHERN PREVENTION ASSOCIATES, LLC**Executive Director: Sena Stewart**

802 7th Street South
 Clanton, Alabama 35045
 Telephone: (205) 755-1210

Services Offered

Prevention Services

Executive Director: Candace Harden

328 West Claiborne Street
P.O. Box 964
Monroeville, Alabama 36461-0964
Telephone: (251) 575-4203
Fax: (251) 575-9459

COUNTY: Monroe

Services Offered

Main Office

8600 Highway 31 South, Courthouse Annex
Atmore, Alabama 36502
Telephone: (251) 575-4203
Fax: (251) 575-9459

COUNTY: Escambia

Services Offered

Level I: Outpatient Treatment (Adult)

Level II.1: Intensive Outpatient (Adult)

1321 McMillan Street
Brewton, Alabama 36426
Telephone: (251) 867-3242
Fax: (251) 867-7151

COUNTY: Escambia

Services Offered

Level I: Outpatient Treatment (Adult)

Level II.1: Intensive Outpatient (Special Women's)

530 Hornady Drive
Monroeville, Alabama 36461
Telephone: (251) 575-4837
Fax: (251) 575-5266

COUNTY: Monroe

Services Offered

Level I: Outpatient Treatment (Adult)

Level II.1: Intensive Outpatient (Adult)

**SPECTRACARE HEALTH SYSTEMS, INC.*

Executive Director: Melissa Kirkland

3542 Montgomery Highway
Dothan, Alabama 36303
Telephone: (334) 712-2720
Fax: (334) 712-2727

COUNTY: Houston

Services Offered

Administrative Office

133 North Orange Street
Eufaula, Alabama 36027
Telephone: (334) 687-2323
Fax: (334) 687-9001

COUNTY: Barbour

Services Offered

Level I: Outpatient Treatment (Adult)

134 Katherine Avenue
Ozark, Alabama 36360
Telephone: (334) 774-9112
Fax: (334) 774-3052

Services Offered

Level I: Outpatient Treatment (Adolescent & Adult)

**SPECTRACARE HEALTH SYSTEMS, INC. CONT'D*

Executive Director: Melissa Kirkland

Midland City Co-Occurring I
6075 County Road 14
Midland City, Alabama 36350
Telephone: (334) 984-2020

Services Offered

Level III.5 Clinically Managed High Intensity
Residential for Adults

Midland City Co-Occurring II
6129 County Road 14
Midland City, Al. 36350

Level III.5: Clinically Managed High Intensity
Residential for Adults

COUNTY: Dale

4055 3rd Avenue
Hartford, Alabama 36344
Telephone: (334) 790-7529

Services Offered

Prevention Services

1203 W. Maple Street
Geneva, Alabama 36340
Telephone: (334) 684-9615
Fax: (334) 684-3927

Services Offered

Level I: Outpatient Treatment (Adolescent & Adult)

COUNTY: Geneva

219 Dothan Road
Abbeville, Alabama 36310
Telephone: (334) 585-6864
Fax: (334) 585-1582

Services Offered

Level I: Outpatient Treatment

COUNTY: Henry

The Haven (#831)
831 John D. Odom Road
Dothan, Alabama 36303
Telephone: (334) 794-3771
Fax: (334) 671-1587

Services Offered

Level III.5 Clinically Managed High Intensity
Residential for Adults

The Haven (#833)
833 John D. Odom Road
Dothan, Alabama 36303
Telephone: (334) 712-2720
Fax: (334) 712-2727

Services Offered

Level III.5 Clinically Managed High Intensity
Residential for Adults

440 Honeysuckle Road
Dothan, Alabama 36305
Telephone: (334) 673-2143
Fax: (334) 673-2159

Services Offered

Level I: Outpatient Treatment (Adult)
Level II.1: Intensive Outpatient (Adult)

191 South Oates Street
Dothan, Alabama 36301
Telephone: (334) 794-3771
Fax: (334) 712-9262

Services Offered

Prevention Services
Court Referral

COUNTY: Houston

**ST. ANNE'S HOME*

Executive Director: Dr. Christy Carroll

sahexecutivedirector@gmail.com

2772 Hanover Circle
Birmingham, Alabama 35205
Telephone: (205) 933-2402
Fax: (205) 933-2479

Services Offered

Level III.1: Clinically Managed Low Intensity
Residential Treatment (**Female Only**)

COUNTY: Jefferson

STARTING OVER RECOVERY PROGRAM, LLC**Executive Director: Cindy Tillery**

100 W. Bridge St.
 Wetumpka, AL 36092
 Telephone: (334) 301-6928
 Fax: (334) 365-9946

COUNTY: Elmore**Services Offered**

Level I: Outpatient Treatment (Adults)

Please send all mail to:
 631 N. Memorial Dr.
 Prattville, AL 36067

****SUBSTANCE ABUSE COUNCIL OF NORTHWEST ALABAMA
 (FREEDOM HOUSE)***

Executive Director: Brenda Tucker

Freedom House
 54 Wheeler Hills Road
 Rogersville, Alabama 35652
 Telephone: (256) 247-1222
 Fax: (256) 247-1226

Services Offered

Level II.1: Intensive Outpatient
 Level III.3: Clinically Managed Medium Intensity
 Residential for Adults (Female Only)
 Administrative Services

Freedom House
 51 Wheeler Hills Road
 Rogersville, Alabama 35652
 Telephone: (256) 247-1222
 Fax: (256) 247-1226

Services Offered

Level III.3: Clinically Managed Medium Intensity
 Residential for Adults (**Female Only**)

COUNTY: Lauderdale

112 Jackson Avenue
 Russellville, Alabama 35653
 Telephone: (256) 332-1230

Services Offered

Level II.1: Intensive Outpatient (Adult)

COUNTY: Franklin***SUMTER COUNTY TREATMENT CENTER (COLONIAL MGMT GROUP, LP*****Program Director: LaKrystal Crenshaw**

106 Hospital Road, Ste. 101
 Livingston, Alabama 35470
 Telephone: (205) 652-4919
 Fax: (205) 652-4969

Services Offered

Level I-O: Opioid Maintenance Therapy

COUNTY: Sumter***TEARS, INC. (TEENS EMPOWERMENT AWARENESS W/RESOLUTIONS, INC.)*****Program Director: Angelia C. Walton****www.tearsinc.org**

1011 South Railroad Street
 Phenix City, Alabama 36867
 Telephone: (334) 291-6363
 Fax: (334) 291-6399
 Youths: 1-866-41YOUTH

Services Offered

Level I: Outpatient Services (Adolescent)
 Prevention Services

COUNTY: Russell

THERAPEUTIC RESOURCES, INC.**Executive Director: Jeffery Justice**

Contact Person: April Johnson

1450 Ross Clark Circle, Suite 3
 Dothan, Alabama 36301
 Telephone: (334) 794-2113
 Fax: (334) 585-0251

COUNTY: Houston**Services Offered**

Level II.1: Intensive Outpatient (Adolescent)

TRI-COUNTY TREATMENT CENTER**Program Director: Rob Chambers**

5605 Clifford Circle
 Birmingham, Alabama 35210
 Telephone: (205) 836-3345
 Fax: (205) 836-3376

COUNTY: Jefferson**Services Offered**

Level I-O: Opioid Maintenance Therapy

TUSCALOOSA TREATMENT CENTER**Program Director: Shannon Pace**

1001 Mimosa Park Road
 Tuscaloosa, Alabama 35405
 Telephone: (205) 752-5857
 Fax: (205) 752-6410

COUNTY: Tuscaloosa**Services Offered**

Level I-O: Opioid Maintenance Therapy

****UAB SUBSTANCE ABUSE PROGRAM*****Executive Director: Foster Cook****www.uab.edu/tasc**

Beacon Addiction Treatment Center
 401 Beacon Parkway West
 Birmingham, Alabama 35209
 Telephone: (205) 917-3733
 Fax: (205) 940-9258

Services Offered

0.5 Early Intervention Services

Level I: Outpatient Treatment (Adolescent & Adult)

Level II.1: Intensive Outpatient

(Adolescent, Adult & Special Women's)

Level II.5: Partial Hospitalization Treatment (Adult)

Beacon Addiction Treatment Center
 120 2nd Avenue North
 Birmingham, Alabama 35204
 Telephone: (205) 917-3784

Services Offered

Prevention Services

1520 2nd Avenue North
 Bessemer, Alabama 35020
 Telephone: (205) 424-4587 or (205) 424-3688
 Fax: (205) 424-4392

COUNTY: Jefferson**Services Offered**

Level II.1: Intensive Outpatient (Adult)

WALKER RECOVERY CENTER**Executive Director: Stacy Patton**

2195 North Airport Road
 P.O. Box 2030
 Jasper, Alabama 35501
 Telephone: (205) 221-1799 or (205) 221-1799
 Fax: (205) 221-1802

COUNTY: Walker**Services Offered**

Level I-O: Opioid Maintenance Therapy

****WEST ALABAMA MENTAL HEALTH CENTER*****Executive Director: Patricia Moore****www.wamhc.org**

1215 South Walnut Avenue
 Demopolis, Alabama 35470
 Telephone: (334) 289-2410
 Fax: (334) 289-2416

Services Offered

Main Office

1401 Highway 80 East
 Demopolis, Alabama 36732
 Telephone: (334) 289-2410
 Fax: (334) 289-2416

Services Offered

Prevention Services

Marengo County
 1300 Old Springhill Road
 Demopolis, Alabama 36732
 Telephone: (334) 289-3277

Services Offered

Level I: Outpatient Treatment (Adult)

COUNTY: Marengo

Lifetech Transitional Center
 2115 Bashi Road
 Thomasville, Alabama 36874
 Telephone: (334) 289-2410
 Fax: (334) 636-0559

Services Offered

Level II.1: Intensive Outpatient (Adult/Male)

COUNTY: Clarke

Introduction to Mental Health Counseling

The information contained in this section describes mental health counseling services available to Veterans and their family members. This information will assist court personnel in accessing mental health treatment for Veterans participating in the Veterans Court.

1. VA
 - i. Guide to VA Mental Health Services for Veterans & Families
2. Non-VA
 - i. Alabama Council Directory Community Mental Health Centers

A photograph of a family—a man, an older man, and a young boy—smiling and playing a board game (checkers) on a red and white checkered board. The man is on the left, the older man is in the center, and the boy is on the right. They are all looking at the board with interest and joy. The background is slightly blurred, showing what appears to be a window with a view of a city.

Guide TO VA MENTAL HEALTH SERVICES FOR *Veterans & Families*





*{ It takes the strength and courage
of a warrior to ask for help. }*



**South Central Veterans Integrated Service Network (VISN) 16
Mental Illness Research, Education, and Clinical Center (MIRECC)
Consumer Guide Workgroup**

Greer Sullivan, MD, MSPH
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Kimberly Arlinghaus, MD
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Michael Kauth, PhD
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Jan Kemp, RN, PhD
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Engagement*

Kacie Kelly, MHS
Program Manager for VA/DoD Integrated Mental Health

WE WISH TO EXPRESS OUR THANKS to the many Veterans, clinicians, and administrators who gave us valuable guidance and feedback on translation of VA policy into a simple, direct, and easily understandable document for Veterans and their family members. In particular, we thank the South Central Mental Illness Research, Education, and Clinical Center (SC MIRECC) Consumer Advocacy Board who have collectively kept the SC MIRECC's researchers, clinicians, and educators "on track" for many years. So many individuals have contributed to this document that it is not possible to list them all. The help we received was truly invaluable.

Guide TO

VA MENTAL HEALTH SERVICES

FOR *Veterans & Families*

In 2008, VA introduced a new mental health handbook that provides guidelines for VA hospitals and clinics across the US. The new handbook specifies exactly what mental health services VA hospitals and clinics are required to offer to Veterans and their families. The requirements differ depending on the size and type of VA hospital or clinic but apply across the entire VA system.



This brochure is a shorter, simplified version of the handbook intended for the general public. If you are a Veteran, Veteran family member, member of a Veterans Service Organization, or member of another group interested in VA mental health care, you can use this handbook to learn what mental health services your local or regional VA health care facility has pledged to provide to Veterans.

In this brochure, we first describe the guiding principles of mental health care. Then, we explain how to find mental health care and the different treatment settings where VA offers mental health care, such as hospitals (inpatient care) or clinics (outpatient care) or through telemedicine (where mental health providers in one location can talk with, evaluate, and treat Veterans at another location through closed-circuit video). We provide information about the types of treatments available for the most common mental health problems of Veterans (such as depression, substance abuse, and posttraumatic stress disorder) and describe the special programs offered for particular groups of Veterans (such as women Veterans, Veterans who are homeless or older Veterans).

Finally, Appendix A shows the mental health services VA hospitals and clinics are required to provide, and the glossary defines common VA mental health terms. Use this information to find out what services your VA hospital or clinic should be able to offer you.





PRINCIPLES THAT GUIDE VA MENTAL HEALTH CARE FOR VETERANS

Certain basic principles form the foundation of all VA mental health care. They are:

- **Focus on Recovery** – VA is committed to a recovery-oriented approach to mental health care. Recovery empowers the Veteran to take charge of his/her treatment and live a full and meaningful life. This approach focuses on the individual's strengths and gives respect, honor, and hope to our nation's heroes and their families. The concepts underlying a recovery-oriented approach to care are very much in line with VA's commitment to provide patient-centered care.
- **Coordinated Care for the Whole Person** – VA health care providers coordinate with each other to provide safe and effective treatment for the whole person—head to toe. Many Veterans begin mental health care with their VA primary care provider. VA believes Veterans can continue to be treated for many mental illnesses in primary care or referred for more intensive treatment to specialty mental health care. Also, most VAs have chaplains available to help Veterans with their spiritual or religious wellbeing. Having a healthy body, satisfying work, and supportive family and friends, along with getting appropriate nutrition and exercising regularly, are just as important to mental health as to physical health.
- **Mental Health Treatment in Primary Care** – Primary Care clinics use Patient Aligned Care Teams (PACTs) to provide the Veteran's healthcare. A PACT is a medical team that includes mental health experts.

Like a quarterback, the primary care provider directs the Veteran's overall care by coordinating services among a team of providers. If you are experiencing mental health problems, talking to your primary care provider is a good place to start. Many times your mental health problem can be evaluated and treated by your primary care provider, with extra help from a mental health clinician who can stay in close contact with you. There are also mental health providers on primary care teams to offer guidance to your primary care provider when needed. When more complex or intensive care is needed, your primary care provider will refer you to a specialized mental health program for further treatment. Veterans receiving care in specialty mental health clinics will still have their primary care closely coordinated with the PACT team.

- **Mental Health Treatment Coordinator** – Veterans who receive specialty mental health care have a Mental Health Treatment Coordinator (MHTC). The MHTC helps to ensure that each Veteran has continuity through his/her mental health care and transitions. The MHTC's job is to understand the overall mental health goals of the Veteran. Having a MHTC assigned ensures that each Veteran can have a lasting relationship with a mental health provider who can serve as a point of contact, especially during times of care transitions. Once assigned, the MHTC usually continues to be the mental health point of contact for the Veteran as long as the Veteran receives mental health services within VHA.





U.S. Department
of Veterans Affairs

*"It's hard to talk about,
but once I do, I feel a
sense of relief."*

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★CONNECTION★**

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www.MakeTheConnection.net/WatchStephen

Stephen
US Air Force
1980-1986



- **Around-the-Clock Service** – Emergency mental health care is available 24 hours per day, 7 days per week at VA medical centers. If your VA does not have a 24-hour emergency room, it must provide these services through a local, non-VA hospital. Telephone evaluations at VA medical centers and the national crisis hotline are also available 24/7.

- **Care that is Sensitive to Gender and Cultural Issues** – VA health care providers receive training about military culture, gender differences, and ethnic issues in order to better understand each Veteran. In situations where a Veteran might feel more comfortable with a same-sex provider (or an opposite sex provider), VA will make every effort to arrange gender-specific care. VA policy requires that mental health services be provided in a manner that recognizes that gender-specific issues can be important components of care. Veterans who are being treated for mental health conditions related to Military Sexual Trauma (MST) have the option of being assigned a same-sex provider, or opposite-sex provider if the MST involved a same-sex perpetrator. Veterans treated for other mental health conditions have the option of a consultation from a same-sex provider regarding gender-specific issues.

- **Care Close to Home** – VA is moving closer to where Veterans live by adding more rural and mobile clinics and working with other health care providers in the community. There are now over 800 Community-Based Outpatient Clinics (CBOCs). Using new technology called telemedicine, Veterans can also receive care from mental health specialists located at VA medical centers or other clinics.

- **Evidence-Based Treatment** – VA is committed to making evidence-based treatments widely available. Evidence-based treatments are treatments that research has proven are effective for particular problems. Mental health providers receive training on a wide variety of proven treatments. Mental health providers must offer evidence-based treatments to Veterans.

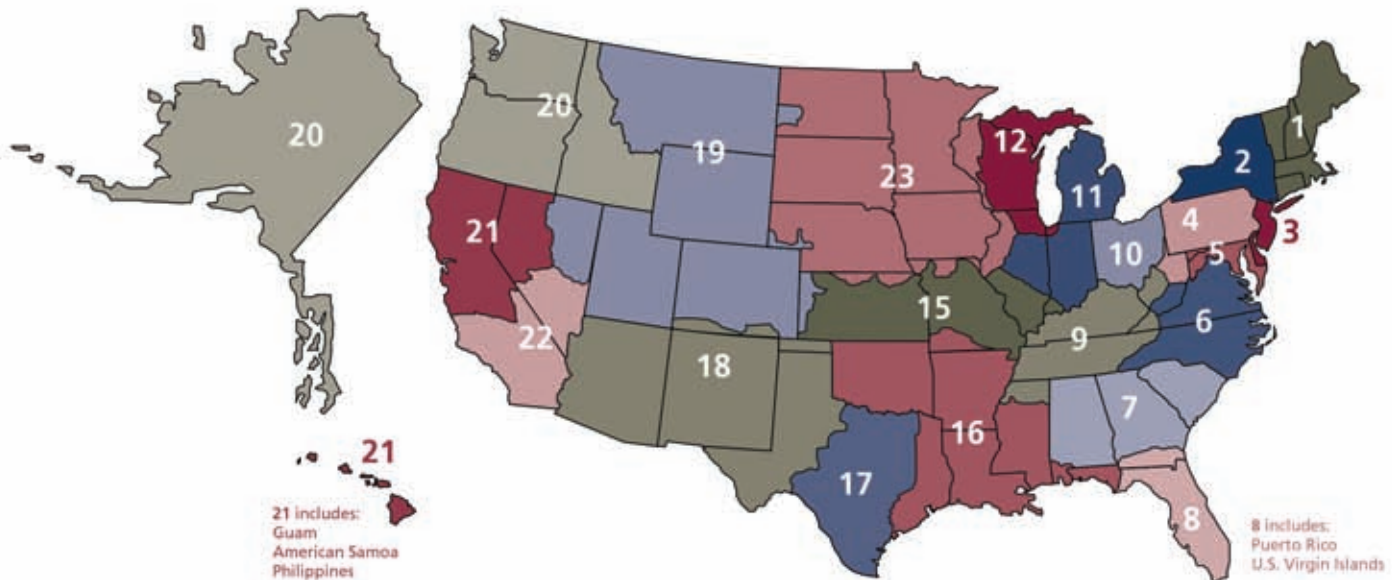
- **Family and Couple Services** – Sometimes, as part of a Veteran's treatment, some members of the Veteran's immediate family or the Veteran's legal guardian may be included and receive services, such as family therapy, marriage counseling, grief counseling, etc. Examples of how VA helps families might include providing education about mental illness and treatment options. Family members might learn how to recognize symptoms and support recovery. In some treatment settings, a brief course of couples counseling or family therapy may be offered.



HOW VA IS ORGANIZED

VA is organized into Veterans Integrated Service Networks (VISNs). Each VISN has at least two medical centers, and each medical center has outpatient clinics onsite and community-based outpatient clinics (CBOCs) throughout the VISN. VA classifies these CBOCs according to size. Very large CBOCs treat more than 10,000 individual Veterans per year. Large CBOCs treat 5,000-10,000 individual Veterans per year. Mid-sized CBOCs treat 1,500-5,000 individual Veterans per year, and small CBOCs treat fewer than 1,500 individual Veterans per year. Veterans can seek care at the location closest to their home. Veterans can be referred to a larger clinic or medical center if needed.

The map shows VA VISN locations throughout the United States.

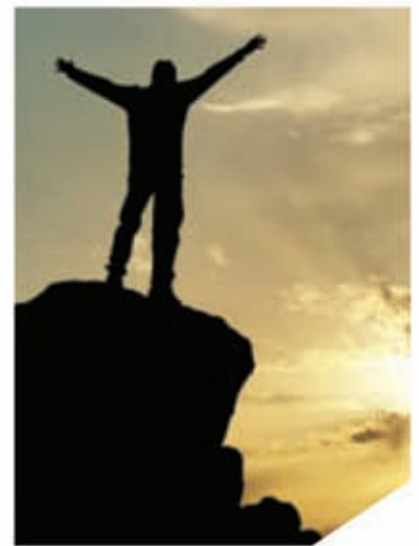


HOW YOU CAN FIND THE MENTAL HEALTH CARE YOU NEED

If you have a mental health emergency (like wanting to hurt yourself or someone else), go to the nearest hospital emergency room or call 911. If it is not a VA hospital, you may be able to move to a VA facility depending on your circumstances. If you are feeling suicidal, you can also call, text, or chat online with the *Veterans Crisis Line*. The *Veterans Crisis Line* connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. To speak with a responder by phone, call **1-800-273-8255** and **Press 1**. To chat online go to www.veteranscrisisline.net. To text with a responder, send a text message to **838255**. These confidential support options are available 24 hours a day, 7 days a week, 365 days a year.

If you have a mental health problem and have never been seen in a VA hospital or clinic, call VA general information hotline at 1-800-827-1000 or visit VA's website at www.va.gov. You will be able to find the address and phone number of a VA hospital or clinic near you. Some Veterans begin the process of finding mental health care through a VA Readjustment Counseling Service Veterans Center (Vet Center). Veterans who are homeless can get help finding mental health care at a Veterans drop-in center, or by contacting the National Call Center for Homeless Veterans at 1-877-424-3838, or by visiting the VA's Homeless Veterans Website at www.va.gov/homeless.

If you are already using VA medical services, ask your primary care provider to arrange for you to see a VA mental health provider.





IT'S YOUR CALL

**Confidential help for
Veterans and their families**

© 6/12 VHA

1-800-273-8255 PRESS 1

**Veterans
Crisis Line**



• • • Confidential chat at **VeteransCrisisLine.net** or text to **838255** • • •

Suicide Prevention Services

- Suicide prevention coordinators work with mental health care teams to monitor and support Veterans at high risk for suicide
- The **Veterans Crisis Line** connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online at www.veteranscrisisline.net, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

A personal safety plan that helps the Veteran recognize signs that often precede his/her suicidal ideas and lists strategies that help the Veteran manage those thoughts and feelings. The plan also identifies people that the Veteran can turn to for help. Safety plans are created with the mental health provider and the Veteran (including family members, if desired). This way, a plan is designed specifically for the Veteran and his/her problem areas.

Make the Connection Resources: One of VA's national outreach campaigns, called *Make the Connection*, helps Veterans and their family members and friends connect with information and services to improve their lives. At the user-friendly web site: www.MakeTheConnection.net, Veterans and their families and friends can privately explore information. Veterans and family members can watch stories similar to their own, and find information about mental health issues and treatment. They can find support and information that will help them live more fulfilling lives.

Make the Connection shows true stories of Veterans who faced life events, experiences, physical injuries, or psychological symptoms; reached out for support; and found ways to overcome their challenges. These stories come from Veterans of all service eras, genders, and backgrounds. The stories show powerful, real-life example of Veterans with positive treatment outcomes and recovery on the many paths to more fulfilling lives.

VA encourages Veterans and their families to "make the connection" with strength and resilience of Veterans like themselves, with other people who care, and with information and available sources of support for getting their lives on a better track.

For more information go to www.MakeTheConnection.net.

HOW YOU KNOW IF YOU HAVE A MENTAL HEALTH PROBLEM

Sometimes it can be hard to tell. Since the brain and body affect one another, mental problems can cause physical problems along with changes in thinking, feeling, and behavior. In addition to commonly recognized emotional problems, like feeling very sad or nervous, symptoms and signs of mental health problems can include:

- changes in sleep, appetite, weight, or sex life
- headaches or other physical pain
- muscle tension and weakness

Veterans Crisis Line



1-800-273-8255
PRESS 1

MAKE THE CONNECTION
www.MakeTheConnection.net





- decreased energy, motivation, or interests
- problems with attention, concentration, or memory
- irritability, anger, or “short temper”
- feelings of guilt, worthlessness, helplessness, or hopelessness
- unhealthy behaviors (misusing drugs, alcohol, food, sex, or other behaviors like gambling or spending too much money to cope with stress or emotions)
- problems functioning at home, work, or school

The most important thing to remember is to talk with your primary care or mental health provider when you notice new symptoms or problems. Your health care team can help you figure out what’s going on and what to do about it.

WHAT WILL HAPPEN WHEN YOU REQUEST MENTAL HEALTH SERVICES

There are many VA health care providers trained to help Veterans with mental health problems. A Veteran who feels anxious or depressed, may be drinking too much, has nightmares about combat, or feels something just isn’t right, should start by talking with a primary care provider. The primary care provider, who may be a doctor, nurse, or counselor, will listen and offer support. The primary care provider may start medication and will help the Veteran manage the problem. In other cases, the primary care provider may refer the Veteran to a mental health specialist – that is, a psychiatrist, psychotherapist, or other behavioral health specialist. At medical centers and very large CBOCs, the Veteran may be seen the same day by a mental health specialist working in the primary care clinic. If the Veteran is being seen in a smaller CBOC or if the Veteran needs more comprehensive care, the Veteran will be referred to a mental health specialty clinic for an appointment within 14 days. The mental health specialist will talk with the Veteran to understand more about what is going on in the Veteran’s life. The specialist will help identify the problem and recommend treatment that might include medications, talk therapies (also called psychotherapies), social support services, etc. Family members may participate in treatment planning if desired by the Veteran. Veterans already receiving outpatient care in a mental health specialty clinic will be seen immediately for emergencies.

MENTAL HEALTH TREATMENT IN VA

VA offers a range of treatments and services to improve the mental health of Veterans. Exercise, good nutrition, good overall physical health, and enjoyable social activities are linked to positive mental health. Some VAs offer help for coping with stress, such as relaxation exercises. For Veterans with serious mental illness, VA offers care tailored to help with their specific problem and to promote recovery. Serious mental illnesses include a variety of diagnoses (for example, schizophrenia, depression or bipolar disorder, posttraumatic stress disorder [PTSD], and substance use disorders [drugs or alcohol, or illegal substances]) that result in significant problems functioning in the community. These problems are often treated with medications and individual or group psychotherapy (talk therapy). Programs that provide peer support are also very important. Treatments and services for these disorders are provided in a variety of settings. The next two sections describe the types of treatment settings within VA and the types of treatments for specific mental illnesses provided by VA.



TYPES OF TREATMENT SETTINGS

VA offers treatments for mental health problems in a variety of settings, including:

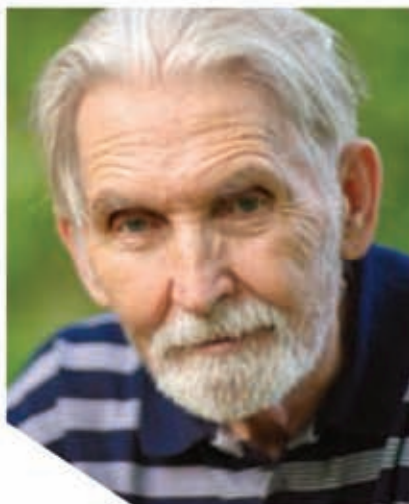
- short-term, inpatient care for Veterans suffering from very severe or life-threatening mental illness
- outpatient care in a psychosocial rehabilitation and recovery center (PRRC) for Veterans with serious mental illness and significant problems in functioning (see Appendix A & D for more information about PRRRC services)
- regular outpatient care, which may include telemedicine services, for Veterans during a difficult time in life
- Residential Rehabilitation Treatment Programs (RRTP) for Veterans with a wide range of mental health problems (such as posttraumatic stress disorder and substance use disorders and/or rehabilitative care needs (such as homelessness, job training, and education) who would benefit from treatment in a structured environment for a period of time (see Appendix B). Residential treatment programs include domiciliary programs.
- primary care: many common mental and behavioral problems are addressed within primary care by mental health experts working as part of the Patient Aligned Care Team.
- residential care for Veterans with a wide range of mental health problems and/or rehabilitative care needs (such as homelessness, job training, and education) who would benefit from living in a structured environment for a period of time (see Appendix B)
- supported work settings to help Veterans join the work force and live well in the community (see Appendix C for more details)

Different treatment settings are appropriate for different problems at different times. For example, a Veteran who is severely ill or suicidal might need inpatient treatment in a hospital for several days. VA provides short-term inpatient care with the expectation that with continuing mental health treatment, the Veteran would be offered care in the least restrictive environment. When the illness becomes less severe, he or she may return home and receive treatment as an outpatient in a VA clinic.

Inpatient treatment typically includes medication and individual and group counseling. For Veterans who receive inpatient and residential mental health treatment, VA will check on the Veteran's progress within one week after she/he leaves the hospital. This evaluation might be by telephone or, possibly, in person, just to make sure the Veteran is doing well. VA will also ask the Veteran to come back for a follow-up appointment no later than two weeks after discharge from the hospital.

In addition, Veterans who live a long distance from a VA medical center can still receive treatment through telemedicine. In many parts of the country, especially in rural areas, there may not be very many providers experienced in treating mental health problems. To remedy this situation, VA offers treatment through





telemedicine. That is, mental health providers located at larger VA medical centers can talk with, evaluate, and provide treatment for Veterans at smaller community-based VA clinics through closed-circuit video. Telemedicine services, like face-to-face mental health services, are confidential. More and more VA clinics are using telemedicine technology to connect patients with specialists who are not on-site. For example, if you are a Veteran living in a rural area and need specialized care for PTSD that is not available at your local VA clinic, you may receive this treatment from a PTSD specialist at another VA location using telemedicine technology.

TREATMENTS FOR SPECIFIC MENTAL ILLNESSES

VA offers treatment for a wide range of mental health problems. These problems include, but are not limited to, depression, anxiety, posttraumatic stress disorder (PTSD), substance use disorder, bipolar disorder, and schizophrenia. Treatments such as medications, psychotherapies (talk therapies), and psychosocial rehabilitation and recovery services help the Veteran along the road to recovery. VA uses treatments that have been proven to be effective for specific mental health disorders. These proven treatments are called evidence-based treatments.

Examples of common mental health treatments for Veterans include:

TREATMENTS FOR DEPRESSION AND ANXIETY

Depression and Anxiety are common among the general public and among Veterans. Treatments include:

- Antidepressant medications, anti-anxiety medications, and medications to improve sleep and other problems
- Talk therapies (also called psychotherapies), such as:
 - ◆ Cognitive behavioral therapy (CBT) to help individuals understand the relationship between thoughts, emotions, and behaviors, learn new patterns of thinking, and practice new positive behaviors (relaxation techniques, using calming tapes to improve sleep, exercising, or socializing with friends)
 - ◆ Acceptance and commitment therapy (ACT) to help people overcome their struggles with emotional pain and worries. It helps them recognize, commit to, and achieve what's important to them
 - ◆ Interpersonal therapy (IPT) to help people promote positive relationships and resolve relationship problems.





U.S. Department
of Veterans Affairs

"I knew that if the troops I'd lost could talk, they'd say 'Come on, you're living for me now. Pick up your game.'"

**MAKE THE
CONNECTION**

Learn more at:

www.MakeTheConnection.net/WatchJack

Jack
USMC
1963-1967



TREATMENTS FOR SUBSTANCE USE DISORDERS

Substance misuse problems are common in the general public and among Veterans. When Veterans have trouble readjusting to civilian life, some turn to substances to help them cope. People can misuse or become addicted to alcohol, tobacco, illegal drugs and prescription medications. Treatments for substance use disorders include:

- Medications to decrease cravings for alcohol and medications to ease withdrawal (“detox”) from alcohol and drugs. Medications like buprenorphine and methadone can also be used as therapeutic substitutes for illegal drugs (heroin) or addictive prescription pain medications.
- Talk therapies (also called psychotherapies), such as:
 - ◆ Motivational enhancement therapy to help the individual strengthen his/her commitment to recovery
 - ◆ Cognitive behavioral therapy to help the individual identify the risks for relapse and learn new coping skills to avoid relapse.
- Opioid Treatment Programs (OTPs) help Veterans who misuse Opioids. Opioids include illegal substances, such as heroin, and legally prescribed medications such as some prescription pain medications. Opioid Treatment Programs offer talk therapies and provide medications like methadone and buprenorphine to help Veterans manage cravings for opioids. These medications are carefully monitored. Methadone can only be obtained in methadone maintenance programs located at some VA hospitals. But buprenorphine, a newer medication, has some advantages over methadone. It can be prescribed by any physician who has received training, even a primary care physician. This means that Veterans who live far from VA OTPs can receive buprenorphine from a primary care provider or psychiatrist at their local community based outpatient clinic.
- Residential treatment programs for substance use disorders allow Veterans to receive intensive treatment in a supervised residential setting. This treatment environment provides support and structure to help the Veteran develop a foundation for long-term recovery. See Appendix B for more information about residential rehabilitation treatment programs.
- Work therapies are commonly prescribed for Veterans to promote and support recovery (see Appendix C).

TREATMENTS FOR POSTTRAUMATIC STRESS DISORDER (PTSD)

Posttraumatic stress disorder can occur after a person has a very serious or life threatening traumatic experience. For Veterans, this life threatening event often occurs during combat. However, other noncombat related events – such a natural disasters, motor vehicle accidents, or sexual trauma – can also threaten life and can result in PTSD.

A mobile telephone application, *PTSD Coach*, was released by VA in 2011. It provides information about PTSD, self assessment and symptom management tools, and information on how to get help for PTSD. *PTSD Coach* can be downloaded for free from iTunes.



VA has been a national leader in the development of talk therapies (also called psychotherapies) for PTSD. Treatments for PTSD include:

- Antidepressant medications, anti-anxiety medications, mood stabilizing medications, and other medications to ease nightmares, irritability, sleeplessness, depression, and anxiety
- Talk therapies (also called psychotherapies):
 - ◆ Cognitive behavioral therapy (CBT) to help individuals understand the relationship between thoughts, emotions, and behaviors, learn new patterns of thinking, and practice new positive behaviors
 - ◆ Cognitive processing therapy (CPT), a form of CBT that involves correcting negative thought patterns so that memories of trauma don't interfere with daily life. It may also include writing about one's traumatic experience. Clinical guidelines strongly recommend CPT for PTSD treatment.
 - ◆ Prolonged Exposure Therapy (PE) to help people reduce fear and anxiety triggered by reminders of the trauma. This is done by confronting (or being exposed to) trauma reminders in a safe treatment environment until they are less troubling. In this way, individuals can stop avoiding and reacting to trauma reminders and live their lives more fully in the present with greater freedom from the past. Clinical guidelines strongly recommend PE for PTSD treatment.
- Residential Rehabilitation Treatment Programs provide intensive, specialized treatment for posttraumatic stress disorder within a structured, 24/7 care setting (see Appendix B).



TREATMENTS FOR SERIOUS MENTAL ILLNESSES, LIKE SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER, AND BIPOLAR DISORDER

Even though these mental health problems do not occur as often as substance abuse, PTSD, and depression, they can be especially disabling. They may occur intermittently – that is, they typically improve at some times and get worse at other times. These problems can be so severe that a Veteran may lose touch with reality. VA offers a range of treatments and services for Veterans with serious mental illnesses. These Veterans typically benefit from psychosocial rehabilitation services designed to promote recovery and improve everyday functioning at home and in the community. Treatments for serious mental illnesses include:

- Antidepressant medications, mood stabilizing medications, antipsychotic medications and other medications to stabilize mood, organize thoughts, reduce hallucinations, and ease related symptoms. If a Veteran with severe schizophrenia or schizoaffective disorder does not improve after trying two antipsychotic medications (and giving them enough time to work), the antipsychotic medication clozapine should be considered. Clozapine is a very effective medication.
- Psychosocial Rehabilitation and Recovery Services to optimize functioning (see Appendix D)
- Work therapies to promote and support recovery (see Appendix C)





U.S. Department
of Veterans Affairs

*"It's amazing what you can do by just
telling and owning your own story."*

**MAKE THE
CONNECTION**

Learn more at:

www.MakeTheConnection.net/WatchTrista



Trista

US Navy, USMC, US Army National Guard
1992-2008

- Social skills training
- Residential Rehabilitation Treatment Programs allow for intensive treatment for Veterans with severe mental illness within a structured, supervised setting (see Appendix B).
- Mental Health Intensive Case Management (MHICM). A team of mental health physicians, nurses, psychologists, and social workers that treat Veterans in their homes and community. MHICM helps Veterans experiencing symptoms of severe mental illness cope with symptoms and live more successfully at home and in the community.

SPECIAL PROGRAMS FOR VETERAN POPULATIONS WITH SPECIFIC NEEDS

VA recognizes that some groups of Veterans have special mental health needs. In response to these needs, VA has developed special programs tailored for these groups. VA special programs include:

- **Services for Women Veterans** – VA offers a full range of mental health services for women Veterans, including outpatient, residential and inpatient services. Available outpatient services include assessment and evaluation, medication management, and individual and group psychotherapy. Specialty services are available to target problems such as PTSD, substance abuse, depression, conditions related to military sexual trauma (MST), and homelessness. In addition to the mixed gender residential and inpatient resources, VA has regional or national resources that provide treatment to women only or that have separate tracks for women. All VAs maintain treatment environments that can accommodate and support women with safety, privacy, dignity and respect.

VA has almost a dozen residential or inpatient programs that provide treatment to women only or that have separate tracks for men and women. Mixed gender inpatient units or residential treatment centers must ensure safe and secure sleeping and bathroom arrangements, including, but not limited to, door locks and proximity to staff. Each regional VA network (called a VISN) must have residential care programs able to meet the needs of women Veterans. However, the needs for some types of sub-specialty care (for example, women with PTSD) may be limited, and women Veterans who need these services may be referred to regional or national resources.

- **Family Services** – VA offers family services for Veterans and their family members. These include family education, brief problem-focused consultation, family psychoeducation, and marriage and family counseling. Family education provides families with the information they need to partner with the treatment team and support the Veterans' recovery. For brief family consultation the family meets with a mental health provider as needed to resolve specific issues related to the Veteran's treatment and recovery. Family psychoeducation is a part of recovery services for Veterans with serious mental illness. It focuses mainly on supporting the Veteran's well-being and functioning. The overarching goal of marriage and family counseling is to reduce relational distress and strengthen couple and family relationships.





Coaching Into Care Resources: VA works with Veterans' family members and friends who notice Veterans having difficulties. VA supports their efforts to help the Veteran. Coaching Into Care is a free and confidential telephone coaching service. It helps callers discover new ways to talk with a Veteran about their concerns and about treatment options. Callers can reach the service at (888) 823-7458. More information can be found at www.mirecc.va.gov/coaching.

- **Readjustment Counseling Services (Vet Centers)** – VA operates 300 community-based counseling Vet Centers. Many providers at Vet Centers are Veterans of combat themselves. Vet Centers provide readjustment counseling and outreach services to all Veterans who served in any combat zone. Military sexual trauma counseling and bereavement counseling are also provided. Services are available for family members for military related issues, and bereavement counseling is offered for parents, spouses, and children of Armed Forces, National Guard, and Reserves personnel who died in the service of their country. Veterans have earned these benefits through their service, and all are provided at no cost to the Veteran or family.
- **Military Sexual Trauma Services** – Both women and men can experience military sexual trauma (MST), and for some, the experiences can affect their health even many years later. Because MST is an experience, not a diagnosis, Veterans who experienced MST can benefit from the range of treatment options VA has available to treat conditions commonly associated with MST, including posttraumatic stress disorder (PTSD), depression, substance abuse, and others. VA also has MST-specific outpatient, inpatient, and residential services available to assist Veterans in their recovery. It's important to know that VA provides all treatment for MST-related mental and physical health conditions free of charge. A service-connected disability rating is not required, and Veterans may be able to receive MST-related care even if not eligible for other VA services. Veterans do not need to have reported the incident or have other documentation that it occurred.
- **Services for Veterans Who are Homeless** – VA offers special programs and initiatives to help homeless veterans live as self-sufficiently and independently as possible. VA is the only Federal agency that provides substantial hands-on assistance directly to homeless persons including:
 - ◆ National Call Center for Homeless Veterans: **1-877-4AID VET** (877-424-3838) or www.va.gov/HOMELESS/NationalCallCenter.asp
 - ◆ Outreach to Veterans living on the streets and in shelters who otherwise would not seek help
 - ◆ Drop in centers where Veterans who are homeless can shower, get a meal, and get help with a job or getting back into society
 - ◆ Medical treatment for physical and mental disorders, including substance abuse
 - ◆ Emergency housing referral
 - ◆ Transitional housing in community-based programs

 **VA Home Front**
1-877-424-3838 (1-877-4AID-VET)

- ♦ Referral to permanent housing through the use of rental assistance vouchers with case management
- ♦ Long-term assistance, case management, and rehabilitation
- ♦ Employment assistance
- ♦ Residential treatment (see Appendix B)

■ **Services for Veterans Involved with the Criminal Justice System (Justice-Involved Veterans)**

– An eligible Veteran who is not currently incarcerated can access VA health care regardless of any criminal history, including incarceration. Only when an otherwise eligible Veteran is currently incarcerated, or in fugitive felon status, is he or she not able to access VA health care. VA has two programs serving Veterans across the criminal justice system. Their shared goal is to provide the earliest possible intervention to link Veterans to the full array of VA services that will promote treatment while preventing homelessness and further contact with the criminal justice system.

- ♦ Veterans Justice Outreach (VJO) program: outreach and linkage to VA medical, mental health, and homeless services for justice-involved Veterans. Every VA medical center has at least one VJO Specialist, who serves as a liaison between VA and the local criminal justice system.
- ♦ Health Care for Reentry Veterans (HCRV) program: outreach and reentry planning assistance for Veterans incarcerated in state and federal prisons.

■ **Services for Older Veterans**

- ♦ VA Community Living Centers (CLCs) for Veterans needing temporary assisted care until they can return home or find placement in a nursing home
- ♦ Home-Based Primary Care that includes a mental health professional as part of the team providing care to Veterans in their homes
- ♦ Screening for dementia like Alzheimer's disease and/or other problems that interfere with memory
- ♦ Assessments that help decide whether the Veteran can safely live at home and make informed medical decisions



VETERANS MENTAL HEALTH COUNCILS

These important groups provide a way for people (Veterans, their families, and community groups) who “consume” VA services to offer input to VA leaders about the structure and operations of mental health services. Each facility is strongly encouraged to support a local Veterans Mental Health Council. Each Council has a VA mental health staff member as a liaison. Councils may include several different kinds of members:

- Veteran consumers and family members of consumers
- Veteran consumer advocates, such as:
 - ◆ Veteran Service Organizations (VSOs)
 - ◆ Representatives from the National Alliance on Mental Illness (NAMI), Depression and Bipolar Support Alliance (DBSA), and other mental health advocacy groups
 - ◆ Local community employment and housing representatives



*If you're concerned about getting the care you need,
talk to your provider about other treatment options.*

VA RESOURCES

FOR *Veterans & Families*

The **Veterans Health Administration (VHA)** provides mental health services at its medical centers and community-based outpatient clinics. In addition, readjustment counseling services are available for Veterans and their families at Vet Centers across the nation. All mental health care provided by VHA supports recovery, striving to enable people with mental health problems to live meaningful lives in their communities and achieve their full potential. For more information about VHA mental health services, please visit the VA Mental Health website at www.mentalhealth.va.gov or the Vet Center website at www.vetcenter.va.gov.

Make the Connection (www.maketheconnection.net) is a public awareness campaign by the Department of Veterans Affairs that provides personal testimonials and resources to help Veterans and their families and friends learn from each other's experiences and discover ways to improve their lives.

MAKE THE CONNECTION
www.MakeTheConnection.net

Veterans Crisis Line



1-800-273-8255
PRESS 1

The **Veterans Crisis Line** connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can call 1-800-273-8255 and Press 1, chat online at www.veteranscrisisline.net, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year.

VA works with family members or friends who become aware of a Veteran's postdeployment difficulties, and supports their efforts to find help for the Veteran. **Coaching Into Care** is a free and confidential coaching service to help callers discover new ways to talk with a Veteran about their concerns and treatment options. Callers can reach the service at 888-823-7458. More information can be found at www.mirecc.va.gov/coaching.



National
 Center for
PTSD
 Posttraumatic
 Stress Disorder

National Center for PTSD is VA's center of excellence for research and education on the prevention, understanding, and treatment of PTSD. The mission of the National Center is to advance the clinical care and social welfare of America's Veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. More information can be found at www.ptsd.va.gov.

APPENDIX A.

Minimum Mental Health Services VA Medical Centers and Clinics are Required to Provide

Different sized VA clinics have different requirements for the mental health services they must offer. Regardless of the site, eligible Veterans in rural and urban areas must have access to mental health services, either on-site at VA medical centers and very large CBOCs, or via several possible routes at smaller CBOCs (■ on-site, ♦ telemedicine, ► referral) or community providers. Veterans in remote areas may also be served by MHICM-RANGE or Enhanced RANGE (E-RANGE) programs in certain cases. See glossary for definitions of terms in table.

Hours of Care	Medical Center	Very Large CBOC (more than 10,000 Veterans per year)	Large CBOC (5,000-10,000 Veterans per year)	Mid-sized CBOC (1,500-5,000 Veterans per year)	Small CBOC (fewer than 1,500 Veterans per year)
Additional evening, early morning, or weekend hours (check location for more info)	Must provide as needed to meet needs of patient population	Must provide as needed to meet needs of patient population	Strongly encouraged to provide	Strongly encouraged to provide	Strongly encouraged to provide
Emergency care	Immediate onsite 24/7 (in larger medical centers a mental health provider is available in the emergency department from 7 am to 11 pm)	Immediate onsite during hours of operation and/or local community emergency department 24/7	Direct patients to nearby emergency department ►	Direct patients to nearby emergency department ►	Direct patients to nearby emergency department ►

The RANGE or Enhanced RANGE (E-RANGE) programs might be available in some rural areas for Veterans with SMI.

¹ CBT= cognitive behavioral therapy

² MHICM= mental health intensive case management

³ IPT= interpersonal therapy

⁴ ACT= acceptance commitment therapy

⁵ PRRC= psychosocial rehabilitation and recovery centers

Mental Illness/ Problem	Medical Center	Very Large CBOC (more than 10,000 Veterans per year)	Large CBOC (5,000-10,000 Veterans per year)	Mid-sized CBOC (1,500-5,000 Veterans per year)	Small CBOC (fewer than 1,500 Veterans per year)
Posttraumatic Stress Disorder (PTSD)	Specialized Outpatient programs; evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■	Specialized Outpatient programs; evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■	Evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■ or through telemedicine ◆	Evidence-based talk therapies (Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE); medications on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆ [referral to Residential treatment program, VA medical center, or community services ➤]
Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, Depression Anxiety	General and specialty services; family services; skills training; peer support; evidence-based therapies (CBT ¹ , ACT ⁴ , IPT ³) for depression/ anxiety; larger facilities may have PRRCs ⁵ or MHICM2 programs on-site ■	General and specialty services; family services; skills training; peer support; evidence based therapies for depression/ anxiety [MHICM ² , PRRC ⁵] on-site ■	Majority of general and specialty services on-site ■ or via telemedicine ◆ evidence-based therapies for depression/anxiety on-site ■ or through telemedicine ◆ [referrals to VA medical center or community services ➤]	General and specialty services on-site ■ or via telemedicine ◆ referral to residential treatment program, VA medical center, or community services ➤ evidence based therapies for depression/anxiety on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆ referral to residential treatment program, VA medical center, or community services ➤
Substance Use Disorders (alcohol, drugs, prescription medications, tobacco)	General and evidence-based specialty services; inpatient or outpatient detoxification; opioid treatment programs providing methadone at some medical centers	[IOP ⁶]; specialized Outpatient treatment programs with evidence- based therapies and medication management onsite ■	Specialized outpatient programs; evidence-based therapies onsite ■ or through telemedicine ◆	Specialized outpatient programs; evidence-based therapies on-site ■ or through telemedicine ◆	General and specialty services on-site ■ or via telemedicine ◆, referral to residential treatment program, VA medical center, or community services ➤
Homelessness	emergency or transitional housing with support services; homelessness outreach specialist and community links	emergency or transitional housing with support services; homelessness outreach specialist and community links	Referrals to Community providers for emergency or transitional housing, and/or basic emergency services ➤	Referrals to Community providers for emergency or transitional housing, and/or basic emergency services ➤	Referrals to Community providers for emergency or transitional housing, and/or basic emergency services ➤

■ On-site ◆ Telemedicine ➤ Referral to VA facilities or community providers

APPENDIX B. Residential Treatment

Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) provide a 24/7 therapeutic setting for Veterans with a wide range of problems, illnesses, or rehabilitative care needs that can include mental health, substance use disorder and co-occurring medical concerns. Veterans may also be homeless, unemployed or have other psychosocial needs. RRTPs help Veterans work on improving their quality of life, maintaining their health, and participating in their communities. They also offer evidence-based treatment for mental illness, including PTSD and substance use disorders. There are several types of MH RRTPs that can be stand-alone programs or larger domiciliary programs (DOM) where several programs are located in one location. The types of MH RRTPs are described below.

Domiciliary Care for Homeless Veterans (DCHV) - DCHVs provide 24/7 structured and supportive residential treatment environment for Veterans who are homeless.

General Domiciliary (General Dom) or Psychosocial Residential Rehabilitation Treatment Programs (PRRTP) - These programs provide residential care for the general Veteran population, treating medical and psychiatric problems, substance use disorders, PTSD, and homelessness. General Doms and PRRTPs provide a 24/7 structured and supportive residential environment as a part of treatment.

Domiciliary PTSD (Dom PTSD) or Posttraumatic Stress Disorder Residential Rehabilitation Treatment Program (PTSD-RRTP) - These programs provide residential care for Veterans with PTSD including Military Sexual Trauma (MST). Both Dom PTSD and PTSD-RRTPs provide a 24/7 structured and supportive residential environment with evidence-based treatment for PTSD.

Domiciliary SA (Dom SA) or Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) - These programs provide residential care to Veterans with substance use disorders. Dom SA and SARRTPs provide a 24/7 structured and supportive residential environment as a part of specialized substance use disorder treatment.

Compensated Work Therapy-Transitional Residence (CWT-TR) - CWT-TR offers therapeutic work-based residential rehabilitation services designed to help Veterans return to their communities. Veterans participating in CWT-TR live in transitional residences and are enrolled in CWT working directly on employment goals.

APPENDIX C. Work Therapies

Transitional Work Experience offers assignments in businesses that help Veterans function in the work environment and reintegrate into the community.

Supported Employment provides job support services to help Veterans get and keep jobs. These services are provided in the community, rather than in mental health treatment or rehabilitation settings.

Incentive Therapy is a pre-vocational program for Veterans to perform work at some VA Medical Centers.

APPENDIX D. Psychosocial Rehabilitation Services

These services focus on improving functioning and enabling Veterans to lead full and meaningful lives in the community of their choice. One type of psychosocial rehabilitation services is the Psychosocial Rehabilitation and Recovery Centers (PRRCs). The PRRCs provide:

- Family education programs
- Social skills training for Veterans with serious mental illnesses. These skills help the Veteran relate to others, improve health, and function better at work and home.
- Education groups
- Illness management and recovery groups
- Wellness programs that explain the benefits of healthy living (regular exercise, nutritious diet, avoiding smoking/drugs/alcohol, etc.)
- Peer support services (help from other Veterans with mental illness who can share their experience, strength, and hope). Peers are roles models who show that recovery from mental health problems is possible. Peers can teach goal setting, symptom management skills, problem solving; they can identify strengths and supports for the Veteran; and they can promote wellness.

GLOSSARY AND LINKS TO MORE INFORMATION

- **ACT—Acceptance and Commitment Therapy.** A proven talk therapy (also called a psychotherapy) for depression, and anxiety. ACT helps people overcome their struggles with emotional pain and worries. It helps them learn to recognize, commit to, and achieve what's important to them.
- **CBT—Cognitive Behavioral Therapy.** A proven talk therapy for depression (also called a psychotherapy), and anxiety. CBT helps people learn new patterns of thinking and practice new positive behaviors.
- **CLC—Community Living Center.** A short-term home for Veterans who need temporary assisted care until they can return home or find placement in a nursing home. Also a long-term home for Veterans who cannot stay in a community nursing home or who need end-of-life care. For more information, visit: www1.va.gov/GeriatricsSHG/page.cfm?pg=52
- **CPT—Cognitive Processing Therapy.** A proven talk therapy (also called a psychotherapy) for PTSD that is a type of Cognitive Behavioral Therapy (CBT). CPT helps people learn new patterns of thinking so their memories of trauma do not interfere with their daily lives, and may include writing about one's traumatic experience.
- **CWT—Compensated Work Therapy.** A recovery-oriented vocational program that is part of VA's services to help Veterans return to work. For more information, visit: www.cwt.va.gov.
- **Dementia**—Loss of memory and intellectual capacity that is severe enough to limit a person's ability to function. Alzheimer's disease is one common cause of dementia.
- **Domiciliary**—A safe, home-like facility where Veterans live for a short time while they "get back on their feet." They receive services that help them get a job, return to school, improve social skills, and address physical and mental health problems.
- **DRRTP—Domiciliary Residential Rehabilitation and Treatment Program.** Coordinated residential treatment programs VA provides to Veterans in one location.
- **Enhanced-RANGE (E-RANGE). Enhanced Rural Access Network Growth Enhancement.** A team of mental health doctors, nurses, and social workers that treat Veterans in their homes and community. RANGE helps Veterans experiencing severe mental illness cope with symptoms and live more successfully at home and in the community. E-RANGE teams also assist homeless Veterans or Veterans who might be at risk for becoming homeless in finding housing and avoid homelessness. RANGE helps Veterans experiencing severe mental illness cope with symptoms and live more successfully at home and in the community. RANGE programs serve Veterans in rural areas or areas where there is relatively a small population of Veterans.
- **Evidence-based Therapy**—Evidence-based therapies (or "proven" therapies) have been developed and studied scientifically. They are proven to be safe and very effective.
- **Incentive Therapy**—A pre-vocational program for Veterans to perform work at VA Medical Centers.
- **IPT—Interpersonal therapy.** A proven treatment for depression. Interpersonal therapy focuses on a person's relationships with other people. The therapy helps people promote positive relationships and resolve relationship problems.
- **MHTC—Mental Health Treatment Coordinator.** The MHTC is the Veteran's main contact for all specialty mental health services. The MHTC's job is to coordinate a mental health treatment plan for the Veteran.
- **MHICM—Mental Health Intensive Case Management.** In MHICM, a team of mental health physicians, psychologists, nurses, and social workers treats patients in their homes in the community. MHICM helps Veterans experiencing severe mental illness have less need of hospitalization and live better at home and in the community. While most MHICM programs are located in urban areas, in some cases, MHICM teams can serve rural areas as well.

- **MST—Military Sexual Trauma.** MST refers to sexual assault or repeated, threatening sexual harassment experienced during military service. It includes any sexual activity where someone is involved against his or her will. Both women and men can experience MST. It can happen on or off duty, and the identity of the perpetrator does not matter. For some, the experiences can affect their health even many years later. Every VA facility has a designated MST Coordinator who can answer questions about MST-related services. For more information, visit: www.mentalhealth.va.gov/msthome.asp.
- **Peer Support**—Veterans who have experienced mental illness themselves provide support to fellow Veterans experiencing similar issues.
- **PE—Prolonged Exposure Therapy.** A proven treatment for PTSD. Prolonged exposure therapy helps people revisit traumatic memories in a safe environment. Veterans first remember the trauma by retelling it. Then they slowly become more comfortable with sights, sounds, and smells that remind them of the trauma. They learn to face situations in their current lives that they have been avoiding. The memories and situations become less troubling and interfere less with the person's daily life.
- **Primary Care Provider**—The provider (doctor, nurse, or counselor) who manages the Veteran's basic physical and mental health problems and coordinates all of the Veteran's medical care. When a Veteran needs to see a specialist, the primary care provider makes a referral to the specialist.
- **PRRC—Psychosocial Rehabilitation and Recovery Centers.** PRRCs are outpatient programs that help Veterans with serious mental illness learn to more fully participate in their communities. PRRCs use a recovery approach. PRRCs treat Veterans with severe mental illnesses, like major depression, schizophrenia, bipolar disorder, and schizoaffective disorder.
- **PTSD**—Posttraumatic Stress Disorder. An anxiety disorder that may sometimes result when a person experiences a traumatic event. PTSD symptoms can disrupt daily life. They include re-experiencing the trauma and emotional distancing from other people or feeling emotionally numb. Other symptoms may include being irritable or quick to anger, trouble sleeping, nightmares, fearfulness, or losing interest in things. For more information: www.ptsd.va.gov/public/pages/what-is-ptsd.asp.
- **RANGE—Rural Access Network Growth Enhancement Program (RANGE).** A team of mental health doctors, nurses, and social workers that treat Veterans in their homes and community. RANGE helps Veterans experiencing severe mental illness cope with symptoms and live more successfully at home and in the community. RANGE programs serve Veterans in rural areas or areas where there is relatively a small population of Veterans.
- **RRTPs—Residential Rehabilitation Treatment Programs.** RRTPs offer comprehensive, evidence-based treatment for Veterans in a 24/7 structured and supported environment. This treatment environment helps the Veteran make a long-term recovery and achieve his or her highest level of community integration.
- **Specialty Mental Health**—Mental health services are provided by a mental health specialist (psychiatrist, psychologist, social worker, or counselor). Specialty mental health treatments are usually offered for Veterans with serious mental illnesses like schizophrenia, depression or bipolar disorder, PTSD, and substance use disorders.
- **Supported Employment**—An evidence-based program that helps Veterans with serious mental illness or a combination of physical impairments and mental illness be successful in the workplace.
- **Telemedicine, or Telemental Health**—A cutting edge technology that allows a clinical provider to care for a patient from a remote location, using a camera and special video monitor that allows the patient and provider to see and hear one another. Telemental health can be used to perform assessments and conduct individual or group psychotherapy and medication management.
- **Transitional Work Experience**—TWE offers work assignments in VA Medical Centers or community businesses. TWE helps Veterans gain work experience while getting therapeutic rehabilitation and preparation for community employment.



**Guide to VA Mental Health Services
for Veterans & Families**

This information and other resources are available on
VA's Mental Health Services website: www.mentalhealth.va.gov.

For more information on how to order additional copies,
please send an email to VHAMHGuide@va.gov.

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Patient Care Services
Mental Health Services
810 Vermont Avenue NW
Washington, DC 20420

Alabama Council Directory

Community Mental Health Centers

Alabama Council of Community Mental Health Boards 160 Yeager Parkway, Suite 103 Pelham, AL 35124 (205) 664-2114 Fax: (205) 278-5380 Executive Director: James L. Dill, Ed.D. Email: accmhbaol@aol.com	Altapointe Health Systems. 5750 A Southland Drive Mobile, AL 36617 (251) 251-450-5901 Fax: (251) 666-7537 Executive Director: Tuerk Schlesinger Counties Served: Mobile and Washington Email: ceo@altapointe.org <div style="text-align: right;">(Region 4)</div>
Baldwin County Mental Health Center, Inc. 372 South Greeno Road Fairhope, AL 36532 (251) 990-4211 Fax: (251) 928-0126 Executive Director: Robin Riggins, LCSW Counties Served: Baldwin Email: rriggins@bcmhcal.com <div style="text-align: right;">(Region 4)</div>	The Bridge, Inc. 3232 Laysprings Road Gadsden, AL 35901-9669 (256) 546-6324 Fax: (256) 456-1460 Executive Director: Tim Naugher Counties Served: Cullman, Dekalb, Etowah, Mobile, St. Clair, and Tuscaloosa Email: tnaugher@bridgeinc.org <div style="text-align: right;">(Regions 1-4)</div>
Cahaba Mental Health Center 417 Medical Center Parkway Selma, AL 36701 (334) 875-2100 Fax: (334) 418-6540 Executive Director: Lafon Barlow Counties Served: Dallas, Perry, and Wilcox Email: lafonb@bellsouth.net <div style="text-align: right;">(Region 2)</div>	Calhoun/Cleburne Mental Health Center P.O. Box 2205 Anniston, AL 36202 (256) 236-3403 Fax: (256) 238-6263 Executive Director: Mickey Turner Counties Served: Calhoun and Cleburne Email: MTurner@ccmhbaol.com <div style="text-align: right;">(Region 1)</div>
Cheaha Mental Health Center P.O. Box 1248 Sylacauga, AL 35150 (256) 245-1340 Fax: (256) 245-1343 Executive Director: Cynthia Atkinson, J.D Counties Served: Clay, Coosa, Randolph, and Talladega Email: catkinson@cheahamenthalhealth.com <div style="text-align: right;">(Region 2)</div>	Cherokee, Etowah, DeKalb Mental Health Center 425 5 th Avenue NW Attalla, AL 35954 (256) 492-7800 Fax: (256) 494-5536 Executive Director: Shelia Hurley Counties Served: Cherokee, Etowah, and DeKalb Email: shurley@cedmhc.org <div style="text-align: right;">(Region 1)</div>
Chilton-Shelby Mental Health Center P.O. Drawer 689 Calera, AL 35040 (205) 663-1252 Fax: (205) 663-3175 Executive Director: Melodie Crawford Counties Served: Chilton and Shelby Email: mcrawford@chiltonshelby.org <div style="text-align: right;">(Region 2)</div>	Drug Education Council 3000 Television Avenue Mobile, AL 36606 (251) 478-7855 Fax: (251) 478-7865 Executive Director: Virginia Guy Counties Served: Mobile Email: vguy@drugeducation.org <div style="text-align: right;">(Region 4)</div>
East Alabama Mental Health Center 2506 Lambert Drive Opelika, AL 36801 (334) 742-2700 Fax: (334) 742-2707 Executive Director: Anne Penney, Ed.D. Counties Served: Chambers, Lee, Tallapoosa, Russell Email: annepenney@earthlink.net <div style="text-align: right;">(Region 3)</div>	East Central Alabama Mental Health Center 200 Cherry Street Troy, AL 36081 (334) 566-6022 Fax: (334) 566-5346 Executive Director: Don Schofield Counties Served: Macon, Bullock, and Pike Email: dschofield@ecmhmr.org <div style="text-align: right;">(Region 3)</div>

Eastside Mental Health Center 129 East Park Circle Birmingham, AL 35235 (205) 836-7283 Fax: (205) 836-9594 Executive Director: Beverly Francis Counties Served: Eastern Jefferson, Blount, and St. Clair Email: beverlyrfrancis@aol.com (Region 2)	Glenwood Autism & Behavioral Health Centers, Inc. 150 Glenwood Lane Birmingham, AL 35242 (205) 969-2880 Fax: (205) 969-0611 Executive Director: Lee Yount Counties Served: Jefferson Email: leeyount@glenwood.org (Region 2)
Indian Rivers Mental Health Center P.O. Box 2190 1924 Seventh Street Tuscaloosa, AL 35403 (205) 391-3131 Fax: (205) 391-3135 Executive Director: Randy Phillips Counties Served: Bibb, Pickens, and Tuscaloosa Email: rphillips@irmhc.org (Region 2)	Jefferson/Blount/St. Clair Mental Health Authority 940 Montclair Road, Suite 200 Birmingham, AL 35213 (205) 595-4555 Fax: (205) 592-3539 Executive Director: Richard Craig, Ph.D. Counties Served: Blount, Jefferson, and St. Clair Email: rcraig@jbsmha.com (Region 2)
Mental HealthCare of Cullman P.O. Box 2186. Cullman, AL 35055 (256) 734-4688 Fax: (256) 734-4694 Executive Director: Chris VanDyke Counties Served: Cullman Email: chrisv@camha.com (Region 1)	Mental Health Center of Madison County (dba Huntsville MHC) 4040 South Memorial Parkway Huntsville, AL 35802 (256) 533-1970 Fax: (256) 532-4112 Executive Director: Brian Davis Counties Served: Madison Email: brian.davis@mhcmc.org (Region 1)
Mental Health Center of North Central Alabama 1316 Somerville Rd. SE, Suite 1 Decatur, AL 35601-4317 (256) 260-7300 Fax: (256) 355-6092 Executive Director: Marie Hood Counties Served: Lawrence, Limestone, and Morgan Email: mhood@mhcncal.org (Region 1)	Montgomery Mental Health Authority P.O. Box 3223 Montgomery, AL 36109 (334) 279-7830 Fax: (334) 277-8862 Executive Director: Henry Parker Counties Served: Autauga, Elmore, Lowndes, and Montgomery Email: hparker@mamha.org (Region 3)
Mountain Lakes Behavioral Healthcare 2409 Homer Clayton Drive Guntersville, AL 35976 (256) 582-3203 Fax: (256) 582-4161 Executive Director: Myron Gargis Counties Served: Jackson and Marshall Email: mgargis@mlbhc.com (Region 1)	Northwest Alabama Mental Health Center 1100 7 th Avenue North Jasper, AL 35501 (205) 387-0541 Fax: (205) 302-9002 Executive Director: Dale Cottle Counties Served: Fayette, Lamar, Marion, Walker, and Winston Email: dalec@nwamhc.com (Region 1)
Riverbend Center for Mental Health P.O. Box 941 Florence, AL 35631 (256) 764-3431 Fax: (256) 582-4161 Executive Director: Bryan Libell Counties Served: Colbert, Franklin, and Lauderdale Email: bryanlibell@rcmh.org (Region 1)	South Central Alabama Mental Health Board P.O. Box 1028 Andalusia, AL 36420 (334) 222-2525 Fax: (334) 222-4660/427-8563 Executive Director: Diane Baugher Counties Served: Butler, Coffee, Covington, and Crenshaw Email: diane.baugher@andycable.com (Region 4)

Southwest Alabama Mental Health Center P.O. Box 964 Monroeville, AL 36461 (251) 575-4203 Fax: (251) 575-9459 Executive Director: Candace Goodson Counties Served: Clarke, Conecuh, Escambia, and Monroe Email: Candace@swamh.com (Region 4)	SpectraCare Mental Health Systems, Inc. P.O. Drawer 1245 Dothan, AL 36302 (334) 712-2720 Fax: (334) 712-2727 Executive Director: Melissa Kirkland Counties Served: Barbour, Dale, Geneva, Henry, and Houston Email: melissak@spcare.com (Region 4)
UAB Comprehensive Community Mental Health Center UAB Community Psychiatry 908 20 th Street South Birmingham, AL 35294 (205) 934-4108 Fax: (205) 975-8950 Executive Director: Jacqueline Feldman, M.D. Counties Served: Central Jefferson Email: jfeldman@uab.edu (Region 2)	West Alabama Mental Health Center P.O. Box 260 Demopolis, AL 36732 (334) 289-2410 Fax: (334) 289-2416 Executive Director: Patricia Moore Counties Served: Choctaw, Greene, Hale Marengo, and Sumter Email: pmoore@wamhc.org (Region 2)
Western Mental Health Center 1701 Avenue "D" Ensley Birmingham, AL 35218 (205) 788-7770 Fax: (205) 788-7552 Executive Director: Tom Hobbs, Ph.D. Counties Served: Western Jefferson Email: thobbs@wmhcinc.com (Region 2)	

Introduction to Academic and Vocational Training

The information contained in this section describes academic and vocational training to Veterans. This information will assist court personnel in accessing academic/vocational training for Veterans participating in the Veterans Court. Specific materials included in this section are as follows:

1. Summary of VA Education Benefits
2. Higher Education Resources for Veterans and Their Families
3. Alabama Community College System Veterans Services Contact Information
4. Summary of VA Vocational Rehabilitation and Employment Benefits
5. Veterans Affairs Assistants (at Alabama State Schools)
6. Purple Heart Tuition Waiver Bill (Act No. 2009-590)



Get the
Education
and Training
You Need to
Succeed

Summary of VA Education Benefits



U.S. Department
of Veterans Affairs

The Department of Veterans Affairs (VA) provides education benefits to eligible Servicemembers, Veterans, and certain dependents and survivors. You may receive financial support for undergraduate and graduate degrees, vocational and technical training, licensing and certification tests, apprenticeships, on-the-job training, and more.

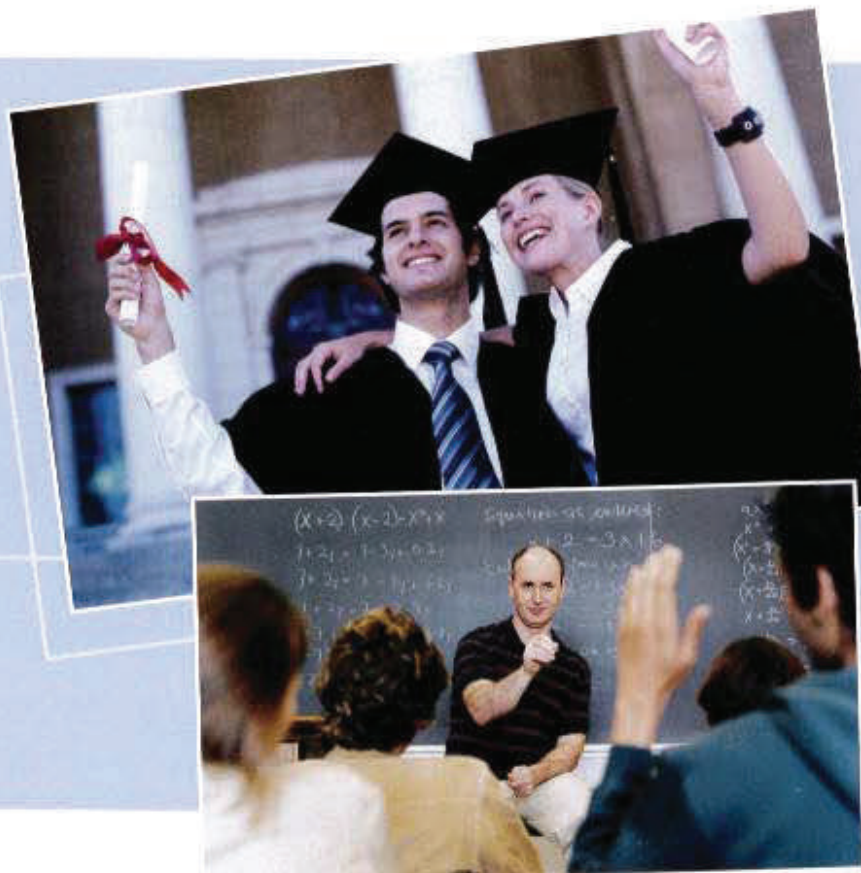
You may be eligible for one or more of the following VA education benefit programs:

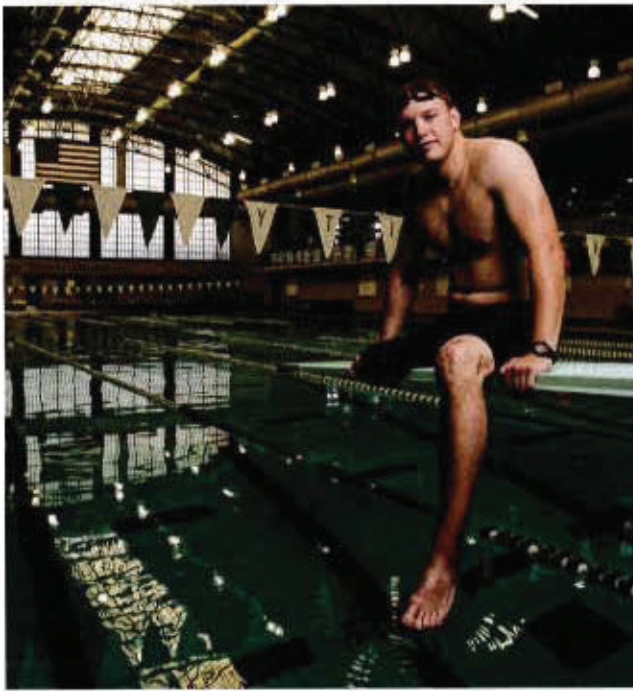
- » Post-9/11 GI Bill
- » Montgomery GI Bill-Active Duty (MGIB-AD)
- » Montgomery GI Bill-Selected Reserve (MGIB-SR)
- » Reserve Educational Assistance Program (REAP)
- » Post-Vietnam Era Educational Assistance Program (VEAP)
- » National Call to Service (NCS)
- » Survivors' and Dependents' Educational Assistance (DEA)

You may be eligible to receive funds for:

- » School tuition and fees for public, private, or foreign schools; flight programs; correspondence training; and distance learning
- » Books and supplies
- » License or certification tests
- » National exams, including SATs, ACTs, GMATs, and LSATs
- » On-the-job and apprenticeship training
- » Vocational/technical training
- » Relocating from highly rural areas
- » A monthly housing allowance

As you learn about your education benefits, keep in mind that each program offers different amounts of financial assistance and has different eligibility requirements. If you are eligible for more than one education benefit, choose the benefit that is right for you because you cannot receive payment under more than one benefit program at a time.





“ With the Post-9/11 GI Bill I am able to spend more time studying and focusing on school and doing what I love, like swimming. The Post-9/11 GI Bill has eliminated a lot of the stress. The funds go straight to the school. And I have plenty of money for books and a basic housing allowance, which is very important to me. ”

—Navy Veteran

POST-9/11 GI BILL

The Post-9/11 GI Bill provides to eligible Servicemembers and Veterans up to 36 months of education benefits. Your Post-9/11 GI Bill benefits may include financial support for school tuition and fees, books and supplies, and housing. You may also receive reimbursement for license or certification tests (broker, private investigator, and CPA), national tests (SAT, CLEP, ACT, GMAT, and LSAT), or assistance for apprenticeships/on-the-job training. A one-time payment to help you relocate from certain rural areas to attend school is also available.

Each type of benefit, such as tuition or books, has a maximum rate. Based on the length of your active service, you are entitled to a percentage of the maximum total benefit.

You may be eligible for Post-9/11 GI Bill benefits if you:

- » Have at least 90 aggregate days of qualifying active service after September 10, 2001 or
- » Were honorably discharged from active duty for a service-connected disability after serving at least 30 continuous days after September 10, 2001

If you are in the Armed Forces, you may be able to transfer your Post-9/11 GI Bill benefits to your spouse and child(ren). Generally, you must use your Post-9/11 GI Bill benefits within 15 years from your last period of active service of at least 90 days.

MONTGOMERY GI BILL-ACTIVE DUTY

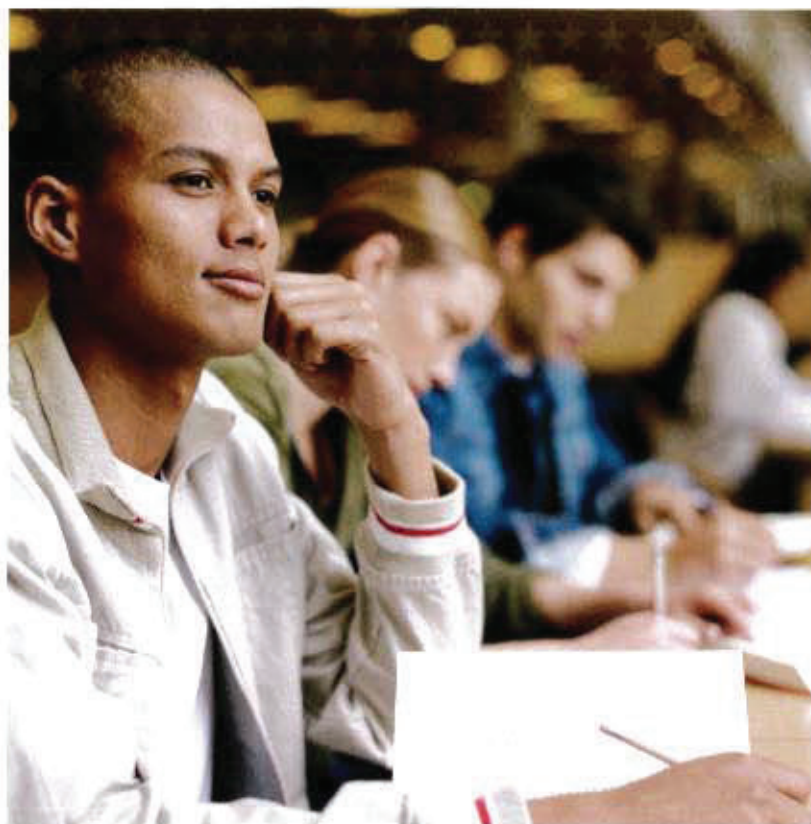
Montgomery GI Bill-Active Duty (MGIB-AD) or Chapter 30 provides up to 36 months of financial assistance for educational pursuits, including college, vocational/technical training, correspondence courses, apprenticeships/on-the-job training, flight training, high-tech training, licensing and certification tests, entrepreneurship training courses, and national examinations. Generally, your MGIB-AD benefits are paid directly to you on a monthly basis.

You may be eligible for MGIB-AD benefits while you are on or after you separate from active duty. At a minimum, you must have a high school diploma or GED. To receive benefits after separating, you must have received an honorable discharge. You generally have 10 years from your last date of separation from active duty to use your MGIB-AD benefits.



Yellow Ribbon Program

If you're eligible at the one hundred percent benefit level and you attend a school where tuition and fees exceed the maximum Post-9/11 GI Bill benefit available by law, additional financial support may be available under our Yellow Ribbon program. To see if your school participates, go to www.gibill.va.gov or call VA toll free at 1-888-442-4551.



RESERVE EDUCATIONAL ASSISTANCE PROGRAM

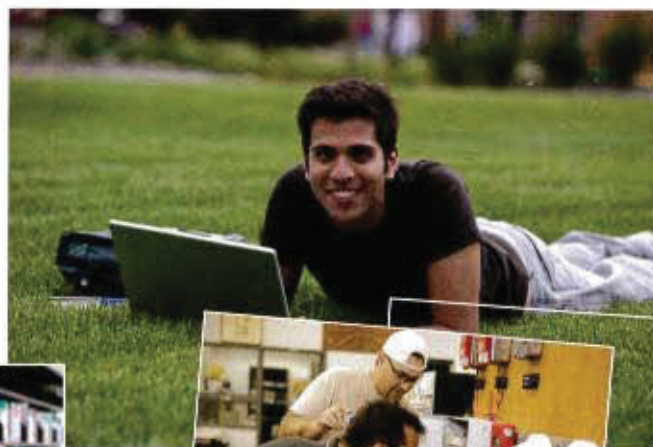
The Reserve Educational Assistance Program (REAP) or Chapter 1607 is an education benefit that provides up to 36 months of educational assistance to obtain graduate and undergraduate degrees, vocational/technical training, apprenticeships/on-the-job training, correspondence training, and flight training. REAP benefits are available to members of a reserve component called or ordered to active duty or full-time National Guard duty in response to a war or national emergency, as declared by the President or Congress. Eligible reserve components include: the Army, Navy, Air Force, Marine Corps, and Coast Guard Reserve; the Army National Guard and Air National Guard; and Army, Air Force, Navy, and Marine Corps Individual Ready Reserves (IRR).

MONTGOMERY GI BILL-SELECTED RESERVE

Montgomery GI Bill-Selected Reserve (MGIB-SR) or Chapter 1606 provides up to 36 months of financial assistance for educational pursuits, including college, vocational/technical training, correspondence courses, apprenticeships/on-the-job training, flight training, high-tech training, licensing and certification tests, and national examinations. MGIB-SR benefits are available to members of the Selected Reserve of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or the Army or Air National Guard. Generally, your MGIB-SR benefits are paid directly to you on a monthly basis.

You may be eligible for MGIB-SR benefits if you have a 6-year obligation to serve in the Selected Reserve, complete your Initial Active Duty for Training, serve in a drilling unit and remain in good standing, and obtain a high school diploma or equivalency. The Guard and Reserves decide if you are eligible, while VA makes the payments for the program. Generally, your eligibility for MGIB-SR benefits ends on the day you leave the Selected Reserve.

You may be eligible for REAP benefits if you are a member of a reserve component and served on active duty after September 10, 2001, for at least 90 consecutive days under a contingency operation. "Contingency operation" includes the current Iraq and Afghanistan operations and may include other operations. The educational assistance allowance payable under REAP is a percentage of the Montgomery GI Bill-Active Duty rate based on the number of continuous days you served on active duty. Generally, you have 10 years from the day you leave the Selected Reserve or the day you leave the IRR to use your REAP benefits.



POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM

The Post-Vietnam Era Veterans Educational Assistance Program (VEAP) or Chapter 32 is an education benefit available to you if you made contributions from your military pay before April 1, 1987, to participate in this program. Your contributions are matched on a \$2 for \$1 basis by the Government. You may use these benefits for degree, certificate, correspondence, apprenticeships/on-the-job training, and vocational flight training programs.

Benefit entitlement is 1 to 36 months depending on the number of contributions you made to VEAP. You have 10 years from your release from active duty to use your VEAP benefits. If you have not completely used your entitlement after 10 years, your remaining contributions will be automatically refunded.

NATIONAL CALL TO SERVICE

The National Call to Service Program is a Department of Defense program that is administered by VA. It offers certain education benefits to those who serve in a military occupational specialty designated by the Secretary of Defense. To be eligible, you must serve on active duty for 15 months after completing initial entry training. After this, and without a break in service, you must serve either an additional period of active duty or a period of 24 months in an active status in the Selected Reserve. Again, without a break in service, you must serve the remaining period of obligated service:

- » On active duty in the Armed Forces
- » In the Selected Reserve
- » In the Individual Ready Reserve
- » In Americorps, or another domestic national service program jointly designated by the Secretary of Defense and the head of such a program

If you meet the service requirements, you may select one of the following benefits:

- » A cash bonus of \$5,000
- » Repayment of a qualifying student loan not to exceed \$18,000
- » Entitlement to an allowance equal to the 3-year monthly MGIB-AD rate for 12 months
- » Entitlement to an allowance equal to 50% of the less-than-3-year monthly MGIB-AD rate for 36 months

VA only administers the education options. VA does not issue the cash bonus or repay student loans.

SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE

Survivors' and Dependents' Educational Assistance (DEA) or Chapter 35 provides assistance for degree and certificate programs, apprenticeships/on-the-job training, correspondence courses, and other programs. You must be the son, daughter, or spouse of:

- » A Veteran who died or is permanently and totally disabled as the result of a service-connected disability. The disability must arise from active service in the Armed Forces.
- » A Veteran who died from any cause while such permanent and total service-connected disability existed.
- » A Servicemember who died during active military service.
- » A Servicemember missing in action or captured in the line of duty by a hostile force.
- » A Servicemember forcibly detained or interned in the line of duty by a foreign government or power.
- » A Servicemember who is hospitalized or receiving outpatient treatment for a service-connected permanent and total disability and is likely to be discharged for that disability.

The program offers up to 45 months of education benefits. If you are the child, you generally must use your benefits between the ages of 18 and 26. If you are the spouse, your benefits end 10 years from the date VA finds you eligible or from the date of death of your spouse.

A surviving spouse who meets the criteria below may be eligible for benefits for 20 years from the date of death:

- » VA rated the Veteran permanently and totally disabled with an effective date within three years from discharge, or
- » The Veteran died on active duty



Some education benefits may be transferred to your spouse and child(ren). Go to www.gibill.va.gov to learn more.

SUMMARY OF BENEFITS

VA's education programs have different requirements concerning length of military service, and the benefits are paid out differently, as well. The chart below illustrates some of these differences. It also gives an overview of some of the main education and training benefits that the programs offer. Please note that the chart provides general information about issues such as eligibility, and exceptions may apply.

A COMPARISON OF EDUCATION BENEFIT PROGRAMS

	Post-9/11 GI Bill	MGIB-AD (Chapter 30)
Minimum Length of Service	90 days active aggregate service (after 9/10/01) or 30 days continuous if discharged for disability	2 year continuous enlistment (minimum duty varies by service date, branch, etc.)
Maximum Number of Months of Benefits ²	36	36
How Payments Are Made	Tuition: Paid to school Housing stipend: Paid to student Books and Supplies: Paid to student	Paid to student
Duration of Benefits	Generally, 15 years from last day of active duty	Generally, 10 years from last day of active duty
Degree Training	✓	✓
Non College Degree Training	✓	✓
On-the-Job and Apprenticeship Training	✓	✓
Flight Training	✓	✓
Correspondence Courses	✓	✓
Licensing and Certification Tests	✓	✓
National Testing Programs	✓	✓
Work-Study Program	✓	✓
Tutorial Assistance	✓	✓

1. The amount of time varies according to when you enlisted and entered active duty.
2. You may receive a maximum of 48 months of benefits combined if you are eligible for more than one VA education program.
3. The Individual Ready Reserve (IRR) is a category of the Ready Reserve of the reserve component of the Armed Forces.
4. Spouses are generally eligible to receive benefits for 10 years. However, spouses of individuals rated totally and permanently disabled within 3 years of discharge and spouses of individuals who die on active duty are granted a 20-year eligibility period.

Additional education benefits for Veterans may be offered in your state. Contact your state's Department of Veterans Affairs or similar agency to learn more about state-level programs.

[illegible]

APPLY TODAY

Applying is the best way to determine your eligibility—do so now at www.ebenefits.va.gov. eBenefits is your one-stop shop to apply for and learn about your benefits. You may also visit the nearest VA regional office, go to our Web site at www.gibill.va.gov, or call us toll-free at 1-888-442-4551 (1-888-GIBILL-1) for more information about our education benefits. We understand that education programs can be complex, and we want to help connect you to your benefits. To get the latest updates on VA education benefits and related information, visit us on Facebook at www.facebook.com/GIBillEducation.

ADDITIONAL VA BENEFITS

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health-care system, a 10-point hiring preference for federal employment, and other important benefits. Ask your VA representative or Veterans Service Organization (VSO) representative about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO representative online at www.ebenefits.va.gov.

Our Mission



You have sacrificed to keep our country—and everything it represents—safe. We honor and serve you by fulfilling President Lincoln's promise **“to care for him who shall have borne the battle, and for his widow, and his orphan.”**

We strive to provide you with the world-class benefits and services you have earned, and will adhere to the highest standards of compassion, commitment, excellence, professionalism, integrity, accountability, and stewardship.

**Thank you for your service.
Now let us serve you.**

U.S. Department of Veterans Affairs

Veterans Benefits Administration
Washington, DC 20420

T 800-827-1000
www.va.gov/benefits

HIGHER RESOURCES EDUCATION

FOR VETERANS AND THEIR FAMILIES

**MORE THAN 150 RESOURCES TO HELP STUDENT VETERANS
AND THEIR FAMILIES OVERCOME THE CHALLENGES OF
HIGHER EDUCATION AND CAREER TRAINING.**

ABOUT THE AUTHORS



RON KNESS

Ron retired with 36 years of military service. His assignment as Supervisor of Military Personnel Services (including the Education Benefits Section) provided him with a wealth of knowledge, training and experience working with the GI Bills, scholarships, grants and loans for post-secondary education. His last assignment was the 34th Infantry (Red Bull) Division Command Sergeant Major/E-9.



MAGGIE O'NEILL

Maggie O'Neill is a writer from Northern Nevada. Her grandfather served in World War I, helping to search for and identify bodies after the end of the war, and her great uncle is buried in Arlington Cemetery. She's covered numerous veterans' events and issues for newspapers throughout Northern Nevada, including writing about service members returning from the Iraq War and the struggles that can be caused by PTSD.

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INTRODUCTION



Veterans going to college for the first time face a wide range of challenges. Before classes begin, there's pressure to find the right school, navigating the new GI Bill, and making sure all necessary materials have been organized and submitted. After D-Day, there's fitting in socially, staying afloat financially, and working toward a degree that offers true career potential. Also, students who saw combat might have medical issues to deal with, such as PTSD, or need special accommodations on campus to help with travel to and from the classroom.

To help current (and aspiring) student veterans and their families, this comprehensive guidebook serves two complementary purposes:

1

To address the many challenges that college-bound veterans face daily, including those of a financial, social, academic, medical and geographic nature.

2

To provide valuable information and resources vetted by actual student veterans who have experienced (and overcome) these challenges first-hand.

The transition from service to school is no easy task, for student veterans or their families. But with the right guidance, well-placed persistence, and a little know-how, it's certainly worth the effort.

FINANCIAL



The Post-9/11 GI Bill rewards veterans for service by covering the cost associated with higher education. Every former service member considering a college degree should tap into these benefits to minimize out-of-pocket costs. Before diving in, however, it's important to understand both the basics and the gritty details of the GI Bill and its various parts. Below, we provide resources for veterans to find out what's covered under this bill as well as the additional need-to-know information about the Yellow Ribbon Program and military-specific scholarships.

POST-9/11 GI BILL

Veterans looking for financial assistance for their education can turn to the U.S Department of Veterans Affairs' Post-9/11 GI Bill. Tuition and fees, housing, and books are among the provisions partially or fully covered for veterans who served at least 90 aggregate days of active duty following Sept. 10, 2001. Monies can be used toward education at public and private colleges, universities, and trade schools as well as for licensing, tutorial assistance, and testing, such as the LSAT or SAT. The minimum benefit, at 40 percent, is available for tuition and fees for veterans who served between 90 days and six months while the maximum benefit, at 100 percent, is available for tuition and fees for veterans who served at least 36 months of active duty.

Veterans are eligible for these benefits for up to 15 years from their last period of active duty ending with an Honorable Discharge that consisted of at least 90 days of service after the above September date. Specific benefits are also available to those who have served for at least 30 consecutive days and been honorably discharged due to a service-related disability. With at least six years of qualifying service and still serving, unused benefits can be transferred to a spouse or beneficiaries under this plan, but generally an additional four years of active duty service are required.



ADDITIONAL POST-9/11 GI BILL RESOURCES FOR VETERANS

THE U.S. DEPARTMENT OF VETERANS AFFAIRS

Benefits.va.gov provides a one-page PDF flier that outlines benefits available to veterans based on time served on active duty. Its at-a-glance format can be a good starting point for veterans wanting to understand their basic eligibility.



IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Newgibill.org explains how the Post-9/11 GI Bill replaces the older Montgomery GI Bill system by providing veterans with up-front tuition payments directly to their schools. Veterans can also find a checklist on the site to help them through the various steps in preparing to start school, including applying for plan benefits.



AIR FORCE PERSONNEL CENTER

This site explains the basics of the Post-9/11 GI Bill for those who have served in the Air Force, also noting that payments from the bill are only eligible for education and training received after Aug. 1, 2009 and not before.



NAVY PERSONNEL COMMAND

Those who served in the Navy may find this site useful for its explanation of the Post 9-11/GI Bill. A six-part video series on the bill is also available, addressing topics ranging from eligibility to service obligations to claims.



U.S. DEPARTMENT OF DEFENSE

Veterans can find information on this website about the transferability of their GI benefits to spouses and beneficiaries. Transferability processes and procedures are explained, and an application and fact sheet are also available.



THE WHITE HOUSE

The full impact of the Post-9/11 GI Bill can be understood through this 2013 White House press release that showcases the one-millionth veteran to become the recipient of the bill's benefits. Veterans may find this veteran's story encouraging as they embark on their own adventures to make use of the Post-9/11 GI Bill.



YELLOW RIBBON PROGRAM

Veterans who want to attend a private or a public out-of-state school could end up paying some of the costs themselves. The Veterans Affairs (VA) sets a national maximum covered for tuition and fees at private schools per academic year and only pays up to the resident rate for public schools. The Yellow Ribbon Program has been set up to help off-set some of these costs, and allows schools to enter into agreements with the VA through which the VA matches every dollar the school contributes toward tuition and fees beyond the maximum covered by the Post 9/11 GI Bill. This amount can help veterans at the 100% Post 9/11 GI Bill tier cover much or all of the difference between what the school charges and what the Post 9/11 GI Bill pays.



ADDITIONAL YELLOW RIBBON PROGRAM RESOURCES FOR VETERANS

THE U.S. DEPARTMENT OF VETERANS AFFAIRS

Veterans can find specific details about the Yellow Ribbon Program on this site, including that the school of their choice must agree to participate and cannot offer Yellow Ribbon benefits to more than the maximum number of veterans specified in their participation agreement.

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IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Newgibill.org provides details about the costs that veterans could face beyond the cap set by the Post-9/11 GI Bill. Veterans can also use a GI Bill calculator to ascertain the tuition, fees and other costs covered by the VA for specific schools.

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NATIONAL ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES

This website provides information on what private schools are doing to make education more affordable to veterans through the Yellow Ribbon Program. A FAQs page answers a variety of questions about eligibility and enrollment at these independent colleges.

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INSIDE HIGHER ED

This news source explains how more than 700 colleges signed up to participate in the Yellow Ribbon Program when it launched in 2009.

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LIST OF YELLOW RIBBON FAQs

This extensive fact sheet, provided by the U.S. Department of Veterans Affairs, offers numerous questions about enrollment and provides a governmental e-mail address for veterans to send questions about the Yellow Ribbon program.

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SCHOOLS PARTICIPATING IN THE YELLOW RIBBON PROGRAM

The U.S. Department of Veterans Affairs provides a list of schools, searchable by state, that participate in the Yellow Ribbon Program. However, veterans should contact specific schools listed for more information.

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SCHOOLS NOT PARTICIPATING IN THE YELLOW RIBBON PROGRAM

This web page, offered through the National Association of Independent Colleges and Universities, explains why some private institutions may not be participating in the Yellow Ribbon Program.

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GRANTS, SCHOLARSHIPS, AND TUITION ASSISTANCE

Veterans may be able to recoup tuition and fees for a college education through other financial assistance programs. Many organizations greatly value a veteran's active-duty commitment and provide options for them to pursue a postsecondary education. Veterans may want to contact the school or schools they are considering attending to see if any specific scholarships are available. Scholarship opportunities may also be offered for spouses, children and other family members of veterans.



ADDITIONAL GRANTS, SCHOLARSHIPS AND TUITION ASSISTANCE RESOURCES FOR VETERANS

AFGHANISTAN AND IRAQ WAR VETERANS SCHOLARSHIP [READ MORE](#)

Veterans, reservists and active-duty personnel of Enduring Freedom-Afghanistan or Iraqi Freedom Operations can seek educational scholarships of \$2,500 when they are enrolled in a two-year or four-year undergraduate degree program.

AMVETS NATIONAL SERVICE FOUNDATION [READ MORE](#)

At amvets.org, veterans can read about annual scholarship opportunities that are available to them as well as their spouses, children and grandchildren. Most scholarships are available in \$1,000 to \$4,000 amounts, and online applications are usually posted by Jan. 30 of each year.

ARMY WOMEN'S FOUNDATION [READ MORE](#)

Legacy scholarships are offered annually to women who serve in the Army and their children. Amounts awarded are \$1,000 for community colleges and \$2,500 for four-year institutions.

DISABLED WAR VETERANS SCHOLARSHIPS [READ MORE](#)

Honorably-discharged veterans, military personnel and reservists disabled in the line of duty during Enduring Freedom-Afghanistan or Iraqi Freedom Operations can seek a scholarship of \$2,500 when they are pursuing a two-year or four-year undergraduate degree.

FLEET RESERVE ASSOCIATION [READ MORE](#)

A variety of scholarships are available to veterans, military members and their families through this association, which has provided more than \$850,000 in educational scholarships since 2000.

GOOGLE SVA SCHOLARSHIP [READ MORE](#)

Veterans pursuing computer science or a related degree field may be eligible to receive a \$10,000 scholarship from Google and the Student Veterans of America.

INTERNATIONAL CULINARY CENTER [READ MORE](#)

With locations in New York and California, this school gives more than \$1 million in scholarship money to military veterans interested in culinary or other career training.

IRAQ AND AFGHANISTAN SERVICE PELL GRANT [READ MORE](#)

Children who lost their parents or guardians in the line of duty in Iraq or Afghanistan may be eligible for this Pell Grant award, but must have been under the age of 24 at the time of their parent's death.

LEAVE NO VETERAN BEHIND [READ MORE](#)

This organization provides training opportunities for veterans and retroactive scholarships for those who have already completed some type of postsecondary training, but are in financial hardship and need help paying off student-loan debt.

MARINE CORPS NATIONAL LEAGUE SCHOLARSHIP [READ MORE](#)

Children of Marines who have lost their lives in the line of duty may be eligible for technical training and undergraduate degree scholarships. Additionally, children, stepchildren, grandchildren, great-grandchildren, and spouses of Marine Corps League or Auxiliary members can apply for scholarships.

MARINE CORPS SCHOLARSHIP FOUNDATION [READ MORE](#)

Since 1962, this organization has provided more than 30,000 scholarships to children of military personnel to help with their college education costs, with particular attention given to those who have lost a parent in the line of duty or who are especially in need of financial assistance.



MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP [READ MORE](#)

Children whose parents died in the line of duty after Sept. 10, 2001 can receive up to 36 months of educational benefits at the 100 percent level. Benefits are available until a beneficiary's 33rd birthday, but cannot be used in conjunction with the Yellow Ribbon program.

MILITARY OFFICERS ASSOCIATION OF AMERICA [READ MORE](#)

This organization makes interest-free loans available to students under the age of 24 who are children of former, active or retired officers or enlisted military personnel. Students must be pursuing a full-time undergraduate program and can receive interest free loans for amounts up to \$5,500 that are renewable for up to five years.

NAVY/MARINE CORPS RELIEF SOCIETY [READ MORE](#)

Interest-free loans and grants are available to the children of veterans (including deceased) and active-duty military personnel dependents who want to pursue a two- or four-year undergraduate education at an accredited institution.

PARALYZED VETERANS OF AMERICA [READ MORE](#)

Members of Paralyzed Veterans, their spouses, and their unmarried children may be eligible for scholarship money to attend an accredited school or university. More than \$300,000 has been awarded since the founding of the scholarship program in 1986.

PAT TILLMAN FOUNDATION [READ MORE](#)

Veterans and their spouses who show leadership potential are eligible for scholarships through this foundation. More than \$4.6 million in scholarships has already been given, many to students pursuing degrees at the master's and doctorate levels.

PURPLE HEART SCHOLARSHIP PROGRAM [READ MORE](#)

Purple Heart recipients, their spouses, children, and grandchildren may be eligible to receive scholarship funds to help cover costs related to tuition, fees, and other education-related expenses for an undergraduate program.

SOCIAL FINANCE, INC. [READ MORE](#)

Veterans can seek education loans with attractive rates from investors interested in helping with tuition and fees at an academic institution. Veterans must already be enrolled in a program or have completed a program of education. More than 3,000 borrowers have received loans so far.

SONS & DAUGHTERS OF PEARL HARBOR SURVIVORS SCHOLARSHIP [READ MORE](#)

Members of this organization, including children, grandchildren, great-grandchildren and other blood relatives of those serving in the Armed Forces stationed on the Island of Oahu or nearby on Dec. 7, 1941, may be eligible for a \$1,000 academic scholarship.

SWIFT TRANSPORTATION COMPANY [READ MORE](#)

Veterans interested in a trucking career can look to Swift Transportation for help with tuition assistance. The company has provided full scholarships to veterans to attend a Swift Academy of their choosing. Selective Reservists (including National Guard) are eligible for \$1,000 scholarships. Both scholarships require a one-year commitment.

SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE PROGRAM [READ MORE](#)

Educational benefits are provided to eligible beneficiaries of veterans who are completely disabled from a service-related injury or whom have died as a result of duty or from a service-obtained injury. Benefits can be used to toward apprenticeships, certificate and degree programs and on-the-job training.

TROOPS TO TEACHERS [READ MORE](#)

This federal and state funded program helps former and current members of the U.S. military pursue training to start a second career as a teacher. Stipends may be available to eligible candidates.

VETERANS EDUCATION ASSISTANCE PROGRAM [READ MORE](#)

Veterans who have contributed to an education fund with deductions from their military paycheck will have these matched by the VA on a 2-to-1 basis and can use these funds to seek a certificate or college degree, licensing and certifications, correspondence courses, and more. Veterans that served between 1977 and 1985 may be eligible for this program.

VETERANS OF FOREIGN WARS "SPORT CLIPS HELP A HERO" SCHOLARSHIP [READ MORE](#)

Up to \$5,000 is available to veterans, active-duty personnel, and those in the reserves (all at the rank of E-5 or below) who are in need of financial assistance to be able to attend college and who have been accepted into or are currently enrolled in a VA-approved postsecondary institution.

VETERANS STUDENT LOAN RELIEF FUND [READ MORE](#)

Veterans who served in the Iraq or Afghanistan wars or in related missions and who attended an undergraduate for-profit school during or after service may be eligible for up to \$5,000 in student loan relief. The program is offered through the IAVA, Scholarship America and the Kisco Foundation, and veterans can determine their eligibility through a scholarship verification questionnaire on the site's home page.

WOMEN'S MEMORIAL FOUNDATION SCHOLARSHIP PROGRAM [READ MORE](#)

Female military veterans and those on active duty who are in need of financial assistance can apply for a \$500 scholarship through this scholarship program when enrolled in either a bachelor's or master's degree program.



Veterans returning to college may need help adjusting to civilian life to succeed. They may also want assistance improving their academic and study skills, or even just in understanding how to select a college. None of it is easy, and our list of resources below can help veterans to navigate these sticky areas. With up to 88 percent of veterans from the Iraq and Afghanistan Wars dropping out of college, according to [Stars and Stripes](#), upping the chance for success may be a move in the right direction.

ACADEMIC



STUDY SKILLS

More than 1 million veterans have now taken advantage of the benefits that come through the Post-9/11 GI Bill since it became available in 2009, but some want to improve their study skills to increase their opportunities for college success. Many schools offer specific general-education classes for veterans to help them refresh their knowledge in areas such as computer technology, English, math, and writing while others have employed staff specifically to reach out and provide services to these veterans.

Many veterans need help brushing up on basic math and writing skills, or just in understanding the expectations of a college-level program. Veterans can improve their skills through resources online, as well as through programs available through campus veterans' centers. They may also wonder what kinds of degrees or majors to study. Finally, they may want to know how to select a school to attend, if they can obtain credit for classes taken during service, and whether online education is something worth pursuing. That is the focus of this section, and we've fully fleshed out the list of resources below to help veterans obtain answers to those questions.



For example, Sierra College, in Rocklin, Calif., offers a [Boots to Books](#) program, which includes a three-unit English class and a three-unit personal development class, both specifically designed to address the needs of veterans. Students returning to school will want to check with their specific college or postsecondary institution to see what kinds of special services or classes are available for veterans.

ADDITIONAL STUDY SKILLS RESOURCES FOR VETERANS

ARMY CAREER AND ALUMNI PROGRAM [READ MORE](#)

Transitioning services, counseling, and an alumni board are available for those preparing to transition out of military life to return to civilian living. ACAP sites are available all across the U.S. and military members can click on a U.S. map to find the site closest to them.

COOK COUNSELING CENTER [READ MORE](#)

Virginia Tech addresses numerous study skills topics in readable format online in areas such as note taking, editing lecture notes, and the SQ3R reading and study system.

DEFENSE ACTIVITY OF NON-TRADITIONAL SUPPORT [READ MORE](#)

This Department of Defense YouTube Channel provides short videos about topics such as motivation and confidence, as well as video clips of service members talking about the decisions they made when it came to pursuing their own paths of education.

HIGH SCHOOL DIPLOMA PROGRAMS [READ MORE](#)

Veterans wanting to complete their high school diploma before seeking a college education will find a list of programs, including several online options, as compiled by the Department of Defense.

NATIONAL ASSOCIATION OF VETERANS UPWARD BOUND [READ MORE](#)

This program, offered through the U.S. Department of Education, is available to help veterans gain the academic and life skills necessary for acceptance into a postsecondary institution. A link on the page allows veterans to search by state to find the schools and colleges through which the program is offered.

PETERSON'S ONLINE BASIC SKILLS COURSES [READ MORE](#)

Peterson's offers two courses, including Online Academic Skills Course for Military Success and College Placement Skills Training for College Success, which may be useful to veterans.

STUDY GUIDES AND STRATEGIES [READ MORE](#)

Anyone wishing to improve their study skills, including veterans, can find numerous resources on this site that address working with others, classroom learning, studying, time management, netiquette, and more.

STUDY SKILLS TIPS [READ MORE](#)

The Veterans Upward Bound program at Weber State University offers a variety of study skills tips to veterans on topics that include building a study space, making homemade flash cards, dealing with test anxiety, and establishing time management strategies.

VETERAN'S CAREER TRANSITION PROGRAM [READ MORE](#)

This online program is offered free of charge to veterans and their spouses, and offers an independent study track, professional skills track, and tech track, for improving skills. The program is sponsored through the Institute for Veterans and Military Families at Syracuse University.

VETSUCCESS.VA.GOV [READ MORE](#)

A variety of resources are available on this site including an explanation of the free education and counseling services that transitioning service members and veterans of less than one year are entitled to under the Chapter 36 program.



POPULAR COURSES AND PROGRAMS FOR VETERANS

Veterans return with many different skill sets, but it is not always clear how these translate into skills for a career or into a degree or academic program. Below, we provide a list of resources that may help veterans make decisions about the types of courses and programs available to them. From engineering to nursing to management and IT, veterans often have gained skills during their service that may be applicable to pursuing a degree or a career.



ADDITIONAL RESOURCES FOR POPULAR COURSES AND PROGRAMS FOR VETERANS

AMERICAN MILITARY UNIVERSITY

This online school is specifically aimed at providing academic degrees and training to U.S. veterans, although civilians are, of course, accepted for enrollment. Veterans are able to search for degrees and programs based on the military branch in which they served.

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EVERYDAYLIFE

An article on this website suggests several subjects, such as engineering and healthcare, that veterans could find interest in pursuing in college.

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MYNEXTMOVE.ORG

Veterans and others can match their interests with possible careers and job openings on MyNextMove, which is sponsored by the U.S. Department of Labor and the National Center for O*NET Development.

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"VETERANS ON CAMPUS"

This slideshow put out by San Diego State University describes the five most popular majors for vets on that campus - criminal justice, electrical engineering, psychology, business administration, and physical education/kinesiology.

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VETERANS-ONLY CLASSES

This article on Inside Higher Ed discusses the way a handful of colleges have created classes that are solely open to veterans.

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CREDIT FOR TIME SERVED

Veterans may be able to seek credit for the training and experiences they gained while serving in the Armed Forces. These credits can help accelerate learning if applicable to a certificate or academic degree program, or may replace prerequisites or required courses. Below, we list several resources about military transference to college credit, usually made possible through the American Council on Education. Many schools also post information online about their acceptance of these types of credits.



ADDITIONAL RESOURCES FOR ACADEMIC CREDITS FOR MILITARY EDUCATION AND TRAINING

ACE MILITARY GUIDE

Veterans can look up military training by the military course number, ACE course number, training site, or other ways to determine which courses the American Council on Education recommends for academic credit.

READ
MORE

COMMUNITY COLLEGE AIR FORCE TRANSCRIPT

Service members of the Air Force can request a transcript of their education and training that may be applicable for credit at a community college.

READ
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FAQ SHEET ON GRANTING CREDIT

Veterans may want to take a look at this sheet put out by the American Council on Education to see how their credit can be used for school. For example, even though the ACE may recommend credit for a military course, the school maintains the right to decide how or whether to use this.

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JOINT SERVICES TRANSCRIPTS

Military members from the Army, Coast Guard, Marines or Navy can obtain transcripts that list the classes and training they have completed along with the ACE credit recommendation.

READ
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MILITARY TIMES

This site, sponsored by the Gannett Company, lists 20 online and nontraditional schools that serve military veterans and notes whether they accept ACE credits, which help transform non-traditional educational training into academic credits.

READ
MORE

"TRANSFER GUIDE: UNDERSTANDING YOUR MILITARY TRANSCRIPT AND ACE CREDIT RECOMMENDATIONS"

This 64-page guide may prove useful to veterans who want to learn more about the process of turning military education into academic credits.

READ
MORE

USA TODAY

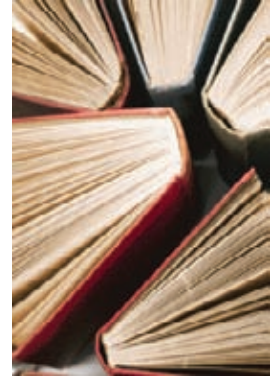
An article published on this news site discusses how at least 26 different states have approved legislation directing their boards of education to develop policies for allowing veterans of the Iraq and Afghanistan Wars to receive college credit for military education and training.

READ
MORE



SELECTING A COLLEGE AND PROGRAM

It may not be easy for veterans to select a college and degree program that is right for them, but many online websites exist to help make the search process easier. First, veterans need to determine if they are eligible for the Post-9/11 GI Bill and, if so, what percentage of their education is covered. If they are interested in attending a school that is out-of-state or a private institution, they should additionally research which schools participate in the Yellow Ribbon Program. Below, we provide a list of resources to help veterans in their school research process.



RESOURCES FOR SELECTING A COLLEGE AND PROGRAM

COLLEGE NAVIGATOR

This site, although not specifically created for veterans, allows students to search through schools by state using criteria such as public and private schools, two-year and four-year institutions, and even those that have a religious affiliation.

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FEDERAL TRADE COMMISSION

This consumer protection agency offers veterans "8 Questions to Ask When Choosing a College" geared at those transitioning from being a service member to a civilian.

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SOC CONSORTIUM

Veterans may want to visit this Servicemembers Opportunity Colleges consortium, with more than 1,900 veteran-friendly accredited colleges and universities as members that may offer benefits as varied as reduced academic residency requirements and transfer of credit for veterans.

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TAKEPART.COM

Veterans can look through a slideshow on this site to see what schools it lists as having the most success in graduating vets. Penn State University, Texas A&M University and Ohio State University are among those listed.

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MILITARY TIMES

This site, sponsored by the Gannett Company, lists 20 online and nontraditional schools that serve military veterans and notes whether they accept ACE credits, which help transform non-traditional educational training into academic credits.

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THE YELLOW RIBBON PROGRAM

Students can look to this U.S. Department of Veterans Affairs website page to find out which schools participate in the Yellow Ribbon Program in the current academic year.

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U.S. NEWS & WORLD REPORT

This news website lists the best online colleges for veterans at the bachelor's level as well as for business, education, engineering and nursing at the master's degree levels for a total of 153 of 829 responding institutions ranked. Criteria are based on a number of factors, but the colleges listed offer their programs entirely online and are certified for both the GI Bill and Yellow Ribbon Program.

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U.S. DEPARTMENT OF VETERAN AFFAIRS

Veterans can look through the VA's six-page guide entitled "Factors to Consider When Choosing a School," which addresses questions such as how much can be earned with a degree and how to finance an education.

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DISTANCE LEARNING FOR VETERANS

Online education can provide veterans with a balance between school, a family, and a job. These programs allow students to work from home while meeting other goals, like attending doctor's appointments, physical therapy, or counseling, and can give them more freedom in terms of their time and schedule. Many veterans like online education because of the way it allows them to transition back to civilian life on their own terms, instead of adjusting to a hectic life on campus. Most often, a computer with an Internet connection is all that is needed to access online courses, but schools often post the networking and IT particulars on their websites. Veterans will want to make sure that they have the equipment to meet all of the access requirements. Online education is also covered as part of the Post 9-11/GI Bill, and below, we provide resources to help veterans locate some of the online programs that could be of interest to them.



ADDITIONAL RESOURCES FOR DISTANCE LEARNING FOR VETERANS

"BEST FOR VETS: COLLEGES 2013"

This story, featured on MilitaryTimes.com, provides information on online schools for veterans, including, for example, that about 75 percent of the 650 schools responding to the survey featured online degree programs.

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BEST ONLINE PROGRAMS FOR VETERANS

U.S. News & World Report ranks the best online bachelor's degree programs for vets as well as the best online master's degrees in the areas of business, education, engineering and nursing that were compiled using several different criteria.

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MILITARY TIMES

Veterans can use this quick-glance sheet to see whether the 20 listed online and non-traditional schools participate in the Yellow Ribbon Program, accept ACE credits, and have a veterans' office, as well as find out other information.

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THE HOUSE COMMITTEE ON VETERANS' AFFAIRS

This website provides several valuable details about the use of federal education benefits in financing an online education. For example, a veteran choosing to attend an entirely online school will see the living stipend available through the Post-9/11 GI Bill reduced by 50 percent.

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PROS AND CONS OF ONLINE EDUCATION FOR VETERANS

U.S. News & World Report addresses the advantages and disadvantages that veterans can find through online education. One advantage pointed out in the story is that an online education can provide an easier transition back into civilian life.

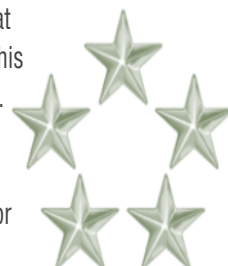
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SOCIAL



The civilian world is easier for some veterans to transition back to than others, but deciding to pursue a degree or an education program on a college campus may be a more complicated step. It's good to ask what kinds of services are available through campus programs and how they can help veterans adjust. Turns out there are many different services, as our list of resources below shows.

From learning to fit in to utilizing all the resources available, a variety of factors account for successful social adjustment. Given that there are between 130,000 to 200,000 homeless veterans living in the U.S., according to the [National Coalition for the Homeless](#), this social adjustment is important. In fact, female veterans and veterans with disabilities are even at more risk for becoming homeless. Seeking help and support in adjusting to civilian life can often be a step in the right direction. That's why we take a comprehensive look at the social aspect of returning home in this section. Veterans can find information about adapting socially, resources that available on campus, including some of the national organizations with area chapters, and help and support available specifically for women veterans.



FITTING IN

Fitting in on campus can be tough, no matter who you are. Veterans entering a college environment may feel like they don't mesh with their peers, or cannot relate to non-military service members on campus. Some veterans may be older than the typical college freshman and also have other responsibilities, such as family and children that they need to care for. Many college-based veterans centers can offer resources to help, but our list of links below also provides guidance.



ADDITIONAL RESOURCES FOR FITTING IN

SIX TIPS FOR VETERANS TO SUCCEED IN COLLEGE

A former Marine sergeant provides tips for transitioning back to civilian life in this U.S. & News World Report article.

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"FITTING IN"

Polk State College in Winter Haven, Fla., provides a tip sheet for fitting in on campus such as becoming involved and volunteering that may be helpful to student veterans.

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"LONELY MEN ON CAMPUS: STUDENT VETERANS STRUGGLE TO FIT IN"

This article in "The Atlantic" takes a look at the adage 'War Changes Everything' by telling stories of several service men who struggle with blending in on campus. One even found the camaraderie and teamwork he sought by joining the football team.

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MILITARY TIMES

A story published in this online magazine tells how a 30-year-old female former Army National Guard private is shocked at the way her classmates so commonly pull out their smart phones in class. Several tips, such as advising veterans to take care of their mental health, are also provided within the story.

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NATIONAL PUBLIC RADIO

This news website features a segment on the struggles that war veterans face when starting fresh on a college campus and returning to civilian life.

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THE PRESS-TELEGRAM

It's not all struggles for veterans who seek out a college education, and some may relate to this story of a 24-year-old veteran who said he gained the motivation he needed in the military to enable him to be a serious student in the college classroom.

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QUICK TIPS FOR STUDENT VETERANS

This article, posted on the Vantage Point blog of the U.S. Department of Veterans Affairs, provides several tips for succeeding on campus.

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"STUDENT VETERANS SPEAK UP"

This study, from the University of Nevada, Reno, looks at the struggles that some veterans face fitting in and feeling comfortable on campus, including having troubles with how some instructors may portray the military in a specific light or being called on to represent the voice of the military as a whole. This piece may provide comforting support to veterans looking to validate their own campus experiences.

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ON CAMPUS RESOURCES

Campuses have a variety of resources for student veterans that range from helping navigate educational benefits to providing counseling opportunities. National associations, like the [Students Veterans of America](#), include area chapters that can prove helpful in providing peer-to-peer resources and support, and aid students in their transition to a college education. [National Women Veterans of America](#) also has chapters located across the country that may offer support and resources to women choosing to seek an education on campus. Below we highlight a list of veterans' centers available on several public college or university campuses that may give veterans an idea of the types of resources that could be offered at their college. These types of services can be important, and, as a recent article in [The Chronicle of Higher Education](#) reported, when they do exist, veterans tend to fare better in school.



ADDITIONAL ON-CAMPUS RESOURCES FOR VETERANS

ARIZONA STATE UNIVERSITY

The Pat Tillman Veterans Center opened on this Tempe campus in 2011, providing a space of 3,340 square feet for veterans' services. The university has been named a military-friendly institution by GI Jobs magazine and was also selected as one of the first to roll out the U.S. Department of Veterans Affairs VetSuccess on Campus program.

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GEORGETOWN UNIVERSITY

This school, in Washington D.C., offers services, such as applying for financial aid and preparing to seek out a career, through its Veterans Office. Veterans can also find tutoring and mentoring opportunities, spiritual and mental outlets, and on-campus and off-campus clubs geared toward veterans.

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SAN DIEGO STATE UNIVERSITY

The Joan and Art Barron Veterans Center on this college campus provides various services to veterans, including a work-study program. The center is staffed by more than a half-dozen staff members who have worked in various branches of the military themselves including the Army, Navy and Marine Corps.

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THE UNIVERSITY OF HOUSTON

Two offices on campus help to provide services to veterans, including the Office of Veteran Services and the Office of Registration and Academic Affairs. Together, these reach more than 1,200 veterans, including their spouses, children and other dependents. A Veterans Collegiate Society is also available at the school, helping to create a community of veterans helping veterans.

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THE UNIVERSITY OF MINNESOTA

This Minneapolis-based college provides walk-in counseling appointments during the day through its University Veteran Services. The school also has a chapter of the Student Veterans Association, which is a non-partisan, student-led group for veterans.

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YOUNGSTOWN STATE UNIVERSITY

This university, in Youngstown, Ohio, just launched a \$1.25 million fundraising campaign to build a Veterans Resource Center to help create a campus space for veterans. Veterans can find many different resources available ranging from information on the Post-9/11 Bill to links for area veterans services.

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FEMALE VETERANS



Nearly [9 percent of the veteran population is female](#), according to the U.S Department of Veterans Affairs, accounting for up to 2 million women. As [National Public Radio](#) reports, these women veterans face multiple issues when returning home, including post traumatic stress disorder and sexual assault trauma, the latter of which they are often disinclined to report because of the stigma that comes with it. Emotional issues may be bottled up and women who return to the states may feel that they lack support from family and friends. Male veterans may discount or undercut the roles that females played in combat service, as an [Eye on Ohio](#) story reports.



Female veterans also typically have higher unemployment rates than male veterans, meaning that school could be that much more important. For this reason, female veterans who do decide to return to school may want to take advantage of the services offered through veterans centers and counseling offices. Of course, the U.S. Department of Veterans Affairs also provides support: Nearly 75 percent of its 152 medical clinics across the country now offer female-centered care, according to a [Minnesota Post](#) article.

ADDITIONAL RESOURCES FOR FEMALE VETERANS

AMERICAN WOMEN VETERANS

The organization, which works for the rights of female veterans through advocacy on Capitol Hill and outreach education, also provides various resources to women in terms of education, business and employment opportunities.

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CAL STATE AT FULLERTON

Veterans Student Services at this school takes note of its female veteran population, and indicates that it reaches 38 percent of this student population. The veteran's office is supporting female veterans in other ways as well, such as sponsoring the Women Veterans in Higher Education conference in early 2013.

READ
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MAKETHECONNECTION.NET

This website, sponsored through the U.S. Department of Veterans Affairs, allows veterans to read stories about military members returning to school and to relate through shared experiences. Content on the site can be selected for specific demographics, offering gender, time served, and military branch as variables. Women should be able to find higher-education stories and resources on the site that are related to females.

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NATIONAL WOMEN VETERANS OF AMERICA

Female veterans can find support through this organization that sponsors events and regional chapters, as well as hosting a national conference annually each fall.

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PCC VETERANS CENTER

Pasadena City College in Pasadena, Calif. offers career and employment and counseling services through its Veterans Club, but also offers specific activities and programs for female veterans.

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RESOURCES FOR WOMENS VETERANS

The U.S. Department of Labor maintains this website that provides resources for female veterans including for mentoring, professional development, and networking.

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WOMENS VETERANS AT UT AUSTIN

Texas is the second largest state in the country to have the most female veterans, according the University of Texas at Austin. For this reason, the university's Student Veteran Services makes it a vital part of its mission to provide resources and help to female veterans on campus.

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GEOGRAPHIC



The Post-9/11 GI Bill and Yellow Ribbon Programs may be confusing to navigate, but the educational benefits offered to veterans at the state level can make understanding what's covered and what's not covered that much more complex. Of course, these programs vary significantly from state to state. A few offer nothing additional beyond the federal benefits made available to veterans while others offer scholarships and support to veterans and their family members.

Some states make it a priority to honor their veterans by offering them benefits and educational opportunities or by providing such education benefits to their spouses and dependents. These veteran benefits can reach far beyond education into property taxes, employment opportunities, and even hunting and fishing licenses. However, the criteria to qualify for the state level education benefits are often very specific. Where a veteran lives currently can affect eligibility, but where they lived at the time of enlistment can also come into play. Sometimes the amount of time they have lived in a state before or after service has an impact on the benefits available to them at the state level, too. To help ensure that veterans can obtain the exact information they need is the very reason we list a link to every state-level veterans affairs office below.

DIFFERENCES BY STATE

Veterans need to invest the time and effort to understand the educational benefits that may be available to them in their state. These benefits may complement or even add to what is available at the federal level. Of course, it's always best to talk to a counselor in the state's veterans' affairs office to find out the specific details. Below, we list the links to veterans' affairs offices for each state and describe some of the programs and resources available through these departments. This information is solely intended to be informational, and to point veterans in the right direction for seeking out and understanding the various eligibility criteria for programs.



ADDITIONAL STATE RESOURCES FOR VETERANS

ALABAMA DEPARTMENT OF VETERANS AFFAIRS

[READ MORE](#)

Veterans and family members of veterans in this state may be eligible for the Alabama GI Dependents Scholarship Program and the Disabled American Veterans Scholarship Program. As well, the state's Operation Recognition Program awards high school diplomas to honorably discharged veterans who served during specific times, primarily before 1973.

STATE OF ALASKA OFFICE OF VETERANS AFFAIRS

[READ MORE](#)

Dependents and spouses of Alaska veterans may be eligible for tuition assistance, given that certain criteria are met. Operation Recognition also awards high school diplomas to World War II veterans living in the state, as well as, upon the request of a family, WWII veterans who are deceased.

THE ARIZONA DEPARTMENT OF VETERANS' SERVICES

[READ MORE](#)

Veterans can find several phone numbers listed on this website to contact personnel within the state's Veterans' Education and Training Approving Agency to seek help with educational benefits. A link to the Veterans Retraining Assistance Program is also provided on the site.

ARKANSAS DEPARTMENT OF VETERANS AFFAIRS

[READ MORE](#)

The state's department of education can offer free tuition and fees to a state-supported higher education institution to any spouse or child of an Arkansas veteran missing in action or a prisoner of war since 1960. Likewise, the same benefits may be awarded to beneficiaries when a veteran has been killed in the line of duty.

CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS

[READ MORE](#)

Both veterans and their dependents in California have a number of educational resources available to them at the state level. This site provides information on opportunities such as the Non-Resident College Fee Waiver, the California Veterans Education Opportunities Partnership, and the Troops to College Program.

COLORADO DIVISION OF VETERAN'S AFFAIRS

[READ MORE](#)

As in other states, Colorado offers the Operation Recognition program to its vets, which is open to those over the age of 60 who served in World War II, the Vietnam War or Korean War, and awards them with a high-school diploma.

CONNECTICUT DEPARTMENT OF VETERANS' AFFAIRS

READ MORE

Veterans in the state may attend its public colleges and institutions tuition free at the undergraduate and graduate level. However, veterans must pay associated costs such as room and board, books, and course fees. Tuition waivers are 50 percent for summer courses.

STATE OF DELAWARE COMMISSION OF VETERANS AFFAIRS

READ MORE

Educational benefits are provided to children of veterans who died in the line of duty or are prisoners of war or missing in action. The website contains more information about criteria and the types of costs that may be covered.

FLORIDA DEPARTMENT OF VETERANS' AFFAIRS

READ MORE

Florida provides several state level benefits to its veterans that include the offering of a high-school diploma to those who have been honorably discharged, a waiver for undergraduate education at its public colleges to those who have received the Purple Heart or other similar high-ranking recognition, and four-year educational opportunities for spouses and children of veterans who have died in the line of duty or have been permanently disabled.

GEORGIA DEPARTMENT OF VETERANS SERVICE

READ MORE

Area phone numbers are provided for Georgia veterans to speak with state personnel about the benefits they are provided federally through the Post-9/11 GI Bill and other programs.

STATE OF HAWAII OFFICE OF VETERAN SERVICES

READ MORE

While many different employment and living benefits are offered to Hawaii veterans, no educational programs appear to be available to veterans at the state level. Veterans may wish to call the area veterans' office using the phone number provided on the site.

STATE OF IDAHO DIVISION OF VETERANS SERVICES

READ MORE

A variety of state scholarship programs are available to descendants of Idaho veterans who have lost their lives in the line of duty, been awarded the Purple Heart or are missing in action. As well, the Operation Idaho Scholarship is offered to veterans who have been permanently disabled and their spouses to financially assist them with obtaining a higher education.

ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS

READ MORE

Veterans who have been honorably discharged and who lived in Illinois for at least six months before entering the service may be eligible to have their tuition and fees covered at certain state-supported colleges. Scholarships and financial aid are also available to children of veterans who died in the line of duty.

INDIANA DEPARTMENT OF VETERANS' AFFAIRS

READ MORE

Children of disabled Indiana veterans may apply to have 124-credit hours worth of tuition and fees waived at a state-supported college while Purple Heart recipients can receive a waiver of tuition and fees to pursue an undergraduate program at a state school or institution.

INDIANA DEPARTMENT OF VETERANS' AFFAIRS

READ MORE

Children of disabled Indiana veterans may apply to have 124-credit hours worth of tuition and fees waived at a state-supported college while Purple Heart recipients can receive a waiver of tuition and fees to pursue an undergraduate program at a state school or institution.

IOWA DEPARTMENT OF VETERANS AFFAIRS

READ MORE

Veterans who did not complete their high school diploma in Iowa due to enlistment in the Armed Forces may be eligible to receive a diploma through the state's Operation Recognition High School Program.

KANSAS COMMISSION ON VETERANS AFFAIRS

READ MORE

Education assistance may be available to Kansas state veterans but the veterans' affairs office in Kansas advises calling to find out more details.

KENTUCKY DEPARTMENT OF VETERANS AFFAIRS

READ MORE

Veterans of World War II, the Vietnam War, and the Korean War may be eligible for a high-school diploma under the High School Diploma Program when honorably discharged. Tuition waivers are also available to some beneficiaries whose veteran parents have died in the line of duty or have been permanently disabled.

LOUISIANA DEPARTMENT OF VETERANS AFFAIRS

READ MORE

The spouse and children of a deceased or disabled Louisiana veteran may be eligible for tuition assistance under the state's Title 29 plan.



STATE OF MAINE BUREAU OF VETERANS' SERVICES **READ MORE**

The Veterans Dependents Educational Benefits Program offers free tuition at state-supported schools to spouses and children of Maine veterans, who have died in the line of duty, are completely disabled or missing in action.

MARYLAND DEPARTMENT OF VETERANS AFFAIRS **READ MORE**

The Veterans of the Afghanistan and Iraq Conflicts Scholarship and the Edward T. Conroy Memorial Scholarship are offered at the state level to veterans, their spouses, children and other beneficiaries when specific stipulations are met.

MASSACHUSETTS DEPARTMENT OF VETERANS' SERVICES **READ MORE**

Children of veterans who died in the line of duty during Operations Enduring and Iraqi Freedom may be eligible for an equal distribution of grant funds through the state's Massachusetts Soldiers Legacy Fund to attend an undergraduate or postgraduate program.

MICHIGAN DEPARTMENT OF MILITARY AND VETERANS AFFAIRS **READ MORE**

Veterans of World War II and the Korean War are eligible to receive a high school diploma if they were unable to complete one due to Armed Forces service. As well, children of deceased or permanently disabled state veterans may receive an annual undergraduate tuition grant.

MINNESOTA DEPARTMENT OF VETERANS AFFAIRS **READ MORE**

Veterans living in Minnesota can find a state GI Bill to take advantage of, as well as a veteran education assistance grant of \$750 that can be given to veterans who have already used their GI Bill benefits. A surviving spouse and dependent education benefit is also available for service members who died in the line of duty or afterward as a result of service-related injuries.

MISSISSIPPI STATE VETERANS AFFAIRS BOARD **READ MORE**

An eight-semester scholarship to any state-supported school or university is available to children of Mississippi service members who are prisoners of war or missing in action.

MISSOURI DEPARTMENT OF PUBLIC SAFETY VETERANS COMMISSION **READ MORE**

Veterans of the state may be eligible to receive a high-school diploma through the Honorary High School Diploma program. They should contact a military service representative to find out about other educational benefits that could be available to them.

MONTANA VETERANS AFFAIRS DIVISION **READ MORE**

The state's veterans affairs division supports the Troops to Teachers program that provides grants and bonuses to eligible service members seeking a teaching career. State veterans can contact regional representatives to find out more about education benefits available at the state level.

NEBRASKA DEPARTMENT OF VETERANS' AFFAIRS **READ MORE**

Dependents of state veterans may be eligible to receive a full waiver for tuition and fees to state-supported colleges and universities. Operation Recognition also offers high school diplomas to veterans of World War II and the Korean War who were unable to obtain their diplomas because of service.

NEVADA DEPARTMENT OF VETERANS SERVICES **READ MORE**

Spouses of Nevada veterans may be eligible for some education benefits through the state's Dependents Education Assistance Program including obtaining access to correspondence courses, preparatory courses, and farm cooperative courses.

NEW HAMPSHIRE STATE OFFICE OF VETERANS SERVICES **READ MORE**

Children of military members who die in the line of duty or from a service-related injury may be eligible for tuition at a state-supported institution. A \$2,500 scholarship for other expenses may also be available. The children of a service person missing in action are entitled to free tuition at a vocational-technical college.

NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS **READ MORE**

A number of benefits are available to New Jersey veterans and family members including the Vietnam Veterans Tuition Credit Program, the Operation Recognition High School Diploma Program and POW and MIA Tuition Benefits.

NEW MEXICO DEPARTMENT OF VETERANS SERVICES **READ MORE**

A partnership has been formed between the state's department of veteran services and the Veterans' Resource Center at the University of New Mexico to assist veterans who want to attend the school.



NEW YORK STATE DIVISION OF VETERANS' AFFAIRS **READ MORE**

Numerous programs are available at the state level that include Military Service Recognition Scholarships, Veterans Tuition Awards, and Regents Awards for Children of Deceased and Disabled Veterans.

NORTH CAROLINA DIVISION OF VETERANS AFFAIRS **READ MORE**

Children of deceased, disabled, POW or MIA veterans may be eligible for a four-years scholarship to attend an approved school. Children must be under the age of 25 at the time of application.

NORTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS **READ MORE**

Several veteran programs are available at the state level to veterans and their families in North Dakota including Leave No Veteran Behind, the Wyakin Wounded Warrior Academy, and the North Dakota Dependent Tuition Waiver.

OHIO DEPARTMENT OF VETERANS SERVICES **READ MORE**

Ohio supports the Troops to Teachers Program, which helps to place eligible military personnel in teaching positions and award them with possible stipends and bonuses.

OKLAHOMA DEPARTMENT OF VETERANS AFFAIRS **READ MORE**

A veteran's education guide is available through the University of Oklahoma that lists scholarship opportunities for veterans and their military families at the state and military levels.

OREGON DEPARTMENT OF VETERANS' AFFAIRS **READ MORE**

Programs available in the state include the High School Diploma Program offering high school diplomas to veterans and the Veterans' Dependent Tuition Waiver for a spouse or child of a service member who died in the line of duty or became completely disabled.

PENNSYLVANIA DEPARTMENT OF MILITARY AND VETERANS AFFAIRS **READ MORE**

The state offers several programs to its veterans and service members including the Troops to Teachers Program, the Operation Recognition High School Diploma Program, and the Pennsylvania State Grant Program for veterans in financial need of funding their education.

STATE OF RHODE ISLAND DIVISION OF VETERANS AFFAIRS **READ MORE**

The state's division of veteran affairs provides a list of colleges and universities within the state and the veterans' resources that can be found there.

SOUTH CAROLINA OFFICE OF VETERANS AFFAIRS **READ MORE**

Free tuition is made available to the children of certain veterans to help them attend a technical institution or state-supported school or university.

SOUTH DAKOTA DEPARTMENT OF VETERANS AFFAIRS **READ MORE**

Free tuition may be available for honorably-discharged state veterans at the undergraduate level who are not eligible for GI Bill benefits. As well, free tuition is also available to children of service members who died in the line of duty or to dependents of those who are prisoners of war or missing in action.

TENNESSEE DEPARTMENT OF VETERANS AFFAIRS **READ MORE**

A \$1,000 grant is available to certain eligible veterans who are taking at least 12 semester hours each term. As well, the state offers a high school diploma program for veterans of World War I, World War II, the Korean War and Vietnam War. Free tuition is also available to some dependents whose parents died in the line of duty or are prisoners of war or missing in action.

TEXAS VETERANS COMMISSION **READ MORE**

For veterans who have served at least 181 days on active duty and meet other criteria, the Hazelwood Act covers tuition, and most associated fees, for up to 150 credit hours of education at a state-supported school or university.

UTAH DEPARTMENT OF VETERANS AND MEDICAL AFFAIRS **READ MORE**

Numerous education benefits are available to veterans at the state and federal levels as well as through private organizations. State veterans should use the resources provided on the website to find out more about these education benefits.

VERMONT OFFICE OF VETERANS AFFAIRS **READ MORE**

Veterans can look to the Vermont Student Assistance Corporation for information on going back to school and for scholarships that may be available to them.



VIRGINIA DEPARTMENT OF VETERANS SERVICES READ MORE

Several e-mails and phone numbers are listed on the state website for veterans to contact to find out more about educational benefits available in Virginia.

WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS READ MORE

Tuition and fees are entirely or partially waived for Washington veterans attending state schools and universities, but the amount waived varies by school. A list of participating schools is provided on the veterans affairs website.

WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE READ MORE

A list of non-degree and degree programs as well as apprenticeships that veterans can use their federal education benefits for are listed on the state's Veterans Education and Training Programs Website.

WISCONSIN DEPARTMENT OF VETERANS AFFAIRS READ MORE

Veterans in Wisconsin may be able to receive college credit for training programs they completed while in the military. As well, a high school diploma is available to provide diplomas to veterans who were unable to complete them because of military service.

WYOMING VETERANS COMMISSION READ MORE

Given that eligibility criteria are met, state veterans who served in overseas combat can have 10 semesters of tuition and fees paid for at any of the Wyoming community colleges or the University of Wyoming. Benefits may also be available to spouses and children of military members who died during service.



While adapting to life on campus or deciding to work toward a degree, veterans may have medical needs that require attention. Indeed, about 5.2 million adults have post-traumatic stress disorder during a given year, according to the [U.S. Department of Veterans Affairs](#). More women than men typically suffer from PTSD, but this is not the only issue returning veterans face. It's important to understand that a variety of resources exist to help these veterans connect and to be able to work toward a healthy life.

Though many veterans suffer from PTSD, others may be adjusting to service-related physical disabilities that can include anything from sight or hearing loss to paralysis. These veterans are not alone. In fact, as of 2012, the U.S. Department of Veterans Affairs indicated there were more than 3.5 million veterans who suffer from a service-connected disability. Veterans on campus can look for support through a veterans services department and/or also through an office of disability services.

ADDITIONAL MEDICAL RESOURCES FOR VETERANS

DISABLED AMERICAN VETERANS

Students can look for local chapters of this national advocacy and assistance organization and with membership become eligible for discounts for certain services at retailers.

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DISABLED VETERANS NATIONAL FOUNDATION

Veterans who return from service ill or injured, including with brain injuries or PTSD, can find support for transitioning back to civilian life through this national organization.

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HALF OF US

Veterans who are transitioning to campus life can find a variety of resources on this website, as well as a hotline number to be able to talk to someone about issues or simply ask about additional resources.

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NATIONAL CENTER FOR PTSD

This site addresses topics such as coping with traumatic stress reactions, overcoming barriers to care, and considering professional help.

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PAWS AND STRIPES

This organization gives support to veterans who suffer from PTSD or traumatic brain injuries by providing them with service dogs to help them work toward building a fuller life.

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STUDENT VETERANS OF AMERICA

Local chapters of this organization can offer veterans support for reintegrating into campus and civilian life and provide space for veterans to study, relax and meet others.

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U.S. DEPARTMENT OF VETERANS AFFAIRS

Veterans can read about how post-traumatic stress disorder is an anxiety disorder that occurs after a traumatic event and can cause veterans to relive an event, feel numb, or avoid certain going places or doing things that remind them of the event. A number of links are available to vets to help them seek assistance, as well as a link to do an anonymous online screening for PTSD.

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VETS4WARRIORS

This non-profit organization provides a toll-free and confidential hotline number at 1-855-838-8255 for any veteran who wants to talk with a veteran peer about their struggles and adjustments.

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ALABAMA COMMUNITY COLLEGE SYSTEM

VETERANS SERVICES



OUR MISSION

The mission of the State Approving Agency is to inspect, approve, and supervise programs offered by qualified educational institutions, training establishments, and tests for licensing and certification for veterans, eligible persons, or reservists, under the standards and provisions of Title 38, U.S.C., Chapters 30, 32, 33, 35 and 36. In addition, the State Approving Agency provides outreach services to veterans and to prospective institutions, and provides technical assistance and conducts compliance reviews to ensure accurate enrollment and management of eligible persons at approved educational institutions. The State Approving Agency serves as a critical point-of contact for institutions and facilities desiring to provide education/training under the provisions of Title 38, U.S.C., Chapters 30, 32, 33, 35 and 36.

The State Approving Agency ensures that Alabama Veterans and other eligible persons, utilizing their G.I. Bill Education Benefits receive quality education and training through the approval of education programs at institutions of higher learning (IHL), non-college degree (NCD) institutions, apprenticeship programs, on-the-job (OJT) training programs, flight training schools, correspondence schools and state and national exams.

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Summary of VA Vocational Rehabilitation and Employment Benefits



Employment and
Independent
Living Services



U.S. Department
of Veterans Affairs

As part of our mission to serve you, VA provides a variety of employment and independent living services through the Vocational Rehabilitation and Employment (VR&E) program. VA may provide you with vocational counseling, job search assistance, and other education and training services.

To determine whether your military service qualifies you for these services, VA conducts an evaluation of your interests, aptitudes, abilities, and an assessment of how your disability affects your ability to work. The services VA provides you are based on the results of your evaluation.

VA can offer you the support you need in order to pursue a career, develop job skills, or provide job accommodations to help you perform your job. The VR&E program, also known as Chapter 31, provides a range of career services, including:

- » Comprehensive evaluation to determine your abilities, skills, and employment interests
- » Career counseling and rehabilitation planning for employment
- » Employment services, such as job training, job-seeking skills, résumé development, and other work-readiness assistance
- » Assistance in finding and keeping a job, including how to use special employer incentives and job accommodations
- » On-the-Job Training (OJT), apprenticeships, college training, and non-paid work experiences

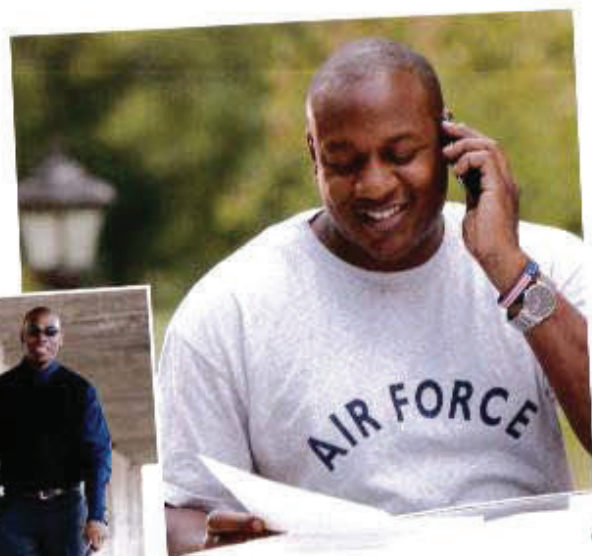
In addition, comprehensive rehabilitation and independent living services are also available if you are severely disabled and not currently ready or able to seek employment.

VR&E is specifically for Servicemembers and Veterans with service-connected illnesses and injuries. However, you may qualify for career counseling services from VA if you recently separated from the military or are using VA education benefits.

Access Your VA Benefits

Go to eBenefits at **www.ebenefits.va.gov**, your one-stop shop to learn about and apply for your benefits.

eBenefits
My Gateway to Benefit Information



Eligibility. Servicemembers and Veterans are eligible for VR&E services under the following circumstances:

- » You have obtained a service-connected disability rating from VA of at least 10%, or a pre-discharge disability rating ("memorandum rating") of 20% or more from VA, **AND**
- » You have received, or will receive, a discharge from service that is other than dishonorable, **OR**
- » You may qualify without a VA rating if you are severely ill or injured and have been referred to a military Physical Evaluation Board or are participating in the DoD/VA Integrated Disability Evaluation System process

In general, you must use all VR&E services within 12 years from the following dates, whichever is later:

- » The date you separated from active military service, **OR**
- » The date VA officially notified you that you have a qualifying service-connected disability rating

Veterans with service-connected disabilities may apply for VR&E benefits at any time. You may request a memorandum rating from VA if you have not already received a VA service-connected disability rating of at least 10%, or a pre-discharge rating of 20% or more from VA.

If a VRC finds that you have a serious employment handicap (SEH), you may be entitled to VR&E services even if your rating is less than 20% and/or you have passed your 12-year basic period of eligibility.

EVALUATING ENTITLEMENT TO VR&E SERVICES

After you apply and VA determines you are eligible for VR&E services, VA will schedule a meeting for you with a Vocational Rehabilitation Counselor (VRC). The VRC will assess your interests, aptitudes and abilities, and whether your service-connected disabilities impair your ability to find and/or hold a job using the training and occupational skills you already have. The VRC will use this assessment to determine your entitlement to VR&E services. If you are entitled to services, the VRC will work with you to explore employment options or further evaluate your need for services leading to more independence in daily living.

Working with a VRC on a Rehabilitation Plan.

If you are found to be entitled to VR&E services, you will work with a VRC to identify training requirements, explore wage information, and find employment opportunities. One of the VRC's main responsibilities is to help you develop a rehabilitation plan so you can gain suitable employment or achieve an independent living goal.

A rehabilitation plan is an individualized written outline of the services, resources, and criteria that will be used to help you achieve your employment and/or independent living goals. In developing a rehabilitation plan, you and your counselor will select one of five tracks to pursue: reemployment, rapid access to employment, self-employment, employment through long-term services, or independent living services.

Serious Employment Handicap (SEH)

A trained VRC determines if an employment handicap significantly impairs your ability to prepare for, obtain, or retain employment that is consistent with your abilities, aptitudes, and interests. If an SEH is determined, the basic period of eligibility for VR&E services may be extended.

FIND THE RIGHT CAREER PATH FOR YOU

VR&E can help you obtain one of four different employment options by working with you to establish a rehabilitation plan with specific goals. If you have service-connected disabilities that are so severe that you cannot immediately consider work, then the independent living services track may be right for you.

Track	Goals of Rehabilitation Plan	Who It Is For
Reemployment	Consultation with the employer, job accommodations, job modification, and case management; coordination and referral for services, such as VA health care, reemployment rights advice, and work adjustment services	Servicemembers leaving active duty due to medical issues and Veterans with service-connected disabilities
Rapid Access to Employment	Job readiness preparation, résumé development, job search assistance, employment resource development, job accommodations, and post-employment follow-up	Those who express a desire to seek employment soon after separation or who already have the necessary skills and/or training to be competitive in the job market in an appropriate occupation
Self-Employment	Analysis of your business concept, development of a business plan, training in operating small businesses, marketing and financial assistance, and guidance in obtaining adequate resources to implement the business plan	Those who have limited access to traditional employment, need flexible work schedules, or need an accommodating work environment due to disabling conditions or other life circumstances
Employment Through Long-Term Services	Training and education, including: On-the-Job Training (OJT), apprenticeships, internships, job shadowing, work monitoring, work-study, public-private job partnering, or higher education sufficient to qualify for and enter suitable employment	Those who need specialized training and/or education to obtain and maintain suitable employment
Independent Living Services	Assistive technology, independent living skills training, and connection to community-based support services	Those who are not currently ready for employment and need rehabilitation services to live more independently

After a rehabilitation plan is developed, the VRC will help you implement it to achieve suitable employment or independent living. If the VRC believes you need additional services, then the counselor may provide you with medical and dental referrals, tutorial assistance, adjustment counseling, and other services necessary for you to achieve your goals.

Other Support. VA pays for tuition, fees, books, equipment, tools, or other supplies you need to succeed in your rehabilitation program. During your program, you may qualify for a monthly subsistence allowance to help you meet the additional commuting or living expenses you incur while in a training program. The amount of the allowance is based on your type of training, rate of attendance, and number of dependents. You will receive this allowance in addition to any VA compensation or military retired pay you may already receive.



Veterans without Employment Handicaps

Some Veterans who apply for VR&E may not be deemed to have an employment handicap. In these cases, Vocational Rehabilitation Counselors provide career counseling services and help in locating other resources to address rehabilitation and employment needs. Such Veterans may be referred to one or more of the following:

- » State vocational rehabilitation programs
- » Department of Labor employment programs
- » State, federal, or local agencies providing services for employment or small business development
- » Internet-based resources for rehabilitation and employment
- » Information about applying for financial aid

VA also offers career counseling services to:

- » Servicemembers six months prior to discharge
- » Veterans within one year following discharge
- » Veterans eligible for any VA education benefits, such as the Post-9/11 GI Bill



How to Apply. To apply for VR&E benefits, fill out the Disabled Veterans Application for Vocational Rehabilitation form (**VA Form 28-1900**).

You can access this form by:

- » Applying online via **www.ebenefits.va.gov**, your one-stop shop to apply for and learn about your benefits
- » **www.VetSuccess.gov**
- » Downloading the form at **www.va.gov/forms**
- » Calling VA toll free at 1-800-827-1000 to have a claim form mailed to you
- » Visiting your local VA VR&E office.
For the VA VR&E office nearest you, call VA toll free at 1-800-827-1000



Frequently Asked Questions

Can I obtain VR&E services if I have a service-connected disability rating of less than 20%?

Yes, you can obtain such services if you are a Veteran with a rating of 10% and are found to have a serious employment handicap (SEH). You may also qualify without a VA rating if you are a severely ill or injured Servicemember who has been referred to a military Physical Evaluation Board or is currently participating in the DoD/VA Integrated Disability Evaluation System process.

What does a Vocational Rehabilitation Counselor (VRC) do?

A VRC evaluates your interests, aptitudes, and abilities. A VRC also determines if you are entitled to VR&E services and, if you are, helps you establish a rehabilitation plan to find appropriate work or achieve more independence in daily living. Based on your skills and interests, a VRC will explore career possibilities with you, such as returning to your previous job, training for a new job, or starting your own business.

I had a job before I went on active duty. Now that I separated from the military, will I go back to work at the same company?

Returning to your previous company is one option you can consider. A VRC will work with you and representatives from the Department of Labor to ensure that your re-employment rights are upheld and your former employer makes reasonable accommodations if you wish to return to work there.



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. **The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).**

Additional VA Benefits

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health care system, a 10-point hiring preference for federal employment, and other important benefits. Ask your VA representative or Veterans Service Organization (VSO) representative about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO representative online at www.ebenefits.va.gov.

**Thank you for your service.
Now let us serve you.**



For More Information

For more information about VR&E benefits, including time limits, establishing a service-connected disability, and how to apply, please:

- » Find links to VA benefits information and apply at **www.ebenefits.va.gov**
- » Go to the VA web site at **www.va.gov/benefits**
- » Visit us at **www.VetSuccess.gov** where you can find current job listings from employers seeking to hire Veterans. You can also find the nearest VR&E office and other information, such as tips about applying for a job, interviewing, and writing a good résumé and cover letter.
- » Use IRIS, VA's tool to find information and ask questions online at **<https://iris.custhelp.com>**
- » Call us at **1-800-827-1000**
- » Visit the nearest VA regional office. To find the VA regional office nearest you, go to our website or call VA toll free at **1-800-827-1000**

U.S. Department of Veterans Affairs

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ACT# 2009- 590

HB578

107949-2

By Representatives Payne, Boothe, McClendon, Clouse, Faust,
Hurst, Newton (C), Millican, Laird, Dukes, Lindsey, Collier,
Johnson, Robinson (O), Rogers, DeMarco, Hubbard, Beasley,
McDaniel, Ball, Wood, McCutcheon, Drake, Moore (P), Ward,
Galliher, McClurkin, Love, Allen and Page

RFD: Education Appropriations

First Read: 19-FEB-09



ENROLLED, An Act,

Relating to education; to authorize public two-year and four-year institutions of higher education in the state, including postsecondary technical colleges, community colleges, and junior colleges, to waive undergraduate tuition and fees for Purple Heart recipients.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. (a) For purposes of this section, a public institution of higher education includes public two-year and four-year institutions of higher education and postsecondary technical colleges, community colleges, and junior colleges located in the state.

(b) A public institution of higher education may waive undergraduate tuition and fees for each veteran who is the recipient of the Purple Heart and who satisfies all of the following:

(1) Is enrolled as a full-time, part-time, or summer school student in an undergraduate program that culminates in a degree or certificate.

(2) Is currently, and was at the time of the military action that resulted in the awarding of the Purple Heart, a resident of this state.

(3) Submits to the public institution of higher education the DD-214 form issued at the time of separation

1 from service as documentation that he or she has received the
2 Purple Heart.

3 (c) The waiver provided to the recipient of a Purple
4 Heart may be applicable for up to 125 percent of the number of
5 required credit hours of the degree or certificate program for
6 which the veteran is enrolled. Nothing in this section shall
7 be construed to lower, or make an exception to, the admission
8 and retention standards or requirements of a public
9 institution of higher education affected by this section. Any
10 veteran, in order to obtain and retain the educational
11 benefits of this section, shall satisfy all scholastic and
12 other requirements for entrance into and continuing enrollment
13 in the applicable public institution of higher education.

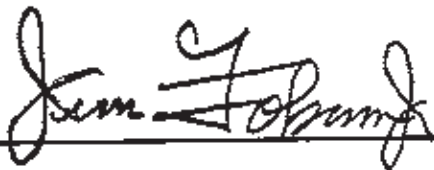
14 (d) The benefits provided by this section shall be
15 in addition to all other benefits provided by law and shall
16 only be available to an eligible veteran after he or she has
17 utilized all other educational benefits, excluding any benefit
18 that is partially funded by the veteran, such as those
19 benefits provided in the federal Montgomery GI Bill, also
20 known as Chapter 30.

21 Section 2. This act shall become effective on the
22 first day of the third month following its passage and
23 approval by the Governor, or its otherwise becoming law.

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Speaker of the House of Representatives



President and Presiding Officer of the Senate

House of Representatives


I hereby certify that the within Act originated in
and was passed by the House 16-APR-09.

Greg Pappas
Clerk

Senate

14-MAY-09

Passed

APPROVED May 20, 2009
TIME 8:50 a.m.

GOVERNOR

Alabama Secretary Of State

Act Num....: 2009-590
Bill Num...: H-578

Introduction to Employment

The section contains information relating to employment opportunities for Veterans participating in a Veterans Court. Information about job fairs and employment summits targeting Veterans is also provided. Specific items provided are as follows:

1. Summary of VA Vocational and Employment Benefits
2. Alabama Career Centers with Veterans Employment Representatives
3. Reinventing Michael Banks Link
4. "Reinventing Michael Banks"
5. H2H (Hero 2 Hired)
 - i. H2H Contact Information
 - ii. 2014 Job Fairs/Hiring Events

Summary of VA Vocational Rehabilitation and Employment Benefits



Employment and
Independent
Living Services



U.S. Department
of Veterans Affairs

As part of our mission to serve you, VA provides a variety of employment and independent living services through the Vocational Rehabilitation and Employment (VR&E) program. VA may provide you with vocational counseling, job search assistance, and other education and training services.

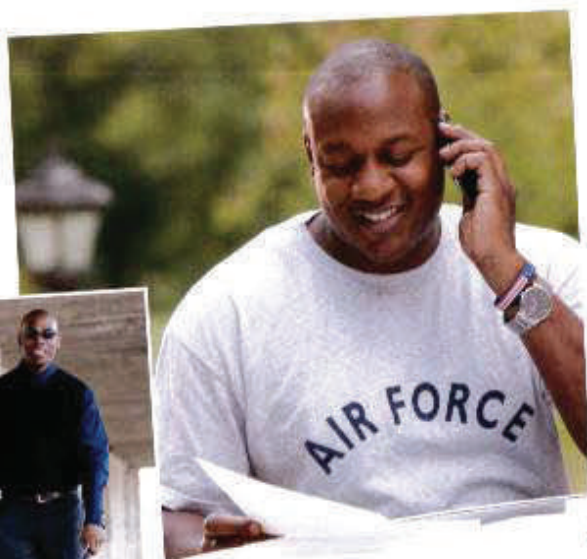
To determine whether your military service qualifies you for these services, VA conducts an evaluation of your interests, aptitudes, abilities, and an assessment of how your disability affects your ability to work. The services VA provides you are based on the results of your evaluation.

VA can offer you the support you need in order to pursue a career, develop job skills, or provide job accommodations to help you perform your job. The VR&E program, also known as Chapter 31, provides a range of career services, including:

- » Comprehensive evaluation to determine your abilities, skills, and employment interests
- » Career counseling and rehabilitation planning for employment
- » Employment services, such as job training, job-seeking skills, résumé development, and other work-readiness assistance
- » Assistance in finding and keeping a job, including how to use special employer incentives and job accommodations
- » On-the-Job Training (OJT), apprenticeships, college training, and non-paid work experiences

In addition, comprehensive rehabilitation and independent living services are also available if you are severely disabled and not currently ready or able to seek employment.

VR&E is specifically for Servicemembers and Veterans with service-connected illnesses and injuries. However, you may qualify for career counseling services from VA if you recently separated from the military or are using VA education benefits.



Access Your VA Benefits

Go to eBenefits at www.ebenefits.va.gov, your one-stop shop to learn about and apply for your benefits.

eBenefits
My Gateway to Benefit Information

Eligibility. Servicemembers and Veterans are eligible for VR&E services under the following circumstances:

- » You have obtained a service-connected disability rating from VA of at least 10%, or a pre-discharge disability rating ("memorandum rating") of 20% or more from VA, **AND**
- » You have received, or will receive, a discharge from service that is other than dishonorable, **OR**
- » You may qualify without a VA rating if you are severely ill or injured and have been referred to a military Physical Evaluation Board or are participating in the DoD/VA Integrated Disability Evaluation System process

In general, you must use all VR&E services within 12 years from the following dates, whichever is later:

- » The date you separated from active military service, **OR**
- » The date VA officially notified you that you have a qualifying service-connected disability rating

Veterans with service-connected disabilities may apply for VR&E benefits at any time. You may request a memorandum rating from VA if you have not already received a VA service-connected disability rating of at least 10%, or a pre-discharge rating of 20% or more from VA.

If a VRC finds that you have a serious employment handicap (SEH), you may be entitled to VR&E services even if your rating is less than 20% and/or you have passed your 12-year basic period of eligibility.

EVALUATING ENTITLEMENT TO VR&E SERVICES

After you apply and VA determines you are eligible for VR&E services, VA will schedule a meeting for you with a Vocational Rehabilitation Counselor (VRC). The VRC will assess your interests, aptitudes and abilities, and whether your service-connected disabilities impair your ability to find and/or hold a job using the training and occupational skills you already have. The VRC will use this assessment to determine your entitlement to VR&E services. If you are entitled to services, the VRC will work with you to explore employment options or further evaluate your need for services leading to more independence in daily living.

Working with a VRC on a Rehabilitation Plan.

If you are found to be entitled to VR&E services, you will work with a VRC to identify training requirements, explore wage information, and find employment opportunities. One of the VRC's main responsibilities is to help you develop a rehabilitation plan so you can gain suitable employment or achieve an independent living goal.

A rehabilitation plan is an individualized written outline of the services, resources, and criteria that will be used to help you achieve your employment and/or independent living goals. In developing a rehabilitation plan, you and your counselor will select one of five tracks to pursue: reemployment, rapid access to employment, self-employment, employment through long-term services, or independent living services.

Serious Employment Handicap (SEH)

A trained VRC determines if an employment handicap significantly impairs your ability to prepare for, obtain, or retain employment that is consistent with your abilities, aptitudes, and interests. If an SEH is determined, the basic period of eligibility for VR&E services may be extended.

FIND THE RIGHT CAREER PATH FOR YOU

VR&E can help you obtain one of four different employment options by working with you to establish a rehabilitation plan with specific goals. If you have service-connected disabilities that are so severe that you cannot immediately consider work, then the independent living services track may be right for you.

Track	Goals of Rehabilitation Plan	Who It Is For
Reemployment	Consultation with the employer, job accommodations, job modification, and case management; coordination and referral for services, such as VA health care, reemployment rights advice, and work adjustment services	Servicemembers leaving active duty due to medical issues and Veterans with service-connected disabilities
Rapid Access to Employment	Job readiness preparation, résumé development, job search assistance, employment resource development, job accommodations, and post-employment follow-up	Those who express a desire to seek employment soon after separation or who already have the necessary skills and/or training to be competitive in the job market in an appropriate occupation
Self-Employment	Analysis of your business concept, development of a business plan, training in operating small businesses, marketing and financial assistance, and guidance in obtaining adequate resources to implement the business plan	Those who have limited access to traditional employment, need flexible work schedules, or need an accommodating work environment due to disabling conditions or other life circumstances
Employment Through Long-Term Services	Training and education, including: On-the-Job Training (OJT), apprenticeships, internships, job shadowing, work monitoring, work-study, public-private job partnering, or higher education sufficient to qualify for and enter suitable employment	Those who need specialized training and/or education to obtain and maintain suitable employment
Independent Living Services	Assistive technology, independent living skills training, and connection to community-based support services	Those who are not currently ready for employment and need rehabilitation services to live more independently

After a rehabilitation plan is developed, the VRC will help you implement it to achieve suitable employment or independent living. If the VRC believes you need additional services, then the counselor may provide you with medical and dental referrals, tutorial assistance, adjustment counseling, and other services necessary for you to achieve your goals.

Other Support. VA pays for tuition, fees, books, equipment, tools, or other supplies you need to succeed in your rehabilitation program. During your program, you may qualify for a monthly subsistence allowance to help you meet the additional commuting or living expenses you incur while in a training program. The amount of the allowance is based on your type of training, rate of attendance, and number of dependents. You will receive this allowance in addition to any VA compensation or military retired pay you may already receive.



Veterans without Employment Handicaps

Some Veterans who apply for VR&E may not be deemed to have an employment handicap. In these cases, Vocational Rehabilitation Counselors provide career counseling services and help in locating other resources to address rehabilitation and employment needs. Such Veterans may be referred to one or more of the following:

- » State vocational rehabilitation programs
- » Department of Labor employment programs
- » State, federal, or local agencies providing services for employment or small business development
- » Internet-based resources for rehabilitation and employment
- » Information about applying for financial aid

VA also offers career counseling services to:

- » Servicemembers six months prior to discharge
- » Veterans within one year following discharge
- » Veterans eligible for any VA education benefits, such as the Post-9/11 GI Bill



How to Apply. To apply for VR&E benefits, fill out the Disabled Veterans Application for Vocational Rehabilitation form (**VA Form 28-1900**).

You can access this form by:

- » Applying online via www.ebenefits.va.gov, your one-stop shop to apply for and learn about your benefits
- » www.VetSuccess.gov
- » Downloading the form at www.va.gov/forms
- » Calling VA toll free at 1-800-827-1000 to have a claim form mailed to you
- » Visiting your local VA VR&E office.
For the VA VR&E office nearest you, call VA toll free at 1-800-827-1000



Frequently Asked Questions

Can I obtain VR&E services if I have a service-connected disability rating of less than 20%?

Yes, you can obtain such services if you are a Veteran with a rating of 10% and are found to have a serious employment handicap (SEH). You may also qualify without a VA rating if you are a severely ill or injured Servicemember who has been referred to a military Physical Evaluation Board or is currently participating in the DoD/VA Integrated Disability Evaluation System process.

What does a Vocational Rehabilitation Counselor (VRC) do?

A VRC evaluates your interests, aptitudes, and abilities. A VRC also determines if you are entitled to VR&E services and, if you are, helps you establish a rehabilitation plan to find appropriate work or achieve more independence in daily living. Based on your skills and interests, a VRC will explore career possibilities with you, such as returning to your previous job, training for a new job, or starting your own business.

I had a job before I went on active duty. Now that I separated from the military, will I go back to work at the same company?

Returning to your previous company is one option you can consider. A VRC will work with you and representatives from the Department of Labor to ensure that your re-employment rights are upheld and your former employer makes reasonable accommodations if you wish to return to work there.



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).

Additional VA Benefits

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health care system, a 10-point hiring preference for federal employment, and other important benefits. Ask your VA representative or Veterans Service Organization (VSO) representative about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO representative online at www.ebenefits.va.gov.

**Thank you for your service.
Now let us serve you.**



For More Information

For more information about VR&E benefits, including time limits, establishing a service-connected disability, and how to apply, please:

- » Find links to VA benefits information and apply at **www.ebenefits.va.gov**
- » Go to the VA web site at **www.va.gov/benefits**
- » Visit us at **www.VetSuccess.gov** where you can find current job listings from employers seeking to hire Veterans. You can also find the nearest VR&E office and other information, such as tips about applying for a job, interviewing, and writing a good résumé and cover letter.
- » Use IRIS, VA's tool to find information and ask questions online at **<https://iris.custhelp.com>**
- » Call us at **1-800-827-1000**
- » Visit the nearest VA regional office. To find the VA regional office nearest you, go to our website or call VA toll free at **1-800-827-1000**

U.S. Department of Veterans Affairs

Alabama Career Centers with Veterans' Employment Representatives

7-Mar-14

Office Name and Address	Staff Name	Email	Phone	Career Center Managers
Birmingham Career Center 3440 Third Avenue Birmingham, AL 35222	Greg Chapman (LVER)	Greg.Chapman@alcc.alabama.gov	(205) 254-1346	Yvette Fields Phone: (205) 254-1300 Yvette.Fields @alcc.alabama.gov
	Larry Linley, (LVER)	Larry.Linley@alcc.alabama.gov	(205) 254-1347	
	William Daugharty (DVOP)	William.Daugharty@alcc.alabama.gov	(250) 254-1348	
	Tameka Adams (DVOP)	Tameka.Adams@alcc.alabama.gov	(205) 254-1352	
Gadsden Career Center 216 N. 5th St. Gadsden, AL 35901	Johnny Brothers (LVER)	Johnny.Brothers@alcc.alabama.gov	(256) 546-4667 x225	Larry Foster Phone: (256) 546-4667 Larry.Foster @alcc.alabama.gov
	John Reed (DVOP)	John.Reed@alcc.alabama.gov	(256) 546-4667 x224	
	L. C. Jackson (DVOP)	L.C.Jackson@alcc.alabama.gov	(256) 546-4667	
Huntsville Career Center 2535 Sparkman Dr. Huntsville, AL 35810	Terris Tatum (LVER)	Terris.Tatum@alcc.alabama.gov	(256) 851-0537 x254	Mike Fowler Phone: (256) 851-0537 Mike.Fowler @alcc.alabama.gov
	Willetta Walker (DVOP)	Willetta.Walker@alcc.alabama.gov	(256) 851-0537 x247	
	Carol Walton (DVOP)	Carol.Walton@alcc.alabama.gov	(256) 851-0537 x246	
	Maxwell Merritt (DVOP)	Maxwell.Merritt@alcc.alabama.gov	(256) 851-0537 x244	
Tuscaloosa Career Center 202 Skyland Blvd. Tuscaloosa, AL 35405	Dave Drake (DVOP)	Dave.Drake@alcc.alabama.gov	(205) 758-7591 x239	Richard Crawford Phone: (205) 758-7591 Richard.Crawford @alcc.alabama.gov
Decatur Career Center 1819 Bassett Ave. S.E. Decatur, AL 35601	Janine Jordan (DVOP)	Janine.Jordan@alcc.alabama.gov	(256) 355-0142 x235	Robert Gossett & Reba Hall Phone: (256) 355-0142 Robert.Gossett @alcc.alabama.gov Reba.Hall @alcc.alabama.gov
	Timothy Simpson (LVER)	Timothy.Simpson@alcc.alabama.gov	(256) 355-0142 x227	
	Carlston Flemons (DVOP)	Carlston.Flemons@alcc.alabama.gov	(256) 355-0142 x246	
Opelika Career Center 2300 Frederick Rd. Opelika, AL 36801	Wanda Leah Magana (LVER)	Wanda.Magana@alcc.alabama.gov	(334) 749-5065 x234	Mike Grier Phone: (334) 749-5065 Mike.Grier @alcc.alabama.gov
	Brian Scannell (DVOP)	Brian.Scannell@alcc.alabama.gov	(334) 749-5065 x228	

<p>Montgomery Career Center 1060 E. South Blvd. Montgomery, AL 36113</p>	Teresa A. Johnson (DVOP)	Teresa.Johnson@alcc.alabama.gov	(334) 286-1746 x229	<p>James Ramsey Phone: (334) 286-1746 James.Ramsey@alcc.alabama.gov</p>
	David Banks (DVOP)	david.banks@alcc.alabama.gov	(334) 286-1746 x241	
<p>Mobile Area Career Center 515 Springhill Plaza Ct. Mobile, AL 36608</p>	Dale Cookson (LVER)	Dale.Cookson@alcc.alabama.gov	(251) 461-4448	<p>Derrick Turner Phone: (251) 461-4146 Derrick.Turner@alcc.alabama.gov</p>
	Lisa Diane Owen (DVOP)	Lisa.Owen@alcc.alabama.gov	(251) 461-4447	
	Renaldo Bryant (DVOP)	Renaldo.Bryant@alcc.alabama.gov	(251) 461-4446	
	Brent Boozer (LVER)	Brent.Boozer@alcc.alabama.gov	(334) 792-2121 x226	
<p>Dothan Career Center 787 Ross Clark Circle Dothan, AL 36303</p>	Robbie A. Treadwell (DVOP)	Robbie.Treadwell@alcc.alabama.gov	(334) 792-2121 x248	<p>Pam Cutchens Phone: (334) 792-2121 Pamela.Cutchens@alcc.alabama.gov</p>
<p>Enterprise Career Center 2021 Boll Weevil Circle Enterprise, AL 35330</p>	James "Mike" Hathaway (LVER)	James.Hathaway@alcc.alabama.gov	(334) 347-0044	<p>Amita Fulford Phone: (334) 347-0044 Donna.Fulford@alcc.alabama.gov</p>
<p>Bay Minette Career Center 201 Faulkner Drive Bay Minette, AL 36501</p>	Nicholas Bowen (LVER)	Nicholas.Bowen@alcc.alabama.gov	(251) 937-4161 x225	<p>Vivian Havel Phone: (251) 937-4161 Vivian.Havel@alcc.alabama.gov</p>
<p>Alabama Veterans Employment Services Alabama Dept. of Labor 649 Monroe St. Montgomery, AL 36131</p>	Donal Cieutat (DVOP/State ISC)	Donal.Cieutat@alcc.alabama.gov	(334) 353-1368	
	Greg Niel State Coordinator, Veterans' Employment Services Alabama Career Center System	Gregory.Niel@ALCC.Alabama.gov	(334) 242-8036	

Reinventing Michael Banks

Through this interactive program, you will learn some practical lessons about transition into the civilian work place. To access this program, please go to <http://www.reinventingmichaelbanks.com/>.

H2H - Hero 2 Hired

The Department of Defense sponsors a job service for former military members.

The Director in Alabama is:

Mrs. Wendy Wilson

(334) 213-7602

Wendy.wilson@iifdata.com

She is located at the Headquarters of the Alabama National Guard in Montgomery.

Website: h2h.jobs

2014 Job Fairs / Hiring Events

- January 23 Still Serving Veterans - Opelika 9a-2p
- January 27 AllJobNetwork – Birmingham 5p-8p
- ~~January 30 Hiring Our Heroes –Montgomery 10a-1p – TO BE RESCHEDULED~~
- February 4 Faulkner University Career Fair 2014 –Montgomery 10a-2p
- February 5 Alabama Career Center – Alabama Dept of Corrections
3928 Highway 431, Roanoke, Alabama 36274 8:30a-1:30p
- February 6 Lowe's Will Be Hiring for Nine Stores 9:00 a.m. - 3:00 p.m. Jefferson State Community College, Lurleen Wallace Hall, Room 300 (2601 Carson Road, Birmingham, Alabama)
- February 11 Ft Deposit Military Job Fair @ Ft Deposit Elementary 9a-2p
- February 19 – 21 -WARRIORS TO THE WORKFORCE HIRING EVENT – 8a-4p
@ Von Braun Center - East Hall #3, 700 Monroe Street, Huntsville, Alabama Phone: (256) 533-1953
- February 25-26 Publix Job Fair 10a-6p @ Mobile Marriott 3101 Airport Blvd., Mobile, AL
- March 19 Goodwill Industries Career Center – Auburn, AL 9a-2p
- March 20 Georgia DOL Military Job Fair – Ft Benning, GA
- March 21-23 APAC – Montgomery
- March 27 National Hire A Vet Day – Virtual Career Fair – 1a-4p www.veteransrecruiting.com
- April 1 Baldwin County Job Fair- Daphne
- April 23-25 Boss Lift – Ft Benning, GA
- April 27 Panther Racing – Barber Motor Sports Park
- April 29 Veterans' Career Fair & Diversity Job Expo – Birmingham 10a-2p
- May 1 15th Annual Business Expo/Jobs Fair - 9a-2p - Mobile Civic Center Expo Hall
- May 5 League of Municipalities – Mobile, AL
- May 7 Hiring Our Heroes –Birmingham
- May 9 Veterans Supermarket – Opelika, AL
- May 16-17 Blue Star/Gold Star Survivor Outreach
- June 4 Military's Edge Job Fair –Huntsville 10a-2p
- June 25 Alabama CareerCenter Veterans Unit - Armed Forces Reserve Center, Broad Street, Mobile
- July 8 Hiring Our Heroes –Huntsville
- July 30 Fort Rucker 9a-1p
- October 14 Community Job Fair – Dothan, AL
- October 23 Career Fair & Diversity Job Expo – Birmingham 10a-2p
- October 28 Fort Rucker – ACAP Job Fair
- December 11 Fort Rucker - ACAP Job Fair

** If you hear of any hiring event in your area, please let me know at your earliest convenience and I will make every effort to attend. Email Information to: Wendy.Wilson@ifdata.com

STARs INDUSTRY NEWS

BY JEANNE KOUHESTANI, ASSOCIATE EDITOR

GETTING ON WITH THE JOB

*ATS Helps Turn the Tide of Unemployment
With DoD's Hero2Hired Program*

About a thousand members of the National Guard and Reserves and their families across the nation are being hired each month through Hero2Hired (H2H), an employment initiative of the Department of Defense's Yellow Ribbon Reintegration Program (YRRP). Since the launch of H2H in late 2011, unemployment figures for the Guard and Reserve have dropped from 13 percent to 11 percent. The H2H program received a Secretary of Defense Award for Excellence in February 2013.

The first phase of H2H was the introduction of a Web portal that lists jobs from participating employers nationwide and facilitates the application process. When THE OFFICER interviewed Ron Young, executive director of YRRP and Employer Support of the Guard and Reserve (ESGR), and Rusty Rice, H2H program manager for A-Team Solutions (ATS), about the program last year, ATS had recently been contracted to administer Phase Two, the field portion of the program. ATS has since hired and managed the network of employment transition coordinators (ETCs), who brief units and employers about the program and work directly with job seekers on their résumés, interviewing techniques, military-to-civilian skills translation, job research, and connection with potential employers.

The ETCs have conducted about 35,000 unit briefings and other outreach activities, including local job fairs. They also support the H2H Mobile Job Store, which visits nearly every state in the contiguous United States. There, job seekers can learn how to best use the Web portal to search for jobs and get help from an ETC or ESGR volunteer working with the Mobile Job Store.

"Adding this face-to-face interaction to the H2H program was necessary to produce the high quality of service our war-fighters deserve," Mr. Young said. He noted that the biggest success of the program in the past year was the fielding of 56 ETCs located throughout the states, territories, and the District of Columbia.

The statistics help tell the story.



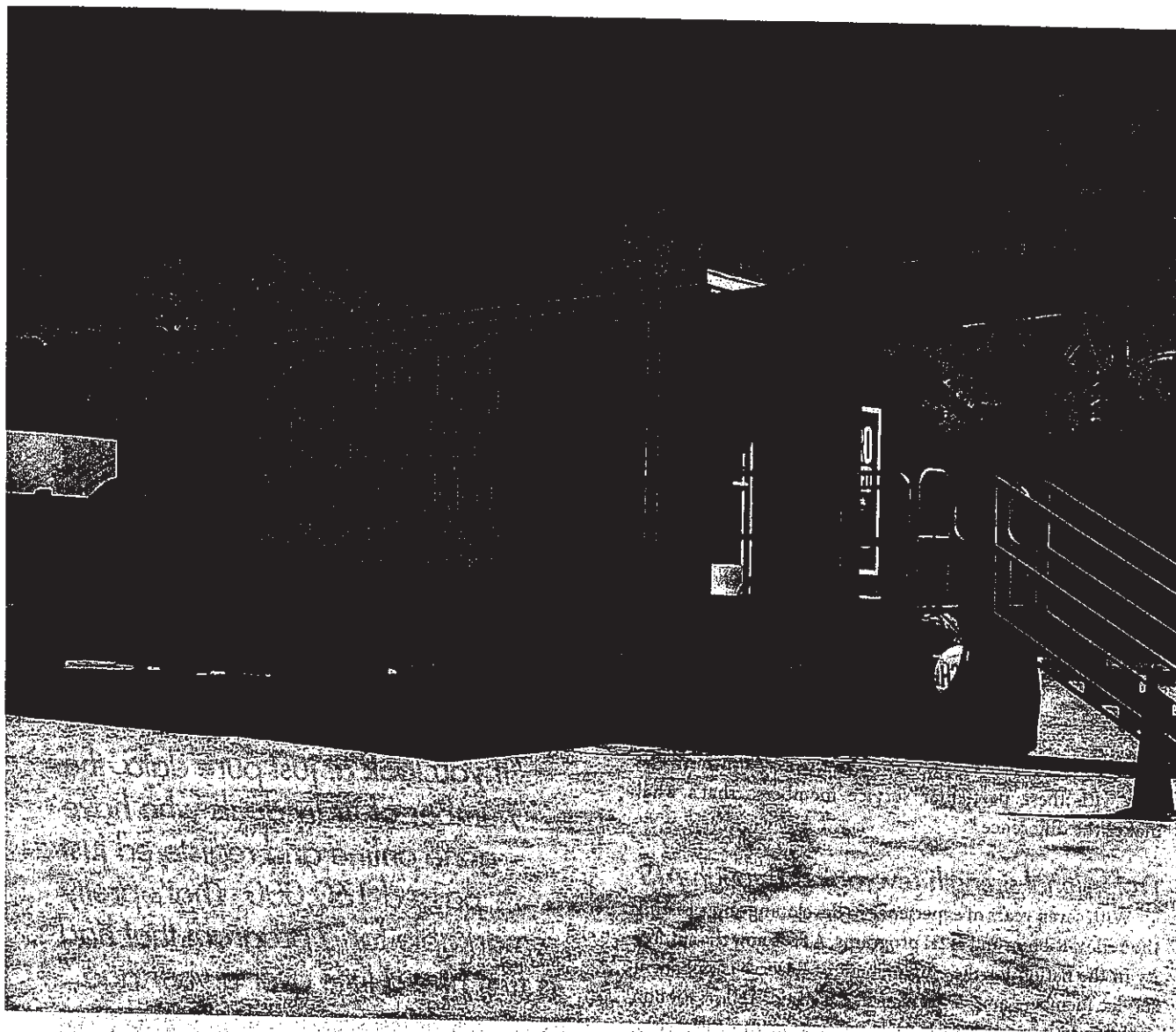
A-Team Solutions, LLC (ATS) is an award-winning, privately held, SBA 8(a) certified and verified service disabled veteran-owned (SDVO) business. Founded in 2004, ATS provides professional solutions in the areas of mission-oriented business integrated services (MOBIS), information technology (IT), and staffing.

*With the return of troops from
Afghanistan on the horizon, the
employment transition coordinators
have pulled out all the stops
to get ready for the influx.*

"If you look at just pure data, the number of individuals who have gone online and registered just passed 160,000," Mr. Rice said. "That's pretty remarkable for a program that had its first hire a little over a year ago."

More than 20,000 employers are registered on *H2H.jobs*, and 3.7 million open jobs are currently listed on the website.

The program has not been without challenges. According to service member feedback, translating military accomplishments and skill sets into civilian terminology in a résumé and during interviews so employers will know how to use them has been a tough bridge to cross. Employers in the program already understand the value of discipline, loyalty, and leadership embodied in the military ethos, but they may



The Mobile Job Store visits Guard, Reserve, and U.S. Coast Guard installations throughout the continental United States, helping unemployed service members connect to military-friendly employers through the *H2Hjobs* website and to employment transition coordinators.

be hard pressed to know how particular skills may support the company's mission. Educating both employers and service members will greatly improve the odds of a good match, Mr. Young said.

Phase Three Begins

H2H has now begun its next growth spurt. Its latest high-tech advance is the case management system. Designed to support the job seeker, the system allows ETCs to input, manage, track, and transfer data that is specific to each individual. Cases can be easily transferred to other ETCs, if necessary, with little or no gap in services.

H2H has provided 500 additional case management system software licenses to use in the field as force multipliers under the coordination of the ETCs. The licenses are going

to qualified and certified volunteers, who may be selected via any of the military branches, local or state government, or ESGR sources. "These force multipliers are significant," Mr. Rice said. "I expect the number of new hires to increase dramatically."

With the return of troops from Afghanistan on the horizon, the ETCs have pulled out all the stops to get ready for the influx. They are working with the National Guard, Air Guard, and Reserve Components to determine the unemployment numbers and skill sets of returning warfighters.

"What we have found most successful is if we can get to the troops before they return and put their résumés online, we can target the geographic area they are returning to and set up a hiring fair with the employers who want to hire them," Mr. Rice said. "We can do this fairly quickly, because

A Personal H2H Experience

Hospital Corpsman Petty Officer First Class Pablo A. Rivera, Operational Health Support Unit, San Diego, U.S. Navy Reserve, wrote the following letter to ETC Felix Giovannazzi in early December:

I just wanted you to know that thanks to the H2H jobs brief you gave me at NMPS this September, I was able to find a job within a month. At first I was skeptical about this DoD website, but after I logged in and played around with the site a little bit, I found TONS of EXCELLENT job opportunities. I went from being an HM1 in the U.S. Navy

to the newest production supervisor at a large multinational, upscale food industry corporation. I am very grateful for this new career, as the company is providing excellent training to set me up for success and lots of opportunities for growth. The company was looking for a motivated and recently separated E-6 or above with a strong drive and leadership skills, and they found one!

This H2H jobs website is in the top five list of the best things the military ever gave me—right up there with the peacoat, LASIK, the GI Bill, and a bachelor's degree.

the employers are very aggressive and they want to fill the jobs with these particular service members. That's what makes the difference."

Professional-strength Leveraging Through ATS

With seven years of experience in developing and assisting the Yellow Ribbon and H2H programs, ATS is now the authority in the nation for the employment of Reserve Component service members and veterans, Mr. Rice said. Yellow Ribbon operates in a similar vein to H2H, supporting Reservists, National Guard members, and their families throughout the deployment process—a service especially important to those living in remote areas without easy access to a military base.

Hiring the most experienced professionals to manage its contracts has been key to the company's success in this niche market. Mr. Rice, for example, helped develop the Army Reserve's employment program while still in uniform, and he joined the team of ATS contractors when he retired from service.

ATS brought in retired Navy officer Andrew Turnley—the Navy Reserve's first Yellow Ribbon program manager—to manage the Yellow Ribbon program contract. He currently oversees ATS' team of contract managers as well.

A small service disabled veteran-owned business, ATS was started by Glenn Kodani and J.J. Nathan in 2004 and now has defense contracts in every state in such diverse areas as information technology, warehouse operations, human resources, medical program management, and medical transcription services.

"If you look at just pure data, the number of individuals who have gone online and registered just passed 160,000. That's pretty remarkable for a program that had its first hire a little over a year ago."

The company's business model keeps its overhead low, and those savings are reflected in its contracts. Except for a small administrative staff in a Washington, D.C.-area office, employees are hired to work on specific contracts and either work from home or are embedded in the clients' offices. ATS has rental agreements in place nationwide for temporary facilities when office space is needed for meetings or conferences.

The distribution of employees and contract managers across the country has several advantages. It gives ATS the ability to respond quickly to short-turnaround proposals. If a request for proposal comes out of Washington, D.C., for example, the D.C. team can jump-start it and push it to a manager in the Midwest to work on, who will then shoot it out to the proposal-writing team on the West Coast, which will then send it back to the originating manager in D.C. by the next



More than 100 service members stopped by the Mobile Job Store during its stop in Colorado to learn about Hero2Hired and peruse the *H2H.jobs* portal to see what jobs were available in their area and elsewhere in the nation.

morning. A similar process goes into play when bad weather shuts an area down.

ATS' small and dynamic team capitalizes on everyone's strengths, previous experience, and connections. The company maintains a broad network of people with a variety of experience and unique skill sets who can be called upon to work on contracts or provide referrals.

Because of its status as a service disabled veteran-owned business, ATS can be awarded federal contracts through a direct set-aside. Each federal agency has a requirement to give

a small percentage of its contracts to businesses such as ATS or minority- or women-owned businesses. If a company in one of these categories has performed well for the agency in the past, giving the company additional business through a set-aside helps the government reach its goal.

It gets even better when a number of small companies in a particular category like ATS have the capability to perform a contract, Mr. Turnley said. Then the government can make the set-aside competitive and not only meet its goal, but also ensure that it's getting the best value for the contract. ▀

Introduction to Housing

The information under this tab includes the following:

1. Hardest Hit Alabama, a program offered through the Alabama Housing Finance Authority for homeowners facing financial hardships
2. State and Federal VA Housing Options
 - i. State Veterans Home information
 - ii. VA Housing Grant Programs
 - iii. VA Home Loan Guaranty Benefits under the USDVA Home Loan Program
 - iv. Public Housing Authorities with HUD-VASH voucher allocations
3. Subsidized Housing Options through Public Housing Authorities (PHA)
 - i. At a Glance: Subsidized Housing
 - ii. PHA Contact List
 - iii. 2014 Income Limits

This information is intended to provide an overview for the Veteran Mentor to assist with identifying available housing assistance. In most instances, applicants will need to approach the housing provider for information regarding availability and eligibility.



We offer several programs to meet the needs of Alabama homeowners facing financial hardships.



Check the HHA website to be sure your mortgage servicer accepts Hardest Hit funds.

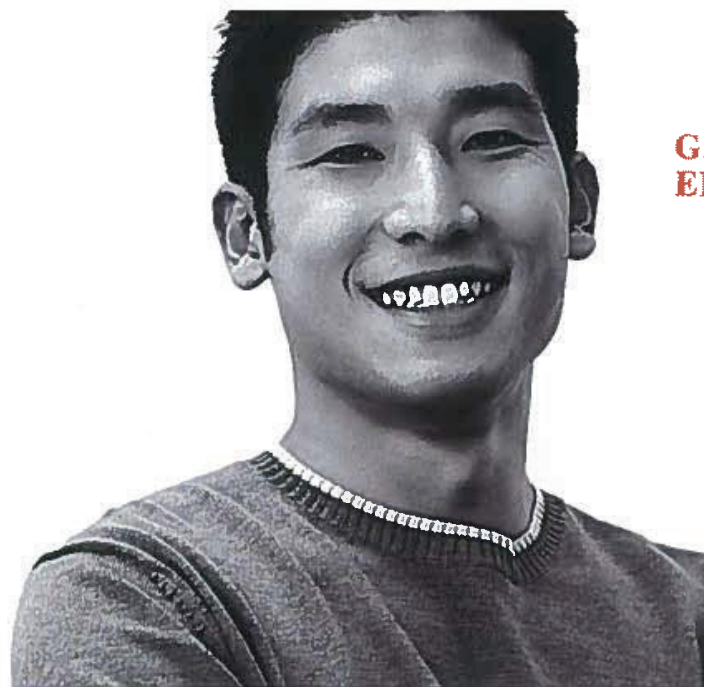
MORTGAGE PAYMENT ASSISTANCE

The Mortgage Payment Assistance program is available to eligible homeowners who have experienced an involuntary job loss and are receiving unemployment compensation benefits.

HHA will provide monthly mortgage payments including principal, interest and escrow expenses.

To help delinquent borrowers, HHA will pay the mortgage servicer to bring the mortgage current, not to exceed \$12,500.

The maximum assistance per household is \$25,000.



LOAN MODIFICATION ASSISTANCE

The Loan Modification Assistance Program will use funds to assist financially distressed underemployed borrowers in achieving modification of their home loans.

To use the program, the mortgage servicer must approve the homeowner for the loan modification. The servicer will provide the assistance as a one-time distribution of funds to fill a financial gap that limits a homeowner's eligibility to qualify for a loan modification. Funds are used to reduce the outstanding principal balance, delinquent escrow or past due payments.

The loan modification must result in a maximum payment (including principal, interest, taxes and insurance) of no more than 31% of the homeowner's income.

The program is designed to work with both HAMP and non-HAMP modifications.

The maximum assistance per household is \$30,000.

HOW TO APPLY

Apply online at www.HardestHitAlabama.com. Before you begin, please have your mortgage loan information, unemployment compensation information (for mortgage payment assistance only) and financial information ready.



STATE OF ALABAMA
DEPARTMENT OF VETERANS AFFAIRS
P.O. BOX 1509
MONTGOMERY, ALABAMA 36102-1509



R/ADM W. Clyde Marsh, USN, (Ret.)
Commissioner

Dear Alabama Veteran:

Thank you for your interest in the Alabama State Veterans Home, which is one of the state's flagship veteran's programs. Our Homes provide a dignified environment to veterans who have honorably served our country and are now in need of long term care. We would like to extend an invitation to you and your family to visit any of our State Veterans Homes to see their outstanding facilities and speak with a staff member.

The Alabama Department of Veterans Affairs (ADVA) oversees all veterans homes, which are owned by the State of Alabama. State law stipulates that we hire a private health care provider to operate our veterans homes. As the owner of the homes, we oversee the contract and continually monitor the operations of our homes. Each veterans home is licensed by the State of Alabama Department of Public Health and complies with US Department of Veterans Affairs standards for the long term care of veterans.

The ADVA receives guidance and support from the State Board of Veterans Affairs. The State Board of Veterans Affairs is comprised of sixteen wartime veterans from various service organizations across the state. Their interest is in serving fellow veterans and to assure the highest quality care is provided for those in need.

For ADVA employees, caring for veterans is our passion as we are committed to service and excellence. Our quest is veterans taking care of veterans. Our goal is "to care for him or her who have borne the battle" and continue to uphold the sacred trust that our nation bestows on its veterans.

Sincerely,

W. Clyde Marsh
Commissioner

Alabama State Veterans Home



Dear Veteran:

Thank you for your interest in the Alabama State Veterans Homes. Please review the enclosed information relative to terms of admission and discharge prior to completion of the application.

You may select the home that best serves the needs of you and your family. This package has been assembled to provide you with the information necessary to aid us in determining eligibility and to expedite the total process. Submit the completed application directly to the home in which you are applying for admittance or you may return it to your County Veterans Service Office. The Homes are located at the following address:

- 1) Bill Nichols State Veterans Home
1784 Elkahatchee Road
Alexander City, Alabama 35010
(256) 329-3311
- 2) William F. Green State Veterans Home
300 Faulkner Drive
Bay Minette, Alabama 36507
(251) 937-8049
- 3) Floyd E. "Tut" Fann State Veterans Home
2701 Meridian Street
Huntsville, Alabama 35811
(256) 851-2807
- 4) Colonel Robert L. Howard State Veterans Home
7054 Veterans Parkway
Pell City, Alabama 35125
(205) 338-6487

If you have any questions, contact the State Home Director at the above number or you may contact me at:

Alabama State Department of Veterans Affairs
P.O. Box 1509
Montgomery, Alabama 36102-1509
(334) 242-5077

Sincerely,

Kimberly B. Justice
Executive Director
Alabama State Veterans Homes

Alabama State Veterans Home



Eligibility Requirements:

Code of Alabama, Section 31-5A-8 states, "admission to and discharges from any Alabama state veterans' home shall be in accordance with the policies and procedures as established by the State Board of Veterans Affairs at the time application for admission or for discharge is presented; provided, however, that the State Board of Veterans Affairs may admit and discharge veterans to any Alabama veterans' home who qualify for care and treatment under Title 38, U.S.C., Section 101 (19) and Section 641, and may adopt appropriate rules consistent with accepted medical considerations to carry out this function." To be eligible for care from any Alabama State Veterans Home the veteran must meet the following eligibility requirements:

- Must be honorably discharged from military service with a minimum of 90 days of service, of which one day was during a wartime period. DD-214 or equivalent must be part of the application package.
- Must meet the qualifications as set forth by the U.S. Department of Veterans Affairs criteria for skilled nursing care or domiciliary/assisted living.
- Must have been a resident of the State of Alabama during the immediate past 12 months. (Proof of residency may be required).
- Must have had a medical examination by a physician within 90 days of admission request and exam will show that veteran does not have:
 - medical or nursing care needs that the Home is not equipped or staffed to provide.
 - behavioral traits that may prove to be dangerous to the well-being of the resident, other residents, staff or visitors.
 - a diagnosis or confirmed history of mental illness or mental retardation that outweighs their medical condition.
- Other veterans who do not have war-time service may be admitted to the Home on a space available basis. These veterans will not be placed on a waiting list or placed before wartime veterans.
- Must meet the requirements of Alabama's immigration laws.

Note: Applicants for the State Veterans Home will be checked against the Sex Offender Registry and a background check for active felony status. Anyone found to be on the Sex Offender Registry or in a felony fugitive status shall not be considered for admission.

What the Facility Will Provide:

- Quality food service with individual diet counseling by a certified dietician.
- Skilled nursing care and assisted living care by licensed professionals with around the clock supervision by Registered Nurses.
- Medical supervision by a Veterans Home Medical Director, a licensed physician knowledgeable in long term care.
- Initial dental examination and an annual exam thereafter.
- Social Services programs tailored to meet the individual needs of the resident.
- Activity program designed to appeal to the interests of the individual resident.
- Appropriate resident education programs.
- In-house pharmacy and licensed pharmacist to dispense medications as dictated by physicians orders.
- Basic supplies for personal care.
- Transportation to local activities and routine medical appointments, including transportation to VA Medical Centers during normal business hours.
- Laundry and linen services to include personal laundry.
- Around the clock security staff.
- Maintain licensure and certification standards established by the U.S. Department of Veterans Affairs (USDVA), the Alabama Department of Public Health (ADPH) and Centers for Medicare and Medicaid Services (CMS).
- Appropriate support groups for families and responsible parties.

Alabama State Veterans Home



What the Facility Will Not Provide:

- Free nursing home care
- Acute or sub-acute care
- One-on-one care
- Dispense medications not prescribed by a physician
- Restraints requested by family members, responsible parties, or friends
- Special adaptive appliances/devices (NOTE: we do assist in securing these items through the Federal Department of Veterans Affairs for those eligible.)
- Replacement for loss, damage or destruction of personal items
- Free ambulance service
- T.V. and cable may or may not be provided. Check with individual facility

Resident/Sponsor Responsibilities:

The below listed items are examples of non-covered charges and are the responsibility of the Resident/Sponsor. This list is not all inclusive:

- Services not covered by insurance. (Third party provider charges that are billable include but are not limited to physician services, therapy services, labs, and x-rays).
- Charges/co-pays for pharmaceuticals.
- Barber/Beauty Shop
- Private telephone installation and services
- Physician specialist consultation fees
- Durable Medical Equipment (including oxygen), not furnished by the Veterans Administration
- Private duty nurses and sitters
- Definitive dental treatment and repairs
- Maintenance and repair of personal property
- Non-covered transportation charges
- Bed Hold charges

Submission of this application is acceptance by all parties of the aforementioned services and applicable charges.

Alabama State Veterans Home

General Information

1. The term Resident is used synonymously with the term sponsor/guardian when the resident is deemed incapable of making rational decisions. Such sponsor/guardian shall be legally appointed and documentation of proof provided to the Homes at the time of application.
2. The Resident shall consent to abide by all rules and/or regulations governing the Homes and to follow the course of treatment prescribed by the Home's medical staff or outside medical consultant(s) before admission to the Home.
3. The Col. Robert L. Howard State Veterans Home is a smoke free/tobacco free campus. There are limited smoking areas on the campus of Bill Nichols, Floyd "Tut" Fann, and William F. Green State Veterans Homes.
4. The Homes shall charge the residents for comprehensive care. Every resident shall be responsible for the full payment of the comprehensive care rate payable one month in advance, and not later than the 10th of each month thereafter. Bedhold charges apply to all Residents residing in the home. Exception: Per diem will be paid for certain veterans based on service-connected disabilities. Veterans who qualify under Title 38, Part 51, Subpart C will not be billed for room and board or routine services if the resident meets one of the following criteria: (1) Is in need of nursing home care for a VA adjudicated service-connected disability, or (2) has a service connected rating of 70 percent or more based on one or more service-connected disabilities or a rating of total disability based on individual unemployability and is in need of nursing home care. Title 38 will only apply once USDVA has fully recognized the State Veterans Home.
5. Transportation to local appointments and activities is provided. Other transportation is the responsibility of the veteran.
6. Residents shall furnish their own items of personal clothing.
7. Residents shall accept transfer to other medical facilities, including those operated by the U.S. Department of Veterans Affairs and/or State Department of Veterans Affairs, if medical condition mandates, as determined by the State Veterans Homes Medical Staff/Director.
8. Residents shall accept discharge from the Homes when medical and/or administrative review determines such action to be appropriate or warranted.
9. Residents shall recognize that the Home will be operated in full compliance with the Civil Rights Act without discrimination as to race, color, creed, religion or gender.
10. Residents may apply for all U. S. Department of Veterans Affairs benefits for which he/she may be entitled. He/she may be counseled about benefit entitlements by a representative of the Department of Veterans Affairs, (normally this will be our Veterans Service Officer in your county).
11. Residents shall also bring with them any orthopedic appliances, braces, wheelchairs, walkers, etc., issued to them by the U. S. Department of Veterans Affairs.
12. Residents are allowed 10 days per occurrence for hospitalization and 12 days annually for therapeutic leave in which the USDVA will pay per diem and no bedhold charged to residents. The facility must be at 90% occupancy before this applies.
13. Failure to pay for comprehensive care will result in discharge from the Homes. The Contractor is authorized to use all applicable laws to recoup monies due the Homes for comprehensive care.
14. The Resident shall designate a beneficiary to receive all personal belongings.

Submission of this application is acceptance by all parties of the aforementioned rules and regulations.

Application and Information Sheet and Checklist

You are encouraged to contact your local Veterans Service Officer for assistance.

<u>Description</u>	<u>To be completed by</u>
___ Personal Admission Information	Veteran or Sponsor
___ Information on Legal Residency	Veteran or Sponsor
___ VA Form 10-10EZ Application for Medical Benefits	Veteran or Sponsor
___ VA Form 10-10SH Medical Certification	Medical Physician
___ ADVA Assessment for Level of Care/Mental Illness	Medical Physician, RN, or Social Worker
___ Medical Statement for Domiciliary Care	Medical Physician
___ ADVA Declaration of Citizenship or Alien Status	Veteran or Sponsor
___ Authorization for Release of Medical Information	Veteran or Sponsor

CHECKLIST FOR INFORMATION TO BE RETURNED WITH APPLICATION

- ___ Copy of legal Power of Attorney (if appropriate)
- ___ DD Form 214 or equivalent (mandatory)
- ___ Copy of insurance cards (front and back)
- ___ Proof of Residence (completion of page 3) or voters records, employment records, State income tax records, etc. (if questionable)

If applicant is in a long term care facility, please include the following items when returning admission packet:

- History & Physical
- Nurse's Notes (last 3 months)
- Physician Notes (last 3 months)
- Social Services Notes
- MDS & Care Plan

If applicant is in the hospital during the application process, please include the following when returning the admission packet:

- History & Physical
- Interim Summary or Discharge Summary

Notice to Applicant: The following forms: VA Form 10-10SH, 10-10EZ, ADVA Assessment for Level of Care/Mental Illness, are very detailed and require concise and accurate information to ensure your application is processed in the most efficient manner. Failure to provide the requested information could adversely affect your prospects for entering an Alabama State Veterans Home. Each form serves a specific purpose, whether it be for the Admissions Committee to determine your medical eligibility for admission or the category of care you will require or for the expediting of the processing for payment of the VA Per Diem to the Home. In any case, these documents are of the utmost importance and merit your closest attention. Acceptance for admission or placement on the waiting list **will not occur until all information is received.**

☐ Skilled Care

Page 1

9. NAME OF MEDICAL/DENTAL INSURANCE COMPANY

CARRIER: _____

ADDRESS: _____ PHONE: _____

POLICY NUMBER(S): _____ EFFECTIVE DATE: _____

10. HIGHEST LEVEL OF EDUCATION ACHIEVED: _____

11. USUAL OCCUPATION BEFORE RETIREMENT: _____ DATE LAST EMPLOYED: _____

12. DATE OF BIRTH: _____ COUNTY OF BIRTH: _____

STATE/COUNTRY OF BIRTH: _____ CURRENT AGE: _____

13. DATE ENTERED SERVICE: _____ DATE RELEASED FROM SERVICE: _____

BRANCH OF SERVICE: _____ PERIOD OF SERVICE: ☐ WAR ☐ PEACE

☐ WWII (12/7/41-12/31/46) ☐ KOREAN (6/27/50-1/31/55)

☐ VIETNAM (8/5/64-5/7/75)* ☐ GULF WAR (8/20/90-Date to be set) ☐ OEF/OIF

(VIETNAM-Start date of 2/28/61 for service "in country" before 8/5/64)

14. DESIGNEE TO RECEIVE PERSONAL EFFECTS UPON DISPOSITION IN THE EVENT OF DEATH OR INCAPACITATION AT THE TIME OF DISCHARGE.

NAME: _____

ADDRESS: _____

PHONE NUMBER(S): _____

15. DID A VETERANS SERVICE OFFICER ASSIST YOU? YES ☐ NO ☐ IF SO, WHAT COUNTY: _____

IS THE VETERAN CURRENTLY IN RECEIPT OF VA SERVICE CONNECTED DISABILITY COMPENSATION OR NON-SERVICE CONNECTED PENSION? YES ☐ NO ☐ IF SO, HOW MUCH? PENSION \$ _____
COMPENSATION \$ _____ SC DISABILITY PERCENTAGE: _____

HAS VETERAN APPLIED FOR NSC PENSION W/AID AND ATTENDANCE OR SERVICE CONNECTED DISABILITY COMPENSATION? YES ☐ NO ☐ IF SO, WHO ASSISTED WITH APPLICATION? _____

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF ADMISSIONS/DISCHARGE TO THE STATE VETERANS HOMES. I CONSENT TO ABIDE BY ALL THE RULES AND/OR REGULATIONS GOVERNING THE HOMES.

SIGNATURE OF RESIDENT/SPONSOR: _____

DATE COMPLETED: _____

Alabama State Veterans Home



TO BE COMPLETED BY: Veteran or Sponsor

Information on Legal Residency

1. Have you been a resident of Alabama for the last twelve (12) preceeding months?

☐ Yes ☐ No

2. List the address(es) where you have resided during the past one (1) year.

Number	Street	County	City
Number	Street	County	City
Number	Street	County	City

Under penalty of Law, the undersigned swears or affirms that all answers to questions in this application are correct to the best of his/her knowledge, that all questions are fully understood, and that questions and answers have been read by the affiant or read and explained to him/her and that the affiant understands and accepts the terms and conditions required for admission.

Signature of Veteran, His/Her Spouse or other Authorized Individual

SUSCRIBED AND SWORN before me this _____ day of _____, _____.

(NOTARY PUBLIC)

SEAL

My commission expires: _____.



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. MOTHER'S MAIDEN NAME	3. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. ARE YOU SPANISH, HISPANIC, OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. 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 AMERICAN OR OTHER PACIFIC ISLANDER			
6. SOCIAL SECURITY NUMBER	7. DATE OF BIRTH (mm/dd/yyyy)	7A. PLACE OF BIRTH (City and State)		
8. PERMANENT ADDRESS (Street)		8A. CITY	8B. STATE	8C. ZIP CODE
8D. COUNTY	8E. HOME TELEPHONE NUMBER (Include area code)		8F. MOBILE TELEPHONE NUMBER (Include area code)	
8G. E-MAIL ADDRESS		9. CURRENT MARTIAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
10. I AM ENROLLING TO OBTAIN MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT <input type="checkbox"/> YES <input type="checkbox"/> NO		11. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? (for listing of facilities visit www.va.gov/directory)		12. WOULD YOU LIKE FOR VA TO CONTACT YOU TO SCHEDULE YOUR FIRST APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION II - MILITARY SERVICE INFORMATION

1. LAST BRANCH OF SERVICE	1A. LAST ENTRY DATE	1B. LAST DISCHARGE DATE	1C. DISCHARGE TYPE	
2. MILITARY HISTORY (Check yes or no)	YES	NO	YES	NO
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?	<input type="checkbox"/>	<input type="checkbox"/>	E. DID YOU SERVE IN SW ASIA DURING THE GULF WAR BETWEEN AUGUST 2, 1990 AND NOVEMBER 11, 1998?	<input type="checkbox"/> <input type="checkbox"/>
B. ARE YOU A FORMER PRISONER OF WAR?	<input type="checkbox"/>	<input type="checkbox"/>	F. DID YOU SERVE IN VIETNAM BETWEEN JANUARY 9, 1962 AND MAY 7, 1975?	<input type="checkbox"/> <input type="checkbox"/>
C. DID YOU SERVE IN A COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?	<input type="checkbox"/>	<input type="checkbox"/>	G. WERE YOU EXPOSED TO RADIATION WHILE IN THE MILITARY?	<input type="checkbox"/> <input type="checkbox"/>
D. WERE YOU DISCHARGED OR RETIRED FROM MILITARY FOR A DISABILITY INCURRED IN THE LINE OF DUTY?	<input type="checkbox"/>	<input type="checkbox"/>	H. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?	<input type="checkbox"/> <input type="checkbox"/>
			I. DID YOU SERVE ON ACTIVE DUTY AT LEAST 30 DAYS AT CAMP LEJEUNE FROM JANUARY 1, 1957 THROUGH DECEMBER 31, 1987?	<input type="checkbox"/> <input type="checkbox"/>

SECTION III - INSURANCE INFORMATION (Use a separate sheet for additional information)

1. ENTER YOUR HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER (include coverage through spouse or other person)					
2. NAME OF POLICY HOLDER	3. POLICY NUMBER	4. GROUP CODE	5. ARE YOU ELIGIBLE FOR MEDICAID? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? <input type="checkbox"/> YES <input type="checkbox"/> NO	
			6A. EFFECTIVE DATE (mm/dd/yyyy)		

APPLICATION FOR HEALTH BENEFITS, Continued		VETERAN'S NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER
SECTION IV - DEPENDENT INFORMATION (Use a separate sheet for additional dependents)				
1. SPOUSE'S NAME (Last, First, Middle Name)		2. CHILD'S NAME (Last, First, Middle Name)		
1A. SPOUSE'S SOCIAL SECURITY NUMBER		2A. CHILD'S DATE OF BIRTH (mm/dd/yyyy)	2B. CHILD'S SOCIAL SECURITY NUMBER	
1B. SPOUSE'S DATE OF BIRTH (mm/dd/yyyy)		2C. DATE CHILD BECAME YOUR DEPENDENT (mm/dd/yyyy)		
1C. DATE OF MARRIAGE (mm/dd/yyyy)		2D. CHILD'S RELATIONSHIP TO YOU (Check one) <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEPSON <input type="checkbox"/> STEPDAUGHTER		
1D. SPOUSE'S ADDRESS AND TELEPHONE NUMBER (Street, City, State, ZIP - if different from Veteran's)		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, DID YOU PROVIDE SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO		2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING (e.g., tuition, books, materials)		
SECTION V - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN (Use a separate sheet for additional dependents)				
	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	\$ _____	\$ _____	\$ _____	
SECTION VI - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES				
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 (INCLUDING PREPAID BURIAL EXPENSES) FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD (Also enter spouse or child's information in Section VI.)		\$ _____		
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.		\$ _____		
SECTION VII - PREVIOUS CALENDAR YEAR NETWORTH (Use a separate sheet for additional dependents)				
	VETERAN	SPOUSE	CHILD 1	
1. CASH AMOUNT IN BANK ACCOUNTS (e.g., checking, 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 home and non-incoming producing property. Do not count your primary home.)	\$ _____	\$ _____	\$ _____	
3. VALUE OF OTHER PROPERTY OR ASSETS (e.g., art, rare coins, collectables) MINUS THE AMOUNT YOU OWE ON THESE ITEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS ASSETS. Exclude household effects and family vehicles.	\$ _____	\$ _____	\$ _____	
SECTION VIII - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS				
By submitting this application you are agreeing to pay the applicable VA copays for treatment or services of your NSC conditions as required by law. You also agree to receive communications from VA to your supplied email or mobile number.				
ASSIGNMENT OF BENEFITS				
I understand that pursuant to 38 U.S.C. Section 1729 and 42 U.S.C. 2651, the Department of Veterans Affairs (VA) is authorized to recover or collect from my health plan (HP) or any other legally responsible third party for the reasonable charges of nonservice-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. Furthermore, I hereby assign to the VA any claim I may have against any person or entity who is or may be legally responsible for the payment of the cost of medical services provided to me by the VA. I understand that this assignment shall not limit or prejudice my right to recover for my own benefit any amount in excess of the cost of medical services provided to me by the VA or any other amount to which I may be entitled. I hereby appoint the Attorney General of the United States and the Secretary of Veterans Affairs and their designees as my Attorneys-in-fact to take all necessary and appropriate actions in order to recover and receive all or part of the amount herein assigned. I hereby authorize the VA to disclose, to my attorney and to any third party or administrative agency who may be responsible for payment of the cost of medical services provided to me, information from my medical records as necessary to verify my claim. Further, I hereby authorize any such third party or administrative agency to disclose to the VA any information regarding my claim.				
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 _____		



Department of Veterans Affairs

**STATE HOME PROGRAM APPLICATION FOR VETERAN CARE
MEDICAL CERTIFICATION****PART I - ADMINISTRATIVE**

STATE HOME FACILITY		DATE ADMITTED	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
RESIDENT'S NAME (Last, First, Middle) (This is a mandatory field)		SOCIAL SECURITY NUMBER. (Mandatory field)	
RESIDENT'S STREET ADDRESS		AGE	DATE OF BIRTH (mm/dd/yyyy)
CITY, STATE AND ZIP CODE		ADVANCED MEDICAL DIRECTIVE <input type="checkbox"/> NO <input type="checkbox"/> YES	

PART II - HISTORY AND PHYSICAL (Use separate sheet if necessary)

HISTORY					

HEIGHT	WEIGHT	TEMP	PULSE	BP	HEAD/EYES/EAR/NOSE AND THROAT
NECK					CARDIOPULMONARY
ABDOMEN					GENITOURINARY
RECTAL					EXTREMITIES
NEUROLOGICAL					ALLERGY/DRUG SENSITIVITY

X-RAY/ LAB	CHEST X-RAY	DATE (mm/dd/yyyy)	RESULTS	CBC	DATE (mm/dd/yyyy)	RESULTS
	SEROLOGY					
	URINALYSIS	DATE (mm/dd/yyyy)	ALBUMEN	SUGAR	ACETONE	

CHECK ALL BOXES THAT APPLY OR CHECK NA ☐

IS DEMENTIA THE PRIMARY DIAGNOSIS <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE A DIAGNOSIS OF MENTAL ILLNESS <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS RESIDENT RECEIVED MENTAL SERVICES WITHIN THE PAST 2 YEARS <input type="checkbox"/> YES <input type="checkbox"/> NO	IS CLIENT A DANGER TO SELF OR OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

IS THERE ANY PRESSING EVIDENCE OF MENTAL ILLNESS SUCH AS:			
<input type="checkbox"/> SCHIZOPHRENIA	<input type="checkbox"/> PARANOIA	<input type="checkbox"/> OTHER PSYCHOTIC OR MENTAL DISORDERS LEADING TO CHRONIC DISABILITY	
<input type="checkbox"/> MOOD SWINGS	<input type="checkbox"/> SOMATOFORM DISORDER	<input type="checkbox"/> PANIC OR SEVERE ANXIETY DISORDER	<input type="checkbox"/> PERSONALITY DISORDER

OXYGEN		<input type="checkbox"/> TUBE FEEDING	<input type="checkbox"/> DECUBITUS ULCERS	FOLEY CATHETER
<input type="checkbox"/> MASK	<input type="checkbox"/> PRN	<input type="checkbox"/> OSTOMY	<input type="checkbox"/> DRAINING WOUND	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> NASAL CANULAR	<input type="checkbox"/> CONTINUOUS	<input type="checkbox"/> TRACHOSTOMY	<input type="checkbox"/> WOUND CULTURED	<input type="checkbox"/> PERMANENT

REFERRING PHYSICIAN	PRIMARY DIAGNOSIS
SECONDARY DIAGNOSIS	TERTIARY DIAGNOSIS

TYPE OF CARE RECOMMENDED: <input type="checkbox"/> SKILLED NURSING HOME CARE <input type="checkbox"/> DOMICILIARY CARE <input type="checkbox"/> ADULT HEALTH CARE <input type="checkbox"/> HOSPITAL

MEDICATION AND TREATMENT ORDERS ON ADMISSION, CONTINUE ON SEPARATE SHEET IF NECESSARY

PRINTED OR TYPED NAME OF PRIMARY PHYSICIAN ASSIGNED	SIGNATURE OF PRIMARY PHYSICIAN ASSIGNED
-----------------------------------------------------	-----------------------------------------

STATE HOME PROGRAM APPLICATION FOR VETERAN CARE - MEDICAL CERTIFICATION, CONTINUED

RESIDENT'S NAME (Last, First, Middle)

SOCIAL SECURITY NUMBER

EVALUATION (Select an appropriate number in each category)

COMMUNICATION	<input type="checkbox"/> 1. Transmits messages/receives information <input type="checkbox"/> 2. Limited ability <input type="checkbox"/> 3. Nearly or totally unable	SPEECH	<input type="checkbox"/> 1. Speak clearly with others of same language <input type="checkbox"/> 2. Limited ability <input type="checkbox"/> 3. Unable to speak clearly or not at all
HEARING	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Hearing slightly impaired <input type="checkbox"/> 3. Nearly or totally unable <input type="checkbox"/> 4. Virtually/completely deaf	SIGHT	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Vision adequate - Unable to read/see details <input type="checkbox"/> 3. Vision limited - Gross object differentiation <input type="checkbox"/> 4. Blind
TRANSFER	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Equipment only <input type="checkbox"/> 3. Supervision only <input type="checkbox"/> 4. Requires human transfer w/wo equipment <input type="checkbox"/> 5. Bedfast	AMBULATION	<input type="checkbox"/> 1. Independence w/wo assistive device <input type="checkbox"/> 2. Walks with supervision <input type="checkbox"/> 3. Walks with continuous human support <input type="checkbox"/> 4. Bed to chair (total help) <input type="checkbox"/> 5. Bedfast
ENDURANCE	<input type="checkbox"/> 1. Tolerates distances (250 feet sustained activity) <input type="checkbox"/> 2. Needs intermitten rest <input type="checkbox"/> 3. Rarely tolerates short activities <input type="checkbox"/> 4. No tolerance	MENTAL AND BEHAVIOR STATUS	<input type="checkbox"/> 1. Alert <input type="checkbox"/> 2. Confused <input type="checkbox"/> 3. Disoriented <input type="checkbox"/> 4. Comatose <input type="checkbox"/> 5. Agreeable <input type="checkbox"/> 6. Disruptive <input type="checkbox"/> 7. Apathetic <input type="checkbox"/> 8. Well motivated
TOILETING	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Assistance to and from and transfer <input type="checkbox"/> 3. Total assistance including personal hygiene, help with clothes <input type="checkbox"/> A. Bathroom <input type="checkbox"/> B. Bedside commode <input type="checkbox"/> C. Bedpan	BATHING	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Supervision Only <input type="checkbox"/> 3. Assistance <input type="checkbox"/> 4. Is bathed <input type="checkbox"/> A. Tub <input type="checkbox"/> B. Shower <input type="checkbox"/> C. Sponge bath
DRESSING	<input type="checkbox"/> 1. Dresses self <input type="checkbox"/> 2. Minor assistance <input type="checkbox"/> 3. Needs help to complete dressing <input type="checkbox"/> 4. Has to be dressed	FEEDING	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Minor assistance, needs tray set up only <input type="checkbox"/> 3. Help feeding/encouraging <input type="checkbox"/> 4. Is fed
BLADDER CONTROL	<input type="checkbox"/> 1. Continent <input type="checkbox"/> 2. Rarely incontinent <input type="checkbox"/> 3. Occasional - once/week or less <input type="checkbox"/> 4. Frequent - up to once a day <input type="checkbox"/> 5. Total Incontinence <input type="checkbox"/> 6. Catheter, indwelling	BOWEL CONTROL	<input type="checkbox"/> 1. Continent <input type="checkbox"/> 2. Rarely incontinent <input type="checkbox"/> 3. Occasional - once/week or less <input type="checkbox"/> 4. Frequent - up to once a day <input type="checkbox"/> 5. Total Incontinence <input type="checkbox"/> 6. Ostomy
SKIN CONDITION	<input type="checkbox"/> 1. Intact <input type="checkbox"/> 2. Dry/Fragile <input type="checkbox"/> 3. Irritations (Rash) <input type="checkbox"/> 4. Open wound <input type="checkbox"/> 5. Decubitus Number _____ Stage _____	WHEEL CHAIR USE	<input type="checkbox"/> 1. Independence <input type="checkbox"/> 2. Assistance in difficult maneuvering <input type="checkbox"/> 3. Wheels a few feet <input type="checkbox"/> 4. Unable to use <input type="checkbox"/> NA

SIGNATURE OF REGISTERED NURSE OR REFERRING PHYSICIAN

DATE

PHYSICAL THERAPY (To be completed by Physical Therapist or Referring Physician) ☐ NEW REFERRAL ☐ CONTINUATION OF THERAPY

SENSATION IMPAIRED	RESTRICT ACTIVITY	PRECAUTIONS	FREQUENCY OF TREATMENT
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CARDIAC <input type="checkbox"/> OTHER (Specify)	
TREATMENT GOALS:	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> COORDINATING ACTIVITIES	<input type="checkbox"/> FULL WEIGHT BEARING
<input type="checkbox"/> STRETCHING	<input type="checkbox"/> ACTIVE ASSISTIVE	<input type="checkbox"/> NON-WEIGHT BEARING	<input type="checkbox"/> PROGRESS BED TO WHEELCHAIR
<input type="checkbox"/> PASSIVE ROM	<input type="checkbox"/> PROGRESSIVE RESISTIVE	<input type="checkbox"/> PARTIAL WEIGHT BEARING	<input type="checkbox"/> RECOVERY TO FUL FUNCTION
			<input type="checkbox"/> WHEELCHAIR INDEPENDENT
			<input type="checkbox"/> COMPLETE AMBULATION

ADDITIONAL THERAPIES	SIGNATURE OF AND TITLE OF THERAPIST	DATE
<input type="checkbox"/> O.T. <input type="checkbox"/> SPEECH <input type="checkbox"/> DIETARY		

SOCIAL WORK ASSESSMENT (To be completed by Social Worker)

PRIOR LIVING ARRANGEMENTS	LONG RANGE PLAN
ADJUSTMENT TO ILLNESS OR DISABILITY	SIGNATURE OF SOCIAL WORKER
	DATE

VA AUTHORIZATION FOR PAYMENT

DATE RECEIVED BY VA	ELIGIBILITY FOR PER DIEM PAYMENT	LEVEL OF CARE RECOMMENDED
	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> NHC <input type="checkbox"/> DOMICILIARY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> ADHC
APPROVED FOR 70% SERVICE CONNECTED DISABILITY	APPROVED FOR ADMITANCE BECAUSE OF SERVICE CONNECTED ILLNESS (IF LESS THAN 70%)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	ILLNESS:	
SIGNATURE OF VA OFFICIAL	DATE	SIGNATURE OF VA PHYSICIAN
		DATE

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

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 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The information requested on this form is solicited under the authority of Title 38, U.S.C., Sections 1741, 1742 and 1743. It is being collected to enable us to determine your eligibility for medical benefits in the State Home Program and will be used for that purpose. The income and eligibility you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary; however, the information is required in order for us to determine your eligibility for the medical benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 38, U.S.C., and is voluntary. Social Security numbers will be used in the administration of veterans benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute.

ADVA ASSESSMENT FOR LEVEL OF CARE/MENTAL ILLNESS

Please Print in Ink

Completed by: *RN, Social Worker or Physician*

NAME: _____ SS#: _____ DOB: _____

CURRENT LOCATION: _____
Street City State Zip Code

LEGAL GUARDIAN (If applicable):

Name: _____ Address: _____
ATTENDING PHYSICIAN:
(Name & Address) _____

DISCHARGING HOSPITAL: _____
(Name and Address of Hospital)

ADMITTING RETAINING NURSING FACILITY NAME: Admit Date, if applicable: _____
(Name & Address) _____

1. ADMITTING DIAGNOSIS:

SIGNIFICANT MEDICAL PROBLEMS:

Primary: _____
Secondary: _____

2. BEHAVIOR ADJUSTMENT (Check all those that apply):

<input type="checkbox"/> Anxious	<input type="checkbox"/> Disoriented (Person, Place, Time, Situation)
<input type="checkbox"/> Confused	<input type="checkbox"/> Combative, Describe: _____
<input type="checkbox"/> Delusional	<input type="checkbox"/> Agitated, Describe: _____
<input type="checkbox"/> Hallucinates	<input type="checkbox"/> Self Abusive, Describe: _____
<input type="checkbox"/> Wanders	<input type="checkbox"/> Seizures
<input type="checkbox"/> Depressed	<input type="checkbox"/> None of the Above

3. SENSORY/COMMUNICATION

<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Cannot Communicate, Describe: _____
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Requires Assistance to Communicate, Describe: _____
<input type="checkbox"/> Mute	_____

4. PSYCHOTROPIC, ANTI-DEPRESSANT & ANTI-ANXIETY MEDICATIONS (Identify medication name and the corresponding diagnosis for the medication):

5. NEED FOR NURSING FACILITY LEVEL OF CARE, (Check the specific services that this individual requires on a regular basis.

- ☐ Administration of a potent and dangerous injectable medication and intravenous medication and solutions on a daily basis or administration of routine oral medications, eye drops, or ointment
- ☐ Restorative nursing procedures (such as gait training and bowel and bladder training) in the case of residents who are determined to have restorative potential and can benefit from the training on a daily basis per physician's orders.
- ☐ Nasopharyngeal aspiration required for the maintenance of a clear airway.
- ☐ Maintenance of tracheostomy, gastrostomy, colostomy, ileostomy, and other tubes indwelling in body cavities as an adjunct to active treatment for rehabilitation of disease for which the stoma was created.
- ☐ Administration of tube feedings by naso-gastric tube.
- ☐ Care of extensive decubitus ulcers or other widespread skin disorders.
- ☐ Other specified and individual justified services, including observation of unstable medical conditions required on a regular and continuing basis that can only be provided by or under the direction of a registered nurse. Specify: _____
- ☐ Use of oxygen on a regular or continuous basis.
- ☐ Application of dressing involving prescription medications and aseptic techniques and/or changing of dressing in noninfected, postoperative, or chronic conditions per physician's orders.
- ☐ Comatose resident receiving routine medical treatment.

VETERAN NAME: _____ SSN: _____

6. Is the individual applying to nursing home care due to one of the following conditions? ____ Yes ____ No

If "Yes" please check the condition.

- ____ Need for Convalescent Care of 120 days or less as prescribed by physician.
- ____ Terminal illness with life expectancy of six months or less
- ____ Comatose
- ____ Ventilator Dependent
- ____ Functioning only at Brain Stem Level
- ____ Cerebellar Degeneration
- ____ Advanced Amyotrophic Lateral Sclerosis
- ____ Huntington's Disease

7. Does the individual have a diagnosis of Alzheimer's Disease or Dementia in the absence of Mental Retardation or a primary diagnosis of Mental Illness? ____ Yes ____ No

8. SUSPECTED MENTAL ILLNESS (Please check all diagnosis that apply):

- | | | |
|---------------------------|------------------------------------|----------------------------------------------------------------------|
| ____ Schizophrenia | ____ Somatoform Disorder | ____ Mood Disorder |
| ____ Personality Disorder | ____ Paranoid Disorder | ____ Other Psychotic Disorder |
| ____ Panic Disorder | ____ Other Severe Anxiety Disorder | ____ Unspecified Mental Disorder that may lead to chronic disability |

A. LEVEL OF IMPAIRMENT DUE TO THE ABOVE SUSPECTED MENTAL ILLNESS

Does the above noted disorder result in functional limitations in major life activities within the past 3-6 months with:

1. Difficulty in interpersonal functioning? ____ Yes ____ No
2. Serious difficulty in concentration, persistence and pace? ____ Yes ____ No
3. Serious adaptation to change? ____ Yes ____ No

B. DURATION OF ABOVE NOTED ILLNESS:

Has the individual had:

1. Psychiatric treatment more intensive than outpatient care more than once in the last 5 years? ____ Yes ____ No ____ If Yes, Give name of facility: _____
2. Within the last 5 years, due to the mental disorder, experienced an episode of significant disruption to the normal living situation? ____ Yes ____ No (If Yes, please describe): _____

9. SUSPECTED MENTAL RETARDATION/RELATED CONDITION (Please check all diagnosis that apply. If none, proceed to Number 10):

- ____ Mental Retardation
- ____ Cerebral Palsy or Epilepsy
- ____ Any other condition, other than MI or Dementia, found to be closely related to MR because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with MR (including autism).
- a. Was the above condition manifested before (check one):
 - ____ Age 18 ____ Age 22 ____ Age of Onset Unknown OR ____ After 22nd birthdate
- b. Is the condition likely to continue indefinitely? ____ Yes ____ No
- c. The condition results in substantial functional limitations in the following areas of major life activity (check all that apply):
 - ____ Self Care
 - ____ Learning
 - ____ Understanding and Use of Language
 - ____ Mobility
 - ____ Direction
 - ____ Capacity for Independent Living

10. DANGEROUSNESS

Is the individual combative? ____ Yes ____ No If Yes, describe: _____

Is the individual suicidal? ____ Yes ____ No If Yes, describe: _____

11. CERTIFICATION

I certify that the above information is correct to the best of my knowledge.

Physician, RN or Social Worker's Signature

Date

12. Referral Source: _____ Phone: _____

Alabama State Veterans Home



Complete **ONLY** if Applying for Domiciliary Care at
Colonel Robert L. Howard State Veterans Home,
Pell City, Alabama

To Be Completed by Physician

Medical Statement for Domiciliary Care

Veteran's Name

Social Security Number

Date of Birth

Veteran is found to be able to make rational and competent decisions as to his/her desire to remain or leave the facility.

Additionally, the Veteran is found to be unemployable due to a disability, disease, or defect of such a degree that incapacitates the Veteran from earning a living.

Physician Signature

Date

Alabama State Veterans Home



TO BE COMPLETED BY: Veteran or Sponsor

Authorization for Release of Medical Information

(Applicant/Sponsor complete Part A only)

A. I hereby authorize the _____

to release medical records or other information regarding my treatment, hospitalization, and/or outpatient care to Alabama Department of Veterans Affairs. I understand that this authorization may be revoked at any time and that it will automatically expire within twelve months from the date of signing.

Please check the Veterans Home requesting information:

- | | | | |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bill Nichols
1784 Elkahatchee Road
Alexander City, AL 35010 | <input type="checkbox"/> William F. Green
300 Faulkner Drive
Bay Minette, AL 36507 | <input type="checkbox"/> Floyd E. "Tut" Fann
2701 Meridian Street
Huntsville, AL 35811 | <input type="checkbox"/> Col. Robert L. Howard
7054 Veterans Parkway
Pell City, AL 35125 |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

Witness Signature

Patient/Sponsor Signature

Date

Date

B. FOR FACILITY USE ONLY

RE:

Patient's Name

Date of Birth

Social Security Number

VA Claim Number

Dear Correspondence Secretary:

The above named patient is currently being treated or has made application for admission to one of the Alabama State Veterans Home and gives a history of having been a patient at your facility. In order to provide optimal care, the patient or applicant authorizes that his/her medical records be released to our office. Please forward a copy of:

Complete Medical Records: _____ Medical X-Rays: _____

Discharge Summary: _____ Dates: _____

**ALABAMA DEPARTMENT OF VETERANS AFFAIRS
DECLARATION OF CITIZENSHIP
OR ALIEN STATUS FOR ADMISSION TO THE
ALABAMA STATE VETERANS HOMES PROGRAM**

Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491, requires government agencies to verify the lawful presence in the United States of all applicants for a state or local public benefit before issuing any benefits. Any applicant applying for admission to any Alabama veterans' home, a state public benefit codified in Ala. Code §§ 31-5A-1 *et seq.*, must complete this form before the Alabama Department of Veterans' Affairs can issue any benefits. If an applicant is unable to complete the form, his/her sponsor may complete and sign this form on behalf of the applicant.

Directions: This form must be completed by ALL applicants for admission to any Alabama state veterans' home. All applicants must complete Sections I, II, and IV of this form. Applicants who indicate that they are not United States citizens or nationals must also complete Section III. Submit this completed form with any required documentation with your application for admission to the Alabama state veterans' home.

SECTION I - APPLICANT INFORMATION

Name (Print or type):

(Last) (First) (M.I.)

Current Address: _____

County of Current Residence: _____ Date of Birth: _____ (MM/DD/YYYY)

SECTION II - CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? (check one) _____ Yes _____ No

If you checked **YES**, complete Section IV (No additional documentation required.)

If you checked **NO**, complete Sections III and IV.

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States? (check one) _____ Yes _____ No

If you checked **YES**, attach a legible copy of a document from the attached list or other document as evidence of your status. Name of document attached: _____
Complete Section IV.

If you checked **NO**, complete Section IV.

SECTION IV - DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge. I understand that this public benefit is granted pending verification of my lawful presence in the United States. I further understand that if at any time it is determined that I am not lawfully present in the United States, the ADVA will deny this benefit or will terminate this benefit, will remove me from the veterans' home, and will seek repayment of any benefit awarded on my behalf.

Applicant's Signature

Date

Sponsor's Signature (only if applicant is unable to sign)

Date

ADVA Employee Receiving Form (Print)*
(* Tracking purposes only.)

Date

DOCUMENTS INDICATING QUALIFIED ALIEN STATUS

Evidence of "Qualified Alien" status includes the following:

Alien Lawfully Admitted for Permanent Residence

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on * I Form-94

Asylee

- Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- Form I-688B (Employment Authorization Card) annotated "274a. 12(a) (5)", or
- Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

Refugee

- Form I-94 annotated with stamp showing admission under §207 of the INA;
- Form I-688B (Employment Authorization Card) annotated "274a. 12(a) (3)"; or
- Form I-766 (Employment Authorization Document) annotated "A3"

Alien Paroled Into the U.S. for at Least One Year

- Form I-94 with stamp showing admission for at least one year under section 212 (d) (5) of the INA.
(Applicant cannot aggregate periods of admission for less than one year to meet the one year requirement.)

Alien Whose Deportation or Removal Was Withheld

- Form I-688B (Employment Authorization Card) annotated "274a. 12(a) (10);
- Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under §241 (b) (3) of the INA.

Alien Granted Conditional Entry

- Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- Form I-688B (Employment Authorization Card) annotated "274a. 12(a) (3)"; or
- Form I-766 Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant

- Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on * Form I-94 with the code CU6 or CU7; or Form I-94 with stamp showing parole as "Cuba/Haitian Entrant "under Section 212(d) (5) of the INA.

Alien Who Has Been Declared a Battered Alien Subjected to Extreme Cruelty

- U.S. Citizenship and Immigration Service petition and supporting documentation



HOUSING GRANTS FOR DISABLED VETERANS

VA provides grants to Servicemembers and Veterans with permanent and total service-connected disabilities to help purchase or construct an adapted home, or modify an existing home to accommodate a disability.

Specially Adapted Housing (SAH) Grant.

SAH grants help Servicemembers and Veterans with certain service-connected disabilities live independently in a barrier-free environment. SAH grants can be used in one of the following ways:

- » Construct a specially adapted home on land to be acquired
- » Build a home on land already owned if it is suitable for specially adapted housing
- » Remodel an existing home if it can be made suitable for specially adapted housing
- » Apply the grant against the unpaid principal mortgage balance of an adapted home already acquired without the assistance of a VA grant

Special Housing Adaptation (SHA) Grant.

SHA grants help Servicemembers and Veterans with certain service-connected disabilities adapt or purchase a home to accommodate the disability. You can use SHA grants in one of the following ways:

- » Adapt an existing home the Servicemember, Veteran, or family member already owns in which the Servicemember or Veteran lives
- » Adapt a home the Servicemember, Veteran, or family member intends to purchase in which the Servicemember or Veteran will live
- » Help a Servicemember or Veteran purchase a home already adapted in which the Servicemember or Veteran will live

Temporary Residence Assistance (TRA) Grant. TRA grants are available for Servicemembers and Veterans who qualify for either an SAH or SHA grant to adapt the home of a family member with whom the Servicemember or Veteran is temporarily living.

The table below provides an overview of VA's housing grant programs for Servicemembers and Veterans with a service-connected disability.

VA Housing Grant Types & Eligibility Requirements	Eligibility	Living Situation	Ownership	Number of Grants You Can Use
Specially Adapted Housing (SAH) Grant	<ul style="list-style-type: none"> » Loss of or loss of use of both legs, OR » Loss of or loss of use of both arms, OR » Blindness in both eyes having only light perception, plus loss of or loss of use of one leg, OR » The loss of or loss of use of one lower leg together with residuals of organic disease or injury, OR » The loss of or loss of use of one leg together with the loss of or loss of use of one arm, OR » Certain severe burns, OR » Certain severe respiratory injuries 	Permanent	Home is owned by an eligible individual	Maximum of 3 grants, up to the maximum dollar amount allowable
Special Housing Adaptation (SHA) Grant	<ul style="list-style-type: none"> » Blindness in both eyes with 5/200 visual acuity or less, OR » Loss of or loss of use of both hands, OR » Certain severe burn injuries, OR » Certain severe respiratory injuries 	Permanent	Home is owned by an eligible individual or family member	Maximum of 3 grants, up to the maximum dollar amount allowable
Temporary Residence Assistance (TRA) Grant	Based on eligibility for SAH or SHA grant	Temporary	Home is owned by an eligible individual's family member	Maximum of 1 grant

Amounts of assistance are set by law, but they may be adjusted upward annually based on a cost-of-construction index. No individual may use the grant benefit more than three times up to the aggregate amount. For additional information on the SAH/SHA grant programs, please visit: www.benefits.va.gov/homeloans.

To apply for an SHA or SAH grant, fill out and submit the Veterans Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant (VA Form 26-4555) at www.ebenefits.va.gov, download it at www.va.gov/forms, or call VA toll-free at 1-800-827-1000 to have a claim form mailed to you, or visit your local VA regional office. If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711.

Summary of VA Home Loan Guaranty Benefits



Buy, Build,
Adapt, or Retain
a Home



U.S. Department
of Veterans Affairs

VA helps Servicemembers, Veterans, and their families become homeowners. As part of our mission to serve you, we provide a home loan guaranty benefit and other housing-related programs to help you obtain, retain, or adapt a home for your own personal occupancy.

VA-guaranteed loans are provided by private lenders, such as banks and mortgage companies, and not by VA directly. Through the VA Home Loan Guaranty Program, VA guarantees a portion of your loan against loss and helps lenders provide you with more favorable financing terms.

VA home loans can benefit you in many ways:

- » VA home loans often have lower interest rates and closing costs than conventional loans
- » You may not have to make a downpayment and mortgage insurance is not required
- » You do not have to pay a penalty if you pay off your VA home loan early

- » VA Loan Technicians can work with you to explore all options to avoid foreclosure if you are having difficulty making payments. Call VA at 877-827-3702 to speak to your nearest Loan Technician

If you are eligible for a VA-guaranteed home loan, you can use the loan to:

- » Buy a home or residential condominium
- » Build a home
- » Simultaneously purchase and improve a home
- » Refinance an existing non-VA loan
- » Refinance an existing VA loan to reduce the interest rate
- » Buy a manufactured home to be permanently affixed to a lot already owned or buy a manufactured home and lot to which the home will be permanently affixed

Obtain energy efficient improvements, such as solar heating



Access Your VA Benefits

Go to eBenefits at www.ebenefits.va.gov, your one-stop shop to learn about and apply for your benefits.

eBenefits
My Gateway to Benefit Information

Eligibility. To be eligible for a VA-guaranteed loan, you must meet credit and income standards and have a valid Certificate of Eligibility (COE). The home must be for your own personal occupancy. You must have been discharged under conditions other than dishonorable and meet these service requirements:

Qualifying Wartime & Peacetime Periods		Qualifying Active Duty Dates	Minimum Active Duty Service Requirements
Veterans	WWII	9/16/1940 – 7/25/1947	90 total days
	Post-WWII	7/26/1947 – 6/26/1950	181 continuous days
	Korean War	6/27/1950 – 1/31/1955	90 total days
	Post-Korean War	2/1/1955 – 8/4/1964	181 continuous days
	Vietnam War	8/5/1964 – 5/7/1975 * For Veterans who served in the Republic of Vietnam, the beginning date is 2/28/1961	90 total days
	Post-Vietnam War	5/8/1975 – 8/1/1990	181 continuous days
	24-month rule	9/8/1980 – 8/1/1990 * The beginning date for officers is 10/16/1981	» 24 continuous months, OR » The full period (at least 181 days) for which you were called or ordered to active duty
	Gulf War	8/2/1990 - Present	» 24 continuous months, OR » The full period (at least 90 days) for which you were called or ordered to active duty
Active Duty Servicemembers	N/A	N/A	90 continuous days
National Guard & Reserve Members	Gulf War	8/2/1990 - Present	90 days of active service
		Six years of service in the Selected Reserve or National Guard, AND » Were discharged honorably, OR » Were placed on the retired list, OR » Were transferred to the Standby Reserve or an element of the Ready Reserve other than the Selected Reserve after service characterized as honorable, OR » Continue to serve in the Selected Reserve	

**If you do not meet the minimum service requirements, you may still be eligible if you were discharged due to (1) hardship, (2) the convenience of the government, (3) reduction-in-force, (4) certain medical conditions, or (5) a service-connected disability.*

VA-GUARANTEED HOME LOANS

VA offers three home loan guaranty programs for Active Duty Servicemembers, Veterans, National Guard members, Reserve members, and certain surviving spouses. There are three loan types:

- » Purchase Loan
- » Streamline Refinance Loan
- » Cash-Out Refinance Loan

Purchase Loan. A Purchase Loan can help you purchase a home at a competitive interest rate. Generally, you do not have to make a downpayment or buy mortgage insurance to obtain a purchase loan.

Streamline Refinance Loan. With the VA Streamline Refinance Loan (also called the "Interest Rate Reduction Refinance Loan" or IRRRL) you can obtain a lower interest rate by refinancing your existing VA loan. You can also refinance a VA adjustable rate mortgage (ARM) into a fixed rate mortgage.

Cash-Out Refinance Loan. If you want to cash out your home equity so you can pay other debt, pay for school tuition, or make home improvements, then VA's Cash-Out Refinance Loan may be an option. The Cash-Out Refinance Loan can also be used to refinance a non-VA loan into a VA loan. VA will guaranty loans up to 100% of the value of your home.

Certificate of Eligibility. In order to qualify for a VA backed loan you must obtain a Certificate of Eligibility (COE) from VA that verifies you or your spouse's military service. The easiest way for you to obtain a COE is through www.ebenefits.va.gov. Your lender can also obtain your COE online through the internet based application, WebLGY.

Loan Limits. VA does not set a cap on how much you can borrow to finance your home. However, there are limits on the amount of liability VA can assume, which usually affects the amount of money an institution will lend you. These loan limits vary by county, since the value of a house depends in part on its location.

VA guarantees a maximum of 25% of the VA county loan limit for loans over \$144,000. To view VA's maximum guaranty amount for your property location, check out the current list of county loan limits at www.benefits.va.gov/homeloans.

Funding Fees. Generally, Veterans using the VA Home Loan Program must pay a funding fee required by law. The funding fee varies based on the type of loan and your military category, if you are a first-time or subsequent loan user, and whether you make a downpayment.

You do not have to pay the funding fee if you are:

- » A Veteran receiving VA compensation for a service-connected disability, **OR**
- » A Veteran who would be entitled to receive compensation for a service-connected disability if he or she were not receiving retirement or active duty pay, **OR**
- » A surviving spouse of a Veteran who died in service or from a service-connected disability, **OR**
- » A Veteran rated eligible to receive VA disability compensation based on a predischARGE rating and examination, or a rating based on existing medical evidence, such as treatment or service records.

NATIVE AMERICAN DIRECT LOAN (NADL) PROGRAM

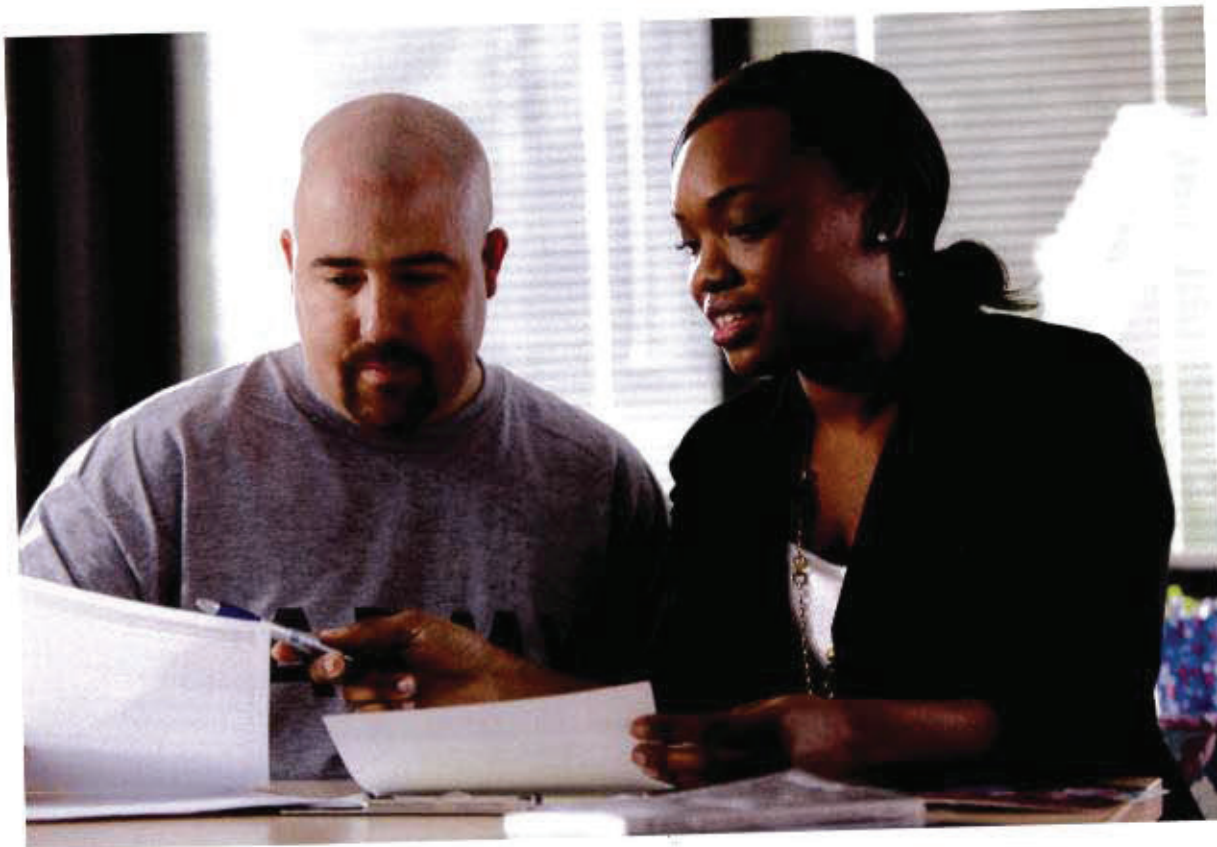
The NADL program helps eligible Native American Veterans finance the purchase, construction, or improvement of homes on Federal Trust Land, or to reduce the interest rate on an existing NADL.

You can use these direct loans to simultaneously purchase and improve a home or to refinance another VA direct loan made under NADL to lower the interest rate.

These loans are only available if a memorandum of understanding exists between the tribal government organization and VA. Veterans who are not Native American, but who are married to Native American non-Veterans, may be eligible for a direct loan under this program. To be eligible, the qualified non-Native American Veteran and the Native American spouse must reside on Federal Trust Land.

ADAPTIVE HOUSING GRANT PROGRAMS

If you are a Servicemember or Veteran with certain permanent and total service-connected physical disabilities you may be entitled to grant funds, which can help enable or maintain your independence. Three different grant types can be used to purchase or construct an adaptive home, or to modify an existing home to meet your needs. If you already own an adapted home and have an existing mortgage, you may be able to use grant funds toward that balance. The following Grant Type table provides an overview of VA's adaptive housing grant programs for Servicemembers and Veterans with certain service-connected disabilities.



VA Housing Grant Types & Eligibility Requirements	Eligibility	Living Situation	Ownership	Number of Grants You Can Use
Specially Adapted Housing (SAH) Grant	<ul style="list-style-type: none"> » Loss of or loss of use of both legs, OR » Loss of or loss of use of both arms, OR » Blindness in both eyes having central visual acuity of 20/200, plus loss or loss of use of one leg*, OR » The loss of or loss of use of one lower leg together with residuals of organic disease or injury, OR » The loss of or loss of use of one leg together with the loss of or loss of use of one arm, OR » The loss of or loss of use of one leg, severely affecting the functions of balance or propulsion**, OR » Certain severe burns, OR » Certain severe respiratory injuries 	Permanent	Home is owned by an eligible individual	<ul style="list-style-type: none"> » Maximum of 3 grants, up to the maximum dollar amount allowable » One additional grant if the home is destroyed or damaged by natural disaster ***
Special Housing Adaptation (SHA) Grant	<ul style="list-style-type: none"> » Blindness in both eyes having central visual acuity of 20/200, plus loss or loss of use of one leg*, OR » Loss of or loss of use of both hands, OR » Certain severe burn injuries, OR » Certain severe respiratory injuries 	Permanent	Home is owned by an eligible individual or family member	<ul style="list-style-type: none"> » Maximum of 3 grants, up to the maximum dollar amount allowable » One additional grant if the home is destroyed or damaged by natural disaster ***
Temporary Residence Assistance (TRA) Grant	Based on eligibility for SAH or SHA grant	Temporary	Home is owned by an eligible individual's family member	<ul style="list-style-type: none"> » Maximum of 1 grant » Currently counts against maximum dollar amounts allowable under SAH or SHA grants and as one of the three allowable uses » Effective 08/06/2013 grant use will not count against maximum dollar allowable amounts under either SAH or SHA

*Effective 10/01/2012 **Effective 08/06/2012 through 09/30/2013 ***Effective 08/06/2013

Grant assistance amounts are set by law, but may be adjusted upward annually based on a cost-of-construction index. Except as noted in the table, individuals may not use the grant benefit more than three times. The amount of the three grants may not exceed the maximum amount in aggregate.

For additional information on the SAH/SHA grant programs please visit www.benefits.va.gov/homeloans.

How to Apply. To apply for a grant, fill out and submit the Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant (VA Form 26-4555). You can access this form by:

- » Applying online via www.ebenefits.va.gov, your one-stop shop to apply for and learn about your benefits
- » Downloading the form at www.va.gov/forms
- » Calling VA toll free at 1-800-827-1000 to have a claim form mailed to you
- » Visiting the nearest VA regional office. To find the VA regional office nearest you, go to our website or call VA toll-free at 1-800-827-1000

VETERANS' MORTGAGE LIFE INSURANCE (VMLI)

Veterans' Mortgage Life Insurance (VMLI) is mortgage protection insurance that can help a disabled Veteran's family by paying off the home mortgage in the event of the Veteran's death.

Eligibility. VMLI is only available to Veterans with severe service-connected disabilities who:

- » Received a Specially Adapted Housing (SAH) Grant from VA for assistance in building, remodeling, or purchasing an adapted home, **AND**
- » Have the title to the home, **AND**
- » Have a mortgage on the home

Veterans must apply for VMLI before their 70th birthday.

VMLI protection is issued automatically following SAH approval, provided you submit the information required to establish a premium and do not decline coverage. Coverage automatically terminates when the mortgage is paid off. If your mortgage is disposed of through sale of the property, you can obtain VMLI on the mortgage of another home.

Premiums. VMLI premiums vary according to your age, the outstanding balance of your mortgage at the time you apply, and the remaining length of the mortgage. VMLI premiums must be paid by deduction from your monthly compensation.

Frequently Asked Questions

How do I apply for a VA-guaranteed loan?

First, you need to get a Certificate of Eligibility (COE) from VA to prove to the lender that you are eligible for a VA loan. Then you can apply for a VA-guaranteed loan through any mortgage lender that participates in the VA Home Loan Guaranty Program.

Where can I get my COE?

Typically, you can apply for a COE through www.ebenefits.va.gov. However, in some cases, your lender may be able to establish your eligibility and obtain your COE online in seconds through the Internet-based application WebLGY. Ask your lender about using this method to obtain a COE.

I have already obtained one VA loan. Can I get another one?

Yes, in some cases. Normally, if you have paid off your prior VA loan and disposed of the property, you can have your used eligibility restored for additional use. Also, on a **one-time only** basis, you may have your eligibility restored if your prior VA loan has been paid in full, but you **still own the property**.



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).

Additional VA Benefits

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health care system, a 10-point hiring preference for federal employment, and other important benefits. Ask your VA representative or Veterans Service Organization (VSO) representative about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO representative online at www.ebenefits.va.gov.



For More Information

For more information about VA's home loan guaranty benefits, including eligibility and applying, please:

- » Find links to VA benefits information and apply at **www.ebenefits.va.gov**
- » Visit us at **www.benefits.va.gov/homeloans**
- » Use IRIS, VA's tool to find information and ask questions online at **<https://iris.custhelp.com>**
- » Visit the nearest VA regional office. To find the VA regional office nearest you, go to our website or call VA toll free at **1-800-827-1000**

**Thank you for your service.
Now let us serve you.**

U.S. Department of Veterans Affairs

HUD-VASH Locations and Corresponding VAMC/CBOC

Bessemer Housing Authority – Birmingham VAMC, Bessemer CBOC

Housing Authority of the Birmingham District – Birmingham VAMC

Mobile Housing Board – Gulf Coast HCS, Mobile OPC

Housing Authority of the City of Montgomery – Central AL HCS, Montgomery Campus

Huntsville Housing Authority – Birmingham VAMC, Huntsville CBOC

Jefferson County Housing Authority – Birmingham VAMC

Opelika Housing Authority – Central AL HCS, Tuskegee Campus

Tuscaloosa Housing Authority – Tuscaloosa VAMC

Tuskegee Housing Authority – Central AL HCS/Tuskegee Campus

At a Glance: Subsidized Housing

Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly and persons with disabilities. Public housing comes in all sizes and types, from scattered single family houses to highrise apartments for elderly families. The U.S. Department of Housing and Urban Development (HUD) administers federal aid to local housing authorities (PHAs) that manage the housing for low-income residents at rents they can afford.

Public housing is limited to low-income families and individuals. A PHA determines eligibility based on: 1) annual gross income; 2) whether the individual or family is elderly or a person with a disability; and 3) U.S. citizenship or eligible immigration status. PHAs use income limits developed by HUD; the limits for Metropolitan Statistical Areas (MSAs) and Counties in Alabama are included under this section for ease of reference. In general, the household income may not exceed 80% of the median income for the area. Rent in the public housing program is based on the tenant's ability to pay.

The **housing choice voucher program**, more commonly known as Section 8, is the federal government's major program for assisting very low-income families, the elderly and the disabled to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single family homes, townhouses and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

A housing subsidy is paid to the landlord directly by the PHA on behalf of a participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Eligibility for a housing voucher is determined by the PHA based on the total annual gross income and family size. In general, the family's income may not exceed 50% of the median income for the MSA or County.

The **HUD-Veterans Affairs Supportive Housing (HUD-VASH) program** combines housing choice voucher rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating veterans at VA medical centers and community-based outreach clinics. Generally, the HUD-VASH program is administered in accordance with housing choice voucher program requirements and referrals are made through the VA case workers.

Glossary of Key Housing Terms

Adjusted income. Annual income, less allowable HUD deductions and allowances.

Admission. The point when the family becomes a participant in the program. The date used for this purpose is the effective date of the first HAP contract for a family (first day of initial lease term) in a tenant-based program.

Annual income. The anticipated total income of an eligible family from all sources for the 12-month period following the date of determination of income, computed in accordance with the regulations.

Applicant (applicant family). A family that has applied for admission to a program but is not yet a participant in the program.

Child. A member of the family other than the family head or spouse who is under 18 years old.

Child care expenses. Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of child care necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income.

Cohead. An individual in the household who is equally responsible for the lease with the head of household. A family may have a cohead or spouse but not both. A cohead never qualifies as a dependent. The cohead must have legal capacity to enter into a lease.

Consent form. Any consent form approved by HUD to be signed by assistance applicants and participants to obtain income information from employers and SWICAs; return information from the Social Security Administration (including wages, net earnings from self-employment, and retirement income); and return information for unearned income from the IRS. Consent forms expire after a certain time and may authorize the collection of other information to determine eligibility or level of benefits.

Dependent. A member of the family (except foster children and foster adults) other than the family head or spouse, who is under 18 years of age, or is a person with a disability, or is a full-time student.

Disabled family. A family whose head, cohead, spouse, or sole member is a person with disabilities; two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.

Displaced family. A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws.

Domestic violence. Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Drug-related criminal activity. The illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use, of a controlled substance.

Economic self-sufficiency program. Any program designed to encourage, assist, train or facilitate the economic independence of assisted families, or to provide work for such families. Can include job training, employment counseling, work placement, basic skills training, education, English proficiency, Workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as treatment for drug abuse or mental health treatment). Includes any work activities as defined in the Social Security Act (42 U.S.C. 607(d)).

Elderly family. A family whose head, cohead, spouse, or sole member is a person who is at least 62 years of age; two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.

Elderly person. An individual who is at least 62 years of age.

Eligible family (Family). A family that is income eligible and meets the other requirements of the PHA.

Fair Housing Act. Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988.

Fair market rent (FMR). The rent, including the cost of utilities (except telephone), as established by HUD for units of varying sizes (by number of bedrooms), that must be paid in the housing market area to rent privately owned, existing, decent, safe, and sanitary rental housing of modest (non-luxury) nature with suitable amenities.

Family. Includes but is not limited to the following, and can be further defined in PHA policy.

- A family with or without children (the temporary absence of a child from the home due to placement in foster care is not considered in determining family composition and family size)
- An elderly family or a near-elderly family
- A displaced family
- The remaining member of a tenant family
- A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

Family self-sufficiency program (FSS program). The program established by a PHA in accordance with 24 CFR part 984 to promote self-sufficiency of assisted families, including the coordination of supportive services (42 U.S.C. 1437u).

Family unit size. The appropriate number of bedrooms for a family, as determined by the PHA under the PHA subsidy standards.

Full-time student. A person who is attending school or vocational training on a full-time basis (carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended).

Handicap. Any condition or characteristic that renders a person an individual with handicaps. (See *person with disabilities*.)

Head of household. The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.

Household. A household includes additional people other than the family who, with the PHA's permission, live in an assisted unit, such as live-in aides, foster children, and foster adults.

Housing quality standards (HQS). The HUD minimum quality standards for housing assisted under the voucher program.

Immediate family member. A spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in the position or place of a parent; or any other person living in the household of that person and related to that person by blood and marriage.

Income for eligibility. Annual income.

Local Preference. A preference used by the PHA to select among applicant families.

Low-Income Family. A family whose income does not exceed 80 percent of the median income for the area as determined by HUD with adjustments for smaller or larger families. This is the income limit for the low-rent public housing program. Income Limits for the state of Alabama, organized by MSA and County, are provided in Exhibit A.

Medical expenses. Medical expenses, including medical insurance premiums, which are anticipated during the period for which annual income is computed, and that are not covered by insurance (a deduction for elderly or disabled families only). These allowances are given when calculating adjusted income for medical expenses in excess of 3 percent of annual income.

Mixed family. A family whose members include those with citizenship or eligible immigration status, and those without citizenship or eligible immigration status.

Near-elderly family. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; or two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.

Person with disabilities. *For the purposes of program eligibility.* A person who has a disability as defined under the Social Security Act or Developmental Disabilities Care Act, or a person who has a physical or mental impairment expected to be of long and indefinite duration and whose ability to live independently is substantially impeded by that impairment but could be improved by more suitable housing conditions. This includes persons with AIDS or conditions arising from AIDS but excludes persons whose disability is based solely on drug or alcohol dependence. *For the purposes of reasonable accommodation.* A person with a physical or mental impairment that substantially limits one or more major life activities, a person regarded as having such an impairment, or a person with a record of such an impairment.

Public assistance. Welfare or other payments to families or individuals, based on need, which are made under programs funded, separately or jointly, by federal, state, or local governments.

Public housing agency (PHA). Any State, county, municipality, or other governmental entity or public body, or agency or instrumentality of these entities, that is authorized to engage or assist in the development or operation of low-income housing under the 1937 Act.

Reasonable accommodation. A change, exception, or adjustment to a rule, policy, practice, or service to allow a person with disabilities to fully access the PHA's programs or services.

Single Person. A person living alone or intending to live alone.

Single room occupancy housing (SRO). A unit that contains no sanitary facilities or food preparation facilities, or contains either, but not both, types of facilities.

Spouse. The marriage partner of the head of household.

Utility allowance. If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a PHA or HUD of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment.

Very low-income family. A low-income family whose annual income does not exceed 50 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. This is the income limit for the housing choice voucher program. Income Limits for the state of Alabama, organized by MSA and County, are provided in Exhibit A.

Violent criminal activity. Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

Voucher (housing choice voucher/section 8 voucher). A document issued by a PHA to a family selected for admission to the housing choice voucher program. This document describes the program and the procedures for PHA approval of a unit selected by the family. The voucher also states obligations of the family under the program.

Voucher program. The housing choice voucher program (also known as Section 8).

PHA Name, Phone & Fax Number	Address	Housing Provided
Abbeville Phone: (334)585-2165 Fax: (334)585-1777	194 Ash Street Abbeville AL 36310	Low-Rent
Albertville Phone: (256)878-2641 Fax: (256)878-0301	711 S Broad Street Albertville AL 35950	Both
Alexander City Phone: (256)329-2201 Fax: (256)329-6535	County Alexander City AL 35010	Both
Aliceville Phone: (205)373-8333 Fax: (205)373-8845	851 Franconia Road NE Aliceville AL 35442	Low-Rent
Altoona Phone: (256)593-9164 Fax: (256)593-9168	6762 Samuel Circle Altoona AL 35952	Low-Rent
Andalusia Phone: (334)222-5871 Fax: (334)222-7277	145 Murphree Drive Andalusia AL 36420	Low-Rent
Anniston Phone: (256)236-1575 Fax: (256)236-3981	500 Glen Addie Avenue PO Box 2225 Anniston AL 36201	Both
Arab Phone: (256)586-5904 Fax: (256)586-3964	720 Cullman Road Arab AL 35016	Both
Ashford Phone: (334)899-5463 Fax: (334)899-7198	100 Bruner Street Ashford AL 36312	Low-Rent
Ashland Phone: (256)354-2661 Fax: (256)354-4047	128 1st Street N Ashland AL 36251	Low-Rent
Athens Phone: (256)232-5300 Fax: (256)232-5430	5th Athens AL 35611	Low-Rent
Atmore Phone: (251)368-8442 Fax: (251)368-3194	415 Bragg Street Atmore AL 36502	Both
Attalla Phone: (256)538-9365 Fax: (256)538-9366	904 9th Street SW Attalla AL 35954	Low-Rent
Auburn Phone: (334)821-2262 Fax: (334)821-2264	931 Booker Street Auburn AL 36832	Both
Bay Minette Phone: (251)937-2211 Fax: (251)937-2021	400 South Street Bay Minette AL 36507	Low-Rent

Bear Creek	314 Lynelle Avenue	Low-Rent
Phone: (205)468-2637	Bear Creek	
Fax: (205)468-2633	AL 35543	
Berry	11 HUD Drive	Low-Rent
Phone: (205)689-4564	Berry	
Fax: (205)689-4564	AL 35546	
Bessemer	1515 Fairfax Avenue	Both
Phone: (205)481-4420	Bessemer	
Fax: (205)481-4484	AL 35020	
Jefferson County	3700 Industrial Parkway	Both
Phone: (205)849-0123	Birmingham	
Fax: (205)849-0137	AL 35217	
Birmingham	1826 3rd Avenue S	Both
Phone: (205)521-0773	Birmingham	
Fax: (205)521-7787	AL 35233	
Blountsville	Solar	Low-Rent
Phone: (256)593-9164	Blountsville	
Fax: (256)593-9168	AL 35031	
Boaz	400 Woodley Terrace	Both
Phone: (256)593-5824	Boaz	
Fax: (256)593-5826	AL 35957	
Top of Alabama	293 Denson Ave.	Low-Rent
Phone: (256)593-9164	Boaz	
Fax: (256)593-9168	AL 35957	
Brantley	81 Maple Street	Low-Rent
Phone: (334)527-3454	Brantley	
Fax: (334)527-3756	AL 36009	
Brent	10 White Street	Low-Rent
Phone: (205)926-7781	Brent	
Fax: (205)926-7780	AL 35034	
Brewton	201 Washington Circle	Low-Rent
Phone: (251)867-5247	Brewton	
Fax: (251)867-5238	AL 36426	
Bridgeport	603 6th Street	Low-Rent
Phone: (256)495-2553	Bridgeport	
Fax: (256)495-2551	AL 35740	
Boston	210 Carlee Street	Low-Rent
Phone: (205)465-2490	Brilliant	
Fax: (205)465-8023	AL 35548	
Brundidge	611 B Darby Street	Low-Rent
Phone: (334)735-2657	Brundidge	
Fax: (334)735-0587	AL 36010	
Calera	1645 21st Ave	Low-Rent
Phone: (205)668-0783	Calera	
Fax: (205)668-0784	AL 35040	
Carbon Hill	PO Box 70	Low-Rent
Phone: (205)924-4171	316 NE 6th Street	

Fax: (205)924-9178	Carbon Hill AL 35549	
Centre Phone: (256)593-9164 Fax: (256)593-9168	Louise Centre AL 35960	Low-Rent
Washington County Phone: (251)847-2916 Fax: (251)847-2916	84 Plemmons Circle Chatom AL 36518	Low-Rent
Chickasaw Phone: (251)457-6841 Fax: (251)457-9751	604 Dumont Street Chickasaw AL 36611	Low-Rent
Childersburg Phone: (256)378-6008 Fax: (256)378-6010	250 6th Avenue SW Childersburg AL 35044	Low-Rent
Mobile County Phone: (251)866-9696 Fax: (251)866-2518	16545 Highway 45 Citronelle AL 36522	Both
Clanton Phone: (205)755-1801 Fax: (205)280-0151	512 Ollie Avenue Clanton AL 35046	Low-Rent
Clayton Phone: (334)775-8881 Fax: (334)775-3040	2 Holly Street Clayton AL 36016	Low-Rent
Collinsville Phone: (256)593-9164 Fax: (256)593-9168	Truman Lane Collinsville AL 35961	Low-Rent
Columbia Phone: (334)693-2525 Fax: (334)693-2510	402 Clark Street Columbia AL 36319	Low-Rent
Columbiana Phone: (205)669-6921 Fax: (205)669-5168	111 Alabama Avenue Columbiana AL 35051	Both
Cordova Phone: (205)483-7454 Fax: (205)483-0132	PO Box 396 205 Stewart Street Cordova AL 35550	Both
Cottonwood Phone: (334)691-2451 Fax: (334)691-2451	Willow Cottonwood AL 36320	Low-Rent
Crossville Phone: (256)593-5824 Fax: (256)593-5826	128 George Street Crossville AL 35962	Low-Rent
Cullman Phone: (256)734-6171 Fax: (256)737-0533	408 Cleveland Avenue SW Cullman AL 35055	Both
Dadeville Phone: (256)825-6004	845 Freeman Drive Dadeville	Low-Rent

Fax: (256)825-6074	AL 36853	
Daleville	101 Donnell Circle	Low-Rent
Phone: (334)598-8841	Daleville	
Fax: (334)598-9537	AL 36322	
Decatur	100 Wilson Street NE	Both
Phone: (256)353-4691	Decatur	
Fax: (256)353-4962	AL 35602	
Demopolis	808 E Pettus Street	Low-Rent
Phone: (334)289-1347	Demopolis	
Fax: (334)289-1310	AL 36732	
Walker County	2084 Horsecreek Blvd.	Both
Phone: (205)648-5963	Dora	
Fax: (205)648-0853	AL 35062	
Dothan	602 S Lena Street	Both
Phone: (334)794-6713	Dothan	
Fax: (334)712-1415	AL 36301	
Elba	1130 Deal Street	Both
Phone: (334)897-2737	Elba	
Fax: (334)897-3834	AL 36323	
Enterprise	300 Mildred Street	Both
Phone: (334)347-2538	Enterprise	
Fax: (334)347-0133	AL 36330	
Eufaula	737 S Orange Avenue	Both
Phone: (334)687-2451	Eufaula	
Fax: (334)687-2723	AL 36072	
Eutaw	301 Carver Circle	Low-Rent
Phone: (205)372-3926	Eutaw	
Fax: (205)372-0484	AL 35462	
Greene County	429 W.m. Branch Heights Drive	Low-Rent
Phone: (205)372-3342	Post Office Box 389	
Fax: (205)372-3398	Eutaw	
	AL 35462	
Evergreen	203 Rabb Drive	Both
Phone: (251)578-1488	Evergreen	
Fax: (251)578-5281	AL 36401	
Fairfield	6704 Avenue D	Both
Phone: (205)923-8017	Fairfield	
Fax: (205)925-9711	AL 35064	
Fayette	405 6th Street SW	Low-Rent
Phone: (205)932-6250	Fayette	
Fax: (205)932-6252	AL 35555	
Floral	1900 W 6th Avenue	Low-Rent
Phone: (334)858-6421	Floral	
Fax: (334)858-2486	AL 36442	
Florence	110 South Cypress St. Suite 1	Both
Phone: (256)740-5200	Florence	
Fax: (256)768-3175	AL 35630	

Foley	302 W 4th Avenue	Both
Phone: (251)943-5370	Foley	
Fax: (251)943-5848	AL 36535	
Fort Deposit	751 Edgewood Drive	Low-Rent
Phone: (334)227-9978	Fort Deposit	
Fax: (334)227-8877	AL 36028	
Valley Head	203 13th Street NW	Low-Rent
Phone: (256)845-0424	Fort Payne	
Fax: (256)845-7825	AL 35967	
Fort Payne	203 13th Street NW	Both
Phone: (256)845-0424	Fort Payne	
Fax: (256)845-7825	AL 35967	
Gadsden	422 Chestnut Street	Both
Phone: (256)547-2501	Gadsden	
Fax: (256)549-1626	AL 35902	
Georgiana	394 Pinehurst Drive	Low-Rent
Phone: (334)376-9131	Georgiana	
Fax: (334)376-0471	AL 36033	
Goodwater	25 Salter Street	Low-Rent
Phone: (256)839-5271	Goodwater	
Fax: (256)839-1206	AL 35072	
Gordo	231 4th. Avenue NE	Both
Phone: (205)364-7114	Gordo, Alabama	
Fax: (205)364-7445	AL 35466	
Greensboro	101 Centerville Circle	Low-Rent
Phone: (334)624-7728	Greensboro	
Fax: (334)624-7775	AL 36744	
Greenville	601 Beeland Street	Both
Phone: (334)382-6581	PO Box 521	
Fax: (334)382-0206	Greenville	
	AL 36037	
Guin	340 11th Avenue West	Low-Rent
Phone: (205)468-2637	Guin	
Fax: (205)468-2633	AL 35563	
Guntersville	1205 Wyeth Drive	Both
Phone: (256)582-4331	Guntersville	
Fax: (256)582-6962	AL 35976	
Hackleburg	425 Ray Road	Low-Rent
Phone: (205)468-2637	Hackleburg	
Fax: (205)468-2633	AL 35564	
Haleyville	2601 Newburg Road	Low-Rent
Phone: (205)486-3571	Haleyville	
Fax: (205)485-9472	AL 35565	
Hamilton	690 Bexar Avenue East	Both
Phone: (205)921-3155	Hamilton	
Fax: (205)921-9045	AL 35570	
Hanceville	PO Box 330	Low-Rent

Phone: (256)352-6600 Fax: (256)352-6600	819 Kiki Drive Hanceville AL 35077	
Hartford Phone: (334)588-3303 Fax: (334)588-6165	207 Newton Street Hartford AL 36344	Both
Regional Lcm Phone: (205)773-4835 Fax: (205)773-7734	206 Puckett Road SW Hartselle AL 35640	Low-Rent
Hartselle Phone: (256)773-5481 Fax: (256)773-3925	616 Adelle Street SW Hartselle AL 35640	Low-Rent
Headland Phone: (334)693-2525 Fax: (334)693-2510	225 Boynton Street Headland AL 36345	Low-Rent
Heflin Phone: (256)463-7784 Fax: (256)463-2999	Corner Brimer Circle And Hwy 9 South Heflin AL 36264	Low-Rent
Hobson City Phone: (256)831-1651 Fax: (256)831-0730	800 Armstrong Street Hobson City AL 36201	Low-Rent
Huntsville Phone: (256)539-0774 Fax: (256)535-2245	200 Washington Street NE Huntsville AL 35804	Both
Jacksonville Phone: (256)435-2485 Fax: (256)435-8548	895 Gardner Dr., S.e. Jacksonville AL 36265	Both
Jasper Phone: (205)384-4864 Fax: (205)387-9840	1005 Highway 69 S Jasper AL 35501	Both
Kennedy Phone: (205)596-3705 Fax: (205)596-3659	Highway 96 West Kennedy AL 35574	Low-Rent
Lafayette Phone: (334)821-2262 Fax: (334)821-2264	301 1st Avenue S.w. Lafayette AL 36862	Low-Rent
Lanett Phone: (334)644-5330 Fax: (334)644-6468	506 1st Street PO Box 465 Lanett AL 36863	Low-Rent
Leeds Phone: (205)699-6223 Fax: (205)699-2208	1630 Moores Street Leeds AL 35094	Both
Linden Phone: (334)295-5544	403 Martin Luther King Drive Linden	Low-Rent

Fax: (334)295-5547	AL 36748	
Lineville	385 Evans Ave.	Both
Phone: (256)396-5421	Lineville	
Fax: (256)396-5280	AL 36266	
Livingston	100 Northside Village	Low-Rent
Phone: (205)652-2721	Livingston	
Fax: (205)652-4922	AL 35470	
Luverne	66 Mitchell Drive	Low-Rent
Phone: (334)335-5164	Luverne	
Fax: (334)335-5586	AL 36049	
Triana	250 Zierdt Road	Low-Rent
Phone: (256)772-0524	Madison	
Fax: (256)772-0524	AL 35756	
Marion	102 Cahaba Heights	Low-Rent
Phone: (334)683-6658	Marion	
Fax: (334)683-6673	AL 36756	
Midland City	111 Parker Drive	Both
Phone: (334)566-4495	Midland City	
Fax: (334)566-4422	AL 36350	
Millport	12080 Hwy 96	Low-Rent
Phone: (205)662-3269	Millport	
Fax: (205)662-4169	AL 35576	
Mobile	151 S Claiborne Street	Both
Phone: (251)434-2212	Mobile	
Fax: (251)434-2373	AL 36602	
Monroeville	637 Colesium Drive	Both
Phone: (251)743-3183	Monroeville	
Fax: (251)575-4510	AL 36461	
Montevallo	1204 Island Street	Low-Rent
Phone: (205)665-7250	Montevallo	
Fax: (205)665-7210	AL 35115	
Montgomery	525 S Lawrence St	Both
Phone: (334)206-7200	Montgomery	
Fax: (334)206-7222	AL 36104	
Moulton	200 Burch Boulevard	Low-Rent
Phone: (256)974-1196	Moulton	
Fax: (256)974-1197	AL 35650	
New Brockton	329 King Street	Low-Rent
Phone: (334)894-5505	New Brockton	
Fax: (334)894-0045	AL 36351	
Newton	134 Spring Street	Low-Rent
Phone: (334)299-3114	Newton	
Fax: (334)299-3395	AL 36352	
Northport	3500 West Circle #39	Both
Phone: (205)752-8171	Northport	
Fax: (205)345-1506	AL 35476	
Oneonta	606 Fairground Avenue	Both

Phone: (205)625-5955	Oneonta	
Fax: (205)625-5956	AL 35121	
Opelika	1706 Toomer Street	Both
Phone: (334)745-4171	PO Box 786	
Fax: (334)745-7898	Opelika	
	AL 36801	
Opp	800 Barnes Street	Both
Phone: (334)493-9741	Opp	
Fax: (334)493-2390	AL 36467	
Ozark Housing Community	241 Ed Lisenby Drive	Both
Phone: (334)774-8210	Ozark	
Fax: (334)774-7544	AL 36360	
Parrish	25 Bank Street	Low-Rent
Phone: (205)686-7621	Parrish	
Fax: (205)686-0210	AL 35580	
Pell City	110 32nd Street N	Low-Rent
Phone: (205)338-7012	Pell City	
Fax: (205)338-4847	AL 35125	
Phenix City	200 16th Street	Both
Phone: (334)664-9991	Phenix City	
Fax: (334)664-9996	AL 36867	
Phil Campbell	Stalcup	Both
Phone: (205)993-4844	Phil Campbell	
Fax: (205)993-4924	AL 35581	
Piedmont	154 Craig Avenue	Low-Rent
Phone: (256)447-6734	Piedmont	
Fax: (256)447-7233	AL 36272	
Prattville	318 Water Street	Both
Phone: (334)365-7580	Prattville	
Fax: (334)365-6880	AL 36067	
Prichard	200 W. Prichard Ave.	Both
Phone: (251)456-3324	Prichard	
Fax: (251)452-6149	AL 36610	
Ragland	406 8th Street	Low-Rent
Phone: (205)472-2522	Ragland	
Fax: (205)472-0499	AL 35131	
Rainsville	Northside	Low-Rent
Phone: (256)593-9164	Rainsville	
Fax: (256)593-9168	AL 35986	
Red Bay	703 2nd Street West	Low-Rent
Phone: (256)356-4695	Red Bay	
Fax: (256)356-6847	AL 35582	
Reform	510 5th Court NW	Low-Rent
Phone: (205)375-6360	Reform	
Fax: (205)375-2353	AL 35481	
Roanoke	231 Avenue A	Low-Rent
Phone: (334)863-4513	Roanoke	

Fax: (334)863-4630	AL 36274	
Russellville	73 Flippen Street	Both
Phone: (256)332-1561	Russellville	
Fax: (256)332-1568	AL 35653	
Samson	12 N Wise Street	Low-Rent
Phone: (334)898-7152	Samson	
Fax: (334)898-2554	AL 36477	
Scottsboro	399 Woods Cove Road	Both
Phone: (256)259-5600	Scottsboro	
Fax: (256)259-0701	AL 35768	
Selma	444 Washington Street	Both
Phone: (334)874-6271	Selma	
Fax: (334)874-5567	AL 36702	
Sheffield	2120 W 17th Street	Both
Phone: (256)383-4773	Sheffield	
Fax: (256)381-5386	AL 35660	
Slocomb	668 West Bateman	Low-Rent
Phone: (334)886-3473	Slocomb	
Fax: (334)886-3473	AL 36375	
Stevenson	52 Old Mount Carmel Road	Low-Rent
Phone: (256)437-3009	Stevenson	
Fax: (256)437-3016	AL 35772	
Sulligent	211 Project Street	Low-Rent
Phone: (205)698-9482	Sulligent	
Fax: (205)698-7060	AL 35586	
Sumiton	45 Oak Drive	Low-Rent
Phone: (205)648-6910	Sumiton	
Fax: (205)648-6969	AL 35148	
Sylacauga	415 W 8th Street	Low-Rent
Phone: (256)249-0381	Sylacauga	
Fax: (256)245-1576	AL 35150	
Talladega	151 Curry Court	Both
Phone: (256)362-5010	Talladega	
Fax: (256)362-5744	AL 35160	
Tallassee	904 Hickory Street	Both
Phone: (334)283-2801	Tallassee	
Fax: (334)283-2982	AL 36078	
Tarrant	624 Bell Avenue	Both
Phone: (205)841-2270	Tarrant	
Fax: (205)841-2226	AL 35217	
Troy	201 Segars Street	Both
Phone: (334)566-1271	Troy	
Fax: (334)566-1279	AL 36081	
South Central	5545 Alabama Hwy 87	Both
Phone: (334)566-4495	Troy	
Fax: (334)566-4422	AL 36079	
Tuscaloosa	2117 Jack Warner Parkway	Both

Phone: (205)758-6619	Tuscaloosa	
Fax: (205)758-5099	AL 35401	
Tuscumbia	106 S Main Street	Low-Rent
Phone: (256)381-0915	Tuscumbia	
Fax: (256)381-9961	AL 35674	
Tuskegee	2901 Davison Street	Both
Phone: (334)727-0459	Tuskegee	
Fax: (334)727-7655	AL 36088	
Union Springs	303 Mlk Blvd South	Low-Rent
Phone: (334)738-2650	Union Springs	
Fax: (334)738-8271	AL 36089	
Uniontown	104 Plumblee Street	Both
Phone: (334)628-2051	Uniontown	
Fax: (334)628-2041	AL 36786	
Valley	1 Boyd Circle	Low-Rent
Phone: (334)756-9354	Valley	
Fax: (334)756-5692	AL 36854	
Vernon	230 Strickland Circle	Low-Rent
Phone: (205)695-7122	Vernon	
Fax: (205)695-6717	AL 35592	
Vincent	50 John Sparkman Court	Low-Rent
Phone: (256)378-6008	Highway 83	
Fax: (256)378-6010	Vincent	
	AL 35178	
Winfield	826 Tahoe Road	Low-Rent
Phone: (205)487-2400	Winfield	
Fax: (205)487-2768	AL 35594	
York	209 East Fifth Avenue	Both
Phone: (205)392-5071	York	
Fax: (205)392-5053	AL 36925	

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-----I N C O M E L I M I T S-----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Anniston-Oxford, AL MSA FY 2014 MFI: 51600	10850 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12400 20650 33050	13950 23250 37200	15500 25800 41300	16750 27900 44650	18000 29950 47950	19250 32000 51250	20500 34100 54550
Auburn-Opelika, AL MSA FY 2014 MFI: 59700	12600 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	14400 21000 33550	16200 27000 43150	17950 29950 47900	19400 32350 51750	20850 34750 55600	22300 37150 59400	23700 39550 63250
Birmingham-Hoover, AL MSA FY 2014 MFI: 61000	12850 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	14650 24400 39050	16500 27450 43950	18300 30500 48800	19800 32950 52750	21250 35400 56650	22700 37850 60550	24200 40300 64450
Chilton County, AL HMFA FY 2014 MFI: 53100	11200 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12800 21250 34000	14400 23900 38250	15950 26550 42500	17250 28700 45900	18550 30800 49300	19800 32950 52700	21100 35050 56100
Walker County, AL HMFA FY 2014 MFI: 48200	10150 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	11600 19300 30850	13050 21700 34700	14450 24100 38550	15650 26050 41650	16800 28000 44750	17950 29900 47850	19100 31850 50900
Columbus, GA-AL MSA FY 2014 MFI: 51000	10750 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12250 20400 32650	13800 22950 36750	15300 25500 40800	16550 27550 44100	17750 29600 47350	19000 31650 50600	20200 33700 53900
Decatur, AL MSA FY 2014 MFI: 53500	11250 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12850 21400 34250	14450 24100 38550	16050 26750 42800	17350 28900 46250	18650 31050 49650	19950 33200 53100	21200 35350 56500
Dothan, AL MSA								
Dothan, AL HMFA FY 2014 MFI: 51700	10850 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12400 20700 33100	13950 23300 37250	15500 25850 41350	16750 27950 44700	18000 30000 48000	19250 32100 51300	20500 34150 54600
Henry County, AL HMFA FY 2014 MFI: 50600	10650 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12200 20250 32400	13700 22800 36450	15200 25300 40500	16450 27350 43750	17650 29350 47000	18850 31400 50250	20100 33400 53500
Florence-Muscle Shoals, AL MSA FY 2014 MFI: 52100	11000 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12550 20850 33400	14100 23450 37550	15650 26050 41700	16950 28150 45050	18200 30250 48400	19450 32350 51750	20700 34400 55050
Gadsden, AL MSA FY 2014 MFI: 46900	9900 30% OF MEDIAN VERY LOW INCOME LOW-INCOME	11300 18800 26350	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650

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-----I N C O M E L I M I T S-----									
PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON	
Huntsville, AL MSA FY 2014 MFI: 69700	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	14650 24400 39050	16750 27900 44600	18850 31400 50200	20900 34850 55750	22600 37650 60250	24250 40450 64700	25950 43250 69150	27600 46050 73600
Mobile, AL MSA FY 2014 MFI: 53900	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	11350 18900 30200	12950 21600 34500	14550 24300 38800	16150 26950 43100	17450 29150 46550	18750 31300 50000	20050 33450 53450	21350 35600 59900
Montgomery, AL MSA FY 2014 MFI: 59600	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	12550 20900 33400	14350 23850 38200	16150 26850 42950	17900 29800 47700	19350 32200 51550	20800 34600 55350	22200 37000 59150	23650 39350 63000
Tuscaloosa, AL MSA FY 2014 MFI: 54400	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	11450 19050 30450	13050 21800 34800	14700 24500 39150	16300 27200 43500	17650 29400 47000	18950 31600 50500	20250 33750 53950	21550 35950 57450
Baldwin County, AL FY 2014 MFI: 68800	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	13300 22200 35500	15200 25400 40600	17100 28550 45650	19000 31700 50700	20550 34250 54800	22050 36800 58850	23600 39350 62900	25100 41850 66950
Barbour County, AL FY 2014 MFI: 44700	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Bullock County, AL FY 2014 MFI: 43400	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Butler County, AL FY 2014 MFI: 40300	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Chambers County, AL FY 2014 MFI: 42700	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Cherokee County, AL FY 2014 MFI: 49100	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	10350 17200 27550	11800 19650 31450	13300 22100 35400	14750 24550 39300	15950 26550 42450	17150 28500 45600	18300 30450 48750	19500 32450 51900
Choctaw County, AL FY 2014 MFI: 43800	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Clarke County, AL FY 2014 MFI: 49100	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	10150 16950 27050	11600 19350 30900	13050 21750 34750	14500 24150 38600	15700 26100 41700	16850 28050 44800	18000 29950 47900	19150 31900 51000

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-----I N C O M E L I M I T S-----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Clay County, AL FY 2014 MFI: 45200								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Cleburne County, AL FY 2014 MFI: 46200								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Coffee County, AL FY 2014 MFI: 58900								
30% OF MEDIAN	12400	14150	15900	17650	19100	20500	21900	23300
VERY LOW INCOME	20650	23600	26550	29450	31850	34200	36550	38900
LOW-INCOME	33000	37700	42400	47100	50900	54650	58450	62200
Conecuh County, AL FY 2014 MFI: 42300								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Coosa County, AL FY 2014 MFI: 50900								
30% OF MEDIAN	10700	12200	13750	15250	16500	17700	18950	20150
VERY LOW INCOME	17850	20400	22950	25450	27500	29550	31600	33600
LOW-INCOME	28500	32600	36650	40700	44000	47250	50500	53750
Covington County, AL FY 2014 MFI: 43500								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Crenshaw County, AL FY 2014 MFI: 52800								
30% OF MEDIAN	11000	12600	14150	15700	17000	18250	19500	20750
VERY LOW INCOME	18350	20950	23550	26150	28250	30350	32450	34550
LOW-INCOME	29300	33500	37700	41850	45200	48550	51900	55250
Cullman County, AL FY 2014 MFI: 55200								
30% OF MEDIAN	10850	12400	13950	15450	16700	17950	19200	20400
VERY LOW INCOME	18050	20600	23200	25750	27850	29900	31950	34000
LOW-INCOME	28850	33000	37100	41200	44500	47800	51100	54400
Dale County, AL FY 2014 MFI: 56500								
30% OF MEDIAN	11900	13600	15300	16950	18350	19700	21050	22400
VERY LOW INCOME	19800	22600	25450	28250	30550	32800	35050	37300
LOW-INCOME	31650	36200	40700	45200	48850	52450	56050	59700
Dallas County, AL FY 2014 MFI: 39200								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
DeKalb County, AL FY 2014 MFI: 42600								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Escambia County, AL FY 2014 MFI: 42500								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650

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-----I N C O M E L I M I T S-----									
PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON	
Fayette County, AL FY 2014 MFI: 45300	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Franklin County, AL FY 2014 MFI: 49300	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	10400 17300 27650	11850 19750 31600	13350 22200 35550	14800 24650 39450	16000 26650 42650	17200 28600 45800	18400 30600 48950	19550 32550 52100
Jackson County, AL FY 2014 MFI: 48500	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	10200 17000 27200	11650 19400 31050	13100 21850 34950	14550 24250 38800	15750 26200 41950	16900 28150 45050	18050 30100 48150	19250 32050 51250
Lamar County, AL FY 2014 MFI: 45700	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Macon County, AL FY 2014 MFI: 45200	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Marengo County, AL FY 2014 MFI: 47800	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	10050 16750 26800	11500 19150 30600	12950 21550 34450	14350 23900 38250	15500 25850 41350	16650 27750 44400	17800 29650 47450	18950 31550 50500
Marion County, AL FY 2014 MFI: 42700	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Marshall County, AL FY 2014 MFI: 48100	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	10150 16950 27100	11600 19350 30950	13050 21750 34800	14500 24150 38650	15700 26100 41750	16850 28050 44850	18000 29950 47950	19150 31900 51050
Monroe County, AL FY 2014 MFI: 39600	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Perry County, AL FY 2014 MFI: 32500	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Pickens County, AL FY 2014 MFI: 41800	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650
Pike County, AL FY 2014 MFI: 45300	30% OF MEDIAN VERY LOW INCOME LOW-INCOME	9900 16450 26350	11300 18800 30100	12700 21150 33850	14100 23500 37600	15250 25400 40650	16400 27300 43650	17500 29150 46650	18650 31050 49650

STATE:ALABAMA

-----I N C O M E L I M I T S-----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Randolph County, AL FY 2014 MFI: 47300								
30% OF MEDIAN	9950	11400	12800	14200	15350	16500	17650	18750
VERY LOW INCOME	16600	18950	21300	23650	25550	27450	29350	31250
LOW-INCOME	26500	30300	34100	37850	40900	43950	46950	50000
Sumter County, AL FY 2014 MFI: 30300								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Talladega County, AL FY 2014 MFI: 42000								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Tallapoosa County, AL FY 2014 MFI: 48900								
30% OF MEDIAN	10300	11750	13200	14650	15850	17000	18200	19350
VERY LOW INCOME	17150	19600	22050	24450	26450	28400	30350	32300
LOW-INCOME	27400	31300	35200	39100	42250	45400	48500	51650
Washington County, AL FY 2014 MFI: 56100								
30% OF MEDIAN	11800	13500	15200	16850	18200	19550	20900	22250
VERY LOW INCOME	19650	22450	25250	28050	30300	32550	34800	37050
LOW-INCOME	31450	35950	40450	44900	48500	52100	55700	59300
Wilcox County, AL FY 2014 MFI: 27900								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650
Winston County, AL FY 2014 MFI: 42000								
30% OF MEDIAN	9900	11300	12700	14100	15250	16400	17500	18650
VERY LOW INCOME	16450	18800	21150	23500	25400	27300	29150	31050
LOW-INCOME	26350	30100	33850	37600	40650	43650	46650	49650

Introduction to Additional Services

Many times veterans in the justice system are also in need of additional assistance to successfully transition to self-sufficiency. This section is intended to be used by VC coordinators and mentors to advise veterans of other available resources. The listing below is indicative of the types of resources available to veterans in many Alabama jurisdictions, however each jurisdiction is different and service providers should be contacted at the local level. Resources available in a jurisdiction may be organized by subject behind this cover sheet.

1. Medical

- i. VA Health Care Benefits
- ii. TriCare for Life
- iii. TriCare for Life Handbook
- iv. CHAMPVA Fact Sheet Eligibility
- v. CHAMPVA FAQs
- vi. CHAMPVA Handbook
- vii. Community Clinics

2. Dental

- i. VA Health Care: Outpatient Dental Treatment
- ii. Community Clinics

3. Transportation

- i. VA Automobile Allowance
- ii. City/County Assistance

4. Clothes and Shoes

- i. VA Clothing Allowance

5. Civil Legal Assistance

- i. Alabama State Bar Lawyer Referral Services
- ii. Alabama State Bar Volunteer Lawyers Program
- iii. Birmingham Bar Association Birmingham Volunteer Lawyers Program
- iv. Madison County Volunteer Lawyers Program
- v. South Alabama Volunteer Lawyers Program (Mobile, Baldwin, Washington, Clarke Counties)
- vi. Legal Services of Alabama: AlabamaLegalHelp.org
- vii. The Veterans Consortium Pro Bono Program
- viii. Alabama National Guard Legal Assistance Program
- ix. Alabama Supreme Court Commission on Dispute Resolution Mini-Grant Application

6. Life Insurance

- i. Summary of VA Life Insurance Benefits

Chapter 1

Health Care Benefits

VA operates the nation's largest integrated health care system with more than 1,500 sites of care, including hospitals, community clinics, community living centers, domiciliaries, readjustment counseling centers, and various other facilities. For additional information on VA health care, visit: www.va.gov/health.

Basic Eligibility

A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable may qualify for VA health care benefits. Reservists and National Guard members may also qualify for VA health care benefits if they were called to active duty (other than for training only) by a Federal order and completed the full period for which they were called or ordered to active duty.

Minimum Duty Requirements: Veterans who enlisted after Sept. 7, 1980, or who entered active duty after Oct. 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty in order to be eligible. This minimum duty requirement may not apply to Veterans discharged for hardship, early out or a disability incurred or aggravated in the line of duty.

Enrollment

For most Veterans, entry into the VA health care system begins by applying for enrollment. Veterans can now apply and submit their application for enrollment (VA Form 1010EZ), online at www.1010ez.med.va.gov/sec/vha/1010ez/. If assistance is needed while completing the on-line enrollment form, an online chat representative is available to answer questions Monday – Friday between 8 a.m. and 8 pm EST. Veterans can also enroll by calling 1-877-222-VETS (8387) Monday through Friday, 8 a.m. to 8 p.m. Eastern time, or at any VA health care facility or VA regional benefits office. Once enrolled, Veterans can receive health care at VA health care facilities anywhere in the country.

Veterans enrolled in the VA health care system are afforded privacy rights under federal law. VA's Notice of Privacy Practices, which de-

scribes how VA may use and disclose Veterans' medical information, is also available online at www.va.gov/vhapublications/viewpublication.asp?pub_ID=1089

The following four categories of Veterans are not required to enroll, but are urged to do so to permit better planning of health resources:

1. Veterans with a service-connected disability of 50 percent or more.
2. Veterans seeking care for a disability the military determined was incurred or aggravated in the line of duty, but which VA has not yet rated, within 12 months of discharge.
3. Veterans seeking care for a service-connected disability only.
4. Veterans seeking registry examinations (Ionizing Radiation, Agent Orange, Gulf War/Operation Iraqi Freedom/Operation New Dawn and Depleted Uranium).

Priority Groups

During enrollment, each Veteran is assigned to a priority group. VA uses priority groups to balance demand for VA health care enrollment with resources. Changes in available resources may reduce the number of priority groups VA can enroll. If this occurs, VA will publicize the changes and notify affected enrollees. A description of priority groups follows:

Group 1: Veterans with service-connected disabilities rated 50 percent or more and/or Veterans determined by VA to be unemployable due to service-connected conditions.

Group 2: Veterans with service-connected disabilities rated 30 or 40 percent.

Group 3:

- Veterans who are former POWs.
- Veterans awarded the Purple Heart Medal.
- Veterans awarded the Medal of Honor.
- Veterans whose discharge was for a disability incurred or aggravated in the line of duty.
- Veterans with VA service-connected disabilities rated 10 percent or 20 percent.
- Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."

Group 4:

Veterans receiving increased compensation or pension based on their need for regular aid and attendance or by reason of being permanently housebound.
Veterans determined by VA to be catastrophically disabled.

Group 5:

Nonservice-connected Veterans and noncompensable service-connected Veterans rated 0 percent, whose annual income and/or net worth are not greater than the VA financial thresholds.
Veterans receiving VA Pension benefits.
Veterans eligible for Medicaid benefits.

Group 6:

Compensable 0 percent Service-connected Veterans.
Veterans exposed to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki.
Project 112/SHAD participants.
Veterans who served in the Republic of Vietnam between Jan. 9, 1962 and May 7, 1975.
Veterans who served in the Southwest Asia theater of operations from Aug. 2, 1990, through Nov. 11, 1998.
Veterans who served in a theater of combat operations after Nov. 11, 1998, as follows:
Veterans discharged from active duty on or after Jan. 28, 2003, for five years post discharge;
Veterans who served on active duty at Camp Lejeune for not fewer than 30 days beginning Jan. 1, 1957 and ending Dec. 31, 1987.

Group 7:

Veterans with incomes below the geographic means test income thresholds and who agree to pay the applicable copayment.

Group 8:

Veterans with gross household incomes above the VA national income threshold and the geographically-adjusted income threshold for their resident location and who agrees to pay copayments. Veterans eligible for enrollment: Noncompensable 0-percent service-connected and:

Subpriority a: Enrolled as of Jan. 16, 2003, and who have re-

maintained enrolled since that date and/ or placed in this subpriority due to changed eligibility status.

Subpriority b: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10 percent or less

Veterans eligible for enrollment: Nonservice-connected and

Subpriority c: Enrolled as of Jan. 16, 2003, and who remained enrolled since that date and/ or placed in this subpriority due to changed eligibility status

Subpriority d: Enrolled on or after June 15, 2009 whose income exceeds the current VA National Income Thresholds or VA National Geographic Income Thresholds by 10 percent or less

Veterans NOT eligible for enrollment: Veterans not meeting the criteria above:

Subpriority e: Noncompensable 0 percent service-connected
Subpriority f: Nonservice-connected

VA's current income thresholds can be located at: http://www.va.gov/healthbenefits/cost/income_thresholds.asp

Recently Discharged Combat Veterans

Veterans, including activated reservists and members of the National Guard, are eligible for the enhanced Combat Veteran benefits if they served on active duty in a theater of combat operations after Nov. 11, 1998, and have been discharged under other than dishonorable conditions.

Effective Jan. 28, 2008, combat Veterans discharged from active duty on or after Jan. 28, 2003, are eligible for enhanced enrollment placement into Priority Group 6 (unless eligible for higher enrollment Priority Group placement) for five-years post discharge.

Veterans receive VA care and medication at no cost for any condition that may be related to their combat service.

Veterans who enroll with VA under this Combat Veteran authority will remain enrolled even after their five-year post discharge period

ends. At the end of their post discharge period, VA will reassess the Veteran's information (including all applicable eligibility factors) and make a new enrollment decision. For additional information, call 1-877-222-VETS (8387), Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern time.

Special Access to Care

Service-Disabled Veterans: who are 50 percent or more disabled from service-connected conditions, unemployed due to service-connected conditions, or receiving care for a service-connected disability receive priority in scheduling of hospital or outpatient medical appointments.

Women Veterans

Women Veterans are eligible for the same VA benefits as male Veterans. Comprehensive health services are available to women Veterans including primary care, specialty care, mental health care, residential treatment and reproductive health care services

VA provides management of acute and chronic illnesses, preventive care, contraceptive and gynecology services, menopause management, and cancer screenings, including pap smears and mammograms. Maternity care is covered in the Medical Benefits package. Women Veterans can receive maternity care from an OB/GYN, family practitioner, or certified nurse midwife who provides pregnancy care.

VA covers the costs of care for newborn children of women Veterans for seven days after birth. Infertility evaluation and limited treatments are also available. Women Veterans Program Managers are available at all VA facilities to assist women Veterans in their health care and benefits. For more information, visit <http://www.womenshealth.va.gov/>.

Military Sexual Trauma

Military sexual trauma (MST) is the term that the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was serving on active duty (or active duty for training if the service was in the National Guard or Reserves). VA health care professionals provide counseling and treatment to help Veterans overcome health issues related to MST. Veterans who are not otherwise eligible for VA health care may still receive these services. Appropriate services are pro-

vided for any injury, illness or psychological condition related to such trauma. For additional information visit: <http://www.mentalhealth.va.gov/msthome.asp>

Veterans with Spinal Cord Injury/Disorders

There are 24 VA medical centers in the United States with specialized centers (called Spinal Cord Injury Centers) for Veterans with spinal cord injuries and disorders (SCI/D). Comprehensive rehabilitation, SCI/D specialty care, medical, surgical, primary, preventive, psychological, respite, and home care are provided at these centers by interdisciplinary teams which include physicians, nurses, therapists (physical, occupational, kinesiotherapists, therapeutic recreation), psychologists, social workers, vocational counselors, dietitians, respiratory therapy, and other specialists as needed.

There are five Spinal Cord Injury (SCI) Centers that provide long term care for Veterans with SCI/D. In VA facilities that do not have SCI Centers, there is a designated team that consists of a physician, nurse, and social worker to address primary care needs for Veterans with SCI/D and to make referrals to SCI Centers. These SCI Centers and the teams in facilities that do not have centers, comprise the VA SCI System of Care. Some of the services provided in this system of care include rehabilitation, prosthetics and durable medical equipment, orthotics, sensory aids, assistive technology, environmental modifications, telehealth, ventilator weaning and care, chronic pain management, mental health treatment, drivers training, peer counseling, substance abuse treatment, vocational counseling, and caregiver training and support.

There is a long-standing Memorandum of Agreement between VA and the Department of Defense (DoD) to provide specialized care at VA medical facilities for Active Duty Servicemembers who have sustained a spinal cord injury. Ongoing collaboration and education between VA and DoD ensures continuity of care and services. For more information about SCI/D care and the eligibility requirements for the above benefits and services, contact your local VA SCI/D Center and/or visit <http://www.sci.va.gov>.

OEF/OIF/OND Care Management

Each VA medical center has an OEF/OIF/OND Care Management team in place to coordinate patient care activities and ensure that

Servicemembers and Veterans are receiving patient-centered, integrated care and benefits. OEF/OIF/OND clinical case managers screen all returning combat Veterans for the need for case management services to identify Veterans who may be at risk so VA can intervene early and provide assistance. Severely ill or injured Servicemembers/Veterans are provided with a case manager and other OEF/OIF/OND Servicemembers/Veterans are assigned a case manager as indicated by a positive screening assessment or upon request. OEF/OIF/OND case managers are experts at identifying and accessing resources within their health care system as well as in the local community to help Veterans recover from their injuries and readjust to civilian life.

Financial Assessment

Most Veterans not receiving VA disability compensation or pension payments must provide a financial assessment to determine whether they are below VA income thresholds. VA is currently not enrolling new applicants who decline to provide financial information unless they have a special eligibility factor exempting them from disclosure. VA's income thresholds are located at: www.va.gov/healtheligibility/Library/AnnualThresholds.asp

The financial assessment includes all household income and net worth, including Social Security, retirement pay, unemployment insurance, interest and dividends, workers' compensation, black lung benefits and any other income. Also considered are assets such as the market value of property that is not the primary residence, stocks, bonds, notes, individual retirement accounts, bank deposits, savings accounts and cash.

Medical Services and Medication Copayments

Some Veterans are required to make copayments (copays) to receive VA health care and/or medications.

Inpatient Care: Priority Group 7 and certain other Veterans are responsible for paying 20 percent of VA's inpatient copay or \$236.80 for the first 90 days of inpatient hospital care during any 365-day period. For each additional 90 days, the charge is \$118.40. In addition, there is a \$2 per diem charge.

Priority Group 8 and certain other Veterans are responsible for VA's

inpatient copay of \$1,184 for the first 90 days of care during any 365-day period. For each additional 90 days, the charge is \$592. In addition, there is a \$10 per diem charge.

Extended Care: Veterans may be subject to a copay for extended care services. The copay is determined by a calculation using information from completion of VA Form 10-10EC, Application for Extended Care Services.

VA social workers or case managers will counsel Veterans or their family representatives on their eligibility and copay requirements.

The copay amount is based on the Veteran's financial situation determined upon application for extended care services and can range from \$0 to a maximum copayment amount of \$97 a day.

NOTE: Veterans determined to be catastrophically disabled are exempt from copays applicable to the receipt of noninstitutional respite care, noninstitutional geriatric evaluation, noninstitutional adult day health care, homemaker/home health aide, purchase skilled home care, home-based primary care, hospice services and any other noninstitutional alternative extended care services.

Outpatient Care: While many Veterans qualify for free healthcare services based on a VA compensable service-connected condition or other qualifying factor, most Veterans are asked to complete an annual financial assessment, to determine if they qualify for free services. Veterans whose income exceeds the established VA Income Thresholds as well as those who choose not to complete the financial assessment must agree to pay required copays to become eligible for VA healthcare services.

Primary Care Services: \$15
Specialty Care Services: \$50

NOTE: Copay amount is limited to a single charge per visit regardless of the number of health care providers seen in a single day. The copay amount is based on the highest level of service received.

Outpatient Visits Not Requiring Copays: Certain services are not charged a copay. Copays do not apply to publicly announced VA health fairs or outpatient visits solely for preventive screening and/or vaccinations, such as vaccinations for influenza and pneumococ-

cal, or screening for hypertension, hepatitis B, tobacco, alcohol, hyperlipidemia, breast cancer, cervical cancer, Human papillomavirus (HPV), colorectal cancer by fecal occult blood testing, education about the risks and benefits of prostate cancer screening, HIV testing and prevention counseling (including the distribution of condoms), and weight reduction or smoking cessation counseling (individual and group). Laboratory, plain film radiology, electrocardiograms, and hospice care and in-home video telehealth are also exempt from copays. While hepatitis C screening and HIV testing and counseling are exempt, medical care for HIV and hepatitis C are NOT exempt from copays.

Medication: While many Veterans are exempt for medication copays, non-service-connected Veterans in Priority Groups 7 and 8 are charged \$9 for each 30-day or less supply of medication provided on an outpatient basis for the treatment of a non-service-connected condition. Veterans enrolled in Priority Groups 2 through 6 are charged \$8 for each 30-day or less supply of medication; the maximum copay for medications that will be charged in calendar year 2013 is \$960 for non-service-connected medications.

NOTE: Copays apply to prescription and over-the-counter medications, such as aspirin, cough syrup or vitamins, dispensed by a VA pharmacy. Copays are not charged for medical supplies, such as syringes or alcohol wipes. Copays do not apply to condoms.

Health Savings Accounts (HSA) can be utilized to make VA copayments. HSAs are usually linked to High Deductible Health Plans (HDHPs).

Private Health Insurance Billing

VA is required to bill private health insurance providers for medical care, supplies and medications provided for treatment of Veterans' non-service connected conditions. Generally, VA cannot bill Medicare, but can bill Medicare supplemental health insurance for covered services. VA is authorized to bill and accept reimbursement from High Deductible Health Plans (HDHPs) for care provided for non-service connected conditions. VA may also accept reimbursement from Health Reimbursement Arrangements (HRAs) for care provided for non-service connected conditions.

All Veterans applying for VA medical care are required to provide

information on their health insurance coverage, including coverage provided under policies of their spouses. Veterans are not responsible for paying any remaining balance of VA's insurance claim not paid or covered by their health insurance, and any payment received by VA may be used to offset "dollar for dollar" a Veteran's VA copayment responsibility.

J9

All Veterans applying for VA medical care are required to provide information on their health insurance coverage, including coverage provided under policies of their spouses. Veterans are not responsible for paying any remaining balance of VA's insurance claim not paid or covered by their health insurance, and any payment received by VA may be used to offset "dollar for dollar" a Veteran's VA copayment responsibility.

Release of Information (ROI) for Sensitive Diagnosis

An ROI authorization form VAF 10-5345 is a VA standard form used to obtain authorization to release sensitive (protected) health information to an insurance company for purposes of reimbursement. Veterans/patients who were treated or offered treatment for a sensitive condition of drug abuse, alcohol abuse or alcoholism, HIV testing or treatment, and Sickle Cell Anemia or Trait must provide written authorization to allow VA to release their sensitive information to a third party (insurance company).

NOTE: Please note that if the ROI authorization form is not completed and signed, the VA cannot bill the insurance company for non-service connected care. Thus if the Veteran is required to pay a copayment for health visits, the Veteran will be responsible for the entire copayment amount as VA will not be able to credit account dollar for dollar based on what the insurance company has reimbursed.

Reimbursement of Travel Costs

Eligible Veterans may be provided mileage reimbursement or, when medically indicated, special mode transport (e.g. wheelchair van, ambulance) when traveling for approved VA medical care.

Mileage reimbursement is 41.5 cents per mile and is subject to a deductible of \$3 for each one-way trip and \$6 for a round trip; with a maximum deductible of \$18 or the amount after six one-way trips (whichever occurs first) per calendar month.

The deductible may be waived when travel is in relation to a VA compensation or pension examination; travel is by special mode; or when imposition would cause a severe financial hardship.

Eligibility: The following are eligible for VA travel reimbursement:

- Veterans rated 30 percent or more service-connected.
- Veterans traveling for treatment of service-connected conditions.
- Veterans who receive a VA pension.
- Veterans traveling for scheduled compensation or pension examinations.
- Veterans whose income does not exceed the maximum annual VA pension rate.
- Veterans in certain emergency situations.
- Veterans whose medical condition requires a special mode of transportation and travel is pre-authorized. (Advanced authorization is not required in an emergency and a delay would be hazardous to life or health).
- Certain non-Veterans when related to care of a Veteran (Caregivers, attendants & donors).

Beneficiary travel fraud can take money out of the pockets of de-serving Veterans. Inappropriate uses of beneficiary travel benefits include: incorrect addresses provided resulting in increased mileage; driving/riding together and making separate claims; and taking no cost transportation, such as DAV, and making claims. Veterans making false statements for beneficiary travel reimbursement may be prosecuted under applicable laws.

Reporting Fraud: Help VA's Secretary ensure integrity by reporting suspected fraud, waste or abuse in VA programs or operations.

VA Inspector General Hotline

P.O. Box 50410
Washington, DC 20091-0410
E-mail: vaoin hotline@va.gov
VAOIG hotline 1-800-488-8244
Fax: (202) 565-7936

VA Medical Programs

Veteran Health Registries

Certain Veterans can participate in a VA health registry and receive free evaluations. These evaluations include a medical history, physical exam, and if deemed necessary by the clinician, laboratory tests or other studies. VA maintains health registries to provide special health evaluations and health-related information. To participate, contact the Environmental Health Coordinator at the nearest VA health care facility or visit www.publichealth.va.gov/exposures to see a directory which lists Environmental Health Coordinators by state and U.S. territory.

Veterans should be aware that a health registry evaluation is not a disability compensation exam. A registry evaluation does not start a claim for compensation and is not required for any VA benefits.

Gulf War Registry: For Veterans who served on active military duty in Southwest Asia during the Gulf War, which began in 1990 and continues to the present, and includes Operation Iraqi Freedom (OIF) and Operation New Dawn (OND). The Gulf War registry was designed to identify possible health effects resulting from U.S. military personnel service in certain areas of Southwest Asia. Potential exposures include endemic infectious diseases and hazardous occupational or environmental exposures, including heavy metals, air pollutants (particulate matter and gases such as nitrogen oxides, carbon monoxide sulfur oxides, hydrocarbons).

Depleted Uranium Registries: Depleted uranium (DU) is uranium left over after most of the more radioactive U-235 isotope has been removed. DU possesses about 60 percent of the radioactivity of naturally occurring uranium; it is a radiation hazard only in very large exposures for prolonged time. DU has some chemical toxicity related to being a heavy metal (similar to lead) which occurs at lower doses and is the main concern for Veterans with embedded DU fragments.

Veterans who are identified by the Department of Defense (DoD) or have concerns about possible depleted uranium exposure are eligible for a DU evaluation at their local facility.

Agent Orange Registry: Agent Orange is an herbicide the U.S. military used between 1962 and 1971 during the Vietnam War to remove jungle that provided enemy cover. Veterans serving in Vietnam

were possibly exposed to Agent Orange or its dioxin contaminant. Veterans eligible for this registry evaluation are those who served on the ground in Vietnam between Jan. 9, 1962, and May 7, 1975, regardless of the length of service; this includes Veterans who served aboard boats that operated on inland waterways ("Brown Water Navy") or who made brief visits ashore.

Other Veterans with possible exposure who are eligible include those who served: along the demilitarized zone in Korea (between April 1, 1968 and Aug. 31, 1971), on certain bases or in certain units in Thailand (between Feb. 28, 1961 and May 7, 1975), or on certain U.S. bases or locations in other countries where Agent Orange or other herbicides were tested or stored.

VA maintains a DoD-provided list of locations and dates where Agent Orange or other herbicides were tested or stored at military bases in the U.S. or locations in other countries at www.publichealth.va.gov/ exposures. For sites not listed, the Veteran should provide some proof of exposure to obtain a registry examination. Information is also available through VA's Special Issues Helpline at 1-800-749-8387.

Ionizing Radiation Registry: For Veterans in receipt of nasopharyngeal (nose and throat) radium irradiation treatments while in the active military, naval, or air service and Veterans possibly exposed to, and who are concerned about, possible adverse effects of their atomic exposure during the following "radiation-risk activities" –

On-site participation in:
 an atmospheric detonation of a nuclear device, whether or not the testing nation was the United States;
 occupation of Hiroshima or Nagasaki from Aug. 6, 1945, through July 1, 1946; or
 internment as a POW in Japan during World War II, which the Secretary of Veterans Affairs determines resulted in an opportunity for exposure to ionizing radiation comparable to that of Veterans involved in the occupation of Hiroshima or Nagasaki, or

Service at (VA regulations provide that "radiation-risk activity" refers to):

Department of Energy gaseous diffusion plants at Paducah, Kentucky, Portsmouth, Ohio, or the K-25 area at Oak Ridge, Tennessee, for at least 250 days before Feb. 1, 1992, if the Veteran was moni-

tored for each of the 250 days using dosimetry badges to monitor radiation to external body parts; or

Amchitka Island, Alaska, before Jan. 1, 1974, if the Veteran served for at least 250 days in a position that had exposures comparable to a job that was monitored using dosimetry badges in proximity to Longshot, Milrow, or Cannikin underground nuclear tests.

Readjustment Counseling Services

VA provides outreach and readjustment counseling services through 300 community-based Vet Centers located in all 50 states, the District of Columbia, Guam, Puerto Rico, and America Samoa.

Eligibility: Veterans are eligible if they served on active duty in a combat theater or area of hostility during World War II, the Korean War, the Vietnam War, the Gulf War, or the campaigns in Lebanon, Grenada, Panama, Somalia, Bosnia, Kosovo, Afghanistan, Iraq and the Global War on Terror. Veterans, who served in the active military during the Vietnam-era, but not in the Republic of Vietnam, must have requested services at a Vet Center before Jan. 1, 2004. Vet Centers do not require enrollment in the VHA Health Care System.

Services Offered: Vet Center counselors provide individual, group, and family readjustment counseling to combat Veterans to assist them in making a successful transition from military to civilian life; to include treatment for post-traumatic stress disorder (PTSD) and help with any other military related problems that affect functioning within the family, work, school or other areas of everyday life. Other psycho-social services include outreach, education, medical referral, homeless Veteran services, employment, VA benefit referral, and the brokering of non-VA services. The Vet Centers also provide military sexual trauma counseling to Veterans of both genders and of any era of military service.

Bereavement Counseling related to Servicemembers: Bereavement counseling is available through VA's Vet Centers to all immediate family members (including spouses, children, parents, and siblings) of Servicemembers who die while serving on active service. This includes federally-activated members of the National Guard and reserve components. Vet Center bereavement services for surviving family members of Servicemembers may be accessed by calling (202) 461-6530. Vet Center Combat Call Center (1-877-WAR-VETS)

is an around the clock confidential call center where combat Veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life. The staff is comprised of combat Veterans from several eras as well as family members of combat Veterans. For additional information, contact the nearest Vet Center, listed in the back of this book, or visit www.vetcenter.va.gov/.

Vet Center Combat Call Center: (1-877-WAR-VETS) is an around the clock confidential call center where combat Veterans and their families can call to talk about their military experience or any other issue they are facing in their readjustment to civilian life. The staff is comprised of combat Veterans from several eras as well as family members of combat Veterans.

Prosthetic and Sensory Aids

Veterans receiving VA care for any condition may receive VA prosthetic appliances, equipment and services, such as home respiratory therapy, artificial limbs, orthopedic braces and therapeutic shoes, wheelchairs, powered mobility, crutches, canes, walkers, special aids, appliances, optical and electronic devices for visual impairment and other durable medical equipment and supplies. Veterans who are approved for a guide or service dog may also receive service dog benefits including veterinary care and equipment.

VA medical services include diagnostic audiology and diagnostic and preventive eye care services. VA will provide hearing aids and eyeglasses to the following Veterans:

- (a) Those with any compensable service-connected disability.
- (b) Those who are former Prisoners of War (POWs).
- (c) Those who were awarded a Purple Heart.
- (d) Those in receipt of benefits under Title 38 United States Code (U.S.C.) 1151.
- (e) Those in receipt of an increased pension based on being rated permanently housebound or in need of regular aid and attendance.
- (f) Those with vision or hearing impairment resulting from diseases or the existence of another medical condition for which the Veteran is receiving care or services from VHA, or which resulted from treatment of that medical condition, e.g., stroke, polytrauma, traumatic brain injury, diabetes, multiple sclerosis, vascular disease, geriatric chronic illnesses, toxicity from drugs, ocular photosensitivity

from drugs, cataract surgery, and/or other surgeries performed on the eye, ear, or brain resulting in vision or hearing impairment.

(g) Those with significant functional or cognitive impairment evidenced by deficiencies in the ability to perform activities of daily living, but not including normally occurring visual or hearing impairments. Note: Veterans with normally occurring visual and/or hearing impairments that interfere with their medical care are eligible for eyeglasses and hearing aids.

(h) Those who have vision or hearing impairment or combined visual and hearing impairments severe enough that it interferes with their ability to participate actively in their own medical treatment.

Note: The term “severe” is to be interpreted as a vision and/or hearing loss that interferes with or restricts access to, involvement in, or active participation in health care services (e.g., communication or reading medication labels). The term is not to be interpreted to mean that a severe hearing or vision loss must exist to be eligible for hearing aids or eyeglasses.

(i) Those Veterans who have service-connected which contribute to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

Non-service-connected (NSC) Veterans are eligible for hearing aids or eyeglasses on the basis of medical need. All such Veterans (including Medal of Honor recipients who do not have entitling conditions or circumstances and catastrophically disabled Veterans) must receive a hearing evaluation by a state-licensed audiologist prior to determining eligibility for hearing aids or an appropriate evaluation by an optometrist or ophthalmologist prior to determining eligibility for eyeglasses to establish medical justification for provision of these devices. These Veterans must meet the following criteria for eligibility based on medical need:

- (a) Be enrolled at the VA medical facility where they receive their health care; and
- (b) Have hearing or vision loss that interferes with or restricts communication to the extent that it affects their active participation in the provision of health care services as determined by an audiologist or an eye care practitioner or provider.

For additional information, contact the prosthetic chief or representative at the nearest VA medical center or go to www.prosthetics.va.gov.

Home Improvements and Structural Alterations

VA provides up to \$6,800 lifetime benefits for service-connected Veterans/Service members and up to \$2,000 lifetime benefit for or nonservice-connected Veterans to make home improvements and/or structural changes necessary for the continuation of treatment or for disability access to the Veterans/Service members home and essential lavatory and sanitary facilities.

Modifications can include but are not limited to:

Ramps allowing entrance to, or exit from, the Veterans/Service members primary residence; Widening of doorways to allow access to essential lavatory and sanitary facilities; Raising or lowering kitchen or bathroom sinks and/or counters; Improving entrance paths or driveways in immediate area of the home to facilitate access to the home by the Veteran/Service member; Improving plumbing or electrical systems made necessary due to installation of dialysis equipment or other medically sustaining equipment in the home. For application information, contact the Prosthetic Representative at the nearest VA medical center.

Special Eligibility Programs

Special Eligibility for Children with Spina Bifida: VA provides comprehensive health care benefits, including outpatient, inpatient, pharmacy, prosthetics, medical equipment, and supplies for certain Korea and Vietnam Veterans' birth children diagnosed with Spina Bifida (except spina bifida occulta).

Special Eligibility for Veterans Participating in Vocational Rehabilitation: Veterans participating in VA's vocational rehabilitation program may receive VA health care benefits including prosthetics, medical equipment, and supplies.

Limitations on Benefits Available to Veterans outside the U.S.: Veterans outside the U.S. are eligible for prosthetics, medical equipment, and supplies only for a service-connected disability.

Services for Blind and Visually Impaired Veterans

Severely disabled blind Veterans may be eligible for case management services at a VA medical center and for admission to an inpatient or outpatient VA blind or vision rehabilitation program. In addition, blind Veterans enrolled in the VA health care system may receive:

1. A total health and benefits review as well as counseling on obtaining benefits that may be due to the Veteran but have not been received.
2. Adjustment to blindness training and counseling.
3. Home improvements and structural alterations.
4. Specially adapted housing and adaptations.
5. Automobile grant.
6. Rehabilitation assessment and training to improve independence and quality of life.
7. Low-vision devices and training in their use.
8. Electronic and mechanical aids for the blind, including adaptive computers and computer-assisted devices such as reading machines and electronic travel aids.
9. Facilitation and recommendation for guide dogs and support in the use of guide dogs.
10. Costs for veterinary care and equipment for guide dogs.
11. Talking books, tapes and Braille literature.
12. Family education and support.

Eligible visually impaired Veterans (who are not severely visually disabled) enrolled in the VA health care system may be eligible for services at a VA medical center or for admission to an outpatient VA blind rehabilitation program and may also receive:

1. A total health and benefits review.
2. Adjustment to vision loss counseling.
3. Rehabilitation assessment and training to improve independence and quality of life.
4. Low-vision devices and training in their use.
5. Electronic and mechanical aids for the visually impaired, including adaptive computers and computer-assisted devices, such as reading machines and electronic travel aids, and training in their use.
6. Family education and support.

Mental Health Care Treatment

Veterans eligible for VA medical care may receive general and specialty mental health treatment as needed. Mental health services are available in primary care clinics (including Home Based Primary Care), general and specialty mental health outpatient clinics, inpatient mental health units, residential rehabilitation and treatment programs, specialty medical clinics, and Community Living Centers. Mental Health services are also available in medical settings in which

patients are receiving treatment, such as inpatient medicine and outpatient specialty medical clinics. In addition to general mental health care, this may include specialized PTSD services, treatment for Veterans with psychological conditions related to a history of military sexual trauma, psychosocial rehabilitation and recovery services, treatment for substance use disorders, suicide prevention programs, geriatric mental health problems, violence prevention, evidence-based psychotherapy programs, treatment with psychiatric medications consistent with VA Clinical Practice Guidelines, integrated care services, and mental health disaster response/post deployment activities.

Specialized programs, such as mental health intensive case management, psychosocial rehabilitation and recovery centers, and work programs are provided for Veterans with serious mental health problems. VA's Program of Comprehensive Assistance for Family Caregivers entitles the designated primary and secondary Family Caregiver(s) access to mental health. These services may be offered at the VA and/or contracted agencies. General Caregivers (of all era Veterans) can receive counseling and other services when necessary if the treatment supports the Veteran's treatment plan. For more information on VA Mental Health services visit <http://www.mentalhealth.va.gov/VAMentalHealthGroup.asp>

Veterans Crisis Line: Veterans experiencing an emotional distress/crisis or who need to talk to a trained mental health professional may call the Veterans Crisis Line 1-800-273-TALK (8255). The hotline is available 24 hours a day, seven days a week. When callers press "1", they are immediately connected with a qualified and caring provider who can help.

Chat feature: Veterans Chat is located at the Veterans Crisis Line and enables Veterans, their families and friends to go online where they can anonymously chat with a trained VA counselor. Veterans Chat can be accessed through the suicide prevention Website www.veteranscrisisline.net by clicking on the Veterans Chat tab on the right side of the Webpage.

Text feature: Those in crisis may text 83-8255 free of charge to receive confidential, personal and immediate support.

European access: Veterans and members of the military community in Europe may now receive free, confidential support from

the European Military Crisis Line, a new initiative recently launched by VA. Callers in Europe may dial 0800-1273-8255 or DSN 118 to receive confidential support from responders at the Veterans Crisis Line in the U.S. For more information about VA's suicide prevention program, visit: http://www.mentalhealth.va.gov/suicide_prevention/www.veteranscrisisline.net.

Make the Connection Resources: help Veterans and their family members connect with information and services to improve their lives. Visitors to MakeTheConnection.net will find a one-stop resource where Veterans and their family and friends can privately explore information, watch stories similar to their own, research content on mental health issues and treatment, and easily access support and information that will help them live more fulfilling lives.

At the heart of Make the Connection are powerful personal testimonials, which illustrate true stories of Veterans who faced life events, experiences, physical injuries or psychological symptoms; reached out for support; and found ways to overcome their challenges. Veterans and their families are encouraged to "make the connection" - with strength and resilience of Veterans like themselves, with other people who care, and with information and available resources for getting their lives on a better track. For more information, go to www.MakeTheConnection.net

Coaching Into Care: works with family members or friends who become aware of the Veteran's post-deployment difficulties, and supports their efforts to find help for the Veteran. This national clinical service provides information and help to Veterans and the loved ones who are concerned about them. More information about the service can be found at <http://www.mirecc.va.gov/coaching/contact.asp>

VA's National Center for PTSD serves as a resource for healthcare professionals, Veterans and families. Information, self-help resources, and other helpful information can be found at www.ptsd.va.gov.

The PTSD Coach is a mobile application that provides information about PTSD, self assessment and symptom management tools and provides information about to connect with resources that are available for those who might be dealing with post trauma effects. The PTSD Coach is available as a free download for iPhone or Android devices.



TRICARE® For Life

TRICARE provides Medicare-wraparound coverage for Medicare-eligible beneficiaries

TRICARE For Life (TFL) is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence. With TFL, you have the freedom to seek care from any Medicare-participating or nonparticipating provider, or military hospital or clinic on a space-available basis. Medicare-participating providers file your claims with Medicare. After paying its portion, Medicare automatically forwards the claim to TRICARE for processing (*unless you have other health insurance [OHI]*). TRICARE pays after Medicare and OHI for TRICARE-covered health care services.

ELIGIBILITY

As a TRICARE beneficiary, you are eligible for TFL on the first date that you have both Medicare Part A and Part B.

When you are entitled to premium-free Medicare Part A:

- Medicare Part B coverage is **required** to remain TRICARE-eligible if you are a:
 - Retired service member (*including retired National Guard and Reserve members drawing retirement pay*)
 - Family member of a retired service member

- Medal of Honor recipient or eligible family member
- Survivor of a deceased sponsor
- Qualifying former spouse
- Medicare Part B coverage is **not required** to remain TRICARE-eligible if:
 - You are an active duty service member (ADSM) or active duty family member (ADFM) (*ADSMs and ADFMs remain eligible for TRICARE Prime and TRICARE Standard and TRICARE Extra options while the sponsor is on active duty. However, when the sponsor retires, you must have Medicare Part B to remain TRICARE-eligible. See “Medicare Part B [Medical Insurance]” on the following page for information about the Medicare Part B special enrollment period for ADSMs and ADFMs.*)
 - You are enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), or the US Family Health Plan (USFHP) (*While you are not required to have Medicare Part B to remain eligible for TRS, TRR, or USFHP, you are strongly encouraged to sign up for Medicare Part B when first eligible to avoid paying a premium surcharge if you enroll at a later date.*)

Note: Regardless of age, ADFMs who have Medicare Part A may enroll in TRICARE Prime if they live in a TRICARE Prime Service Area. The TRICARE Prime enrollment fee is waived for any TRICARE Prime enrollee who has Medicare Part B, regardless of age.

UNDERSTANDING MEDICARE

TFL is managed by the Department of Defense (DoD). Medicare is managed by the Centers for Medicare & Medicaid Services (CMS). The two agencies work together to coordinate benefits. Medicare is a federal entitlement health insurance program for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with end-stage renal disease (ESRD)

Medicare Part A (*Hospital Insurance*)

Medicare Part A covers inpatient hospital care, hospice care, inpatient skilled nursing facility care, and some home health care. The Social Security Administration (SSA) determines your entitlement to Medicare Part A based on your work history or your spouse's (*this includes former or deceased spouses*) work history. You are eligible for premium-free Medicare Part A at age 65 if you or your spouse has 40 quarters or 10 years of Social Security-covered employment.

If you are not entitled to premium-free Medicare Part A when you turn 65 under your own Social Security number (SSN), you must file for benefits under your spouse's (*this includes divorced or deceased spouses*) SSN if he or she is 62 or older. If your spouse is not yet 62 and you anticipate that he or she will be eligible for premium-free Medicare Part A at age 65, you should sign up for Medicare Part B when first eligible at age 65

to avoid paying a late enrollment surcharge. You should then file for Part A benefits under your spouse's record two months before he or she turns 62.

Note: If neither spouse will be eligible for premium-free Medicare Part A, neither will need Medicare Part B to remain TRICARE-eligible.

Medicare Part B (*Medical Insurance*)

Medicare Part B covers provider services, outpatient care, home health care, durable medical equipment, and some preventive services. Medicare Part B has a monthly premium, which may change annually and varies based on income. If you sign up after your initial enrollment period for Medicare Part B, you may have to pay a monthly premium surcharge for as long as you have Medicare Part B. For specific information about your Part B premium amount and/or surcharge amount, contact the SSA at **1-800-772-1213**.

Medicare allows ADSMs and ADFMs who are entitled to Medicare based on age or disability (*does not apply to those with ESRD*) to delay Part B enrollment and sign up during a special enrollment period, which waives the late enrollment surcharge. The special enrollment period for ADSMs and ADFMs is available anytime the sponsor is on active duty or within the first eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before their sponsor's active duty status ends.

Note: ADSMs and ADFMs with ESRD do not have a special enrollment period, and should enroll in Medicare Part A and Part B when first eligible.

Medicare Entitlement Based on a Disability

If you receive Social Security disability benefits, you are entitled to Medicare in the 25th month of receiving disability payments. CMS will notify you of your Medicare entitlement date.

If you have ALS (*also called Lou Gehrig's disease*), you automatically get Part A and Part B the month your disability benefits begin.

If you have been diagnosed with an asbestos-related disease (*e.g., mesothelioma*) and lived in Lincoln County, Montana, for a total of at least six months during a period ending 10 years or more before the diagnosis, you are eligible for Medicare. Your Medicare coverage will be effective the month after you sign up.

If you return to work and your Social Security disability payments are suspended, your Medicare entitlement continues for up to eight years and six months. When your disability payments are suspended, you will receive a bill every three months for your Medicare Part B premiums. You must continue to pay your Medicare Part B premiums to remain eligible for TRICARE coverage.

Depending on your sponsor's status and your TRICARE program option when you first become eligible for Medicare Part A based on disability, you may have to sign up for Part B to remain TRICARE-eligible and to avoid the Part B late enrollment surcharge.

Medicare Entitlement Based on ESRD

If you are eligible for Medicare benefits based on ESRD, you should sign up for Medicare Part A and Part B when you are first eligible in order to remain TRICARE-eligible. If you are a USFHP enrollee under age 65 and are entitled to premium-free Medicare Part A based on ESRD, you are

strongly encouraged to have Medicare Part B. ADSMs and ADFMs with ESRD do not have a special enrollment period and, therefore, should enroll in Part B when first eligible to avoid the Part B late enrollment surcharge. If you are enrolled in USFHP and entitled to Medicare based on disability or age, you are not required to have Medicare Part B; however, you are encouraged to sign up for Part B when first eligible to avoid the Part B premium surcharge for late enrollment.

Depending on your sponsor's status and your TRICARE program option when you first become eligible for Medicare Part A based on ESRD, you may have to sign up for Part B to remain TRICARE-eligible and to avoid the Part B late enrollment surcharge.

If you do not enroll in Part B when you first become eligible, you may be required to pay a premium surcharge for each 12-month period that you were eligible to enroll in Part B, but did not.

HOW TFL WORKS WITH MEDICARE

Medicare and TFL work together to minimize your out-of-pocket expenses. However, there are instances when some health care costs may not be covered by Medicare and/or TFL.

Medical Services Covered by Medicare and TRICARE

When you see a participating or nonparticipating Medicare provider, you have no out-of-pocket costs for services covered by both Medicare and TFL. Most health care services fall into this category. After Medicare pays its portion of the claim, TFL pays the remaining amount, and you pay nothing.

As the primary payer, Medicare approves health care services for payment. If Medicare does not pay because it determines that the care is not medically necessary, TFL also does not pay.

You may appeal Medicare’s decision and, if Medicare reconsiders and provides coverage, TFL also reconsiders coverage.

If a health care service is covered by both Medicare and TFL, but Medicare does not pay because you have used up your Medicare benefit, TFL becomes the primary payer. In this case, you are responsible for your TFL deductible and cost-shares.

If a health care service is normally covered by both Medicare and TFL, but you receive the service from a provider who has opted out of Medicare, the provider cannot bill Medicare and, therefore, Medicare will pay nothing. When you see an opt-out provider, TFL will process the claim as the second payer, unless you have OHI. TFL pays the amount it would have paid if Medicare had processed the claim (*normally TFL pays 20 percent of the TRICARE-allowable charge*)

and you are responsible for the remainder of the billed charges. This includes care received from the Department of Veterans Affairs (VA) providers, who are not Medicare providers and cannot bill Medicare. For more information, see the “TFL and VA” section of this fact sheet.

Opt-out providers establish private contracts with patients. Under a private contract, there are no limits on what the provider can charge for health care services.

Medical Services Covered by Medicare but Not by TRICARE

When you receive care that is covered by Medicare only (*e.g., chiropractic care*), Medicare processes the claim as the primary payer. TFL makes no payment, regardless of any action Medicare takes. You are responsible for the Medicare deductible and cost-shares.

TRICARE For Life Out-Of-Pocket Costs

Type of Service	What Medicare Pays	What TRICARE Pays	What You Pay
Covered by TRICARE and Medicare	Medicare’s authorized amount	TRICARE-allowable amount	Nothing
Covered by Medicare only	Medicare’s authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not Covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (<i>which may exceed the Medicare- or TRICARE-allowable amount</i>)

Medical Services Covered by TRICARE but Not by Medicare

When you receive care that is covered only by TFL (e.g., *TRICARE-covered services received overseas*), TRICARE processes the claim as the primary payer. You are responsible for the applicable TFL deductible, cost-shares, and remaining billed charges. Note that overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductibles and cost-shares. Visit www.tricare.mil/overseas for more information.

TFL claims are normally filed with Medicare first; however, when a health care service is not covered by Medicare, your provider may file the claim directly with Wisconsin Physicians Service (WPS), unless you have OHI.

Medical Services Not Covered by Medicare or TRICARE

When you receive care that is not covered by Medicare or TFL (e.g., *most cosmetic surgery*), neither makes a payment on the claim. You are responsible for the entire bill.

For more information on covered services, visit www.medicare.gov or www.tricare.mil or contact WPS.

For more information about costs, see the “TRICARE For Life Out-of-Pocket Costs” table on the previous page.

Coordinating TFL with OHI

How Medicare coordinates with OHI depends on whether or not the OHI is based on current employment. In either case, TFL is the last payer.

OHI Not Based on Current Employment

If you have OHI that is not based on your or a family member’s current employment, Medicare pays first, the OHI pays second, and TFL pays last.

OHI Based on Current Employment

Generally, if you have an employer-sponsored health plan based on current employment, that health plan pays first, Medicare pays second, and TFL pays last. If there are fewer than 20 employees in the employer-sponsored plan, Medicare pays first, the employer plan pays second, and TFL pays last.

When your OHI processes the claim after Medicare, you need to submit a claim to WPS for any remaining balance.

Note: TRICARE pays after most insurance plans with the exception of Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by DoD.

HOW TFL WORKS OVERSEAS

TRICARE is the only payer overseas. Medicare provides coverage in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Medicare also covers health care services received aboard ships in U.S. territorial waters. In these locations, TFL works exactly as it does in the United States. Unless you have OHI, TFL is the second payer after Medicare for most health care services. Your provider files the claim with Medicare first. Medicare pays its portion and automatically forwards the claim to WPS for processing.

Medicare does not provide coverage outside of the United States, U.S. territories, and ships in U.S. territorial waters. Therefore, TFL is your

primary payer for health care received in all other overseas locations, unless you have OHI. TFL generally provides the same coverage as TRICARE Standard and has the same deductible and cost-shares for beneficiaries who live or travel overseas. When seeking care from a host nation provider, area or country-specific requirements may also apply. You should be prepared to pay up front for services and submit a claim to the TRICARE Overseas Program (TOP) claims processor. Claims for care received overseas are submitted directly to the TOP claims-processing address for the area where you received care.

TFL AND VA

VA providers cannot bill Medicare and Medicare cannot pay for services received from VA. If you are eligible for both TFL and VA benefits and elect to use your TFL benefit for non-service-connected care, you will incur out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining liability. When using your TFL benefit, your least expensive option is to see a Medicare participating or Medicare nonparticipating provider.

If you want to seek care from a VA provider, check with WPS to confirm coverage details and determine what will be covered by TRICARE. For contact information, see the *For Information and Assistance* section of this fact sheet.

AFFORDABLE CARE ACT

The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of “minimum essential coverage” beginning in 2014. Please be aware that both the TRICARE and Medicare programs are considered minimum essential coverage. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with tax returns. You can find other health care coverage options at www.healthcare.gov.

FOR INFORMATION AND ASSISTANCE

TRICARE For Life Customer Service (United States and U.S. Territories) Wisconsin Physicians Service (WPS) 1-866-773-0404 1-866-773-0405 (TDD/TTY) www.TRICARE4u.com	Medicare 1-800-MEDICARE (1-800-633-4227) www.medicare.gov	Social Security Administration 1-800-772-1213 1-800-325-0778 (TDD/TTY) www.ssa.gov www.ssa.gov/foreign (overseas)
 TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	 TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com	 TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com
 TRICARE Overseas Program (TOP) Regional Call Center— Eurasia-Africa¹ +44-20-8762-8384 (overseas) 1-877-678-1207 (stateside) tricarelon@internationalsos.com	 TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (overseas) 1-877-451-8659 (stateside) tricarephl@internationalsos.com	 TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (overseas) 1-877-678-1208 (stateside) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (overseas) 1-877-678-1209 (stateside) sydricare@internationalsos.com

1. For toll-free contact information, visit www.tricare-overseas.com.

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

TRICARE
For Life

TRICARE[®] For Life Handbook



Important Information

TRICARE Web Site:	www.tricare.mil
<i>TRICARE For Life Contractor</i>	
Wisconsin Physicians Service:	1-866-773-0404
TRICARE For Life Web Site:	www.TRICARE4u.com
<i>TRICARE North Region Contractor</i>	
Health Net Federal Services, LLC:	1-877-TRICARE (1-877-874-2273)
Health Net Web Site:	www.hnfs.com
<i>TRICARE South Region Contractor</i>	
Humana Military, a division of Humana Government Business:	1-800-444-5445
Humana Military Web Site:	Humana-Military.com
<i>TRICARE West Region Contractor</i>	
UnitedHealthcare Military & Veterans:	1-877-988-WEST (1-877-988-9378)
UnitedHealthcare Web Site:	www.uhcmilitarywest.com
Medicare:	1-800-MEDICARE (1-800-633-4227)
Social Security Administration:	1-800-772-1213

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Important Contact Information

Use this page as a guide for the most important resources available to you.

TRICARE's Web Site: www.tricare.mil

TRICARE's official Web site is your first stop for the most up-to-date information about your benefit. Go to www.tricare.mil for information about eligibility and TRICARE-covered services; answers to frequently asked questions; information on your TRICARE pharmacy benefit; to download claims forms and instructions; to locate a TRICARE Service Center or military hospital or clinic; to find a TRICARE Debt Collection Assistance Officer; and to answer questions about survivor coverage, loss of eligibility, and program option information, among other things. Subscribe to TRICARE For Life (TFL) program e-mail updates at www.tricare.mil/subscriptions.

General Contact Information	Grievances	Claims
Phone: 1-866-773-0404 Online: www.TRICARE4u.com Written Correspondence: WPS/TRICARE For Life P.O. Box 7889 Madison, WI 53707-7889 TRICARE Overseas Program ¹ P.O. Box 7992 Madison, WI 53707-7992	E-mail: reportit@wpsic.com WPS/TRICARE For Life (stateside) P.O. Box 8974 Madison, WI 53708-8974 TRICARE Overseas Grievances P.O. Box 7992 Madison, WI 53707-7992	WPS/TRICARE For Life (stateside) P.O. Box 7890 Madison, WI 53707-7890 TRICARE Overseas Program (Eurasia-Africa) P.O. Box 8976 Madison, WI 53707-8976 USA TRICARE Overseas Program (Latin America and Canada) P.O. Box 7985 Madison, WI 53707-7985 USA TRICARE Overseas Program (Pacific) P.O. Box 7985 Madison, WI 53707-7985 USA

1. Use this address for overseas appeals, grievances, and general inquiries.

Defense Enrollment Eligibility Reporting System

The Defense Enrollment Eligibility Reporting System (DEERS) is a database of uniformed service members (*sponsors*), family members, and others worldwide who are entitled under law to military benefits, including TRICARE. Sponsors are required to keep DEERS updated, including their residential and mailing address for themselves and eligible dependents.

You have several options for updating and verifying DEERS information:

In Person	Phone or Fax
Visit a local identification card-issuing facility. Find a facility near you at www.dmdc.osd.mil/rsl . Call to verify location and business hours.	1-800-538-9552 (phone) 1-866-363-2883 (TDD/TTY) 1-831-655-8317 (fax)
Online	Mail
milConnect: http://milconnect.dmdc.mil Beneficiary Web Enrollment: www.dmdc.osd.mil/appj/bwe/	Defense Manpower Data Center Support Office 400 Gigling Road Seaside, CA 93955-6771

TRICARE Regional Contractors

Regional contractors provide health care services and support in the TRICARE regions and can help TFL beneficiaries with prior authorizations, but do not provide referrals for TFL beneficiaries. Alternatively, you may go to **www.medicare.gov** for assistance in locating physicians, hospitals, home health agencies, or suppliers of durable medical equipment in your area. Click on “What Medicare Covers,” select “Find Doctors, hospitals, and facilities” from the drop-down menu, and follow the instructions provided. Wisconsin Physicians Service administers the TFL benefit and should be your primary contact for TRICARE-related customer service needs in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). If you are overseas, contact your TRICARE Overseas Program Regional Call Center or visit **www.tricare-overseas.com**.

Regional Contractors (Stateside)

TRICARE North Region	TRICARE South Region	TRICARE West Region
Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com	UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com

Regional Contractor (Overseas)

TRICARE Eurasia-Africa	TRICARE Latin America and Canada	TRICARE Pacific
TRICARE Overseas Program (TOP) Regional Call Center +44-20-8762-8384 (<i>overseas</i>) 1-877-678-1207 (<i>stateside</i>) tricarelon@internationalsos.com	TOP Regional Call Center +1-215-942-8393 (<i>overseas</i>) 1-877-451-8659 (<i>stateside</i>) tricarephl@internationalsos.com	TOP Regional Call Centers Singapore: +65-6339-2676 (<i>overseas</i>) 1-877-678-1208 (<i>stateside</i>) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (<i>overseas</i>) 1-877-678-1209 (<i>stateside</i>) sydtricare@internationalsos.com

Other Contact Information

For More Information	Resource Numbers	Web Sites
Medicare	1-800-633-4227	www.medicare.gov
Social Security Administration	1-800-772-1213	www.ssa.gov
TRICARE Pharmacy Program	1-877-363-1303	www.tricare.mil/pharmacy www.express-scripts.com/TRICARE
TRICARE Dental Program	1-855-638-8371 (<i>stateside</i>) 1-855-638-8372 (<i>overseas</i>) 1-855-638-8373 (<i>TDD/TTY</i>)	www.metlife.com/tricare
TRICARE Retiree Dental Program	1-888-838-8737	www.trdp.org
Customer Service Community Directory (<i>find a Beneficiary Counseling and Assistance Coordinator or a Debt Collection Assistance Officer</i>)	See Web site	www.tricare.mil/bcacdcao
Find a military hospital or clinic	See Web site	www.tricare.mil/mtf
Receive benefits correspondence via e-mail	See Web site	http://milconnect.dmdc.mil



Welcome to TRICARE For Life

TRICARE For Life (TFL) is Medicare-wraparound coverage for TRICARE beneficiaries who have Medicare Part A and Medicare Part B, regardless of age or place of residence.

TFL provides comprehensive health care coverage. You have the freedom to seek care from any Medicare-participating or nonparticipating provider, or military hospital or clinic on a space-available basis. Medicare-participating providers file your claims with Medicare. After paying its portion, Medicare automatically forwards the claim to TRICARE for processing (*unless you have other health insurance [OHI]*). TRICARE pays after Medicare and OHI for TRICARE-covered health care services.

This handbook will help you make the most of your TFL coverage. You will find

information about eligibility requirements, getting care, and claims. This handbook also provides details about your pharmacy and dental coverage options.

The Affordable Care Act

With TRICARE, you have minimum essential coverage under the Affordable Care Act. Minimum essential coverage must be in place by January 1, 2014. This is the type of health care coverage needed to meet the individual responsibility requirement under the law. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected with 2014 tax returns. If you are losing TRICARE coverage, you can find other health care coverage options at **www.healthcare.gov**.

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See the inside back cover of this handbook for “TRICARE Expectations for Beneficiaries.”

How TRICARE For Life Works

Eligibility

TRICARE For Life (TFL) is available to TRICARE beneficiaries, regardless of age and place of residence, if you have Medicare Part A and Medicare Part B. You are eligible for TFL on the date that you have both Medicare Part A and Medicare Part B.

TRICARE Eligibility Requirements

When you are entitled to premium-free Medicare Part A:

- Medicare Part B coverage is required to remain TRICARE-eligible if you are a:
 - Retired service member (*including retired National Guard and Reserve members drawing retirement pay*)
 - Family member of a retired service member
 - Medal of Honor recipient or eligible family member
 - Survivor of a deceased sponsor
 - Qualifying former spouse
- Medicare Part B coverage is **not** required to remain TRICARE-eligible if:
 - You are an active duty service member (ADSM) or active duty family member (ADFM) (*ADSMs and ADFMs remain eligible for TRICARE Prime and TRICARE Standard and TRICARE Extra options while the sponsor is on active duty. However, when the sponsor retires, you must have Medicare Part B to remain TRICARE-eligible. See “Medicare Part B [Medical Insurance]” on the following page for information about the Medicare Part B special enrollment period for ADSMs and ADFMs.*)

- You are enrolled in TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), or the US Family Health Plan (USFHP) (*While you are not required to have Medicare Part B to remain eligible for TRR or USFHP, you are strongly encouraged to sign up for Medicare Part B when first eligible to avoid paying a premium surcharge if you enroll at a later date.*)

Note: Regardless of age, ADFMs who have Medicare Part A may enroll in TRICARE Prime if they live in a TRICARE Prime Service Area (PSA). The TRICARE Prime enrollment fee is waived for any TRICARE Prime enrollee who has Medicare Part B, regardless of age.

Understanding Medicare

TFL is managed by the Department of Defense. Medicare is managed by the Centers for Medicare & Medicaid Services (CMS). The two agencies work together to coordinate benefits.

Medicare is a federal entitlement health insurance program for people:

- Age 65 or older
- Under age 65 with certain disabilities
- Any age with end-stage renal disease (ESRD)

Medicare Part A (Hospital Insurance)

Medicare Part A covers inpatient hospital care, hospice care, inpatient skilled nursing facility care, and some home health care. The Social Security Administration (SSA) determines your entitlement to Medicare

Part A based on your work history or your spouse's (*this includes divorced or deceased spouses*) work history. You are eligible for premium-free Medicare Part A at age 65 if you or your spouse has 40 quarters or 10 years of Social Security-covered employment.

If you are not entitled to premium-free Medicare Part A when you turn 65 under your own Social Security number (SSN) but your spouse is, you must file for benefits under your spouse's (*this includes divorced or deceased spouses*) SSN, if he or she is 62 or older. If your spouse is not yet 62, and you anticipate that he or she will be eligible for premium-free Medicare Part A at age 65, you should sign up for Medicare Part B when first eligible at age 65 to avoid paying a late enrollment surcharge. You should then file for Part A benefits under your spouse's record two months before he or she turns 62.

Note: If neither spouse will be eligible for premium-free Medicare Part A, neither will need Medicare Part B to remain TRICARE eligible.

Medicare Part B (*Medical Insurance*)

Medicare Part B covers provider services, outpatient care, home health care, durable medical equipment, and some preventive services. Medicare Part B has a monthly premium, which may change annually and varies based on income. If you sign up after your initial enrollment period for Medicare Part B, you may have to pay a monthly premium surcharge for as long as you have Medicare Part B.



For specific information about your Part B premium and/or surcharge amount, contact SSA at **1-800-772-1213**.

Medicare allows ADSMs and ADFMs who are entitled to Medicare based on age or disability (*does not apply to those with ESRD*) to delay Part B enrollment and sign up during a special enrollment period, which waives the late enrollment surcharge. The special enrollment period for ADSMs and ADFMs is available anytime the sponsor is on active duty or within eight months following either (1) the month your sponsor's active duty status ends or (2) the month TRICARE coverage ends, whichever comes first. To avoid a break in TRICARE coverage, ADSMs and ADFMs must sign up for Medicare Part B before their sponsor's active duty status ends.

Note: ADSMs and ADFMs with ESRD do not have a special enrollment period, and should enroll in Medicare Part A and Part B when first eligible.

Medicare Entitlement Based on a Disability

If you receive Social Security disability benefits, you are entitled to Medicare in the 25th month of receiving disability payments. CMS will notify you of your Medicare entitlement date.

If you have amyotrophic lateral sclerosis (*also called Lou Gehrig's disease*), you automatically get Part A and Part B the month your disability benefits begin.

If you have been diagnosed with an asbestos-related disease (*e.g., mesothelioma*) and lived in Lincoln County, Montana, for a total of at least six months during a period ending 10 years or more before the diagnosis, you are eligible for Medicare. Your Medicare coverage will be effective the month after you sign up.

If you return to work and your Social Security disability payments are suspended, your Medicare entitlement continues for up to eight years and six months. When your disability payments are suspended, you will receive a bill every three months for your Medicare Part B premiums. You must continue to pay your Medicare Part B premiums to remain eligible for TRICARE coverage.

Depending on your sponsor's status and your TRICARE program option when you first become eligible for Medicare Part A based on disability, you may have to purchase Part B to remain TRICARE-eligible or to avoid the Part B late enrollment surcharge.

Medicare Entitlement Based on ESRD

If you are eligible for Medicare benefits based on ESRD, you should enroll in Medicare Part A and Part B when you are first eligible in order to remain TRICARE-eligible.

If you are a USFHP enrollee under age 65 and are entitled to premium-free Medicare Part A based on ESRD, you are strongly encouraged to have Medicare Part B (*except for ADFMs*). ADSMs and ADFMs with ESRD do not have a special enrollment period and therefore should enroll in Part B when first eligible to avoid the Part B late enrollment surcharge. If you are enrolled in USFHP and entitled to Medicare based on disability or age, you are not required to have Medicare Part B.

Depending on your sponsor's status and your TRICARE program option when you first become eligible for Medicare Part A based on ESRD, you may have to purchase Part B to remain TRICARE-eligible or to avoid the Part B late enrollment surcharge.

If you do not enroll in Part B when you first become eligible, you may be required to pay a premium surcharge for each 12-month period that you were eligible to enroll in Part B, but did not.

Medicare Entitlement Based on Age

The Medicare entitlement age is 65. If you already receive benefits from the SSA or the Railroad Retirement Board, you will automatically receive Part A and be enrolled in Part B at age 65.

If you are age 65 or older and do not receive Social Security or Railroad Retirement Board benefits, you must apply for Medicare benefits. Your Medicare initial enrollment period is a seven-month period.

- If your birthday falls on the first of the month, your initial enrollment period begins four months before the month you turn 65. Enroll no later than two months before the month you turn 65 to avoid a break in TRICARE coverage. You are eligible for Medicare coverage on the first day of the month before you turn 65.
- If your birthday falls on any day other than the first of the month, your initial enrollment period begins three months before the month you turn 65. Enroll no later than one month before your birth month to avoid a break in TRICARE coverage. You are eligible for Medicare on the first day of the month you turn 65.

Enroll in Medicare Part B when first eligible to avoid a break in TRICARE coverage. If you sign up after your initial enrollment period, you may have to pay a premium surcharge for as long as you have Part B. The Medicare Part B surcharge is 10 percent for each 12-month period that you were eligible to enroll in Part B but did not.

Your Part B premiums are automatically taken out of your Social Security or Railroad Retirement Board checks. If you are not receiving these types of payments, Medicare bills you every three months for Part B premiums.

Frequently Asked Questions: Medicare

I will be 65 soon and will become entitled to Medicare. I work full time and have employer group health plan coverage, and I don't plan on retiring for a few more years. Medicare says I can delay my Part B enrollment if I have employer group health plan coverage. How does this affect my TRICARE benefit?

Medicare allows individuals with group health plan coverage based on current employment to delay Part B enrollment and sign up during a special enrollment period, which waives the late-enrollment premium surcharge. If you or your spouse still works and has group health plan coverage through current employment, you may sign up for Medicare Part B during a special enrollment period, which is available within the eight months following (1) retirement or (2) the end of group health plan coverage, whichever comes first.

If you are entitled to premium-free Medicare Part A, you must also have Part B to remain TRICARE-eligible, even if you have group health plan coverage based on current employment. Sign up for Part B before you retire or lose group health plan coverage to ensure your TRICARE coverage under TFL will begin immediately following the end of your group health plan coverage. Your TFL coverage begins on the first day you have both Medicare Part A and Part B coverage.



If I am not entitled to premium-free Medicare Part A when I turn 65, can I still use TFL?

Because you are not entitled to premium-free Medicare Part A, you do not need Medicare Part B to keep your TRICARE benefit. You do not transition to TFL. You may continue enrollment in TRICARE Prime if you live in a PSA, or use TRICARE Standard and TRICARE Extra. For information about TRICARE program options, visit the TRICARE Web site at www.tricare.mil.

If you are not eligible for premium-free Medicare Part A under your own SSN when you turn 65 but your spouse is, you must file for benefits under your spouse's (*this includes divorced or deceased spouses*) SSN if he or she is 62 or older. If your spouse is not yet 62, and you anticipate that he or she will be eligible for premium-free

Medicare Part A at age 65, you must file for benefits under his or her SSN two months before he or she turns 62.

If you will be eligible under your spouse's SSN in the future, you should sign up for Medicare Part B during your initial enrollment period to avoid paying a Part B premium surcharge for late enrollment. Even if you are not entitled to premium-free Medicare Part A, you are eligible for Part B at age 65. See "Medicare Entitlement Based on Age" earlier in this section for more information.

If you sign up for Medicare and are not eligible for premium-free Part A under your or your spouse's (*this includes divorced or deceased spouses*) SSN, you receive a "Notice of Award" or "Notice of Disapproved Claim" from SSA. To keep your TRICARE coverage, take the "Notice(s) of Award" or "Notice(s) of Disapproved Claim" to a uniformed services identification (ID) card-issuing facility to have your Defense Enrollment Eligibility Reporting System (DEERS) record updated and receive a new ID card. This allows you to keep your eligibility for TRICARE Prime or TRICARE Standard and TRICARE Extra after you turn 65. To confirm that your TRICARE coverage will continue without a break, contact Wisconsin Physicians Service (WPS) after you update your DEERS record.

Note: A Report of Confidential Social Security Benefit Information (SSA-2458) from the SSA is not accepted as proof of non-entitlement to premium-free Part A to keep TRICARE eligibility.

How TRICARE For Life Works with Medicare

Medicare and TFL work together to minimize your out-of-pocket expenses. However, there are instances when some health care costs may not be covered by Medicare and/or TFL.

Medical Services Covered by Medicare and TRICARE

When you see a participating or nonparticipating Medicare provider, you have no out-of-pocket costs for services covered by both Medicare and TFL. Most health care services fall into this category. After Medicare pays its portion of the claim, TFL pays the remaining amount and you pay nothing.

As the primary payer, Medicare approves health care services for payment. If Medicare does not pay because it determines that the care is not medically necessary, TFL also does not pay. You may appeal Medicare's decision and, if Medicare reconsiders and provides coverage, TFL also reconsiders coverage.

If a health care service is covered by both Medicare and TFL, but Medicare does not pay because you have used up your Medicare benefit, TFL becomes the primary payer. In this case, you are responsible for your TFL deductible and cost-shares.

If a health care service is normally covered by both Medicare and TFL, but you receive the service from a provider who has opted out of Medicare, the provider cannot bill Medicare and, therefore, Medicare will pay nothing. When you see an opt-out provider,

TFL will process the claim as the second payer, unless you have other health insurance (OHI). TFL pays the amount it would have paid if Medicare had processed the claim (*normally TFL pays 20 percent of the TRICARE-allowable charge*) and you are responsible for the remainder of the billed charges. This includes care received from the Department of Veterans Affairs providers, who are not Medicare providers and cannot bill Medicare.

Opt-out providers establish private contracts with patients. Under a private contract, there are no limits on what the provider can charge for health care services.

Medical Services Covered by Medicare but Not by TRICARE

When you receive care that is covered by Medicare only (*e.g., chiropractic care*), Medicare processes the claim as the primary payer. TFL makes no payment, regardless of any action Medicare takes. You are responsible for the Medicare deductible and cost-shares.

Medical Services Covered by TRICARE but Not by Medicare

When you receive care that is covered only by TFL (*e.g., TRICARE-covered services received overseas*), TRICARE processes the claim as the primary payer. You are responsible for the applicable TFL deductible, cost-shares, and remaining billed charges. Note that overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition

to your deductibles and cost-shares. Visit www.tricare.mil/overseas for more information.

TFL claims are normally filed with Medicare first; however, when a health care service is not covered by Medicare, your provider may file the claim directly with WPS, unless you have OHI. See the *Claims* section of this handbook for additional information.

Medical Services Not Covered by Medicare or TRICARE

When you receive care that is not covered by Medicare or TFL (*e.g., most cosmetic surgery*), neither makes a payment on the claim. You are responsible for the entire bill.

For more information on covered services, visit www.medicare.gov or www.tricare.mil/coveredservices or contact WPS.

See Figure 1.1 for TFL out-of-pocket costs.

Coordinating TRICARE For Life with Other Health Insurance

How Medicare coordinates with OHI depends on whether or not the OHI is based on current employment. In either case, TFL is the last payer.

OHI Not Based on Current Employment

If you have OHI that is not based on your or a family member's current employment, Medicare pays first, the OHI pays second, and TFL pays last.

OHI Based on Current Employment

Generally, if you have an employer-sponsored health plan based on current employment, that health plan pays first, Medicare pays second, and TFL pays last. If there are fewer than 20 employees in the employer-sponsored plan, Medicare pays first, the employer plan pays second, and TFL pays last.

TRICARE For Life Out-of-Pocket Costs

Figure 1.1

Type of Service	Medicare Pays	TRICARE Pays	You Pay
Covered by TRICARE and Medicare	Medicare-authorized amount	TRICARE-allowable amount	Nothing
Covered by Medicare only	Medicare-authorized amount	Nothing	Medicare deductible and cost-share
Covered by TRICARE only	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
Not covered by TRICARE or Medicare	Nothing	Nothing	Billed charges (<i>which may exceed the Medicare- or TRICARE-allowable amount</i>)

When your OHI processes the claim after Medicare, you need to submit a claim to WPS for any remaining balance. See the *Claims* section of this handbook for additional information.

Note: TRICARE pays after most insurance plans with the exception of Medicaid, TRICARE supplements, the Indian Health Service, and other programs and plans as identified by the Department of Defense.

How TRICARE For Life Works Overseas

TRICARE is the only payer overseas. Medicare provides coverage in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Medicare also covers health care services received on board ships in U.S. territorial waters. In these locations, TFL works exactly as it does in the United States. Unless you have OHI, TFL is the second payer after Medicare for most health care services. Your provider files the claim with Medicare first. Medicare pays its portion and automatically forwards the claim to WPS for processing.

Medicare does not provide coverage outside of the United States, U.S. territories, and ships in territorial waters. Therefore, TFL is your primary payer for health care received in all other overseas locations, unless you have OHI.



TFL generally provides the same coverage as TRICARE Standard and has the same deductibles and cost-shares for beneficiaries who live or travel overseas.

When seeking care from a host nation provider, region- or country-specific requirements may also apply. You should be prepared to pay up front for services and submit a claim to the TRICARE Overseas Program (TOP) claims processor. Claims for care received overseas are submitted directly to the TOP claims-processing address for the area where you received care. See the *Claims* section of this handbook for more information.



Frequently Asked Questions: How TRICARE For Life Works

Does TFL pay for the Medicare Part B premium and deductible?

The Part B monthly premium is your responsibility. TFL covers the Medicare Part B deductible as long as the health care service is covered by both Medicare and TRICARE.

Using TFL seems so easy. Should I cancel my Medicare supplement, Medicare Advantage Plan, or OHI?

You should carefully evaluate your health insurance needs to determine if you should continue any OHI plans, Medicare supplements, and Medicare Advantage Plans. You may contact your local State Health Insurance Assistance Program for free health insurance counseling and assistance.

Note: If you drop your OHI coverage, you must notify WPS.

I am a TFL beneficiary and a retired federal employee. Can I suspend my Federal Employees Health Benefits (FEHB) program coverage to use TFL?

Yes. You may suspend your FEHB coverage and premium payments at any time. Visit www.opm.gov/forms to get a *Health Benefits Election Form* (SF 2809). Eligible unremarried former spouses can get the form from the employing offices or retirement system maintaining their enrollments.

Is a referral or TRICARE prior authorization required for health care services?

A referral or TRICARE prior authorization is not required under TFL when Medicare is the primary payer. However, when TFL becomes the primary payer, TRICARE prior authorization requirements apply as they would for a TRICARE Standard beneficiary.

I was enrolled in TRICARE Prime at a military hospital or clinic. I received a letter from the military hospital or clinic telling me I was no longer eligible for enrollment in TRICARE Prime. What does that mean?

Once you become entitled to premium-free Medicare Part A because you are age 65, you are eligible for TFL when you also have Medicare Part B. You are no longer eligible for enrollment in TRICARE Prime, unless you have an active duty sponsor.

You may continue to seek care at a military hospital or clinic on a space-available basis, but will likely need to seek care from civilian Medicare providers. When you visit civilian Medicare providers, you have no out-of-pocket costs for services covered by both Medicare and TRICARE. Contact Medicare for assistance with finding Medicare providers.

You may be able to sign up for TRICARE Plus. TRICARE Plus is a program that allows beneficiaries who normally are only able to get military hospital and clinic care on a space-available basis to enroll and receive primary care appointments at the military hospital or clinic. TRICARE



Plus offers the same primary care access standards as beneficiaries enrolled in a TRICARE Prime option. Beneficiaries should contact their local military hospitals or clinics to determine if TRICARE Plus is available and whether they may participate in it.

Enrollment in TRICARE Plus at one military hospital or clinic does not automatically extend TRICARE Plus enrollment to another military hospital or clinic. The military hospital or clinic is not responsible for any costs when a TRICARE Plus enrollee seeks care outside the military hospital or clinic.

Getting Care

Finding a Provider

You may receive health care services from Medicare-participating and nonparticipating providers, as well as from providers who have opted out of Medicare. If TRICARE For Life (TFL) is the primary payer, you must visit TRICARE-authorized providers and facilities. You will incur higher out-of-pocket costs when you obtain care from opt-out providers, or when seeing a Veterans Affairs (VA) provider for health care not related to a service-connected injury or illness. Costs vary according to the type of provider you see (*e.g., opt-out, VA*).

Medicare-Participating Providers

Medicare-participating providers agree to accept the Medicare-approved amount as payment in full.

Medicare Nonparticipating Providers

Medicare nonparticipating providers do not accept the Medicare-approved amount as payment in full. They may charge up to 15 percent above the Medicare-approved amount, a cost that will be covered by TFL.

Opt-Out Providers

Providers who opt out of Medicare enter into private contracts with patients and are not allowed to bill Medicare. Therefore, Medicare does not pay for health care services you receive from opt-out providers. When you see an opt-out provider, TFL pays the amount it would have paid (*normally 20 percent of the allowable charge*) if Medicare had processed the claim and you are responsible for paying the remainder of

the billed charges. In cases where access to medical care is limited (*i.e., underserved areas*), TFL may waive the second-payer status for Medicare opt-out providers and pay the claim as the primary payer.

Veterans Affairs Providers

VA providers cannot bill Medicare and Medicare cannot pay for services received from VA. If you are eligible for both TFL and VA benefits, you may incur significant out-of-pocket expenses when seeing a VA provider for health care not related to a service-connected injury or illness. If you receive care at a VA facility, you may be responsible for 80 percent of the bill. By law, TRICARE can only pay 20 percent of the TRICARE-allowable charge for these services. When using your TFL benefit, your least expensive options are to see a Medicare participating or Medicare non-participating provider.

If you want to seek care from a VA provider, check with a Beneficiary Counseling and Assistance Coordinator (BCAC) to confirm coverage details and determine what will be covered by TRICARE. To find a BCAC, search the Customer Service Community Directory at www.tricare.mil/bcacdca.

Military Hospitals and Clinics

A military hospital or clinic is usually located on or near a military base. You may receive care at a military hospital or clinic on a space-available basis. See Figure 2.1 on the following page for military hospital and clinic appointment priorities.

***Military Hospital and Clinic
Appointment Priorities******Figure 2.1***

1	Active duty service members
2	Active duty family members (ADFM)s enrolled in TRICARE Prime
3	Retired service members, their families, and all others enrolled in TRICARE Prime or TRICARE Plus
4	ADFM)s not enrolled in TRICARE Prime TRICARE Reserve Select members and their families
5	Retired service members, their families, TRICARE Retired Reserve members and their families, and all others not enrolled in TRICARE Prime

Overseas Providers

With TFL overseas, you may generally use any host nation provider and receive care at military hospitals and clinics on a space-available basis, except in the Philippines, where you are required to see a certified

provider for care. Additionally, if you reside in the Philippines and seek care within designated Philippine Demonstration areas, you must see approved demonstration providers to ensure TRICARE cost-shares your claims, unless you request and receive waivers from Global 24 Network Services. Visit www.tricare-overseas.com/philippines.htm or www.tricare.mil/philippines for more information.

When seeking care from a host nation provider, you should be prepared to pay up front for services and submit a claim to the TRICARE Overseas Program (TOP) claims processor. Note that overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable



charge in addition to your deductibles and cost-shares. For more information about getting care overseas, call your TOP Regional Call Center or visit www.tricare-overseas.com.

Emergency Care

TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight, or safety. The TRICARE benefit covers dental care that is necessary to treat a covered medical condition. However, it does not cover routine or other dental services, including emergency dental care not related to a medical condition. Eligible TRICARE beneficiaries may receive routine or other dental care services if enrolled in the TRICARE Dental Program or the TRICARE Retiree Dental Program.

If you need emergency care in the United States or U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), call 911 or go to the nearest emergency room. Make sure you present your Medicare card so your claim is filed with Medicare.

If traveling or living overseas, first attempt to seek care from the nearest military hospital or clinic, if possible. If a military hospital or clinic is not available, seek care from the nearest emergency care facility. You can contact the TOP Regional Call Center for your region or visit www.tricare-overseas.com for assistance in finding a host nation provider.

Urgent Care

Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours. You could require urgent care for conditions such as a sprain, sore throat, or rising temperature, as each of these has the potential to develop into an emergency if treatment is delayed longer than 24 hours.

Behavioral Health Care

Medicare helps cover visits with the following types of health care providers:

- A psychiatrist or other doctor
- Clinical psychologist
- Clinical social worker
- Clinical nurse specialist
- Nurse practitioner
- Physician's assistant

Medicare only covers these visits when they are provided by health care providers who accept Medicare payment. To help lower your costs, ask your health care providers if they accept assignment, which means they accept the Medicare-approved amount as payment in full, before you schedule an appointment.

For more information on Medicare's behavioral health care coverage, visit www.medicare.gov.



Prior Authorization for Care

When TFL becomes the primary payer (e.g., if your Medicare benefits run out), TRICARE prior authorization requirements apply.

Prior authorization is a review of the requested health care service to determine if it is medically necessary at the requested level of care. If you have an authorization from a TRICARE regional contractor (*Health Net Federal Services, LLC; Humana Military; UnitedHealthcare Military & Veterans; or International SOS Assistance, Inc.*) that covers the dates on your claim, Wisconsin Physicians Service (WPS) will honor those authorizations and no TFL authorization is required.

The *TRICARE For Life Authorization Request* form is available online at **www.TRICARE4u.com**. Providers should fill out the *TRICARE For Life Authorization Request* form and submit it to the fax number provided in the top right corner of the form.

If you have questions about prior authorization requirements, contact WPS.

The following services require prior authorization:

- Adjunctive dental services
- Extended Care Health Option services
- Home health care services
- Home infusion therapy
- Hospice care
- Nonemergency inpatient admissions for substance use disorders or behavioral health care
- Outpatient behavioral health care beyond the eighth visit per fiscal year (October 1–September 30)
- Transplants—all solid organ and stem cell

Note: This list is **not** all-inclusive. For details about prior authorization requirements, contact your regional contractor.

TRICARE For Life Coverage

Medical Coverage

TRICARE For Life (TFL) and Medicare cover proven, medically necessary, and appropriate care. TFL has special rules and limitations for certain types of care, and some types of care are not covered at all. TRICARE policies are very specific about which services are covered and which are not. It is in your best interest to take an active role in verifying coverage.

Note: Medicare also has limits on the amount of care it covers and, in some cases, TFL may cover these health care services after your Medicare benefits run out.

To determine if Medicare covers a specific service or benefit, visit www.medicare.gov or call **1-800-633-4227**. To determine if TFL covers the service or benefit, visit the



TRICARE Web site at www.tricare.mil or contact Wisconsin Physicians Service at **1-866-773-0404**. See Figure 1.1 in the *How TRICARE For Life Works* section of this handbook for more information on your out-of-pocket costs.

Examples of services that are generally **not** reimbursable by either program include:

- Acupuncture
- Experimental or investigational services (*in most cases*)
- Eye examinations (*routine*)
- Hearing aids*

Note: This list is **not** all-inclusive.

* *Retired sponsors may be eligible for the Retiree-At-Cost Hearing Aid Program. If you are a retired service member and you need a hearing aid, you should call a participating military hospital or clinic. For more information, visit www.militaryaudiology.org/rachap/state.html.*

Dental Coverage

TRICARE offers two voluntary dental insurance programs, the TRICARE Dental Program (TDP) and the TRICARE Retiree Dental Program (TRDP).

TRICARE Dental Program

The TDP provides worldwide dental coverage for family members of all active duty service members and National Guard and Reserve members and their families. For more information about the TDP, visit the TDP Web site at www.metlife.com/tricare or call MetLife at **1-855-638-8371**.



TRICARE Retiree Dental Program

The TRDP is available to retired service members and their eligible family members, including retired National Guard and Reserve members who are entitled to retirement pay but will not begin receiving it until age 60, their eligible family members, certain surviving family members of deceased active duty sponsors, and Medal of Honor recipients and their immediate family members and survivors. For information about the TRDP, including possible restrictions, visit the TRDP Web site at www.trdp.org or call Delta Dental of California at **1-888-838-8737**.

Frequently Asked Questions: TRICARE For Life Coverage

Does TFL cover long-term care?

No. Long-term care (*or custodial care*) is not a covered benefit. However, you may qualify to purchase long-term care insurance through commercial insurance programs or through the Federal Long Term Care Insurance Program.

For more information about the Federal Long Term Care Insurance Program, visit www.opm.gov/insure/ltc or call **1-800-582-3337**.

Does TRICARE cover skilled nursing care?

TFL covers skilled nursing services; meals (*including special diets*); physical, occupational, and speech therapy; drugs furnished by the facility; and necessary medical supplies and appliances. Skilled nursing care is typically provided in a skilled nursing facility (SNF).

For TFL and Medicare to cover SNF admission, you must have had a medical condition that was treated in a hospital for at least three consecutive days, and you must be admitted to a Medicare-certified, TRICARE-participating SNF within 30 days of discharge from the hospital (*with some exceptions for medical reasons*). Your doctor's plan of care must demonstrate your need for skilled nursing services.

TFL is the primary payer for SNF care beyond Medicare's 100-day limit as long as the patient continues to require skilled nursing services and no other health insurance is involved. SNF care requires prior authorization on day 101, when TRICARE is the primary payer. TFL covers an unlimited number of days as medically necessary.

Note: SNF care is only covered in the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*).

Pharmacy

Prescription Drug Coverage

TRICARE offers several options for filling your prescriptions. TRICARE covers proven, medically necessary, and appropriate prescription medication. To fill a prescription, you need the prescription and a valid uniformed services identification (ID) card or a Common Access Card. When traveling overseas, be prepared to pay up front for medications and file a claim for reimbursement for non-military hospital or clinic and non-network pharmacy services. TRICARE For Life recommends that you fill all of your prescriptions before traveling overseas.

If you live or travel in the Philippines, you are required to use a certified pharmacy. For more information, visit www.tricare-overseas.com/philippines.htm.

Note: You do not need a Medicare Part D prescription drug plan to keep your TRICARE prescription drug coverage.

Filling Prescriptions

Military Pharmacy

Military pharmacies are usually located within military hospitals and clinics and are the least expensive option for filling prescriptions. At a military pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most military pharmacies accept prescriptions written by both civilian and military providers, regardless of whether or not you are enrolled at the military hospital or clinic.

Non-formulary medications are generally not available at military pharmacies. To check the availability of a particular drug, contact the nearest military pharmacy.

TRICARE Pharmacy Home Delivery

TRICARE Pharmacy Home Delivery is your least expensive option when not using a military pharmacy. There is no cost for TRICARE Pharmacy Home Delivery for active duty service members. For all other beneficiaries, there is no cost to receive up to a 90-day supply of generic medications. Copayments apply for brand-name and non-formulary medications (*up to a 90-day supply*). Additionally, prescriptions are delivered to you with free standard shipping, and refills can be easily ordered online, by phone, or by mail. Home delivery also provides you with convenient notifications about your order status, refill reminders, and assistance in renewing expired prescriptions. If you have questions about your prescriptions, pharmacists are available 24 hours a day, 7 days a week to talk confidentially with you.

For faster processing of your mail-order prescriptions, register before placing your first order. Once you are registered, your provider can send prescriptions electronically or by phone. Express Scripts, Inc. (Express Scripts) sends your medications directly to your home within about 14 days of receiving your prescription.

Note: Overseas beneficiaries must have an APO/FPO address or be assigned to a U.S. Embassy or State Department and have a prescription written by a U.S.-licensed provider to use home delivery. Refrigerated medications cannot be shipped to APO/FPO addresses. Beneficiaries residing in Germany cannot use the home delivery option due to country-specific legal restrictions. If you live in Germany, you should fill prescriptions at military or host nation pharmacies.

If you have prescription drug coverage through other health insurance (OHI), you can use TRICARE Pharmacy Home Delivery only if the medication is not covered under your OHI or if you exceed the OHI's coverage limit.

Register for TRICARE Pharmacy Home Delivery using any of the options in Figure 4.1.

Member Choice Center

The Member Choice Center makes it easy to reduce your out-of-pocket costs by transferring your current maintenance medication prescriptions to TRICARE Pharmacy Home Delivery.

Note: To use the Member Choice Center, you must have a maintenance prescription from a retail pharmacy or military hospital or clinic. The Member Choice Center contacts your provider to get new written prescriptions for home delivery.

TRICARE Retail Network Pharmacies

Another option for filling your prescriptions is through TRICARE retail network pharmacies. To fill prescriptions (*one copayment per 30-day supply*), present your written prescription and uniformed services ID card to the pharmacist.

This option allows you to fill your prescriptions at TRICARE retail network pharmacies throughout the country without having to submit a claim. You have access to a network of approximately 56,000 retail pharmacies in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. TRICARE retail network pharmacies are only located in the United States and U.S. territories. Currently, there are no TRICARE retail network pharmacies in American Samoa.

TRICARE Pharmacy Home Delivery Registration Methods

Figure 4.1

Online	Visit www.express-scripts.com/TRICARE
Phone	Call 1-877-363-1433 (<i>Member Choice Center</i>) or 1-877-540-6261 (<i>TDD/TTY</i>)
Mail	Download the registration form from www.express-scripts.com/TRICARE , and mail it to: Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072-9954

Visit www.express-scripts.com/TRICARE or call **1-877-363-1303** for customer service, including finding the nearest TRICARE retail network pharmacy.

Non-Network Pharmacies

When visiting non-network pharmacies, you pay the full price of your medication up front and file a claim for reimbursement. Reimbursements are subject to deductibles, out-of-network cost-shares, and TRICARE-required copayments. All deductibles must be met before any reimbursement can be made. For details about filing a claim, see the *Claims* section of this handbook.

Pharmacy Policy

Quantity Limits

TRICARE has established quantity limits on certain medications, which means the Department of Defense (DoD) pays for a specified, limited amount of medication each time you fill a prescription. Quantity limits are often applied to ensure medications are safely and appropriately used.

Exceptions to established quantity limits may be made if the prescribing provider can justify medical necessity, or, in cases of natural disasters, as approved by TRICARE.

Prior Authorization

Some drugs require prior authorization from Express Scripts. Medications requiring prior authorization may include, but are not limited to, prescription drugs specified by the DoD Pharmacy and Therapeutics (P&T) Committee, brand-name medications with generic equivalents, medications with age limitations, and medications prescribed for quantities

exceeding normal limits. For a general list of prescription drugs that are covered under TRICARE, and for drugs requiring prior authorization or that have quantity limits, visit www.tricare.mil/pharmacyformulary. If you do not have Internet access, call **1-877-363-1303** for information about specific drugs.

Generic Drug-Use Policy

Generic drugs are medications approved by the U.S. Food and Drug Administration and are clinically equivalent to brand-name medications. Generic drugs provide the same safe, effective treatment as brand-name drugs. It is DoD policy to use generic medications instead of brand-name medications whenever possible. A brand-name drug with a generic equivalent may be dispensed only after the prescribing physician completes a clinical assessment indicating the brand-name drug is medically necessary and after Express Scripts grants approval. Prescribers may call **1-866-684-4488** to submit a request for a brand-name drug to be dispensed instead of a generic, or a completed form may be faxed to **1-866-684-4477**. The *Brand over Generic Prior Authorization Request Form* may be found at www.pec.ha.osd.mil/forms_criteria.php. If a generic-equivalent drug does not exist, the brand-name drug is dispensed at the brand-name copayment.

If you fill a prescription with a brand-name drug that is not considered medically necessary and when a generic equivalent is available, you are responsible for paying the entire cost of the prescription.

Non-Formulary Drugs

The DoD P&T Committee may recommend that certain drugs be placed in the third, “non-formulary” tier. These medications include any drug in a therapeutic class determined to be less relatively clinically effective or cost-effective than other drugs in the same class. For an additional cost, third-tier drugs are available through TRICARE Pharmacy Home Delivery or retail network pharmacies. You may be able to fill non-formulary prescriptions at formulary costs if your provider can establish medical necessity by completing and submitting the appropriate TRICARE pharmacy medical-necessity form for the non-formulary medication. Call Express Scripts at **1-877-363-1303** or visit **www.pec.ha.osd.mil/forms_criteria.php** for forms and medical-necessity criteria.

For information on how to save money and make the most of your pharmacy benefit, visit **www.tricare.mil/pharmacy** or **www.express-scripts.com/TRICARE**.

Specialty Medication Care Management

Specialty medications are usually high-cost; self-administered; injectable, oral, or infused drugs that treat serious chronic conditions (*e.g., multiple sclerosis, rheumatoid arthritis, hepatitis C*). These drugs typically require special storage and handling and are not readily available at your local pharmacy. Specialty medications may also have side effects that require pharmacist and/or nurse monitoring.

The Specialty Medication Care Management program is in place to improve your health through continuous health evaluation, ongoing monitoring, assessment of educational needs, and medication-use management. This program provides:

- Access to proactive, clinically based services for specific diseases and is designed to help you get the most benefit from your medication
- Monthly refill reminder calls
- Scheduled deliveries to specified locations
- Specialty consultation with a nurse or pharmacist at any point during your therapy

These services are provided to you at no additional cost when you receive your medications through TRICARE Pharmacy Home Delivery. Participation is voluntary.

If you or your provider orders a specialty medication from TRICARE Pharmacy Home Delivery, Express Scripts sends you additional information about the Specialty Medication Care Management program and how to get started.

With specific mailing instructions from you or your provider, TRICARE Pharmacy Home Delivery ships your specialty medication to your home. For your convenience and safety, TRICARE Pharmacy Home Delivery contacts you to arrange delivery before the medication is shipped.

Note: Some specialty medications may not be available through TRICARE Pharmacy Home Delivery because the medication’s



manufacturer limits the drug's distribution to specific pharmacies. If you submit a prescription for a limited-distribution medication, TRICARE Pharmacy Home Delivery either forwards your prescription to a pharmacy of your choice that can fill it or provides you with instructions about where to send the prescription to have it filled.

Pharmacy Claims.....

You do not need to file pharmacy claims for prescriptions filled at military pharmacies, through TRICARE Pharmacy Home Delivery, or at TRICARE retail network pharmacies. However, if you fill a prescription at a non-network pharmacy in the United States or U.S. territories (*American Samoa,* Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), you must pay the full price of your prescription up front and file a claim for reimbursement.

To file a claim:

1. Download *TRICARE DoD/CHAMPUS Medical Claim Patient's Request for Medical Payment* form (DD Form 2642) at **www.tricare.mil/claims**.
2. Complete the form and attach the required paperwork as described on the form.
3. Mail the form and paperwork to:

Express Scripts, Inc.
TRICARE Claims
P.O. Box 52132
Phoenix, AZ 85082

Prescription claims require the following information for each drug:

- Patient's name
- Prescription name, strength, date filled, days' supply, quantity dispensed, and price
- National Drug Code, if available
- Prescription number
- Name and address of the pharmacy
- Name and address of the prescribing physician

Contact Express Scripts at **1-877-363-1303** with questions about filing pharmacy claims.

** Currently, there are no TRICARE retail network pharmacies in American Samoa.*

Pharmacy Claims Overseas

Overseas, you may fill prescriptions at military pharmacies or through home delivery, if available. Otherwise, you will need to fill prescriptions at host nation pharmacies by paying the full cost up front and filing a claim with the TRICARE Overseas Program claims processor for reimbursement. You must submit proof of payment with all overseas pharmacy claims. For more information about how to file claims for prescriptions filled overseas, visit www.tricare.mil/pharmacy/claims.

Pharmacy Claims Appeals

If you disagree with the determination on your pharmacy claim (*i.e., if your claim is denied*), you or your appointed representative has the right to request a reconsideration. The request (*or appeal*) for reconsideration must be in writing, signed, and postmarked or received by Express Scripts within 90 calendar days from the date of the decision and must include a copy of the claim decision.

Your signed, written request must state the specific matter you disagree with and must be sent to the following address within 90 days from the date of the notice:

Express Scripts, Inc.
P.O. Box 60903
Phoenix, AZ 85082-0903

Additional documentation in support of the appeal may be submitted; however, because the request for reconsideration must be postmarked or received within 90 calendar days of the date of the decision, do not delay the request for reconsideration for the sake of additional documentation. If additional documentation will be submitted at a later date, the letter requesting reconsideration must state that additional documentation will be submitted and specify the expected date of submission. Upon receiving your request, all TRICARE claims related to the entire course of treatment are reviewed.

Claims

Health Care Claims in the United States

In most cases, your provider files your health care claims with Medicare first. Medicare pays its portion and, unless you have other health insurance (OHI), forwards the claim to TRICARE For Life (TFL) for processing.

However, when TFL is the primary payer (e.g., if Medicare does not cover the health care service), your provider may be required to file your claim directly with Wisconsin Physicians Service (WPS)/TFL. If you have OHI, you must file the claim with your OHI before filing with TFL.

You are responsible for making sure your claims are filed within one year of either the date of service or the date of an inpatient discharge. To file a claim with TFL, fill out a *TRICARE DoD/CHAMPUS Medical Claim—Patient’s Request for Medical Payment* form (DD Form 2642). You can download forms and instructions from TRICARE at www.tricare.mil/claims or the WPS Web site at www.TRICARE4u.com. You can also obtain forms and instructions at a TRICARE Service Center (TSC) or military hospital or clinic. Fill out the form completely and sign it. Visit www.tricare.mil/contacts to locate a TSC or military hospital or clinic.

When filing a claim with TFL, include your *Medicare Summary Notice* and OHI explanation of benefits (EOB), if applicable.

Attach a readable copy of the provider’s bill to the claim form, making sure it contains the following:

- Patient’s name
- Sponsor’s Social Security number (SSN) or Department of Defense Benefits Number (DBN) (*Eligible former spouses should use their own SSNs or DBNs, not their sponsors’.*)
- Provider’s name and address (*If more than one provider’s name is on the bill, circle the name of the person who provided the service for which the claim is filed.*)
- Date and place of each service
- Description of each service or supply furnished
- Charge for each service
- Diagnosis (*If the diagnosis is not on the bill, be sure to complete block 8a on the form.*)

For care received in the U.S. or U.S. territories, send claims to the WPS/TRICARE For Life mailing address provided in “Important Contact Information” at the beginning of this handbook.

Health Care Claims Overseas

Claims for care received overseas must be filed within three years of either the date of service or the date of an inpatient discharge.

You are required to submit proof of payment with all claims for care received overseas. Proof of payment may include a credit card receipt, canceled check, credit card statement, or invoice from the provider

that clearly states payment was received. For more information, contact your TOP Regional Call Center and select option 2 for claims assistance or visit www.tricare.mil/proofofpayment.

Unlike other TRICARE beneficiaries, TFL beneficiaries should file claims in the overseas regions where they received care. Send claims to the appropriate mailing address provided in “Important Contact Information” at the beginning of this handbook.

Appealing a Claim or Prior Authorization Denial

You may appeal decisions regarding claims payments or prior authorization denials of requested services. Medicare and TFL have separate appeals processes. Medicare-related appeals should be submitted to Medicare. You should only submit appeals to WPS if TFL is the primary payer.

Third-Party Liability

If TRICARE is the primary payer, the Federal Medical Care Recovery Act allows TRICARE to be reimbursed for treatment costs if you are injured in an accident caused by someone else. *The Statement of Personal Injury—Possible Third-Party Liability* form (DD Form 2527) is sent to you if a claim appears to have third-party liability involvement. Within 35 calendar days, you must complete and sign this form and follow the directions for returning it to the appropriate claims processor. Visit www.tricare.mil/claims to download *DD Form 2527*.

Explanation of Benefits

A TRICARE EOB is not a bill. It is an itemized statement that shows the action TRICARE has taken on your claims. An EOB is for your information and files.

After reviewing the EOB, you have the right to appeal certain decisions regarding your claims and must do so in writing within 90 days of the date of the EOB notice. You should keep EOBs with your health insurance records for future reference.

For more information about appeals, visit www.TRICARE4u.com or see the *For Information and Assistance* section of this handbook.

Debt Collection Assistance Officers

TRICARE Debt Collection Assistance Officers (DCAOs) are located at military hospitals and clinics and TRICARE Regional Offices to help resolve your TRICARE health care collection-related issues. Contact a DCAO if you received a negative credit rating or were contacted by a collection agency due to an issue related to your TFL claim.

When you visit a TRICARE DCAO for assistance, you must take or submit documentation associated with a collection action or adverse credit rating, including debt collection letters, EOBs, and medical and/or dental bills from providers. The more information you provide, the faster the cause of the problem can be determined. The DCAO researches your claim, provides you with a written resolution of your



collection problem, and informs the collection agency that action is being taken to resolve the issue.

DCAOs cannot provide legal advice or repair your credit rating, but they can help by providing documentation for the collection or credit-reporting agency to explain the circumstances relating to the debt.

Visit the Customer Service Community Directory at **www.tricare.mil/bcacdcao** to find a TRICARE DCAO near you.

TRICARE DCAOs can only assist you with TFL-related issues. Contact Medicare for assistance with Medicare-related issues.

Life Changes: Keep Your DEERS Information Up To Date

TRICARE For Life (TFL) continues to provide health care coverage for you and your family as your life changes. However, you need to take specific actions to make sure you remain TRICARE-eligible. It is essential that you keep information in the Defense Enrollment Eligibility Reporting System (DEERS) current for you and your family. DEERS is a computerized database of uniformed service members (*active duty and retired*), their family members, and others who are eligible for military benefits, including TRICARE. Proper and current DEERS registration is key to receiving timely, effective TFL benefits.

Maintaining your TRICARE eligibility is your responsibility. It is essential to verify your information in DEERS any time you have a life-changing event. You have several options for updating and verifying DEERS information. See “Important Contact Information” at the beginning of this handbook.

Note: Only sponsors (*or a sponsor-appointed individual with valid power of attorney*) can add a family member in DEERS. Family members age 18 and older may update their own contact information.

Using milConnect to Update Information in DEERS

Active duty service members, retirees, and eligible family members can use the milConnect Web site to access health care eligibility and personnel information,

uniformed services identification (ID) cards and information on other benefits including Servicemembers’ Group Life Insurance.

You may also use milConnect to sign up to receive your TRICARE benefits correspondence by e-mail instead of paper mail. Sign up at <http://milconnect.dmdc.mil>.

You can log on to milConnect’s secure site using a Common Access Card (CAC), Defense Finance and Accounting Services user name and password, or Department of Defense (DoD) Self-Service Logon (DS Logon). You may visit a TRICARE Service Center or a Veterans Affairs Regional Office to complete an in-person proofing process to request a DS Logon, or you may go online for a remote-proofing process. For more information, visit www.dmdc.osd.mil/identitymanagement. If you need a new ID card, you can visit a uniformed services ID card-issuing facility and request a DS Logon at the same time.

Getting Married or Divorced

Marriage

It is extremely important for sponsors to register new spouses in DEERS to ensure they are eligible for TRICARE programs, including TFL. To register a new spouse in DEERS, the sponsor needs to provide a copy of the marriage certificate to the nearest uniformed services ID card-issuing facility. The new spouse is also required to show

two forms of ID (*e.g., any combination of Social Security card, driver's license, birth certificate, current military ID card, or CAC*). Once your spouse is registered in DEERS, he or she receives a uniformed services ID card and is eligible for TRICARE. Your spouse must show his or her ID card to access care.

Divorce

Sponsors must update DEERS in the event of a divorce. The sponsor needs to provide a copy of the divorce decree, dissolution, or annulment.

Former Spouse Coverage

Certain former spouses are eligible to continue TFL coverage as long as they:

- Do not remarry (*If a former spouse remarries, the loss of benefits remains applicable even if the remarriage ends in death or divorce.*)
- Are not covered by employer-sponsored health plans

- Are not also former spouses of North Atlantic Treaty Organization or Partners for Peace nation members
- Meet the requirements of one of the two situations described in Figure 6.1

Former spouses who are TFL-eligible must change their personal information in DEERS so their name and Social Security number (SSN) or DoD Benefits Number (DBN) are listed for the primary contact information. The former spouse's TRICARE eligibility is shown in DEERS under his or her own SSN or DBN, not the sponsor's.

Children

Your dependent's coverage does not change because you are entitled to TFL. Any children who retain eligibility under the sponsor remain TRICARE-eligible until reaching age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), as long as his or her DEERS information is current.

Eligibility Situations for Former Spouses

Figure 6.1

1	<ul style="list-style-type: none"> • The former spouse must have been married to the same service member or former member for at least 20 years, and at least 20 of those years must have been creditable in determining the member's eligibility for retirement pay. • If this requirement is met, the former spouse is eligible for TRICARE coverage after the date of the divorce, dissolution, or annulment.¹ Eligibility continues as long as the preceding requirements continue to be met and the former spouse does not remarry.
2	<ul style="list-style-type: none"> • The former spouse must have been married to the same service member or former member for at least 20 years, and at least 15—but less than 20—of those married years must have been creditable in determining the member's eligibility for retirement pay. • If this requirement is met, the former spouse is eligible for TRICARE coverage for only one year from the date of the divorce, dissolution, or annulment.¹

1. For divorce decrees, dissolutions, or annulments on or before September 29, 1988, check DEERS for verification of eligibility.

To extend coverage beyond your child's 21st birthday, contact your local ID card-issuing facility to verify what documentation is needed.

At age 21 (*or 23*), adult children may be eligible for the TRICARE Young Adult (TYA) program, and later for the Continued Health Care Benefit Program (CHCBP). For more information on TYA, visit www.tricare.mil/tya. For more information on CHCBP, visit www.tricare.mil/chcbp.

Note: Children with disabilities may remain TRICARE-eligible beyond the normal age limits. Contact the DEERS Support Office for eligibility criteria.

Moving

Whether you are moving across the street or overseas, moving with TFL is easy. Just update your personal information in DEERS, find a provider who is Medicare-certified (*in the United States and U.S. territories [American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands]*) and TRICARE-authorized, and continue to receive care when you need it. See "Finding a Provider" in the *Getting Care* section of this handbook.

Survivor Coverage

If your TFL sponsor dies, you remain TRICARE-eligible and will continue to receive TFL benefits as long as your DEERS information is up to date and you are either of the following:

- A surviving spouse who has not remarried (*If you remarry, TRICARE eligibility cannot be regained later, even if you divorce or your new spouse dies.*)
- A surviving unmarried child under age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provided over 50 percent of the financial support*)

Note: Children with disabilities may remain TRICARE-eligible beyond normal age limits. Contact the DEERS Support Office for eligibility criteria.

Upon the death of your sponsor, you will receive a letter from DEERS telling you about your program options and how your benefit will eventually change. If you have any questions, visit www.tricare.mil/deers.

Loss of Eligibility

Upon loss of TRICARE eligibility, each family member automatically receives a certificate of creditable coverage. The certificate of creditable coverage is a document that serves as evidence of prior health care coverage under TRICARE so that you cannot be excluded from a new health plan for preexisting conditions.

Certificates may be issued in the following circumstances:

- Upon the sponsor's separation from active duty, a certificate is issued to the sponsor listing all eligible family members.
- Upon the loss of eligibility for a dependent child (*age 21, or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*), a certificate is issued to the dependent child.
- Upon loss of coverage after divorce, a certificate is issued to the former spouse once information is updated in DEERS.

Certificates automatically reflect the most recent period of continuous coverage under TRICARE. Certificates issued upon a beneficiary request reflect each period of continuous TRICARE coverage that ended within the 24 months prior to the date of loss of eligibility. Each certificate identifies the name of the sponsor or family member it is issued for, the dates TRICARE coverage began and ended, and the certificate issue date.

Send written requests for certificates of creditable coverage to:

Defense Manpower Data Center
Support Office
ATTN: Certificate of
Creditable Coverage
400 Gigling Road
Seaside, CA 93955-6771

The request must include:

- Sponsor's name and SSN or DBN
- Name of person the certificate is requested for
- Reason for the request
- Name of person and address the certificate should be sent to
- Requester's signature

Certificates cannot be requested by phone. If there is an urgent need for a certificate of creditable coverage, fax your request to **1-831-655-8317** and/or request that the certificate be faxed to a particular number.

Suspension of Social Security Disability Insurance

Medicare coverage may continue up to eight years and six months following suspension of Social Security Disability Insurance payments. When Social Security Disability Insurance payments are suspended because you have returned to work, you will receive quarterly bills for the Medicare Part B premium. As long as you remain entitled to premium-free Medicare Part A, you must pay the Part B premium to maintain your TRICARE coverage.

For Information and Assistance

Beneficiary Counseling and Assistance Coordinators

TRICARE Beneficiary Counseling and Assistance Coordinators (BCACs) can help you with TRICARE For Life (TFL) questions and concerns, and they can advise you about obtaining health care. BCACs are located at military hospitals and clinics and TRICARE Regional Offices. To locate a BCAC, visit the Customer Service Community Directory at www.tricare.mil/bcacdcao.

Your Right to Appeal a Decision

If you believe a service or claim was denied improperly, in whole or in part, you (*or another appropriate party*) may file an appeal. An appeal must involve an appealable issue. For example, you have the right to appeal Medicare or TFL decisions regarding claims payments.

Medicare and TFL have separate claims processes. For most services, Medicare is your primary payer. If you want to appeal a Medicare decision, you must contact Medicare. Contact Wisconsin Physicians Service (WPS) to appeal TFL decisions.

Medicare Denials

Any services or supplies denied payment by Medicare and appealable under Medicare are not considered for coverage by TFL. However, if a Medicare appeal results in some payment by Medicare, TRICARE considers coverage as the second payer.

For more information on Medicare appeals, read the back of your *Medicare Summary* notice or contact Medicare.

TRICARE For Life Appeals Requirements

You may appeal a TFL denial of a requested authorization of services even if no care was provided and no claim was submitted. There are some things you may not appeal. For example, when TFL is the primary payer, you may not appeal the denial of care from a provider who is not TRICARE-authorized.

When services are denied based on medical necessity or a benefit decision, you are automatically notified in writing. The notification includes an explanation of what was denied or why a payment was reduced and the reasoning behind the decision.

Filing TRICARE For Life Appeals

TFL appeals must be filed with WPS within 90 days from the date that appears on the explanation of benefits or denial notification letter. If you are not satisfied with a decision on an appeal, there may be further levels of appeal available to you. Your TFL appeal must meet the requirements listed in Figure 7.1 on the following page. For specific information about filing a TFL appeal, contact WPS.

Prior authorization denial appeals may be either expedited or non-expedited, depending on the urgency of the situation. You or an appointed representative must file for an

expedited review of a prior authorization denial within three calendar days of receipt of the initial denial. A non-expedited denial review must be filed no later than 90 days after receipt of the initial denial.

Appeals should contain the following:

- Beneficiary's name, address, and telephone number
- Sponsor's Social Security number (SSN) or Department of Defense Benefits Number (DBN)

- Beneficiary's date of birth
- Beneficiary's or appealing party's signature

A description of the issue or concern must include:

- The specific issue in dispute
- A copy of the previous denial determination notice
- Any appropriate supporting documents

TRICARE For Life Appeals Requirements

Figure 7.1

1	<p>An appropriate appealing party must submit the appeal. Proper appealing parties include:</p> <ul style="list-style-type: none"> • You, the beneficiary • Non-network participating providers <p>If a party other than those listed above submits the appeal, you will generally be required to complete and sign an <i>Appointment of Representative</i> form, which is available on your regional contractor's Web site. Appeals submitted without this form will not be processed, except in the following cases:</p> <ul style="list-style-type: none"> • A custodial parent submits an appeal on behalf of a minor beneficiary • An attorney files an appeal without specific appointment by the proper appealing party <p>Note: Network providers are not appropriate appealing parties, but may be appointed as representatives, in writing, by you.</p>
2	The appeal must be submitted in writing.
3	<p>The issue in dispute must be an appealable issue. The following are not appealable issues:</p> <ul style="list-style-type: none"> • Allowable charges • Eligibility • Denial of services from an unauthorized provider • Denial of treatment plan when an alternative treatment plan is selected
4	An appeal must be filed within 90 days of the date on the explanation of benefits or denial notification letter.
5	There must be an amount in dispute to file an appeal. In cases involving an appeal of a denial of prior authorization in advance of receiving the actual services, the amount in dispute is deemed to be the estimated TRICARE-allowable charge for the services requested. There is no minimum amount to request a reconsideration.

Filing a Grievance

A grievance is a written complaint or concern about a non-appealable issue regarding a perceived failure by any member of the TFL health care delivery team, including TRICARE-authorized providers or military providers, to provide appropriate and timely health care services, access, or quality, or to deliver the proper level of care or service.

The TFL grievance process provides the opportunity to report, in writing, any concern or complaint regarding health care quality or service. Any TFL civilian or military provider; TFL beneficiary; sponsor; or parent, guardian, or other representative of an eligible dependent child may file a grievance. WPS is responsible for the investigation and resolution of all grievances.

Grievances are generally resolved within 60 days of receipt. Following resolution, the party that submitted the grievance is notified of the review completion.

Grievances may include such issues as:

- The quality of health care or services (*e.g., accessibility, appropriateness, level, continuity, timeliness of care*)
- The demeanor or behavior of providers and their staff members
- The performance of any part of the health care delivery system
- Practices related to patient safety

When filing a grievance, include the following information:

- Beneficiary's name, address, and telephone number
- Sponsor's SSN or DBN
- Beneficiary's date of birth
- Beneficiary's signature

A description of the issue or concern must include the following:

- Date and time of the event
- Name(s) of the provider(s) and/or person(s) involved
- Address of the event
- Nature of the concern or complaint
- Details describing the event or issue
- Any appropriate supporting documents

Contact Medicare to file Medicare-related grievances.

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TRICARE Expectations for Beneficiaries

According to the Department of Defense (DoD), as a TRICARE beneficiary, you should expect to have the following abilities and support:

- **Get information:** You should expect to receive accurate, easy-to-understand information from written materials, presentations, and TRICARE representatives to help you make informed decisions about TRICARE programs, medical professionals, and facilities.
- **Choose providers and plans:** You should expect a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care.
- **Emergency care:** You should expect to access medically necessary and appropriate emergency health care services as is reasonably available when and where the need arises.
- **Participate in treatment:** You should expect to receive and review information about the diagnosis, treatment, and progress of your conditions, and to fully participate in all decisions related to your health care, or to be represented by family members or other duly appointed representatives.
- **Respect and nondiscrimination:** You should expect to receive considerate, respectful care from all members of the health care system without discrimination based on race, color, national origin, or any other basis recognized in applicable law or regulations.
- **Confidentiality of health information:** You should expect to communicate with health care providers in confidence and to have the confidentiality of your health care information protected to the extent permitted by law. You also should expect to have the ability to review, copy, and request amendments to your medical records.

- **Complaints and appeals:** You should expect a fair and efficient process for resolving differences with health plans, health care providers, and institutions that serve you.

Additionally, DoD has the following expectations of you as a TRICARE beneficiary:

- **Maximize your health:** You should maximize healthy habits such as exercising, not smoking, and maintaining a healthy diet.
- **Make smart health care decisions:** You should be involved in health care decisions, which means working with providers to provide relevant information, clearly communicate wants and needs, and develop and carry out agreed-upon treatment plans.
- **Be knowledgeable about TRICARE:** You should be knowledgeable about TRICARE coverage and program options.
- **You also should:**
 - Show respect for other patients and health care workers.
 - Make a good-faith effort to meet financial obligations.
 - Use the disputed claims process when there is a disagreement.

TRICARE For Life
Wisconsin Physicians Service
www.TRICARE4u.com
1-866-773-0404

TRICARE North Region
Health Net Federal Services, LLC
www.hnfs.com
1-877-TRICARE (1-877-874-2273)

TRICARE South Region
Humana Military, a division of
Humana Government Business
Humana-Military.com
1-800-444-5445

TRICARE West Region
UnitedHealthcare Military & Veterans
www.uhcmilitarywest.com
1-877-988-WEST (1-877-988-9378)



What is CHAMPVA?

CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries. CHAMPVA is managed by the VA's Health Administration Center in Denver, Colorado. We process CHAMPVA applications, determine eligibility, authorize benefits and process medical claims.

Who is eligible for CHAMPVA?

To be eligible for CHAMPVA, you cannot be eligible for TRICARE.

CHAMPVA provides coverage to the spouse or widow(er) and to the children of a Veteran who:

- is rated permanently and totally disabled due to a service-connected disability, or
- was rated permanently and totally disabled due to a service-connected condition at the time of death, or
- died of a service-connected disability, or
- died on active duty, and the dependents are not eligible for DoD TRICARE benefits.

Effective October 1, 2001, CHAMPVA benefits were extended to beneficiaries age 65 and older. To be eligible, you must also meet the following conditions:

- If you were 65 or older prior to June 5, 2001, and were **otherwise eligible** for CHAMPVA, and were entitled to Medicare Part A coverage, then you will be eligible for CHAMPVA without having to have Medicare Part B coverage.
- If you turned 65 **before** June 5, 2001, and only have Medicare Part A, you will be eligible for CHAMPVA without having to have Medicare Part B coverage.
- If you turned 65 **before** June 5, 2001, and had Medicare Parts A and B on June 5, 2001, you must keep both Parts to be eligible.
- If you turn age 65 on or after June 5, 2001, you must be enrolled in Medicare Parts A and B to be eligible.

What are some common terms used for CHAMPVA eligibility?

- Beneficiary: a CHAMPVA-eligible spouse, widow(er) or child.
- Child: includes birth, adopted, stepchild or helpless.
- Dependents: a child, spouse or widow(er) of a qualifying sponsor.

- **Sponsor:** a Veteran who is permanently and totally disabled from a service-connected condition, died as a result of a service-connected condition, was rated permanently and totally disabled from a service-connected condition at the time of death or died on active duty, and whose dependents are not otherwise entitled to DoD TRICARE benefits.
- **Service-connected:** a VA Regional Office determination that a Veteran's illness or injury is related to military service.
- **Spouse:** the wife or husband of a qualifying sponsor.
- **Widow(er):** the surviving spouse of a qualifying sponsor.

What are some of the rules that impact CHAMPVA eligibility?

Ending Date for a Child's Eligibility: Eligibility for CHAMPVA ends when:

- a child turns 18, unless enrolled in an accredited school as a full-time student,
- a child, who has been a full-time student, turns 23,
- a child marries (as of midnight on the date of marriage) or
- a stepchild no longer lives in household of the sponsor.

Impact of Divorce or Remarriage of Spouse on Child's Eligibility: The eligibility of a child is not affected by the divorce or remarriage of the spouse, except in the case of a stepchild. When a stepchild leaves the sponsor's household, the child is no longer eligible for CHAMPVA.

Helpless Child: A child who, before the age of 18, became permanently incapable of self-support and was rated as a helpless child by a VA Regional Office, is eligible for CHAMPVA with no age limitation.

Spouse: Eligibility for CHAMPVA ends with termination of the marriage to the qualifying sponsor by annulment or divorce. CHAMPVA eligibility terminates as of midnight on the effective date of the dissolution of the marriage, as stated in the annulment or divorce decree.

Widow(er) Remarriage Before Age 55: Eligibility for CHAMPVA ends if the widow(er) remarries prior to age 55. CHAMPVA eligibility terminates at midnight on the date of the remarriage.

Termination of Remarriage: A widow(er) of a qualifying sponsor who remarries and the remarriage is later terminated by death, divorce or annulment may establish CHAMPVA eligibility. The beginning date of eligibility is the first day of the month after termination of the remarriage or December 1, 1999, **whichever date is later**. To establish CHAMPVA eligibility, copies of the marriage certificate and death, divorce or annulment documents (as appropriate) must be provided.

Widow(er) Remarriage After Age 55: Effective February 4, 2004, Public Law 107-330, authorized the VA to allow benefits to a CHAMPVA-qualifying surviving spouse who remarried after age 55. A widow(er) who met the criteria for a CHAMPVA beneficiary, who remarried before the enactment of this legislation, and was 55 years old when they remarried, had until December 31, 2004, to apply for CHAMPVA benefits. For additional information, refer to Fact Sheet 03-01, Remarriage After Age 55.

What kind of certification is required for individuals between age 18 and 23 who are in school?

Student status may be established for up to a full year with a letter from the school certifying the beginning and ending dates of the school terms for which the student has preenrolled as a full-time student.

What if I am under the age of 65 and entitled to Medicare?

You must be enrolled in both Medicare Part A and Medicare Part B to be eligible for CHAMPVA. CHAMPVA will pay after Medicare, Medicare supplemental plans, Medicare HMO plans, and any other health insurance coverage for health care services and supplies.

If you are entitled to premium-free Medicare Part A and are not enrolled in Medicare Part B, you are not eligible for CHAMPVA. If you later enroll in Medicare Part B, you may apply for CHAMPVA at that time. In that case, CHAMPVA eligibility will begin on the effective date of your Medicare Part B coverage.

Where can I go for information about benefits for surviving spouses and dependents of military personnel who died while in active military service and to the survivors of Veterans who died after active service?

For information about benefits for surviving spouses and dependents of military personnel who died while in active military service and for the survivors of Veterans who died after active service, please visit the Survivor Benefits Home Page at www.vba.va.gov/survivors

To help us process claims in a timely manner, please submit the same name to your health care provider exactly as it is shown on your CHAMPVA Identification Card. If different names are used, it will cause a delay in the handling of claims. The rejection of claims could cause you to receive claims directly from your health care provider.

How do I get more information?

- Check our Web site at www.va.gov/hac and select CHAMPVA
- Write us at PO Box 469063 Denver CO 80246-9063
- To contact us by e-mail, please go to <http://www.va.gov/hac/contact> and follow the directions for submitting e-mail via IRIS.
- Call 1-800-733-8387, Monday–Friday

CHAMPVA Frequently Asked Questions

What is CHAMPVA?

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries (see

If the patient has other health insurance, then CHAMPVA pays the **lesser** of either 75% of the allowable amount after \$50 calendar year deductible is satisfied, or the remainder of the charges and the beneficiary will normally have no cost share. See [Payment Methodology Fact Sheet 01-11](#) for further information regarding payment on other than outpatient type of services

Can a beneficiary have other insurance and use CHAMPVA?

Yes. If the beneficiary has other health insurance (OHI), they should be billed first. The explanation of benefits (EOB) from the OHI should then be submitted with the claim for reimbursement to CHAMPVA.

By law, CHAMPVA is always secondary payer except to Medicaid, State Victims of Crime Compensation Programs and supplemental CHAMPVA policies.

How Can I Locate a Provider?

We do not maintain a provider listing. Most Medicare and TRICARE providers will also accept CHAMPVA (but be sure you ask the provider).

If you are having difficulty finding a provider, we recommend you visit the Medicare website [HTTP://WWW.MEDICARE.GOV](http://www.Medicare.gov) and use the "Search Tools" at the bottom of that page to locate a Medicare provider.

You may also visit the TRICARE website at (<http://www.tricare.mil/STANDARDPROVIDER/>) to locate a provider in your area.

If you choose to see a provider who does not accept CHAMPVA, you will likely have to pay the entire bill and then submit a claim for reimbursement of our cost share. Remember that CHAMPVA cost shares are based on the CHAMPVA allowable amount.

What is the impact of Medicare on CHAMPVA?

As a result of a Federal law passed June 5, 2001, CHAMPVA expanded benefit coverage to eligible family members and survivors of qualifying Veteran sponsors effective October 1, 2001.

If the beneficiary is eligible for CHAMPVA and also has Medicare Part A entitlement (premium-free hospitalization coverage) and Medicare Part B (outpatient coverage) we will cover many of the costs not covered by Medicare. CHAMPVA will pay after Medicare and any other insurance, such as Medicare HMOs and Medicare supplemental plans, for health care services and supplies.

CHAMPVA does not pay Medicare Part B premiums.

What is the difference between CHAMPVA and TRICARE (formerly CHAMPUS)?

Although similar, CHAMPVA is completely separate with a totally different beneficiary population than TRICARE - a Department of Defense healthcare program formerly called CHAMPUS.

While the benefits are similar, the programs are administered separately with significant differences in claim filing procedures and preauthorization requirements.

How can I obtain an application for CHAMPVA benefits?

There are a couple ways to obtain an *Application for CHAMPVA Benefits (VA Form 10-10D)*:

1. [Fillable Application](#)
2. Call the Chief Business Office Purchased Care at 1-800-733-8387. When calling, select the *Application Form* option from the voice-mail menu. To help reduce the volume of telephone calls during business hours, please consider placing these calls during evening or weekend hours.

From the time an application is submitted, how long before I can expect a response from the Chief Business Office Purchased Care?

Generally, applicants can expect to receive written notification from the Chief Business Office Purchased Care within 45 days from mailing their application. **To streamline the process, applicants are encouraged to complete the Application for CHAMPVA Benefits (VA Form 10-10D) in its entirety and to attach all required documents.** As further explained on the application, required documents include a copy of each applicant's Medicare card (if Medicare eligible) and a school certification for all applicant children between the ages of 18 and 23.

[CHAMPVA School Certifications \(01-02\)](#)

Why is CHAMPVA the secondary payer when beneficiaries have other health insurance (OHI)?

- [Fact Sheet - CHAMPVA-OHI \(01-23\)](#)

To answer this question, a look at CHAMPVA's origin and the congressional intent behind its legislation may help. From the start, CHAMPVA was intended to serve as a *safety net* in the event other coverage was not available - rather than being the primary carrier. While families with OHI are not disqualified from CHAMPVA benefits, CHAMPVA's safety net protection becomes available after the OHI has paid. This includes enrollment benefits available from:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)

- Medicare
- Other health insurance

Exceptions to CHAMPVA's secondary payer status are

- Supplemental CHAMPVA policies
- Medicaid
- State Victims Compensation Programs

CHAMPVA becomes the primary payer in these cases.

Are CHAMPVA benefits available to beneficiaries with other health insurance (OHI) coverage through a Health Maintenance Organization (HMO), who elect to receive HMO-covered services outside of the HMO network?

Just as beneficiaries with OHI cannot opt to waive those benefits to have CHAMPVA become the primary payer, beneficiaries enrolled in an HMO cannot elect to waive the HMO benefits without forfeiting their CHAMPVA benefits. CHAMPVA benefits, however, do apply to covered services that are not covered by the HMO.

Are healthcare services at VA facilities available to CHAMPVA beneficiaries?

Under the CHAMPVA Inhouse Treatment Initiative (CITI for short), CHAMPVA beneficiaries may receive cost-free healthcare services at participating VA facilities.

How can I find out if the local VA facility is participating in the CITI program?

Although some VA facilities are not CITI participants due to the volume of Veterans they are responsible for serving, most are. [To find out if your local facility is participating, click here.](#) However, CHAMPVA beneficiaries who are also covered by MEDICARE cannot use a VA medical center because MEDICARE does not pay for services provided by a VA Medical Center.

What out-of-pocket expenses can a CHAMPVA beneficiary expect under CITI?

None - CHAMPVA beneficiaries don't pay a thing when receiving services under the CITI program.

Isn't it unfair that some VA facilities are offering CITI services, while others aren't? Shouldn't they all participate?

VA's authority to offer *inhouse* services to CHAMPVA beneficiaries is conditional providing Veteran access to care is not compromised. Unfortunately, some facilities are experiencing such a high Veteran demand for services that participation in the CITI program is not possible.

How does my annual deductible and catastrophic cap work?

The annual outpatient deductible begins over again each Jan 1st and is \$50.00 per person, no more than \$100.00 per family. This deductible must be paid before CHAMPVA will pay 75% of the allowable amount. As claims are processed for covered services, charges are automatically credited to individual and cumulative family deductible requirements for each calendar year.

The *catastrophic cap (cat cap)* begins over again each Jan 1st and is \$3000.00 per family per year. Each time we pay a bill, the deductible and cost share (out of pocket expenses) are calculated and credited to the cat cap. **When the cat cap reaches \$3000.00 for the family, CHAMPVA will then pay at 100% of our allowable amount for the rest of the calendar year.**

How do I get more information?

- Phone: 1-800-733-8387
Monday - Friday
- [Inquiry Routing & Information System](#) (IRIS).
- Website: www.va.gov/hac

CHAMPVA

Guide

*Helping you take an active
role in your health care*



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

IMPORTANT PHONE NUMBERS

NAME	TELEPHONE
Your Doctor (Primary)	
Your Doctor	
Your Doctor	
Your Hospital	
Your Pharmacy	

YOUR MEDICATIONS

CHAMPVA CHAMPVA Authorization	1-800-733-8387
Magellan Mental Health	1-800-424-4018
Meds by Mail (MbM) (See page 15 for the number of the servicing center for your state).	East 1-866-229-7389 West 1-888-385-0235 Refill System 1-888-370-1699
Medicare Helpline For help with questions about Medicare	1-800-MEDICARE (1-800-633-4227) TTY 1-877-486-2048
Social Security Administration For help with questions about Medicare, Social Security retirement benefits or disability benefits	1-800-772-1213 TTY 1-800-325-0778
Catamaran retail pharmacy network	1-888-546-5502

Published October 2013

Words that are in bold green print are defined on pages 80–84.

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The Affordable Care Act and CHAMPVA

The Affordable Care Act, also known as the health care law, was created to expand access to affordable health care coverage to all Americans, lower costs, and improve quality and care coordination. Under the health care law, people will have health coverage that meets a minimum standard (called “minimum essential coverage”). If you are enrolled in CHAMPVA, you don’t need to take additional steps to meet the health care law coverage standards. The health care law does not change CHAMPVA benefits or out-of-pocket costs. For additional information, visit VA’s website at <http://www.va.gov/aca>, or call 1-800-733-8387.

WELCOME!

Welcome to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)!

CHAMPVA shares the cost of certain medically necessary procedures and supplies with eligible beneficiaries. We do not have a network of health care providers, so you can visit most authorized providers. This guide contains the most important information you need to know.

If you have questions about CHAMPVA, or to obtain approval for any medical procedure that requires authorization (see page 18), please call us at 1-800-733-8387. Our phone system allows you to speak to a customer service representative directly, or you can select from other options to have important forms and other information mailed to you.

You can also obtain forms and other important information about CHAMPVA on our website, <http://www.va.gov/hac>

Our “home page” provides links to program guides, fact sheets and the forms you need to file a claim or to inform us of changes in any other health insurance you may have.

You can mail us with general questions at:

CHAMPVA
PO Box 469063
Denver CO 80246-9063

Claims can be filed by mailing them to:

CHAMPVA Claims
PO Box 469064
Denver CO 80246-9064

You should promptly inform us of changes in any other health insurance that you may have. You can call us at 1-800-733-8387, or write to:

CHAMPVA
PO Box 469063
Denver CO 80246-9063

You can also inform us of any changes in your address by calling 1-800-733-8387 or writing to:

CHAMPVA Eligibility
PO Box 469028
Denver CO 80246-9028

KEEP THIS GUIDE

This guide provides important information about CHAMPVA. The guide may also be found on our website at <http://www.va.gov/hac>

The guide is not reprinted yearly. Occasionally, there will be a change that could impact your eligibility, benefits or costs. When that happens, we will send you a notification and ask you to add it to your guide. Please remember this publication is only a guide. The law, regulations and policy manual are the authoritative guidance for CHAMPVA. The CHAMPVA Policy Manual can be found at <http://www.va.gov/hac/forbeneficiaries/champva/policymanual>

FINDING INFORMATION IN THIS GUIDE

The Table of Contents lists topic areas by section, with corresponding page numbers.

Each section starts with a summary of the most important information in that section.

The Index begins on page 85 and is an alphabetical listing of the topics addressed in this guide, with corresponding page numbers.

Words and acronyms highlighted in green text in this guide are defined on pages 80–84.

APPLYING FOR CHAMPVA BENEFITS

Information on how to apply for CHAMPVA can be found on our website at <http://www.va.gov/hac> or by calling us at 1-800-733-8387.

HELPFUL TIPS

CHANGE OF ADDRESS

It is very important that you notify us if your address or phone number changes by contacting us at:

Mail: CHAMPVA Eligibility
PO Box 469028
Denver CO 80246-9028

Phone: 1-800-733-8387

E-mail: Please go to <http://www.va.gov/hac/contact> and follow the directions for submitting e-mail via IRIS.

SPECIAL NEEDS

Hearing impaired callers can use the Federal Relay Operator at 1-800-877-8339.

When English is not your first language, we can arrange for a translator. When you call us, we will ask our translation service to participate in the phone call.

We can also provide, on request, a copy of the CHAMPVA Guide in any language, as an audio book, or in Braille. It will take about six weeks to provide the translated guide.

HELPING YOU TAKE AN ACTIVE ROLE IN YOUR HEALTH CARE

Our first priority is to keep you healthy. Studies have shown that patients who are well informed about their care and effectively communicate with their health care providers report better overall health. That's why we encourage you to take control of your health and become an active partner every step of the way.

Effective communication with your provider can begin before your first appointment. Make a list of any prescription or over-the-counter (**OTC**) medications you take on a regular basis, as well as the dosages. Make a note of any symptoms you may be having, including duration, intensity and what, if anything, relieves the symptoms. Be sure to also make a list of any questions you may have and prioritize them so you are sure to get answers to your most urgent concerns.

During your appointment, be sure to ask your physician to explain any terminology or procedure you don't understand and write down the answers, if necessary. If you are prescribed any medications, make sure that you know how much you are supposed to take and when you are supposed to take them.

Here is a list of questions that may also help you to gain understanding of your condition:

- Why do I have this problem?
- How will this problem affect me in the future?
- What treatment is needed?
- Will the treatment require any changes to my diet or lifestyle?

Words that are in bold green print are defined on pages 80–84.

- What will happen if I don't treat this condition right away?
- Do I need any tests?
- Why do I need this medicine, and how long will I need to take it?
- Are there any foods or drinks I should avoid while taking this medicine?
- What are the side effects of this medication?
- When should I schedule a follow-up appointment?

SUGGESTIONS FOR LONG-TERM CARE ASSISTANCE

As you read about the benefits described in this guide, you will find that long-term care is not a covered CHAMPVA benefit. Long-term care, or **custodial care** as it is also known, can be provided in nursing homes, assisted living facilities, adult day care or at a patient's home. It involves assistance with activities of daily living or supervision of someone who needs assistance with walking, personal hygiene, using the toilet, dressing, cooking, feeding and medication.

Because neither CHAMPVA nor Medicare covers long-term or custodial care, we are providing you with some options that you might want to consider as you plan ahead.

Long-Term Care Insurance

This insurance is sold by private insurance companies and usually covers medical and nonmedical care to help you with such personal needs as bathing, dressing, using the bathroom and eating.

For more information about long-term care insurance, get a copy of "A Shopper's Guide to Long-Term Care Insurance" from your State Insurance Department or the National Association of Insurance Commissioners at https://eapps.naic.org/forms/ipds/Consumer_info.jsp

Life Insurance Policies

Some insurance companies may allow you to use your life insurance policy to pay for long-term care. Ask your insurance agent how this works.

Personal Resources

You can use your savings to pay for long-term care. You may qualify for Medicaid after most of your personal resources have been used.

COMMENTS?

We are always looking for your feedback. If you have suggestions on ways we can improve this guide, please contact us at:

CHAMPVA Communications

PO Box 469060

Denver CO 80246-9060

E-mail: Please go to <http://www.va.gov/hac/contact> and follow the directions for submitting e-mail via IRIS.

Words that are in bold green print are defined on pages 80–84.

SECTION 1: ELIGIBILITY REQUIREMENTS

Stay Eligible

CHAMPVA beneficiaries are the spouses, widow(er)s, or children of a qualifying Veteran sponsor.

You can lose your CHAMPVA eligibility:

- If you are eligible for Medicare Part A and you decline or drop Medicare Part B.
- Through divorce from the Veteran. (But divorce does not impact the eligibility of a birth or adopted child of a qualifying Veteran sponsor.)
- When a child turns 18, unless the child is enrolled as a full-time student in an accredited school.
- When a child, who has been a full-time student, turns 23 or loses full-time student status.
- When a child marries.
- If you are a stepchild of a qualifying Veteran sponsor, your parents divorce and you lose dependent status as determined by your VA Regional Office (VARO).

Eligibility for CHAMPVA benefits can be impacted by changes to your marriage status, eligibility for Medicare or TRICARE, and by the student status of children ages 18 to 23. Such changes must be reported to us immediately. Call us at 1-800-733-8387 or write us at:

CHAMPVA Eligibility
PO Box 469028
Denver CO 80246-9028

SPOUSE STATUS

A **spouse** loses CHAMPVA eligibility through divorce or annulment from the qualifying **Veteran sponsor**. Eligibility for CHAMPVA ends on midnight of the effective date of the divorce decree or annulment.

CHAMPVA AND MEDICARE

Your Medicare status has an impact on your eligibility for CHAMPVA benefits. **Beneficiaries** must enroll in Medicare 90 days prior to their 65th birthday. After you enroll in Medicare, you will receive a Medicare card indicating whether you have both Medicare Part A and Medicare Part B coverage. To continue your CHAMPVA eligibility,

you **MUST** enroll in, and remain enrolled in, Medicare Part B.

When you receive your Medicare card, immediately send us a copy along with a CHAMPVA Other Health Insurance (**OHI**) Certification Form (**VA Form 10-7959c**) so we can take action to continue your CHAMPVA benefits without interruption.

When you have Medicare and CHAMPVA, Medicare will be your **primary** insurance. Bills for health care services must first be sent to Medicare. Medicare will electronically forward claims for CHAMPVA beneficiaries to us after they have processed them. For Medicare supplemental plans (usually referred to as Medigap plans), CHAMPVA will process the remaining portion of the bill after we receive the Medicare supplemental plan's **explanation of benefits (EOBs)**. (If you have a Medicare supplemental plan, you may have to file a claim and the Medicare EOB with us yourself.)

We often receive questions regarding continued eligibility for CHAMPVA when there is also a Medicare entitlement, as well as questions about coverage and payment. It can seem complicated. The following questions and answers are offered in an effort to reduce any confusion.

Words that are in bold green print are defined on pages 80–84.

A brief overview of Medicare Parts A, B, C and D. (Only Parts A and B affect your CHAMPVA eligibility.):

- **Part A:** Premium-free hospital insurance. You are eligible for Part A coverage if you are age 65 or older or if you are under age 65 with certain disabilities.
- **Part B:** Outpatient insurance. You may be required to pay a premium. As of January 2007, Medicare Part B premiums are based on your yearly income.
- **Part C:** This is known as the Medicare Advantage Plan. It provides the benefits you would receive under both Parts A and B and is administered like an HMO. You must see an identified network provider.
- **Part D:** Prescription drug coverage. Cost for this will vary depending on the plan.

	Is Medicare Part B Required for CHAMPVA eligibility?
You are under age 65 and entitled to Part A	Yes
You were over age 65 when your spouse first became a qualifying CHAMPVA sponsor and you are entitled to Medicare	Yes
You were 65 or older prior to June 5, 2001, were otherwise eligible for CHAMPVA, and you only have Medicare Part A coverage	NO
You were 65 or older prior to June 5, 2001, were otherwise eligible for CHAMPVA, and you had Medicare Part A coverage and were enrolled in Part B as of June 5, 2001	Yes
You became 65 on or after June 5, 2001, and you are entitled to Medicare Part A	Yes

COMMON ELIGIBILITY QUESTIONS

If I am eligible for Medicare Part A, do I need Medicare Part B to also be eligible for CHAMPVA?

In almost all cases, the answer is yes. However, the answer to this question varies based on certain circumstances:

- Effective Oct. 1, 2001, CHAMPVA benefits were extended to beneficiaries age 65 and older. If you are entitled to Medicare Part A and are age 65 or older, you will most likely be required to have Medicare Part B to be covered by CHAMPVA.
- If you became eligible for CHAMPVA on or after June 5, 2001, you must have Medicare Part B.
- If you are under age 65 and eligible for Medicare Part A (to include the End Stage Renal Disease [ESRD] Program) you must have Medicare Part B.
- If you are over age 65 and were never eligible for *premium-free* Medicare Part A, you do not need Part B.

SECTION 1: ELIGIBILITY REQUIREMENTS

1

I am enrolled in Medicare Part B. Is there any time I can cancel Medicare Part B coverage and still be eligible for CHAMPVA?

- No. If you have Medicare Part B, do not cancel it. If you cancel Medicare Part B coverage, your eligibility for CHAMPVA benefits will end on the same day your Part B coverage ends.

I am a CHAMPVA beneficiary and will soon have my 65th birthday. What do I need to do so that my CHAMPVA benefits continue uninterrupted?

- In most cases, you can have all the paperwork done for enrollment into Medicare 90 days before your 65th birthday. *Make sure you enroll in Medicare Part B.* As soon as you receive your Medicare card that shows the dates your Medicare Parts A and B will begin, send a copy of the card to us along with our **Other Health Insurance (OHI)** Certification Form (**VA Form 10-7959c**). The form is available at: <http://www.va.gov/hac/forms> on our website.
- We will update your records when this information is received and issue you a new CHAMPVA Identification Card with an extended expiration date.

Can I use a VA Medical Center (VAMC) under the CHAMPVA In-house Treatment Initiative (CITI) program to obtain my care if I am Medicare eligible?

- No. CHAMPVA beneficiaries with Medicare cannot use a **VAMC** under our **CITI** program. If you are currently being seen at a VAMC, but will become entitled to Medicare soon, you will need to find a different health care provider.

Must I enroll in Medicare Part D, the prescription drug plan, to be eligible for CHAMPVA?

- No, you do not need to enroll in Medicare Part D to maintain your CHAMPVA eligibility. In fact, you would not be able to use the **Meds by Mail** program, which can provide your maintenance medications at no charge to you (no premiums, no deductibles and no co-payments).

Additional Information about Medicare and CHAMPVA Eligibility

- If you are required to have both Medicare Parts A and B to establish CHAMPVA eligibility, and you did not obtain Medicare Part B previously, you will need to contact the Social Security Administration to enroll in Part B. Your CHAMPVA eligibility can then be established on the effective date of your Medicare Part B.
- If you are 65 or over and live overseas, you must be enrolled in Medicare Part B, even though Medicare does not provide benefits for medical care received overseas. CHAMPVA will be the **primary payer** for the benefits, and you will receive the same level of coverage provided to those under age 65.

Words that are in bold green print are defined on pages 80–84.

- CHAMPVA pharmacy benefits are considered a “creditable prescription drug plan.” CHAMPVA beneficiaries who initially chose not to enroll in a Medicare Part D plan will not have to pay a late enrollment penalty if they choose to enroll in a Medicare drug plan during a later enrollment period.

CHAMPVA AND TRICARE

TRICARE is a health care program for active duty and retired uniformed Servicemembers and their families. If you become eligible for TRICARE benefits, you are no longer eligible for CHAMPVA, and you must notify us immediately of this change in your status. You may, for example, become TRICARE eligible when the **qualifying Veteran sponsor** is a retired reservist or National Guard member and begins to receive retired pay at age 60.

CHILD STATUS

A **child** loses eligibility for CHAMPVA when:

- The child (other than a **helpless child**) turns 18, unless enrolled in an accredited school as a full-time student.
- The child, who has been a full-time student, turns 23 or loses full-time student status.
- The child marries.
- The stepchild no longer lives in the household of the sponsor.

Impact of the Divorce or Remarriage of Parent on Child/Student Status

The eligibility for CHAMPVA of a birth or adopted child of the **qualifying Veteran sponsor** is not impacted by the parents’ divorce or remarriage.

However, a stepchild of the qualifying Veteran sponsor will lose CHAMPVA eligibility if the parents divorce and that stepchild loses dependent status as determined by a **VARO**.

Requirements for Students (Age 18–23)

To establish student status, and retain CHAMPVA eligibility, an unmarried child between the ages of 18 and 23 must attend school full time. Schools include, but are not limited to, high school, vocational/technical schools, and undergraduate, graduate or postgraduate levels of study. The student can remain eligible for CHAMPVA until the date of graduation or until his or her 23rd birthday, whichever comes first. Please read the following information carefully to avoid an interruption of benefits.


Words that are in bold green print are defined on pages 80–84.

SECTION 1: ELIGIBILITY REQUIREMENTS

1

First certification of full-time school attendance after age 18: CHAMPVA will send a letter to the student 90 days prior to his or her 18th birthday that provides notification of the potential change in CHAMPVA eligibility. This letter will also outline the steps necessary to extend CHAMPVA eligibility:

- To avoid an interruption of CHAMPVA benefits for the summer break between high school and the first term of the continuing education program, the student must send us proof of intent to continue his or her education (e.g., a letter of acceptance from the educational institution). Once we receive that letter, we will cover the break between high school and the start of the first term of the continuing full-time education program.
- Within one month after the first term begins, the student must submit a school certification verifying full-time enrollment. If CHAMPVA does not receive verification, benefits will be terminated and any payments made by CHAMPVA after the student turned 18 will be subject to **recoupment**. The certification letter (*see illustration below*) should be on school letterhead and include:
 - Student's full name,
 - Student's Social Security number,
 - Exact beginning date and ending date of school term (month, date, year),
 - Projected graduation date (month, year),
 - Number of semester hours or equivalent certification of full-time status and
 - Title and signature of a school official.

CHAMPVA University					
1234 W 000 Ave. University City, CO 12345 Telephone: (123) 456-7890 Fax: (123) 456-7890 www.scl.edu					
Enrollment Verification as of 01/12/2012					
Name: Student Name			SSN: 000-00-000		
<u>Enrollment History</u>					
Term	Career	Begin Date	End Date	Units	Status
2011 Fall	UGRD	08/20/2011	12/15/2011	12.00	Full-Time
2012 Spring	UGRD	01/13/2012	05/09/2012	14.00	Full-Time
Note: Anticipated date of graduation is May 15, 2013.					
 REGISTRAR					

Words that are in bold green print are defined on pages 80–84.

SECTION 1: ELIGIBILITY REQUIREMENTS

1

Recertification of full-time school attendance: The student will need to recertify his or her full-time enrollment status on an annual or more frequent basis. Students can recertify for a year by sending us a personal letter, stating they are attending full time, *if* the first certification letter from the educational institution listed the graduation date (month, year). If the original certification letter did not list the graduation date (month, year), the student must submit a recertification letter from the educational institution. A school recertification letter may then be required two to four times a year, depending on whether the educational institution is on a semester or quarter schedule. In addition, we will periodically check with the school to ensure the student is enrolled as a full-time student.



nruboc/bigstock.com

School breaks: CHAMPVA eligibility will not be interrupted during school breaks, as long as the student is enrolled as a full-time student during the terms prior to and following the break.

Withdrawal from school: If a student withdraws from school, their eligibility for CHAMPVA will be terminated for the entire school term. We must be notified of the withdrawal immediately.

Change in student status: Any claim paid by us after the date of loss of CHAMPVA eligibility will be considered invalid, and you will be held financially responsible for repaying in full the government and/or the health care provider for their services.

Disabling illness: If the student is disabled by an illness or injury while enrolled as a full-time student, and this prevents him or her from continuing as a student, eligibility may continue for six months after the disability ceases, for two years after the onset of the disability or until the 23rd birthday—whichever occurs first. Medical documentation is required to support that the illness or injury is of a disabling nature and that it prevents the student from attending school. Medical documentation must include diagnosis, prognosis, date of onset of the disability and the expected date the student will be able to return full time.

Requirements for Helpless Child Status

A **child** who, prior to reaching age 18, becomes permanently incapable of self-support may qualify as a **helpless child**. This determination is made by a **Veterans Affairs Regional Office (VARO)**. Once helpless child status is determined, CHAMPVA benefits will continue without an age limitation unless the helpless child marries or loses "helpless child" status. If you believe your child may qualify as a helpless child, contact 1-800-827-1000 for assistance.

Impact of Marriage

If a child marries, regardless of whether he or she is under age 18, a full-time student or has helpless child status, that child will lose CHAMPVA eligibility as of midnight on the date of the marriage.

Words that are in bold green print are defined on pages 80–84.

We're here to help

We want to provide you with the best service possible. We have a number of ways to answer your questions and provide the forms and other information you need:

Our Customer Call Center can be reached at 1-800-733-8387, Monday through Friday, from 8:05 a.m. to 7:30 p.m. Eastern Time.

Our interactive voice response system is also available at the same phone number 24 hours a day, seven days a week. You can use our phone system to order CHAMPVA forms and applications, check your eligibility, the status of a claim, or check your annual deductible or annual catastrophic cap.

You can also obtain forms, applications and other information on our website:

<http://www.va.gov/hac>

This information includes an electronic copy of the CHAMPVA Guide and the CHAMPVA Policy Manual.

You can contact us by e-mail by going to www.va.gov/hac/contact and following the instructions for submitting e-mail via IRIS.

A warning: e-mail is not secure. We will not use e-mail to send you personal or sensitive information. Instead, we will call or mail the information to you.

Here are the addresses for sending forms to us:

CHAMPVA applications and school certifications:

CHAMPVA Eligibility
PO Box 469028
Denver CO 80246-9028

CHAMPVA Other Health Insurance (OHI) Form (VA Form 10-7959c):

CHAMPVA
PO Box 469063
Denver CO 80246-9063

Claims for medical services and supplies:

CHAMPVA Claims
PO Box 469064
Denver CO 80246-9064

CUSTOMER SERVICE

We are always working to improve our service to you. We are committed to getting you accurate and timely information about your benefits and giving you a variety of ways to obtain the needed information.

If this guide doesn't answer your questions or provide the information you need, the following sources are available:

Interactive voice response (IVR) system

Phone Toll Free: 1-800-733-8387

Hours of Availability: 24 Hours a Day,
Seven Days a Week

You can obtain information and request forms through our IVR system, without waiting to speak to a customer service representative.

Services available through this system are:

- Ordering CHAMPVA forms and applications: The prompts will instruct you to leave a voice mail request by providing your CHAMPVA Member Number (Social Security number), full name and address.
- You can check on your eligibility, claims status, annual deductible and annual catastrophic cap.
- Your providers can check on your eligibility or the status of a payment.

Talk to a customer service representative

- Phone Toll Free: 1-800-733-8387, Monday through Friday (excluding holidays)
- Hours of operation: 8:05 a.m. to 7:30 p.m. Eastern Time
- We have a Virtual Hold system that allows us to call you back when our estimated wait time exceeds three minutes. That means you don't have to wait on hold.

SECTION 2: WHEN YOU NEED HELP OR INFORMATION

<http://www.va.gov/hac>

The following information is available on our website 24 hours a day, seven days a week:

- The CHAMPVA Guide and Policy Manual, CHAMPVA forms and fact sheets and frequently asked questions.

CHAMPVA website will be changing

The CHAMPVA website will change in 2014 to a new website that will better serve you. The address for CHAMPVA's new website will be <http://www.va.gov/purchasedcare>. We will notify you when the change happens in Your Health, the twice-a-year CHAMPVA magazine for beneficiaries. And the old <http://www.va.gov/hac> website will automatically redirect users when we move to the new website, <http://www.va.gov/purchasedcare>.

E-mail

Please go to <http://www.va.gov/hac/contact> and follow the instructions for submitting e-mail via IRIS.

Typically, you will receive a response to your question within one working day. To protect your privacy, we recommend that you do not include sensitive or personal information in the message. We do ask that you include your full name in the body of the message. We will not return information containing personal identifiers or medical information in an e-mail. If you are requesting that type of information, we will call you or send the information through regular mail.

Note: To view and print forms, you must have Adobe Acrobat Reader installed on your computer. The reader is available to download for free via a link on our website.

Mail

When you write to us, please include your name and phone number. Send your inquiry to:

CHAMPVA
PO Box 469063
Denver CO 80246-9063

WHERE TO GET FORMS AND PUBLICATIONS

Forms and publications are available to you through the customer service options identified on pages 10–11. When you use any of these options, make sure you provide your name and address.

WHERE TO SEND COMPLETED FORMS

CHAMPVA Other Health Insurance (**OHI**) Form (VA Form 10-7959c):

CHAMPVA
PO Box 469063
Denver CO 80246-9063

CHAMPVA Applications/School Certifications:

CHAMPVA Eligibility
PO Box 469028
Denver CO 80246-9028

Completed Claims for Medical Services and Supplies:

CHAMPVA Claims
PO Box 469064
Denver CO 80246-9064

Meds by Mail Order Form:

Cheyenne WY or Dublin GA
(see Pharmacy section)

Note: You can also provide **OHI** information by calling a customer service representative at 1-800-733-8387.

Where to get care

Always ask your health care providers if they accept CHAMPVA and, if they do, if they will file any claims with us for reimbursement of their services. If they're unfamiliar with CHAMPVA, have them call us at 1-800-733-8387. We can explain CHAMPVA to them.

If you need to find a provider that accepts CHAMPVA, try Medicare or TRICARE providers. (TRICARE is a health care program for active duty and retired military personnel and their dependents).

To locate a Medicare provider, go to:
<http://www.medicare.gov>

Use one of the “Doctor, provider” links on that page.

For a TRICARE provider, go to:
<http://www.tricare.mil/GettingCare/FindDoctor/Network.aspx>

We cover most medically necessary services and supplies when they are received from an authorized provider. We consider any provider to be authorized if they are performing services within the scope of their license.

You may also be able to obtain medical services at your local VA Medical Center (VAMC) or Community Based Outpatient Clinic (CBOC) under the CHAMPVA Inhouse Treatment Initiative (CITI). There is no cost share and no deductible, and more than half of all VAMCs participate. See this chapter for details.

We also offer several ways for you to obtain medications.



For nonurgent or maintenance medications, you can use our Meds by Mail program if you do not have any other pharmacy coverage. There are no co-payments, no deductibles and no claims to file. For forms and information, visit our website at <http://www.va.gov/hac/forms> or call us at 1-800-733-8387.

See additional details in this chapter.

You may also be able to use our Catamaran pharmacy network if you do not have other health insurance with pharmacy coverage. There are more than 66,000 pharmacies in the Catamaran national network. See the additional details in this chapter.

You can also use a nonnetwork pharmacy. Show your CHAMPVA Identification Card as proof of coverage. You will likely have to pay and then file a claim with us.

Each CHAMPVA-eligible family member receives an identification card. We changed our practice of displaying your Social Security number (SSN) on the identification card due to the potential risk of identity theft. The sample below shows that cards are issued with the phrase “Patient SSN” in the “Member Number” space rather than displaying the actual number.

 		U.S. Department of Veterans Affairs Veterans Health Administration Chief Business Office Purchased Care CHAMPVA	Open Access No Referral Required
Beneficiary Name			
Include this <u>Member Number</u> on all claims and letters			
“Patient SSN”			
This is your Identification Card			
Effective Date	Expiration Date	CHAMPVA 1-800-733-8387 www.va.gov/hac	

FRONT

CHAMPVA pays after most other health plans. Include an explanation of benefits from other insurers. CHAMPVA is primary to Medicaid.

Once you become eligible for Medicare part A, you must obtain and maintain Medicare part B to remain eligible for CHAMPVA.

For Electronic Claims Filing please follow the instructions at: www.va.gov/hac/forproviders under “How to File a Claim.”

For Mental Health/Substance Abuse Authorization
 Call 1-800-424-4018—Authorization is required:
 • After 23 outpatient mental health visits in a calendar year
 • For all other mental health/substance abuse services

For Durable Medical Equipment (DME) Authorization
 Call 1-800-733-8387—Authorization is required:
 • For DME purchase or rental over \$2,000

BACK

When you visit your doctor, make sure you take your CHAMPVA Identification Card with you. Since your cost share (co-payment) for care will be a percentage of the **CHAMPVA allowable amount**, rather than a specific dollar amount, talk to your doctor about how and when to pay your part of the bill. If you have already paid your deductible or reached your catastrophic cap for the year, show your most recent CHAMPVA **Explanation of Benefits (EOB)** to your provider to verify that you have met one or both of these requirements for the year.

Words that are in bold green print are defined on pages 80–84.

CHAMPVA covers most **medically necessary** health care services, including ambulance service, ambulatory surgery, **durable medical equipment (DME)**, family planning and maternity, hospice, inpatient services, mental health services, outpatient services, pharmacy, skilled nursing care and transplants.

We pay for covered services and supplies when they are determined to be medically necessary and are received from an authorized provider. When providers are performing services within the scope of their license or certification, we consider them to be authorized. The most common providers are: anesthesiologist, audiologist, certified clinical social worker, certified nurse midwife, certified nurse practitioner (NP or CNP), certified registered nurse anesthetist (CRNA), certified physician assistant (PA), certified psychiatric nurse specialist, clinical psychologist (Ph.D.), doctor of osteopathy (DO), licensed clinical speech therapist (LCST), licensed practical nurse (LPN), marriage and family counselor/therapist, medical doctor (MD), occupational therapist (OT), pastoral counselor, physical therapist (PT), physiologist, podiatrist (DPM), psychiatrist and registered nurse (RN).

You have many choices when selecting a provider. Medical services may be available to you at your local VA Medical Center (**VAMC**) or clinic through the CHAMPVA Inhouse Treatment Initiative (**CITI**), described in the following paragraph. You may also obtain medical services from non-VA providers.

VA MEDICAL PROVIDERS

Depending on whether your local VAMC or clinic participates in the CHAMPVA Inhouse Treatment Initiative (CITI) – pronounced “city” – and the type of services a VAMC has available, you may be able to receive all or a portion of your medical care through the CITI program. The care may include inpatient, outpatient, pharmacy, DME and mental health services. The care you receive through this program is at no charge to you! There is no cost share and no deductible for the care you receive through CITI. More than half of all VA medical facilities participate in the CITI program, so there is a good chance that a VAMC near you is a participant.

To find out if your local VAMC participates in this program

- Go to our website at <http://www.va.gov/hac>

Select “Beneficiaries” from the side tab and scroll down and click the CITI link. You will find a link to a list of participating VA medical facilities and their phone numbers.

- Or you can call, e-mail or write us (see pages 10 and 11 for contact information).

When you contact your VAMC, they will be able to tell you which services are available. If the services you need are available, and you choose to receive your care through the CITI program, the VAMC will ask you to contact their patient administration section. Your CHAMPVA eligibility and **OHI** information will be reviewed. If you have Medicare, you will not be able to participate in the CITI program. Some VAMCs accept patients through the CITI program who have other types of health insurance, but it is the VAMC’s decision whether or not they will accept you.

Words that are in bold green print are defined on pages 80–84.

SECTION 3: OBTAINING MEDICAL CARE

If you are a Veteran and a CHAMPVA **beneficiary**, you may be entitled to receive care through the VA health care system based on your Veteran status rather than as a CHAMPVA beneficiary. You will need to discuss this with the VA medical facility when you contact them about **CITI** participation.

NON-VA MEDICAL PROVIDERS

CHAMPVA does not have a network of medical providers. However, most TRICARE providers will also accept CHAMPVA patients. Go to the TRICARE website at <http://www.tricare.mil/GettingCare/FindDoctor/Network.aspx> to locate a provider in your area. Ask that provider if they also accept CHAMPVA patients.

Most Medicare providers will also accept CHAMPVA patients. Medicare providers can be located through their website, at <http://www.medicare.gov>. Use one of the “Doctor, provider” links on that page.

Please call, e-mail or write us (contact information on pages 10 and 11) if you are having difficulty locating a provider, and we will help you find one.

Providers that accept “assignment” for CHAMPVA patients

When you locate a medical provider, confirm that they will accept CHAMPVA. Providers most often refer to this as accepting **assignment**. That means the provider will bill us directly for covered services, items and supplies. Doctors or other providers who accept assignment must accept the CHAMPVA **allowable amount** as payment-in-full and cannot collect additional amounts from you beyond your co-pay.

Important Note: All hospitals that participate in Medicare, and hospital-based health care professionals who are employed by, or contracted to, such hospitals are required by law to accept CHAMPVA for inpatient hospital services.

Providers that do not accept “assignment” for CHAMPVA patients

If your provider does not accept assignment, you can still see that provider, but be aware that you will likely have to pay the entire charge at the time of service. Additionally, you may be charged more than the CHAMPVA allowable amount. To obtain reimbursement in cases where CHAMPVA is your only insurance, you will have to submit the itemized bill from the provider along with a CHAMPVA Claim Form (**VA Form 10-7959a**). When the claim is processed, we will send you our share of the allowable amount.

What this means to you is that when the medical provider does not accept assignment, your cost will include not only your share of our determined allowable amount, but also any charges over our allowable amount.

Words that are in bold green print are defined on pages 80–84.

When CHAMPVA Is Secondary Insurance

To obtain reimbursement in cases where CHAMPVA is your secondary insurance, you can ask the provider to file the claim and explanation of benefits (EOB) from the primary insurer electronically or in writing with CHAMPVA. If the provider is not able or willing to do that, you will need to submit the itemized bill, CHAMPVA Claim Form and the EOB from the primary insurer to CHAMPVA.

PHARMACY PROVIDERS

Meds by Mail (MbM)

This is by far the most cost-effective way for you to receive your nonurgent, maintenance medications. There is no enrollment and you automatically qualify for MbM if you **do not** have another health insurance plan with pharmacy coverage (including Medicare Part D). There are **no co-payments, no deductible requirements and no claims to file!** Your maintenance medication is mailed to your home. This program is a great benefit and we highly encourage you to use it.

There are two servicing centers, and you are assigned to a servicing center based on where you live. Your servicing center will help you with the status of your prescription order, questions about medication availability and patient profile updates. You can order refills by calling our 24-hour automated refill phone line at 1-888-370-1699.

If you live in these states, districts or territories:	Your Meds by Mail Pharmacy Servicing Center is:
Alabama, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Virgin Islands, West Virginia	<p>Meds by Mail Servicing Center PO Box 9000 Dublin GA 31040-9000</p> <p>Monday–Friday 8:05 a.m. to 7:30 p.m. (Eastern Time) 1-866-229-7389 Refills: 1-888-370-1699</p>
Alaska, American Samoa, Arizona, Arkansas, California, Colorado, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Northern Mariana Islands, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming	<p>Meds by Mail Servicing Center PO Box 20330 Cheyenne WY 82003-7033</p> <p>Monday–Friday 8:05 a.m. to 7:30 p.m. (Eastern Time) 1-888-385-0235 Refills: 1-888-370-1699</p>

SECTION 3: OBTAINING MEDICAL CARE

Important facts to keep in mind when using MbM

- There is no enrollment required for **MbM**. To begin using MbM, fill out the MbM Prescription Order Form (**VA Form 10-0426**), available by visiting our website, at <http://www.va.gov/hac/forms> or by calling 1-800-733-8387 and selecting the self-service option to request the form be mailed to you.
- Tell your physician you are using a mail order prescription service. Request that the physician prescribe a 90-day supply with up to three refills, if possible. If you need to begin taking the medication right away, ask your provider to write two prescriptions—a month supply that you can fill immediately at your local pharmacy and a longer-term supply to be filled through MbM.
- Original prescriptions must be mailed to the servicing center, (copied or faxed prescriptions cannot be filled at this time). Refills can be ordered through our 24-hour automated refill line at 1-888-370-1699.
- Maintenance medications (those you take for a longer period of time, such as blood pressure, heart, arthritis, or chronic pain medication) are available through MbM.
- Certain controlled medications are also available through this program. For example, Tylenol No. 3, Valium, Klonopin and Vicodin are available. These are medications in Schedules III, IV and V for controlled substances (your physician can tell you if the medication prescribed to you is on one of these schedules). Medications such as Duragesic Patches, Percocet, Percodan, Ritalin and Oxycontin, which are all Schedule II narcotics, are **NOT** available through MbM and must be filled at your local pharmacy.
- Refrigerated items cannot be sent to a PO Box and must be delivered directly to your home. If you do not have home delivery, you will have to use your local pharmacy and pay the cost share.
- Prescriptions sent to MbM are filled with generic medications, when available. Please ensure that your doctor authorizes generic substitution for **ALL** your medications.
- If your doctor prescribes a brand name medication and does not authorize a generic substitution AND only a generic equivalent is available through the MbM program, your prescription will be returned to you.
- When MbM does not have the medication that your doctor requested, MbM will attempt to contact your doctor to see if another medication that **is** available can be substituted for you. If your physician cannot be contacted, or requires that you take a medication that MbM does not have, your prescription will be returned to you.
- **Over-the-counter (OTC)** medications are not covered by CHAMPVA and cannot be obtained through MbM. The **ONLY** exception is for insulin and diabetic-related supplies, such as syringes, blood glucose monitors and blood glucose strips.
- You should still use your local pharmacy for urgent care medications or any that are not available through MbM.
- If your other health coverage is Medicare, and you have Medicare Parts A and B but did not enroll in Medicare Part D, you can use MbM.

Words that are in bold green print are defined on pages 80–84.

SECTION 3: OBTAINING MEDICAL CARE

- If you obtain other health insurance in the future that includes a pharmacy benefit (including Medicare Part D), you will no longer be eligible to use MbM.
- Meds by Mail will not send prescriptions overseas or to an APO/FPO address.

If you need help with general information about MbM eligibility or applications for MbM, call us at: 1-800-733-8387.

CATAMARAN RETAIL PHARMACY NETWORK

Catamaran provides a retail network of 66,000 pharmacies across the United States and U.S. Territories. If CHAMPVA is your only pharmacy coverage, you will only pay a 25% cost share for your medication (after the annual outpatient deductible has been met), and there will be no claims for you to file. If you have other health insurance (**OHI**) that includes pharmacy coverage, you cannot use the Catamaran retail network of pharmacies. You will have to pay for the prescription and submit a claim to CHAMPVA for reimbursement. The only exception is if you have Medicare Part D. If you have Medicare Part D, your pharmacy may be able to electronically submit a claim through Catamaran resulting in no cost share for you at the pharmacy and no claims for you to file.

To obtain a Catamaran pharmacy identification card and information on local pharmacies in your area that are a part of the Catamaran network, call the following beneficiary number or go to Catamaran's website and follow the instructions listed below.

Phone: 1-888-546-5502

Group #: HAC

Bin #: 610593

PCN #: VA

Website: <http://vahac.rxportal.sxc.com>

- Click on “Preferred Pharmacy Finder” on the left side of the page.
- A page will appear with several boxes requesting information necessary to locate a network pharmacy near you.
- Follow the instructions on the page to get a list of participating pharmacies in or near your ZIP code.

Nonnetwork Retail Pharmacy

You can also choose a nonnetwork retail pharmacy. The CHAMPVA Identification Card is your proof of coverage for a nonnetwork pharmacy. A pharmacy that is not part of our Catamaran network most likely will ask you to pay the full amount of the prescription. In that case, you will need to request reimbursement from us by submitting a CHAMPVA Claim Form (**VA Form 10-7959a**) and the itemized pharmacy statement. If you have other health insurance, you will also need to submit the **EOB** showing what the other health insurance paid on the claim or showing what your co-pay was for that prescription. Your pharmacist can provide you with a printed document that contains all required information that CHAMPVA needs to reimburse you for pharmacy claims. The information required is the 11-digit **National Drug Code (NDC)**, the date the drug was dispensed, name and quantity of the drug, the drug's retail value and the amount of your co-pay. We cannot process the claim without this information.

Words that are in bold green print are defined on pages 80–84.

The services and supplies we cover

CHAMPVA will only cover care that is medically necessary and appropriate. There may be limits on certain care, and some care is not covered at all.

In most cases, you do not need advance approval from us. But if your physician wants to obtain authorization for a medical service that requires it (see below), please contact us at 1-800-733-8387 or by writing to:

CHAMPVA
ATTN: Authorization
PO Box 469063
Denver CO 80247-9063

We cover a range of preventive services. See Page 46–49 for the list. And we cover a wide range of other medical services. See the list starting on page 20.

An alphabetical list of covered benefits can be found in the Index under Benefits on Page 85.

CHAMPVA will only cover care that is medically necessary and appropriate. Even if your physician tells you that you should receive certain care, CHAMPVA may not cover that care. There may be limits on certain care, and some care is not covered at all.

Care that goes on for a period of weeks, months, etc., may be medically reviewed periodically and medical documentation may be requested. Examples include physical therapy, medication, mental health services and skilled nursing services. We will notify you when additional documentation or a treatment plan is needed from your medical provider.

The same limitations apply whether you reside in the U.S. or in another country. For example, if you reside or travel overseas, we will only cover medications that are **FDA** approved for use in the U.S.

Note: If you choose to obtain health care services from a provider on Medicare's exclusion list, we will not pay for those services. To obtain a list of excluded providers, or to search for an excluded

provider, use the Medicare exclusions link on the CHAMPVA website at <http://www.va.gov/hac/forbeneficiaries/champva> or access this information directly from the Department of Health and Human Services, Office of Inspector General website at: <http://exclusions.oig.hhs.gov>

AUTHORIZATION FOR CARE

You do not need advance approval for care from us, unless the care relates to one of the medical services listed below.

Although we do not require authorization for most medical care, your physician may seek to obtain authorization for services other than those listed below. In that case, your physician should call CHAMPVA regarding the service(s) in question. Our customer service representatives will assist your physician with any questions they may have. You may also want to consider showing your provider this section of the guide. It describes the criteria for coverage of many services.

Words that are in bold green print are defined on pages 80–84.

Services that require authorization:

- **Durable Medical Equipment (DME)** with a purchase price or total rental of \$2,000 or more (see page 28)
- Mental health care (approval needed from our mental health contractor)
 - Inpatient mental health care
 - Care at residential treatment facilities (RTF)
 - Alcohol/substance abuse
 - Care in Partial Hospital Programs (PHP)
 - Requests for extensions to our yearly limits on inpatient mental health care (see page 21)
 - Outpatient mental health visits in excess of 23 per year
- Dental care coverage (Dental coverage is very limited and under most circumstances is not covered.)
- Organ transplants

Exceptions to the authorization requirement:

- Mental health services and durable medical equipment (DME) provided through the VA **CITI** program do not require authorization.

When **OHI** has authorized a service, we do not require authorization for those same services. If Medicare denies coverage because their rules for coverage were not followed or medical necessity was not established, we will also deny coverage.

TO OBTAIN AUTHORIZATION FOR MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Mail: Magellan Behavioral Health
 CHAMPVA
 PO Box 3567
 Englewood CO 80155

Phone:

1-800-424-4018 (domestic)
 1-800-424-4685 (international)
 1-314-387-4700 (international; can call collect if there is a problem connecting to the toll-free number)
 1-800-424-4017 Fax for authorization requests

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

To obtain authorization for other services:

Mail: CHAMPVA Authorization
PO Box 469063
Denver CO 80246-9063

Phone: 1-800-733-8387

OTHER COVERED SERVICES

The following is an alphabetical list of services that are covered when medically necessary. This list is NOT all inclusive. For additional information, please refer to the CHAMPVA Policy Manual, Chapter 2, available on our website, at <http://www.va.gov/hac>

BEHAVIORAL HEALTH SERVICES

CHAMPVA authorization through the mental health contractor, Magellan, is not required when your other health insurance (**OHI**) has already authorized the otherwise covered benefit.

Covered Services	Patient Pays	CHAMPVA Pays
ADD or ADHD: Attention Deficit Hyperactivity Disorder (ADHD) has coverage as outlined under Behavioral Health Outpatient Care listed below.	CHAMPVA is Primary Payer: <ul style="list-style-type: none">Deductible – \$50 Individual \$100 Family25% cost share CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none">Nothing (in most cases)	CHAMPVA is Primary Payer: <ul style="list-style-type: none">75% of Allowed Amount CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none">Up to 100% of Allowed Amount
Alcohol abuse (treatment for): Authorization is required. Refer to “ Substance Abuse ” for specific benefit coverage.	Refer to “ Substance Abuse ” for benefit payment information	

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Behavioral Health Acute Inpatient Care: CHAMPVA requires authorization by mental health contractor for all inpatient acute psychiatric hospitalizations. The benefit limits the allowed number of inpatient days per fiscal year (October 1 through September 30). For adults, age 19 or older, the limit is 30 days. For children, ages 18 or younger, the limit is 45 days. Coverage exceeding the inpatient limit is called a waiver. A waiver may be authorized only when the beneficiary's treatment plan shows that it is psychologically necessary to continue at the acute level of care. Waivers need to be authorized by the mental health contractor.</p> <p>CHAMPVA benefits cover seven inpatient psychotherapy sessions/calendar week while a beneficiary is in an authorized inpatient acute psychiatric hospital.</p>	<p><u>Inpatient Mental Health High Volume Facility</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • No Deductible • 25% Cost Share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) <p><u>Inpatient Mental Health Low Volume Facility</u> CHAMPVA is Primary – Lesser of:</p> <ul style="list-style-type: none"> • Per-day amount times the number of inpatient days, or • 25% of the billed amount <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) 	<p><u>Inpatient Mental Health High Volume Facility</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p><u>Inpatient Mental Health Low Volume Facility</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount

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Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Behavioral Health Outpatient Care: The outpatient mental health benefit allows a total of 23 psychotherapy sessions in a fiscal year (October 1 through September 30), and no more than 2 sessions in a week (Sunday through Saturday), without an authorization. If additional psychotherapy sessions are needed then authorization by the mental health contractor needs to be obtained. Only psychotherapy sessions performed by a provider listed in the CHAMPVA Policy Manual, Chapter 2, Section 18.1 are covered. The types of sessions that are included in these limits are: individual, group, family, collateral, multiple family group and interactive group. Medication management, psychological evaluation, psychological testing, and electroconvulsive therapy are not included in these limits</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • Deductible – \$50 Individual \$100 Family • 25% cost share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount
<p>Drug Abuse (treatment for): Authorization is required. Refer to “Substance Abuse” for full benefit coverage.</p>	Refer to “ Substance Abuse ” for benefit payment information	
<p>Eating Disorders: Refer to “Behavioral Health Outpatient Care” for full benefit coverage.</p>	Refer to “ Behavioral Health Outpatient Care ” for benefit payment information	

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Psychiatric Partial Hospitalization Program (PHP): Benefit: 60 days per year. To qualify as a PHP, the program must last at least three hours per day and be available five days per week (day, evening or weekend program).</p> <p>The facility must be TRICARE approved or Medicare certified.</p> <p>Authorization is required from the CHAMPVA mental health contractor except when Medicare is the primary payer. In that case, when Medicare has authorized the care, the service does not require authorization through the CHAMPVA mental health contractor</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • No Deductible • 25% cost share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount
<p>Residential Treatment Center (RTC): Benefit: 150 days per year. Authorization is required by the CHAMPVA mental health contractor at least three days before admission. The RTC must be accredited by The Joint Commission (TJC), or TRICARE certified, and must be state licensed and in compliance with state and federal regulations.</p> <p>Care in an RTC is covered for children and adolescents ages 18 and younger.</p> <p>Geographically distant family therapy (GDFT) is also covered when authorized by the mental health contractor.</p>		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Substance Abuse (treatment of): A beneficiary is allowed up to three substance-use disorder treatment benefit periods in a lifetime. A benefit period begins on the first day of covered treatment and ends 365 days later, regardless of the number of services rendered during that year.</p> <ul style="list-style-type: none"> • Outpatient rehabilitation Limited individual, family and group therapy sessions are allowed. • Detoxification Detoxification is an inpatient service that requires authorization by the CHAMPVA mental health contractor. The service is limited to seven days per admission, which count toward the 30/45-day inpatient mental health limit. Detoxification will be approved only if it is performed under general medical supervision. • Inpatient and partial hospitalization rehabilitation Authorization is required. Limited to no more than one inpatient stay during a single benefit period of 21 days. <p>Limited to three benefit periods or rehabilitation stays per lifetime. The facility must be TRICARE approved or Medicare certified.</p>	<p><u>Inpatient Mental Health High Volume Facility</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • No Deductible • 25% Cost Share <p><i>If CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> • Nothing (in most cases) <p><u>Inpatient Mental Health Low Volume Facility</u> CHAMPVA is Primary – Lesser of:</p> <ul style="list-style-type: none"> • Per-day amount times the number of inpatient days, or • 25% of the billed amount <p><i>If CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> • Nothing (in most cases) 	<p><u>Inpatient Mental Health High Volume Facility</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p><i>CHAMPVA is Secondary or Tertiary:</i></p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p><u>Inpatient Mental Health Low Volume Facility</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount <p><i>CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

Behavior Health Services that are NOT covered	Patient Pays	CHAMPVA Pays
Learning Disorders: Such as reading disorders or dyslexia, mathematics disorders, disorders of written expression and/or learning disorders not otherwise specified.	100% of billed charges	Nothing
Marriage counseling		
Sex Changes, Therapy, or Sexual Behavior Modification		
Stress Management		

DENTAL SERVICES

Limited coverage requiring authorization. Coverage limited to dental treatments as part of the appropriate treatment of some other (non-dental) covered medical condition.

Covered Services	Patient Pays	CHAMPVA Pays
Adjunctive Dental Care: (extremely limited coverage) Covered only when the dental treatment is part of the appropriate treatment of some other (non-dental) covered medical condition.	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have no deductible 25% Cost Share 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Gingival Hyperplasia: When caused by prolonged medication therapy for conditions such as epilepsy or seizure disorders.	CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Loss of Jaw Substance: Covered when due to direct trauma or treatment of neoplasm. Requires documentation that provides the diagnosis, history of the trauma or treatment of the neoplasm, and the patient's age. Include a detailed description of the prosthetic treatment plan when applicable.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have no deductible 25% Cost Share 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Mercury Hypersensitivity: The removal of dental amalgam mercury source is covered under the following conditions:</p> <ul style="list-style-type: none"> Independent diagnosis by a physician allergist based on generally accepted test(s) for mercury hypersensitivity. Documentation that reasonably rules out sources of mercury exposure other than the dental amalgam. 	<p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	
<p>Temporomandibular Joint Disease (TMD): Initial radiographs or other imaging technologies, up to four office visits, physical therapy for acute phase treatment only, and construction of occlusal splint.</p>		
Dental Services that are NOT covered	Patient Pays	CHAMPVA Pays
Dental Care – routine	100% of billed charges	Nothing
Dentures or Partial Dentures (adding or modifying)		
Othodontia Care (braces)		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

DIABETIC SERVICES		
Covered Services	Patient Pays	CHAMPVA Pays
<p>Diabetes Screening: Screenings can be covered when you have these risk factors:</p> <ul style="list-style-type: none"> High blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. <p>Screenings can also be covered if you have two or more of the following characteristics:</p> <ul style="list-style-type: none"> Age 65 or older; overweight; immediate family history of diabetes (parents, brothers, sisters); a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than nine pounds. Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. Talk to your doctor for more information. 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Diabetes Self-Management Training Program (outpatient): Prescribed by a physician for education about self-monitoring of blood glucose, diet, and exercise (limitations apply and medical documentation from the provider must accompany the bill).</p>		
<p>Eye Exam: Covered when there is a diagnosis of diabetes.</p>		
<p>Insulin and Diabetic related supplies: Covered benefit. Insulin pumps are also covered when the claim is accompanied by a CMN or doctor's order with the diagnosis of diabetes mellitus.</p>		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Foot Care Services: Very limited coverage; routine foot care services for peripheral vascular disease, metabolic, or neurological disease are covered (e.g. diabetes)</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Shoes for Diabetics: One pair of custom molded shoes (including inserts) per calendar year.</p> <p>One pair of extra-depth shoes (not including inserts provided with such shoes) per calendar year.</p> <p>Three pairs of multi-density inserts per calendar year.</p>		
Diabetes Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Weight Control Medication or weight reduction programs	100% of the billed charges	Nothing

DME SERVICES

Durable Medical Equipment (DME) is equipment that can withstand repeated use, is primarily used to serve a medical purpose, is generally not useful in the absence of an illness or injury and is appropriate for use in the home.

Covered Services	Patient Pays	CHAMPVA Pays
<p>Barrier-free Lift: Claim should be accompanied by a Certificate of Medical Necessity (CMN) to include medical documentation. Medical documentation should show a history of inability to get out of bed and that there is no caregiver to get the patient in or out of bed. Home modifications are not covered.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Durable Medical Equipment (DME): DME must be ordered by a physician and be authorized by CHAMPVA if the cost (total rental or purchase) exceeds \$2,000. Authorization must include the CMN or doctor's DME order. Additional documentation may also be required. Coverage may be authorized for customization, accessories, or supplies; maintenance by manufacturer's authorized technician; repair and adjustment; and or replacement needed as a result of normal wear or a change in medical condition.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Mastectomy Bras and Prostheses: Covers up to seven bras every 12 months; replacement of breast prostheses every 24 months.</p>		
<p>Orthopedic Braces and Other Appliances: Orthotic devices are covered when appropriate based on benefit policy and provided by an authorized provider. Covered orthotic devices include, but are not limited to, braces for the neck, arm, back and leg to assist in movement or to provide support to a limb. (<i>Orthopedic shoes are excluded from benefit coverage except for diabetics.</i>)</p>		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Oxygen and related equipment (to include oxygen concentrators): Covered benefit requiring a CMN that includes the oxygen flow rate with frequency and duration of use, estimated length of time oxygen will be required and the method of delivery. If the initial CMN shows an indefinite or lifetime need, a new prescription is not required with each billing, as long as the diagnosis supports a continued need.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Penile Implant/Testicular Prosthesis: For organic impotence, correction of a congenital anomaly or correction of ambiguous genitalia.</p>		
<p>Prosthetic Devices: Artificial limbs, eyes, voice and other prostheses, as well as FDA-approved surgical implants, are covered.</p>		
<p>Shoes for Diabetics: One pair of custom molded shoes (including inserts) per calendar year. One pair of extra-depth shoes (not including inserts provided with such shoes) per calendar year. Three pairs of multi-density inserts per calendar year.</p>		
<p>TENS (Transcutaneous electrical nerve stimulation), Neurostimulator: Claim should be accompanied by CMN or doctor's order containing the diagnosis.</p>		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Wheelchair or Scooter (motorized): Claims should be accompanied by a CMN or doctor's order containing the diagnosis. Seating evaluation must be performed with proof that vehicle can be used inside the home.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Wig or Hairpiece: When needed during or after treatment for cancer (one per lifetime)</p>		
<p>Wound Vacuum-Assisted Closure (negative pressure wound therapy): Claim should be accompanied by a CMN or doctor's order. Provide the wound measurements (length/width/depth) and the starting date and length of time the VAC will be required.</p>		
DME Services that are NOT Covered	Patient Pays	CHAMPVA Pays
<p>Durable Medical Equipment (DME): Denied by Medicare and other health insurance as not medically necessary</p>	100% of the billed charges	Nothing
Exercise Equipment		
Hearing Aids		
Hot Tubs		
Luxury or deluxe equipment		
Maintenance agreements/contracts		
Modifications to home or vehicle		
<p>Orthotic shoe devices: Such as heel lifts, arch supports, shoe inserts, etc., unless associated with diabetes</p>		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

DME Services that are NOT Covered (continued)	Patient Pays	CHAMPVA Pays
Spas	100% of the billed charges	Nothing
Vehicle Lifts: That are non-detachable and cannot be removed from one vehicle and used on another.		
Whirlpools		

EXTENDED CARE

Covered Services	Patient Pays	CHAMPVA Pays
Cardiac rehabilitation programs: Limited to 36 sessions and normally completed within 12 months following a qualifying cardiac event	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Home Health Care: Coverage is limited to intermittent skilled level home care for a homebound patient. The care must be medically necessary and ordered by a physician and the care must be provided by a registered nurse, Licensed Practical Nurse (LPN) or Licensed Vocational Nurse.		

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Hospice: Care is covered for terminally ill patients who have a life expectancy of six months or less. The program is designed to provide care and comfort to patients and emphasizes supportive services such as pain control, home care and patient comfort.</p> <p>There are four levels on which reimbursement is based. They are:</p> <ol style="list-style-type: none"> 1. Routine Home Care – reimbursed as routine home care when not receiving continuous care. 2. Continuous Home Care – minimum of 8 hours per 24 hour period. 3. Inpatient Respite Care – maximum of 5 days including day of admission but not including day of discharge. 4. General Inpatient Care – reimbursed at the inpatient rate when general inpatient care is provided. <p>Full Hospice benefit information can be found in the CHAMPVA Policy Manual, Chapter 2, Section 16.4.</p>	<p><u>Hospice Services</u> CHAMPVA is Primary, Secondary, or Tertiary Payer:</p> <ul style="list-style-type: none"> • No Deductible • No Cost Share 	<p><u>Home Hospice Care</u> CHAMPVA is Primary, Secondary, or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p><u>Hospice Inpatient Services</u> CHAMPVA is Primary:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p><u>Hospice Inpatient Services</u> CHAMPVA is Secondary, or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount minus OHI payment

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Skilled nursing care: Skilled care may be provided by a variety of licensed professional caregivers, including a registered nurse (RN), licensed practical/vocational nurse (LPN/LVN), physical therapist, occupational therapist, respiratory therapist or social worker. The skilled care can be provided in different settings, such as the patient's home, or a rehabilitation facility, depending on the amount and frequency of care needed and the severity of the illness.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Skill nursing facility (SNF): An SNF provides skilled nursing or rehabilitative care to patients who require 24-hour care under the supervision of a registered nurse or physician. A service is considered skilled care when it cannot be performed by a nonmedical person.</p> <p>Skilled care can be provided either in a hospital or in a separate facility. Skilled nursing care does not require authorization, but all claims for such services are subject to medical review. Claims should be accompanied by medical documentation that justifies this level of care.</p> <p><i>NOTE: There must be a three-day inpatient qualifying stay prior to admission to an SNF.</i></p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> No Deductible 25% cost share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) <p>Medicare is Primary:</p> <ul style="list-style-type: none"> 1–20 days \$0 (in most cases) 21–100 days \$0 (in most cases) >100 days 25% Cost Share 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount <p>Medicare is Primary:</p> <ul style="list-style-type: none"> 1–20 days \$0 (in most cases) 21–100 days \$0 (in most cases) >100 days 75% of Allowed Amount

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

Extended Care Benefits that are NOT covered	Patient Pays	CHAMPVA Pays
Custodial Care	100% of the billed charges	Nothing
Housekeeping, homemaker and attendant services		
Services provided by a member of your immediate family or person living in your household		

FAMILY CARE SERVICES		
Covered Services	Patient Pays	CHAMPVA Pays
Birth Control: Family planning benefits are provided for intrauterine devices (IUDs), diaphragms, birth control pills, long-term reversible contraceptive implants, and sterilization (vasectomy or tubal ligation). Over the counter (OTC) forms of birth control are not a covered benefit	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none"> Up to 100% of Allowed Amount

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Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Family Planning and Maternity: Coverage for treatment related to prenatal, delivery, and postnatal care, including complications associated with pregnancy, such as miscarriage, premature labor, and hemorrhage. Services provided to the mother and those provided to the child must be billed separately.</p> <p>Maternity benefits may not be restricted for any hospital length of stay in connection with childbirth for the mother or newborn child:</p> <ul style="list-style-type: none"> • Following a normal vaginal delivery, to less than 48-hours • Following a cesarean section, to less than 96-hours 	<p><u>Outpatient Services</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • Deductible – \$50 Individual \$100 Family • 25% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) <p><u>Inpatient Services- Diagnosis Related Group (DRG)</u> Based CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • No Deductible <p>Lesser of:</p> <ul style="list-style-type: none"> • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) <p><u>Inpatient Services- Non-(DRG) Based</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • No Deductible • 25% Cost Share 	<p><u>Outpatient Services</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p><u>Inpatient Services- Diagnosis Related Group (DRG)</u> Based CHAMPVA is Primary Payer:</p> <p>Lesser of:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount minus patient per day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p><u>Inpatient Services- Non-(DRG) Based</u> CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
Fetal Fibronectin Enzyme Immunoassay (to determine risk of preterm delivery): Benefits are covered for pregnant women with indications of preterm delivery.	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% cost share CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Genetic Testing During Pregnancy: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.		
Infertility Testing and Treatment: Services include diagnostic testing, surgical intervention, hormone therapy and other covered procedures to correct the cause of infertility.		
Newborn Care: The newborn period is considered 0 to 30 days. Well-child care for newborns includes the routine care of the newborn in the hospital, newborn circumcision, and newborn screening as recommended by the American Academy of Pediatrics (AAP).		

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SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Surgical Sterilization: Tubal ligation and vasectomy are covered.</p> <p>(<i>continued on page 39</i>)</p>	<p>Outpatient Services CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • Deductible – \$50 Individual \$100 Family • Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> • 25% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) <p>Inpatient Services- <u>Diagnosis Related Groups (DRG)</u> Based CHAMPVA is Primary:</p> <ul style="list-style-type: none"> • No Deductible <p>Lesser of:</p> <ul style="list-style-type: none"> • Per-day amount times the number of inpatient days, or • 25% of billed amount, or • DRG rate <p>(<i>continued on page 39</i>)</p>	<p>Outpatient Services CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p>Inpatient Services- <u>Diagnosis Related Groups (DRG)</u> Based CHAMPVA is Primary:</p> <p>Lesser of:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount, or • Up to 100% of Allowed Amount minus the DRG rate <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p>(<i>continued on page 39</i>)</p>

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>(<i>continued from page 38</i>)</p> <p>Surgical Sterilization: Tubal ligation and vasectomy are covered.</p>	<p>(<i>continued from page 38</i>)</p> <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) <p><u>Inpatient Services-Non-DRG Based</u></p> <p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> No Deductible 25% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>(<i>continued from page 38</i>)</p> <p><u>Inpatient Services-Non-DRG Based</u></p> <p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Well-Child Care: Care up to six years of age to include routine physical examinations, immunizations, vision and hearing screenings, behavioral assessments and developmental assessments in accordance with the most current American Academy of Pediatrics (AAP) guidelines, and lab screenings.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

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Family Care Services NOT Covered	Patient Pays	CHAMPVA Pays
Abortion Counseling	100% of the billed charges	Nothing
Abortions: Except when a physician certifies that the life of the mother would be endangered if the fetus were carried to term.		
Artificial Insemination		
Birth Control OTC – OTC forms of birth control are not a covered benefit.		
Diagnostic Tests: To determine the sex or paternity of a child .		
Embryo Transfer		
Genetic Testing/Screening: Routine or demand genetic testing, or genetic tests performed to establish the paternity of a child, or sex of an unborn child, are excluded from coverage.		
In Vitro Fertilization		
Learning Disorders: Such as reading disorders or dyslexia, mathematics disorders, disorders of written expression and/or learning disorders not otherwise specified.		
Marriage Counseling		
Postpartum Inpatient Stay: Of a mother for purposes of staying with the newborn (when the newborn requires continued treatment but the mother does not).		
Postpartum Inpatient Stay: Of a newborn for purposes of staying with the mother (when the mother requires continued treatment, but the newborn does not).		
Reversal of Surgical Sterilization – tubal ligation or vasectomy.		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

GENERAL MEDICAL SERVICES		
Covered Services	Patient Pays	CHAMPVA Pays
<p>Ambulance Service: Covered when life-sustaining equipment is necessary for a medically covered condition. Air ambulance to the nearest facility where necessary treatment is available is covered if no emergency ground transportation is available or suitable and the patient's condition warrants immediate evacuation. Trip reports may be required for consideration of payment.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Autologous Blood Collection (blood transfusion): This is the collection of the patient's own blood. Transfusion services are covered when there is a scheduled surgical procedure.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Foot Care Services (very limited coverage): Routine foot care services for peripheral vascular disease, metabolic, or neurological disease are covered (e.g. diabetes)</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Morbid Obesity: Surgical correction of morbid obesity may be covered when one of the following conditions is met:</p> <ul style="list-style-type: none"> Patient's body mass index (BMI) is over 40, or Patient's BMI is over 35 with serious medical conditions exacerbated or caused by obesity or Second surgery (takedown) due to complications of previous surgical correction. <p>Surgical procedures are limited to adjusted gastric banding (LAP-BAND); gastroplasty (stomach stapling); Roux-en-Y gastric bypass; and vertical banded gastroplasty and medically necessary revisions. (See benefits policy for specific exclusions.)</p> <p>Claims must be accompanied by the BMI, current height, weight, history of other medical conditions and history of other treatments tried and failed.</p>	<p><u>Inpatient Services-Diagnosis Related Groups (DRG) Based</u></p> <p>CHAMPVA is Primary:</p> <ul style="list-style-type: none"> No Deductible <p>Lesser of:</p> <ul style="list-style-type: none"> Per-day amount times the number of inpatient days, or 25% of billed amount, or DRG rate <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) <p>(continued on page 43)</p>	<p><u>Inpatient Services-Diagnosis Related Groups (DRG) Based</u></p> <p>CHAMPVA is Primary:</p> <p>Lesser of:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount minus patient per day payment, or 75% of Allowed Amount, or Up to 100% of Allowed Amount minus the DRG rate <p>(continued on page 43)</p>

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Morbid Obesity: Surgical correction of morbid obesity may be covered when one of the following conditions is met:</p> <ul style="list-style-type: none"> • Patient's body mass index (BMI) is over 40, or • Patient's BMI is over 35 with serious medical conditions exacerbated or caused by obesity or • Second surgery (takedown) due to complications of previous surgical correction. <p>Surgical procedures are limited to adjusted gastric banding (LAP-BAND); gastroplasty (stomach stapling); Roux-en-Y gastric bypass; and vertical banded gastroplasty and medically necessary revisions. (See benefits policy for specific exclusions.)</p> <p>Claims must be accompanied by the BMI, current height, weight, history of other medical conditions and history of other treatments tried and failed.</p>	<p>(continued from page 42)</p> <p><u>Inpatient Services - Non-DRG Based</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • No Deductible • 25% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) 	<p>(continued from page 42)</p> <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount <p><u>Inpatient Services - Non-DRG Based</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount
<p>Myofascial Pain Dysfunction Syndrome: Treatment of this syndrome may be considered a medical necessity only when it involves immediate relief of pain. Treatment beyond four visits or any repeat episodes of care within a six month period must be documented by the provider of services and medically reviewed by CHAMPVA.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • Deductible – \$50 Individual \$100 Family • 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> • Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> • 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> • Up to 100% of Allowed Amount

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

General Medical Services that are NOT covered	Patient Pays	CHAMPVA Pays
Experimental/investigational Services and Supplies	100% of the billed charges	Nothing
Foot Care Services of a routine nature, such as removal of corns and calluses.		
Hearing Examinations unless in connection with a covered illness/injury		
Hypnosis		
Naturopathic Services		
Private Hospital Rooms		
Sex Changes, Therapy, or Sexual Behavior Modification		
Transportation Services that do not require life sustaining equipment		
Weight Control Medication or Weight Reduction Programs		
Workers' Compensation Injuries		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

Words that are in bold green print are defined on pages 80–84.

PHARMACY SERVICES		
Covered Services	Patient Pays	CHAMPVA Pays
<p>Immunizations and Vaccines: When administered per Centers for Disease Control and Prevention recommendations and other specific factors. <i>Please see pages 47–49 for detailed immunization information.</i></p> <p>Drugs and Medications: Covered drugs and medications must be approved by the Department of Health and Human Services' Food and Drug Administration (FDA) for the treatment of the conditions for which they are administered, prescribed by an authorized provider and dispensed in accordance with state law and licensing requirements.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share <p>If CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) <p>Received Through Meds by Mail (MbM)</p> <ul style="list-style-type: none"> Nothing 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Pharmacy Services that are NOT Covered	Patient Pays	CHAMPVA Pays
<p>Drug Maintenance Programs: Where one addictive drug is substituted for another (such as methadone for heroin)</p> <p>Drugs that are Not FDA Approved</p> <p>Group C Drugs for Terminally Ill Cancer Patients: These medications are available free from the National Cancer Institute through its registered physicians</p> <p>Immunizations for travel</p> <p>Over-the-Counter (OTC) Medications: that do not require a prescription (except for insulin and diabetic-related supplies, which are covered even when a physician's prescription is not required under state law)</p>	100% of the billed charges	Nothing

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

Pharmacy Services that are NOT Covered (continued)	Patient Pays	CHAMPVA Pays
Smoking Cessation Services: Medications and products	100% of the billed charges	Nothing
Vitamins: Except for prescription formulations of folic acid, niacin, and vitamins D, K, and B12 (injection) that are not available OTC .		

PREVENTIVE SERVICES (LIMITED COVERAGE)

The following services have limited coverage and must be medically necessary. In all cases, your physician will determine when it is medically necessary and appropriate for the medical services. None of these services are covered when provided as a routine service or part of an annual exam.

Covered Services	Patient Pays	CHAMPVA Pays
Bone Density Studies: When used to diagnose or monitor osteoporosis and osteopenia. When used for diagnosis, patient must be considered high-risk or presenting symptoms. When used for monitoring, bone density studies are limited to one per year. This service is not covered when used for routine screening	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share If CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Cancer Screening: When it is medically necessary and appropriate.		
Cardiovascular Screenings: When it is medically necessary and appropriate.		
Cholesterol Screening: When it is medically necessary and appropriate.		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
Colorectal Cancer Screenings: Annual screenings are covered one every 10 years for an average level of risk. Higher levels of risk may have additional benefits coverage. The level of risk will be determined by your physician.	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share If CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Diabetes Screening		
Genetic Testing: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.		
HIV Testing: When there has been HIV exposure or symptoms of possible infection, or if there is a pregnancy.		
Immunizations and Vaccines: When administered per Centers for Disease Control and Prevention recommendations and other specific factors. <i>Please see pages 47–49 for detailed immunization information.</i>		

CENTERS FOR DISEASE CONTROL RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE

Vaccines are listed under routinely recommended ages. Columns indicate range of acceptable ages for immunization. Catch-up immunizations should be done during any visit when feasible.

Age → Vaccine ↓		Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-17 yrs
Hepatitis B	B1	X	X	X									
	B2		X	X	X								
	B3					X	X	X				X	
Diphtheria, Tetanus, Pertussis				X	X	X	X	X	X		X	X	X

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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SECTION 4: BENEFIT INFORMATION

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Age → Vaccine ↓	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-17 yrs
Haemophilus Influenza type B			X	X	X	X	X	X		X		
Inactivated Polio			X	X	X	X	X	X		X		
Measles, Mumps, Rubella						X	X			X	X	X
Rotavirus			X	X	X							
Varicella						X	X	X	X	X	X	X
Meningococcal									X	X	X	X
Pneumococcal			X	X	X	X	X	X	X	X	X	X
Hepatitis A						X	X	X	X	X	X	X
Influenza					X	X	X	X	X	X	X	X
Influenza FluMist Nasal Spray										X	X	X
HPV-Types 6, 11, 16, & 18 Recombinant-Gardasil											X (age 9)	X

CENTERS FOR DISEASE CONTROL RECOMMENDED ADULT IMMUNIZATION SCHEDULE

Vaccines are listed under routinely recommended ages. Columns indicate range of acceptable ages for immunizations. Catch-up immunizations should be done during any visit when feasible.

Vaccine ↓ / Age →	18–24 yrs	25–64 yrs	65+ yrs
Influenza	X	X	X
Influenza FluMist Nasal Spray	X	X (to 49 yrs)	
Pneumococcal	X	X	X
Meningococcal	X	X (to 55 yrs)	
Measles	X	X	
Mumps	X	X	
Rubella	X	X	

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

Vaccine ↓ / Age →	18–24 yrs	25–64 yrs	65+ yrs
Varicella	X	X	X
Tetanus/Diphtheria (Td)	X	X	X
Polio	X	X	
Hepatitis B4	X	X	X
Hepatitis A	X	X	X
HPV-Types 6, 11, 16, & 18 Recombinant Vaccine Gardasil	X	X (to 26 yrs)	
Shingles (Herpes Zoster)		X (50–59 yrs)	X

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
Mammograms: Ages 35-39 <ul style="list-style-type: none"> One baseline mammogram Annually, if your doctor determines you are at high risk. Age 40+ <ul style="list-style-type: none"> Annually 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family 25% cost share If CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Pap Test and Pelvic Exam: For patients age 18 and older or those younger than 18 when recommended by a clinician.		
School-Required Physical: Physical examination for beneficiaries through the age of 17.		
Well-Child Care: Care up to six years of age to include routine physical examinations, immunizations, vision and hearing screenings, behavioral assessments and developmental assessments in accordance with the most current American Academy of Pediatrics (AAP) guidelines, and lab screenings.		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

RECONSTRUCTIVE SURGERY

This benefit is very limited. Coverage can be provided to correct a serious birth defect, such as cleft lip/palate, to restore body form or function after an accidental injury or to improve appearance after severe disfigurement or extensive scarring from cancer surgery or breast reconstructive surgery following a mastectomy that is covered by CHAMPVA.

Covered Services	Patient Pays	CHAMPVA Pays
<p>Ankyloglossia (surgery for total or complete tongue tie): Surgery for tongue tie is covered in cases where total or complete ankyloglossia is documented.</p>	<p>Outpatient Services CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) <p>Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:</p> <ul style="list-style-type: none"> No Deductible <p>(continued on page 51)</p>	<p>Outpatient Services CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount <p>Inpatient Services- Diagnosis Related Groups (DRG) Based CHAMPVA is Primary:</p> <p>Lesser of:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount minus patient per-day payment, or 75% of Allowed Amount, or <p>(continued on page 51)</p>
<p>Blepharoplasty: Surgery to improve the abnormal function of the eyelid is covered when a significant impairment of vision is medically documented. Medical documentation should include two visual field studies (one with and one without lid elevation) and photographs.</p>		
<p>Breast Reconstruction: Is a covered benefit to correct breast deformities related to verified congenital anomaly, as well as in the case of a medically necessary mastectomy.</p>		
<p>Breast Reduction (Reduction Mammoplasty): Very limited coverage. Claims must include physician documentation of a medical history of persistent symptoms present for at least one year.</p>		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Cleft palate (correction of): Claim must include a medical statement from the physician that includes the following information: brief medical history, condition, symptoms, length of time symptoms have been present, and other forms of attempted treatment.</p>	<p>(continued from page 50)</p> <p>Lesser of:</p> <ul style="list-style-type: none"> Per-day amount times the number of inpatient days, or 25% of billed amount, or DRG rate <p>CHAMPVA is Secondary or Tertiary Payer:</p> <p><u>Inpatient Services-Non-DRG Based</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>(continued from page 50)</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount minus the DRG rate <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount <p><u>Inpatient Services-Non-DRG Based</u> CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Dermatological Procedures: For the treatment of covered conditions, such as acne and for hypertrophic scarring and keloids resulting from burns, surgical procedures, or traumatic events</p>		
<p>Implants (surgical; very limited coverage) For silicone or saline breast implants, please contact the customer service center for more details.</p>		
<p>Panniculectomy (tummy tuck): (very limited coverage) A medical history should accompany the claim, as well as documentation of the complications experienced as a result of the enlarged pannus, such as skin rashes/infection, conservative treatments that were tried and failed and /or lower back pain attributed to pannus.</p>		
<p>Penile Implant/Testicular Prosthesis: For organic impotence, correction of a congenital anomaly or correction of ambiguous genitalia.</p>		

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SECTION 4: BENEFIT INFORMATION

Cosmetic Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Tattoo Removal	100% of the billed charges	Nothing
Cosmetic Drugs: (e.g. Retin A, Botox)		
Cosmetic Surgery		

TESTING SERVICES

In all cases, your physician will determine when these services are medically necessary and appropriate for your medical care.

Covered Services	Patient Pays	CHAMPVA Pays
Bone Mass Measurements: When used to determine if you are at risk for developing osteoporosis	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% Cost Share CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Cancer Screening: When it is medically necessary and appropriate		
Cardiovascular Screenings: When it is medically necessary and appropriate.		
Cholesterol Screening: When it is medically necessary and appropriate.		
Colorectal Cancer Screenings: Annual screenings are covered one every 10 years for an average level of risk. Higher levels of risk may have additional benefits coverage. The level of risk will be determined by your physician.		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Diabetes Screening: Screenings can be covered when you have these risk factors:</p> <ul style="list-style-type: none"> High blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity, or a history of high blood sugar. <p>Screenings can also be covered if you have two or more of the follow characteristics:</p> <ul style="list-style-type: none"> Age 65 or older; overweight; immediate family history of diabetes (parents, brothers, sisters); a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than nine pounds. Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. Talk to your doctor for more information 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Genetic Testing: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.</p>		
<p>HIV Testing: When there has been HIV exposure or symptoms of possible infection, or if there is a pregnancy.</p>		
<p>Mammograms: Ages 35–39</p> <ul style="list-style-type: none"> One baseline mammogram Annually, if your doctor determines you are at high risk. <p>Age 40+</p> <ul style="list-style-type: none"> Annually 		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

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Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
Pap Test and Pelvic Exam: For patients age 18 and older or those younger than 18 when recommended by a clinician.	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% Cost Share CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Allergy Testing & Treatment: Allergy testing and treatment are covered when appropriate, based on benefit policy. All claims for allergy testing must indicate the type and number of tests performed.		
CT Scans: When medically necessary and appropriate.		
Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Magnetic Resonance Spectroscopy (MRS): Services covered when appropriate, based on benefit policy.		
Positron Emission Tomography (PET): Limited coverage, covered when appropriate based on benefit policy.		
Single Photon Emission Computed Tomography (SPECT): Limited coverage; covered when documentation by reliable evidence as safe, effective, and comparable or superior to standard of care (proven).		
Ultrasound: Ultrasounds for diagnosis, guidance and postoperative evaluation of surgical procedures are covered. Maternity related ultrasound is limited to the diagnosis and management of a high-risk pregnancy or when there is a reasonable probability of neonatal complications.		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

Testing Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Genetic Testing: Routine or demand genetic testing, or genetic tests performed to establish the paternity of a child , or sex of an unborn child, are excluded from coverage.	100% of the billed charges	Nothing

THERAPY SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
Biofeedback: Certain types of biofeedback therapy are covered when there is medical documentation that there has been no response to other conventional forms of therapy.	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% Cost Share CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Nothing (in most cases) 	CHAMPVA is Primary Payer: <ul style="list-style-type: none"> 75% of Allowed Amount CHAMPVA is Secondary or Tertiary Payer: <ul style="list-style-type: none"> Up to 100% of Allowed Amount
Kidney (Renal) Dialysis: Limited to periods of Medicare ineligibility (Medicare coverage of individuals with end stage renal disease [ESRD] begins 90 days from the date maintenance dialysis treatment begins, at which time CHAMPVA becomes a secondary payer).		
Occupational Therapy: Services must improve, restore, or maintain function, or minimize or prevent deterioration of the patient's condition in a reasonable and generally predictable period of time. The services must be prescribed by a physician, certified physician assistant, or a certified nurse practitioner, and be medically necessary.		
Physical Therapy: Physical therapy services may be prescribed by a physician, physician assistant or certified nurse practitioner. Professionally administered physical therapy to help the patient attain greater self-sufficiency, mobility and productivity is covered when the exercises and other modalities improve muscle strength, joint motion, coordination and endurance.		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

SECTION 4: BENEFIT INFORMATION

4

Covered Services (<i>continued</i>)	Patient Pays	CHAMPVA Pays
<p>Radiation Therapy: Brachytherapy, fast neutron, hyperfractionated and radioactive chromic phosphate synoviorthesis are covered.</p>	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% Cost Share <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>CHAMPVA is Primary Payer:</p> <ul style="list-style-type: none"> 75% of Allowed Amount <p>CHAMPVA is Secondary or Tertiary Payer:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Speech Therapy: For physical impairments including:</p> <ul style="list-style-type: none"> Brain injury (e.g., traumatic brain injury, stroke/cerebrovascular accident, etc.) Congenital anomalies (e.g., cleft lip and cleft palate) Neuromuscular disorders, such as cerebral palsy Congenital sensory disorders <p>The Individuals with Disabilities Education Act (IDEA) requires schools to provide speech therapy services for children between ages 3–21. IF services are not available through the state, documentation from the state is required.</p>		
Therapy Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Acupuncture	100% of the billed charges	Nothing
Biofeedback: Treatment of ordinary muscle tension, psychosomatic conditions, hypertension or migraine headaches.		
Chiropractic Services		
Chronic Fatigue Syndrome		
Exercise Equipment		
Health Club Membership		
Whirlpools		
Workers' Compensation Injuries		

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA Medical Center under the CITI program are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to \$3,000 annually.

TRANSPLANT SERVICES

Covered Services	Patient Pays	CHAMPVA Pays
<p>Pulmonary Rehabilitation Programs: Limited to pre- and postoperative lung or heart lung transplants and cardiopulmonary disease.</p>	<p>Outpatient Services <i>CHAMPVA is Primary Payer:</i></p> <ul style="list-style-type: none"> Deductible – \$50 Individual \$100 Family Services received in an Ambulatory Surgery Center (ASC) have <u>no deductible</u> 25% Cost Share <p><i>CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> Nothing (in most cases) <p>Inpatient Services- Diagnosis Related Groups (DRG) Based <i>CHAMPVA is Primary:</i></p> <ul style="list-style-type: none"> No Deductible <p>Lesser of:</p> <ul style="list-style-type: none"> Per-day amount times the number of inpatient days, or 25% of billed amount, or DRG rate <p><i>CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> Nothing (in most cases) <p>Inpatient Services - Non-DRG Based <i>CHAMPVA is Primary Payer:</i></p> <ul style="list-style-type: none"> No Deductible 25% Cost Share <p><i>CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> Nothing (in most cases) 	<p>Outpatient Services <i>CHAMPVA is Primary Payer:</i></p> <ul style="list-style-type: none"> 75% of Allowed Amount <p><i>CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount <p>Inpatient Services- Diagnosis Related Groups (DRG) Based <i>CHAMPVA is Primary:</i></p> <p>Lesser of:</p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount minus patient per-day payment, or 75% of Allowed Amount, or Up to 100% of Allowed Amount minus the DRG rate <p><i>CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount <p>Inpatient Services - Non-DRG Based <i>CHAMPVA is Primary Payer:</i></p> <ul style="list-style-type: none"> 75% of Allowed Amount <p><i>CHAMPVA is Secondary or Tertiary Payer:</i></p> <ul style="list-style-type: none"> Up to 100% of Allowed Amount
<p>Transplants: Authorization is required. A summary from the transplant team indicating the medical necessity for the procedure must be provided. The following transplants are covered (as well as donor costs):</p> <ul style="list-style-type: none"> Allogeneic bone marrow transplantation Autologous bone marrow transplantation Heart transplantation Heart-kidney transplantation Heart-lung transplantation High Dose Chemotherapy (HDC) and stem cell transplantation Kidney transplantation Liver transplantation Liver-kidney transplantation Lung transplantation Multivisceral transplantation Pancreas Transplantation Alone (PTA) Pancreas After Kidney (PAK) transplantation Simultaneous pancreas-kidney transplantation Pancreatic islet cell transplantation 		

SECTION 4: BENEFIT INFORMATION

VISION SERVICES

Covered Services

Blepharoplasty: Surgery to improve the abnormal function of the eyelid is covered when a significant impairment of vision is medically documented. Medical documentation should include two visual field studies (one with and one without lid elevation) and photographs.

Eyeglasses & Contact Lenses: Limited coverage. Covered when required after intraocular surgery, ocular injury or congenital absence of a human lens.

Medical Eye Exams: Your physician will determine if an eye exam is required for a medical diagnosis.

Patient Pays

Outpatient Services **CHAMPVA is Primary Payer:**

- Deductible –
\$50 Individual
\$100 Family

- Services received in an **Ambulatory Surgery Center (ASC)** have no deductible
- 25% Cost Share

CHAMPVA is Secondary or Tertiary Payer:

- Nothing (in most cases)

Inpatient Services- Diagnosis Related Groups (DRG) Based

CHAMPVA is Primary:

- No Deductible

Lesser of:

- Per-day amount times the number of inpatient days, or
- 25% of billed amount, or
- DRG rate

CHAMPVA is Secondary or Tertiary Payer:

- Nothing (in most cases)

Inpatient Services- Non-DRG Based

CHAMPVA is Primary Payer:

- No Deductible
- 25% Cost Share

CHAMPVA is Secondary or Tertiary Payer:

- Nothing (in most cases)

CHAMPVA Pays

Outpatient Services **CHAMPVA is Primary Payer:**

- 75% of Allowed Amount

CHAMPVA is Secondary or Tertiary Payer:

- Up to 100% of Allowed Amount

Inpatient Services- Diagnosis Related Groups (DRG) Based

CHAMPVA is Primary:

Lesser of:

- Up to 100% of Allowed Amount minus patient per-day payment, or
- 75% of Allowed Amount, or
- Up to 100% of Allowed Amount minus the DRG rate

CHAMPVA is Secondary or Tertiary Payer:

- Up to 100% of Allowed Amount

Inpatient Services- Non-DRG Based **CHAMPVA is Primary Payer:**

- 75% of Allowed Amount

CHAMPVA is Secondary or Tertiary Payer:

- Up to 100% of Allowed Amount

Words that are in bold green print are defined on pages 80–84.

SECTION 4: BENEFIT INFORMATION

Vision Services that are NOT Covered	Patient Pays	CHAMPVA Pays
Eye Examinations: (routine)	100% of the billed charges	Nothing
Eyeglasses:		
Contact Lenses:		

What CHAMPVA pays – and your share

You are responsible for an annual deductible plus your share—usually 25%—of our “allowable amount.”

CHAMPVA’s “allowable amount” is the most we will pay for a covered medical service or supply. That may be different from what your doctor bills for a medical procedure or supply. The allowable amount is often less.

Our allowable amount is generally the same as the allowable amounts paid by Medicare and TRICARE. (TRICARE is a Department of Defense health care program for active duty and retired military families.)

If your doctor accepts CHAMPVA, that is referred to as “accepting assignment.” By accepting assignment, your doctor agrees to accept our allowable amount as payment in full. A provider that accepts assignment cannot bill you for the difference between our allowable amount and what they would normally bill.

If your doctor does not accept CHAMPVA, you will be responsible for the provider’s entire bill. You can file a claim with us, but we will only pay 75% of our allowable amount. That means you could pay more if your provider does not accept CHAMPVA than you would if the provider does accept assignment.

You must pay an annual deductible; the deductible is \$50 per person or \$100 per family. Do not send us a check for your deductible—we will credit individual and family deductibles when we process the first claims each calendar year.

For covered outpatient services, we will pay up to 75 percent of our allowable amount (after your deductible has been met) and you are responsible for the remainder, which is known as your cost share. See page 62 for inpatient cost shares. The annual maximum that you and your family can incur is \$3,000. If you or your family reach that limit, we will waive any cost share for the remainder of the year.

There are two parts to your costs: the annual deductible and a cost share (co-payment). Both are explained below.

If your provider accepts **assignment**, which means the provider will accept CHAMPVA, the provider agrees to accept our **allowable amount** as payment in full. A provider cannot **balance bill** you, which means they cannot bill you for the difference between their normally billed amount and the CHAMPVA allowable amount.

If your provider does **not** accept assignment, you are responsible for paying your annual deductible, your cost share and any provider-billed amount that exceeds our total allowable amount. For care that **is not** covered by CHAMPVA, you will be responsible for the full bill.

ALLOWABLE AMOUNT

The allowable amount is the most we will pay for a covered medical service or supply. The CHAMPVA allowable amount is generally the same as TRICARE’s or Medicare’s allowable amount and is considered payment in full.

ANNUAL DEDUCTIBLE

The annual (calendar year) outpatient deductible is the amount you must pay before we pay for covered outpatient medical services or supplies.

The deductible is \$50 per **beneficiary** or a maximum of \$100 per family per year. Once your deductible is satisfied, CHAMPVA will pay 75% of the allowable amount. As claims are processed for covered services, charges are automatically credited to individual and cumulative family deductible requirements for each calendar year. **DO NOT** send checks to CHAMPVA to satisfy your deductible requirement.

There is no deductible for inpatient services, ambulatory surgery facility services, partial psychiatric day programs, hospice services or services provided by VA medical facilities (**CITI, MbM**).

Words that are in bold green print are defined on pages 80–84.

COST SHARE

A cost share (co-payment) is the portion of the CHAMPVA **allowable amount** that you are required to pay. With few exceptions, you will pay something toward the cost of your medical care. For covered outpatient services, we pay up to 75% of the CHAMPVA allowable amount after the deductible has been met. For your inpatient service cost share, please refer to the chart on page 62 entitled *Cost Summary*.

There is **no cost share** for hospice or for services received through VA medical facilities. This includes services received at VA facilities under the **CITI** program or medications obtained through the **MbM** program.

CATASTROPHIC CAP

To provide financial protection against the impact of a long-term illness or serious injury, we have established an annual catastrophic cap of \$3,000 per calendar year. This is the maximum out-of-pocket expense you and your family can incur for CHAMPVA-covered services and supplies in a calendar year. Credits to the catastrophic cap are applied starting January 1 of each year and run through December 31. If you reach the \$3,000 limit, you or your family's cost share for covered services is waived for the remainder of the calendar year, and we pay 100% of the CHAMPVA allowable amount.

Each time we pay a bill, your deductible and cost share are calculated and credited to your catastrophic cap. The cumulative amount credited to your catastrophic cap is shown on the **EOB** you receive after we pay for your covered services. If you find an error, let us know immediately.

COVERAGE OUTSIDE THE UNITED STATES

If you live or travel overseas (excluding countries that are restricted or prohibited by the U.S. Department of Treasury), we provide the same benefits we would if you were in the U.S. Reimbursement for health care claims in foreign countries is based on reasonable and customary billed amounts. Your deductible and cost share will be the same as if you were in the U.S.

Claims written in English (billing and medical documentation) will be processed faster because we will not need to arrange for translation. If the billing and medical documentation is written in a foreign language, translation will be arranged at no cost to you. Our payments are made in U.S. dollars.

Words that are in bold green print are defined on pages 80–84.

SECTION 5: YOUR COSTS

COST SUMMARY—WHEN YOU HAVE NO OTHER HEALTH INSURANCE (OHI)

BENEFITS	DEDUCTIBLE?	YOU PAY
Ambulatory Surgery	NO	25% of CHAMPVA allowable amount
Durable Medical Equipment (DME)	YES	25% of CHAMPVA allowable amount
Emergency Room Charges	DEPENDS (whether the emergency care becomes part of inpatient charges or remains as an outpatient charge)	The charges will be included in the inpatient charge if – once you stabilize – you are admitted to the hospital. Your payment will then be based on “inpatient services.” If you are not admitted, your payment is based on “outpatient services.”
Inpatient Mental Health: High Volume and Residential Treatment Centers	NO	25% of CHAMPVA allowable amount
Inpatient Mental Health: Low Volume	NO	Lesser of: 1) per-day amount times the number of inpatient days; or 2) 25% of billed amount
Inpatient Services: Diagnosis Related Groups (DRG) Based	NO	Lesser of: 1) per-day amount times the number of inpatient days; or 2) 25% of billed amount; or 3) DRG rate
Inpatient Services: Non-DRG Based & SNF (Skilled Nursing Facility)	NO	25% of CHAMPVA allowable amount
Outpatient Services (e.g., doctor visits, lab/radiology, home health, mental health services, skilled nursing visits, ambulance)	YES	25% of CHAMPVA allowable amount after deductible
Pharmacy (retail)	YES	25% of CHAMPVA allowable amount after deductible
Pharmacy Services (mail order—Meds by Mail or CITI)	NO	Nothing
Professional Services	YES	25% of CHAMPVA allowable amount after deductible

Words that are in bold green print are defined on pages 80–84.

WHEN CHAMPVA PAYS INCORRECTLY

We strive to be accurate, but there may be a time when CHAMPVA inadvertently makes an overpayment to you or your provider, depending on who submitted the claim. This might happen when we are not aware that you have other health insurance that should have paid before the bill was submitted to us, when a provider bills us twice for the same service, the service is not a covered benefit, or if we mistakenly pay for services for you or a family member during a period of ineligibility. Should an overpayment occur, we are required to take action to get the money back from the person who received the erroneous payment. That's called **recoupment**, and it is done to help ensure that your tax dollars are spent properly, according to the law.

If you were overpaid, you will receive a letter requesting repayment and explaining your rights under the law. You should respond to the request within 30 days. If you can't afford to pay the money all at once, you may be able to make monthly payments. You will be asked for financial information if you request a waiver of the overpayment. Depending on the outcome of the review of that information, the debt might be reduced or waived. If you do not respond to our notification, action to collect the amount owed to the VA will begin.

Words that are in bold green print are defined on pages 80–84.

When you have other health insurance

If you have other health insurance (OHI), in addition to CHAMPVA, you must keep us informed about any changes. You can do this by calling us at 1-800-733-8387, or by completing a CHAMPVA OHI Certification Form (VA Form 10-7959c). You can obtain the form on our website at: <http://www.va.gov/hac/forms>

When you have OHI, CHAMPVA may pay first, or it may pay as a secondary or final insurer. CHAMPVA only pays first if you have one of four types of OHI: Medicaid, Indian Health Services, State Victims of Crime Compensation Program or CHAMPVA supplemental health insurance.

If you have any other type of OHI, CHAMPVA will pay secondary and, if you have more than one OHI, CHAMPVA will pay after the other plans.

You must submit, or have your provider submit, any claim for services or supplies to your OHI first. After your OHI pays, you will receive an Explanation of Benefits (EOB) from them. The EOB must be submitted to us when you file your claim with us. (Medicare will now send us an EOB electronically after they process your claim, saving you from having to file the claim yourself.)

If you are in an HMO or PPO, we will pay any out-of-pocket expenses up to our allowable amount.

OHI CERTIFICATION

When you first applied for CHAMPVA we asked you to complete a CHAMPVA **OHI** Certification Form (**VA Form 10-7959c**). Any time there is a change in your OHI status, you must inform us of the change. Periodically we will ask for you to recertify your OHI status by completing the form and submitting it to us at the address below:

OHI Certification Forms:

CHAMPVA
PO Box 469063
Denver CO 80246-9063

If your OHI is Medicare, include a copy of your Medicare card.

If your OHI is a health maintenance organization (**HMO**) or preferred provider organization (**PPO**), include a copy of the plan's co-payment information and schedule of benefits.

You can also call our toll-free number at 1-800-733-8387 and provide the information to a customer service representative.

CHAMPVA AS PRIMARY PAYER

If you qualify for one of the four types of health insurance listed below, we will pay first as the **primary insurer**. Those plans are:

Medicaid

In those instances where Medicaid may have made payment for medical services and supplies first, we will reimburse the appropriate Medicaid agency for the amount we would have paid in the absence of Medicaid benefits, or the amount paid by Medicaid, whichever is less.

Words that are in bold green print are defined on pages 80–84.

State Victims of Crime Compensation Program

If you are eligible under a State Victims of Crime Compensation Program, CHAMPVA will pay first.

Indian Health Services (IHS)

If you are eligible under Indian Health Services, CHAMPVA will pay first.

CHAMPVA Supplemental Health Insurance

There are a number of companies that offer CHAMPVA supplemental policies. After we make a payment for health care services, your remaining out-of-pocket expenses, such as deductibles and co-payments, often are payable by the **supplemental insurance** policy. If you have a policy that was specifically obtained for the purpose of supplementing CHAMPVA, we will compute the **allowable amount**, pay the claim, and then you can submit the balance due on the claim to your supplemental insurer.

We do not endorse one supplemental insurance policy over another, and you should carefully consider your family's needs for the additional coverage. Additional information about supplemental health plans can be obtained from Federal Publishing at <http://www.federalpublishing.com> (Federal Publishing is not affiliated with the government, and we do not endorse their products or services.)

CHAMPVA AS SECONDARY PAYER OR PAYER OF LAST RESORT

In all other cases, CHAMPVA is a **secondary payer** or payer of last resort: we pay after your **OHI** and, if you have more than one **OHI** (such as Medicare and a Medicare supplemental plan), we pay after both plans. Having OHI complements the CHAMPVA program; it does not prevent anyone from using it. You may have another health plan through your employer, your spouse's employer, or other government program such as Medicare. In most cases when you have **OHI** and CHAMPVA, there is no cost to you at all. When there is a cost to you, it is most often because you have exhausted your other health insurance benefits so the **OHI** is no longer making payment for a service or benefit period. In that case, when the medical service or supply is a covered benefit under CHAMPVA, we would pay up to our allowable amount.

You or the provider must file the claim with the other insurance plan before submitting it to us for payment. Upon receiving the **EOB** from the other insurer, you or the provider may file a CHAMPVA claim for any remaining balance. In addition to the EOB from the other health insurance, claims (billings) must include the provider's itemized billing statement.

Words that are in bold green print are defined on pages 80–84.

SECTION 6: OTHER HEALTH INSURANCE (OHI)

CHAMPVA AND OTHER HEALTH INSURANCE (OHI)

If you have an **OHI** plan, we will pay your out-of-pocket expenses (your co-payments under the OHI) for CHAMPVA covered services up to our **allowable amount**.

It is important to be aware that when you have OHI and CHAMPVA, you must follow your OHI's rules and procedures for covered services. If OHI denies a claim because you do not follow their rules, or if OHI determines the service is not medically necessary or appropriate, we will not pay for that care.

The only exception: If your OHI denies your claim as a non-covered service and it is a covered service with CHAMPVA, or your OHI benefits have been exhausted, it is possible that CHAMPVA can pay on your claim.

If you or your provider does not agree with the OHI decision regarding payment or nonpayment, an appeal of the decision must be made with your OHI prior to appealing to CHAMPVA.

We do not pay any OHI premiums including Medicare premiums.

CHAMPVA AND WORKERS' COMPENSATION

We do not pay for medical care for the treatment of a work-related illness or injury when benefits are available under a workers' compensation program. You must apply for workers' compensation benefits. If you exhaust your workers' compensation benefits, we will then pay for covered services and supplies. Provide a copy of the final decision of the workers' compensation claim to avoid any delay in payment of future claims.

CHAMPVA AND ACCIDENTAL INJURIES

If you are involved in an accident (such as an auto accident), you or your medical provider is required to file a medical claim with your (or the other person's) insurance before submitting it to us. This is called **third-party liability (TPL)** and means that someone else is legally responsible for your medical care. When we receive the **EOB** from the insurance company, you may file a CHAMPVA claim for any remaining balance.

Words that are in bold green print are defined on pages 80–84.

CLAIM-FILING DEADLINES

You have one year after the date of service to file any claims. In the case of inpatient care, the claim must be filed within one year of the discharge date. Claims submitted after the claim filing deadline will be denied. If you disagree with a timely filing denial you must file an appeal. Please refer to Section 8 for appeal instructions.

If you have been granted retroactive CHAMPVA eligibility, you have 180 days after your initial CHAMPVA Identification Card is issued to file claims with dates of service on or after your CHAMPVA effective date. Your effective date can be found on the lower left corner of your CHAMPVA Identification Card.

In most cases, your medical provider will complete and file your claim form with us for the services you received. But there will be times when you will have paid for the medical service or supply and need to request reimbursement from us. If you file your own claim, it is important to fill out the claim form completely and correctly. A mistake, a forgotten signature or other missing information can slow down your claim or result in an initial rejection of the claim. We can't process the claim until we have all the correct information.

WHEN YOU SUBMIT THE CLAIM

You will need to send in three items:

1. CHAMPVA Claim Form (**VA Form 10-7959a**). These forms are available by phone or on the Web.
2. An itemized billing statement from your provider on a **CMS 1500** (doctor/professional) or **UB-04** (hospital/institutional) claim form containing the same information listed in the "Provider Submitted Claims" section on the next page (page 68). Ask your provider to itemize the bill on the appropriate form. (Copies of these forms are reproduced for illustration purposes only on Page 69–70).

<http://www.va.gov/hac>

Filing a claim

The easiest way to file a claim for reimbursement is to have your provider do it for you. Providers know what is required and, in most cases, will file electronically, which means faster processing and payment.

If you file the claim yourself, here is what you need to do:

- Obtain a CHAMPVA Claim Form (VA Form 10-7959a) by calling us at 1-800-733-8387. You can also obtain the form from our website at: <http://www.va.gov/hac/forms>
- It is very important that your name appear on the form exactly as it is on your CHAMPVA Identification Card. And be sure to date and sign the form. We CANNOT process your claim without your signature.

Include the following information with the claim form (your health care provider may be able to quickly print out this information for you):

- The full name and tax identification number of your provider
- The address where payment should be sent, and the address where the services were provided
- The provider's professional status (doctor, nurse, etc)
- Specific date of the service
- Appropriate medical code for each service (see this chapter for details)

If you have other health insurance (OHI), file your claim with them first and send us the explanation of benefits (EOB) from that insurer.

For pharmacy claims, ask the pharmacy to file the claim for you. If you file, we need a completed and signed CHAMPVA Claim Form, the name, address and phone number of the pharmacy, the name of the prescribing physician, the name, strength and quantity of each drug, the 11-digit National Drug Code (NDC) for each drug, the charge for each drug and the date the prescription was filled. If you have other health insurance, make sure your co-payment amount is included on your receipt.

Send claims to:
CHAMPVA Claims
PO Box 469064
Denver CO 80246-9064

SECTION 7: CLAIM-FILING INSTRUCTIONS

- When you have other health insurance (**OHI**), an explanation of benefits (**EOB**) from the other health insurer.

Tips for when you file claims

- Your name must be listed on the claim form exactly as it is on the CHAMPVA Identification Card.
- Your CHAMPVA Member Number (your Social Security number) must be on the claim.
- Keep copies of all receipts, invoices and other documents.
- Separate claim forms are required for each CHAMPVA **beneficiary** in your household.
- After billing your other health insurance and receiving their EOB, you can file with CHAMPVA for any remaining balance.
- If you do **NOT** use a CHAMPVA Claim Form (**VA Form 10-7959a**), payment will be made directly to the health care provider instead of to you.

PROVIDER SUBMITTED CLAIMS

If your provider submits the claim, they will either send it electronically or on a standardized paper form (**CMS-1500** or **UB-04** [examples on pages 69–70]).

Tips for when your provider files claims

- Claims submitted electronically are processed more quickly. If your provider can send the claims electronically and is not doing so, have your provider contact us.
- An itemized billing statement on a **CMS-1500** or **UB-04** form is required with the following information:
 - Full name, address and tax identification number of the provider
 - Address where payment is to be sent
 - Address where services were provided
 - Provider professional status (doctor, nurse, physician assistant, etc.)
 - Specific date of each service provided. Date ranges are acceptable only when they match the number of services/units of services
 - Itemized charges for each service
 - Appropriate medical code (**ICD-9/10**, **CPT**, **HCPCS**) for each service
- If your OHI was billed, provide a copy of their EOB detailing what they paid. (Sometimes the definition or explanation of their codes is on the reverse of their EOB – please include a copy of that as well). If you have two OHIs (such as Medicare and a Medicare Supplemental plan), we will need both EOBs to process your claim.

Medical records or notes must be submitted with the bill in some cases. The guide notes many of those services, like skilled nursing, home health care and some surgical procedures that require medical documentation.

Words that are in bold green print are defined on pages 80–84.

SECTION 7: CLAIM-FILING INSTRUCTIONS

CMS 1500 (Doctor/Professional) Claim Form

For illustration only; obtain a completed form from your provider.

PLEASE
DO NOT
STAPLE
IN THIS
AREA

CARRIER

☐ PICA

1. MEDICARE ☐ MEDICAID ☐ CHAMPUS ☐ CHAMPVA ☐ GROUP HEALTH PLAN (SSN #) ☐ FECA (SSN #) ☐ OTHER ☐ (IC)

HEALTH INSURANCE CLAIM FORM

☐ PICA

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX ☐ M ☐ F

5. PATIENT'S ADDRESS (No., Street)

CITY STATE ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (No., Street)

8. PATIENT STATUS

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S DATE OF BIRTH MM DD YY SEX ☐ M ☐ F

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE

14. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident or PREGNANCY, M/P)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY

16. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? ☐ YES ☐ NO CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)

22. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. DATES OF SERVICE FROM MM DD YY TO MM DD YY

25. FEDERAL TAX ID NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For Gov. claims, see back) YES NO

28. TOTAL CHARGE \$

29. AMOUNT PAID \$

30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

PHYSICIAN OR SUPPLIER INFORMATION

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/88)

PLEASE PRINT OR TYPE

APPROVED CMS-030-0008 FORM CMS-1500 (12-80), FORM HIRB-1500, APPROVED CMS-1115-0055 FORM CWP-1500, APPROVED CMS-0720-0001 (CHAMPUS)

7

For illustration only; obtain a completed form from your provider.

1. PATIENT NAME										2. PATIENT ADDRESS										3. STATEMENT PERIOD FROM: 11/01/2011 TO: 12/31/2011										4. TYPE OF BILL									
5. PATIENT NAME										6. PATIENT ADDRESS										7. STATEMENT PERIOD FROM: 11/01/2011 TO: 12/31/2011										8. TYPE OF BILL									
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161.																																							

PHARMACY CLAIMS

Most pharmacies submit claims to us electronically. The following information is required for pharmacy claims, regardless of whether submitted electronically or on paper and regardless of whether submitted by the pharmacy or by you:

- An invoice/billing statement that includes:
 - Name, address and phone number of the pharmacy
 - Name of prescribing physician
 - Name, strength, quantity for each drug
 - 11-digit National Drug Code (NDC) for each drug
 - Charge for each drug
 - Date prescription was filled

Note: Ask your pharmacist to provide you with a printout showing all of the necessary information.

- If you send us a claim, use a CHAMPVA Claim Form (**VA Form 10-7959a**).
- If you send us a claim and you have other health insurance, your co-payment amount must be included on your receipt.

WHERE TO MAIL CLAIMS

CHAMPVA Claims
PO Box 469064
Denver CO 80246-9064

EXPLANATION OF BENEFITS (EOB)

After a claim has been filed for your health care service, you will receive an Explanation of Benefits (**EOB**) from us in the mail. The EOB (see illustration on page 72) lists the details of the services you received and the amount you may be billed by your provider. If you paid for the service and submitted a claim for reimbursement, the EOB will tell you how we calculated your cost share.

The EOB contains the following information:

- | | |
|----------------------------------------------------|---------------------------------------------------------|
| • amount billed by the provider | • CHAMPVA payment(s) |
| • amount allowed by CHAMPVA | • date(s) of service |
| • amount not covered | • provider name |
| • annual catastrophic cap accrual | • remarks |
| • beneficiary and family deductible accrual | • amount paid by other health insurance plan or program |

When a provider files a claim, the EOB is sent to both you and the provider. When you file a claim, the EOB is sent only to you. When your health care is received through a VA source (such as **Meds by Mail** or **CITI**), an EOB is not sent to you.

Words that are in bold green print are defined on pages 80–84.

SECTION 7: CLAIM-FILING INSTRUCTIONS

Sample Explanation of Benefits (EOB)

CHAMPVA Program
ATTN: Claims
PO BOX 469064
Denver, Colorado 80246-9064
1-800-733-8387 www.va.gov/hac

VETERANS ADMINISTRATION
ATTN: Accounts Receivable
HOSPITAL #000 (000G)
1234 LONG LANE

EXPLANATION OF BENEFITS
CHAMPVA

You have the right to request reconsideration of adverse decisions involving timely filing, benefits, authorizations, medical necessity, and reimbursement. The reason for the denial is indicated in "Rejection of Claims." To request reconsideration, submit a copy of this EOB with a written statement explaining your disagreement and attach any pertinent documentation to support your request. Mail your reconsideration to: Department of Veterans Affairs, Health Administration Center, Reconsideration and Appeals, PO Box 460948, Denver, Colorado 80246. Your reconsideration must be received by this office within one year of the date of the EOB statement.

Patient: VETERAN NAME Date: 2/12/08
Member #: PATIENT SSN DOB: 9/15/52


Information only, no check enclosed.

SA00000 **Information only, no check enclosed.** **OHI PAID: \$ 0.00**

Control Number	Dates of Service From To	Description of Service Code/Modifier/Multiplier	Amount Billed	Amount Allowed	Amt Not Covered	Remarks/Codes
SA00000	09/04/07 09/04/07	00000-0000-00	\$ 10.00	\$ 10.00	\$ 0.00	
000X000XXX			\$ 10.00	\$ 10.00	\$ 0.00	
HAC PAYMENTS: TO PROVIDER \$ 7.50						
PATIENT PAID: \$ 0.00						
CLAIM TOTAL:						
COST SHARE: \$ 2.50						
HAC PAYMENTS: TO PROVIDER						
TOTAL PAYMENTS: TO PROVIDER: \$ 7.50 TO PATIENT: \$ 0.00						
REMARKS/CODES:						
1/356: REMINDER - MAIL CLAIMS TO: CHAMPVA, PO BOX 469064, DENVER, CO 80246-9064						
HV123456789						

1/356: REMINDER - MAIL CLAIMS TO: CHAMPVA, PO BOX 469064, DENVER, CO 80246-9064

VA FORM 10-7959B
JUL 2006



**Department of
Veterans Affairs**

Page 1 of 1

A-Information only, no check enclosed: Indicates that a U.S. Treasury check is not enclosed. When there is a payment, this will read "Check Enclosed."

B-Control Number(s):
CHAMPVA claim specific identifier (always starts with two alpha characters).

C-Patient Control Number: Provider claim specific identifier (not always present).

D-Amount Paid: Amount paid by us to your provider.

E-FMS Doc ID Number: This 11-digit number further assists in identifying payments.

F-Cost Share: Patient's payment responsibility.

G-Remarks/Codes: A code in this column relates to the narrative description below.

H-OHI Paid: Amount paid by other health insurance, including adjustments applied as a result of agreements between the provider and the OHI.

YOU MAY APPEAL DENIALS OF:

- Eligibility determinations
- Benefit coverage
- Authorization requests
- Services
- Second-level mental health appeals (Note: first-level appeals related to mental health care are completed by our mental health contractor—address on page 19 of the guide).

CHAMPVA Appeals
PO Box 460948
Denver CO 80246-0948

For an appeal to be considered, you must:

- Submit the request in writing within one year of the date of the **EOB**, in the case of a denial of a service or benefit, or one year from the date of the letter notifying you of a denial of eligibility or service.
- Identify why you believe the original decision is in error,
- Include a copy of the EOB or determination letter and
- Submit any new and relevant information not previously considered.

NOTE: If the reason for the appeal is not identified, the request will be returned to you with no further action.

After reviewing your appeal and supporting documentation, a written decision will be sent to you. If you still disagree with the decision, you may request a second review. That request for review must be received within 90 days of the date of the initial appeal decision. Identify why you believe the decision is in error and include any additional relevant information. Second-level appeal determinations are final decisions and cannot be appealed again.

We will not consider appeals regarding:

- The cost share or amount of an individual or family's deductible. By law, this amount is payable by you.
- The **allowable amount** based on a payment methodology.
- Medical providers sanctioned or excluded by the Department of Health and Human Services' (DHHS), Office of Inspector General (OIG).
 - Providers may be sanctioned for failure to maintain proper medical credentials, fraud and abuse, default on public loans or various other reasons. Only the sanctioned provider or appointed representatives can appeal this decision, and that appeal must go to DHHS-OIG.
- Benefits that are specifically excluded by regulation.

Words that are in bold green print are defined on pages 80–84.

SECTION 8: APPEALS REQUESTS

Appeal requests that relate to the following situations will not receive a formal review, but will be reprocessed when the missing information is received or when you notify us the billing has been resubmitted with a correction. This includes:

- Claim denials for missing code information: Current Procedural Terminology (**CPT**), Healthcare Common Procedure Coding System (**HCPCS**), Internal Classification of Diseases (**ICD 9/10**) and National Drug Codes (**NDC**).
- Decisions on claims where we are requesting more information before an action is taken on your claim. Examples of this may include claim denials requesting medical documentation, operative reports, treatment plans or a certificate of medical necessity.
- Claim denials requesting an **EOB** from an **OHI**.
- Billing errors (e.g., incorrect date of service, incomplete or missing procedure codes and/or billed charges) where a corrected bill is submitted to modify the original claim.
- Determinations of a Veteran's service-connected disability rating must be submitted to the local servicing **VARO**. The VARO determines the service-connected rating, and a challenge regarding their determination must be submitted to them.

Combating fraud takes a cooperative effort. Please help us by reviewing your **EOB** to be sure that the services billed to us were reported properly. If you see a service or supply billed to us that you did not receive, please report it immediately in writing. Indicate in your letter that you are filing a potential fraud complaint and document the following facts:

- The name and address of the provider
- The name of the **beneficiary** who was listed as receiving the service or item
- The claim number
- The date of the service in question
- The service or item that you do not believe was provided
- The reason why you believe the claim should not have been paid
- Any additional information or facts showing that the claim should not have been paid

**If you suspect fraud,
waste, or abuse,
contact us:**

Mail: Purchased Care/Program Integrity
PO Box 461307
Denver CO 80246-5307
Fax: 1-303-398-5295

DETECTION TIPS

You should be suspicious of:

- Providers who routinely do not collect your cost share (co-payment)
- Providers billing for services that you did not receive
- Providers billing for services or supplies that are different from what you received

PREVENTION TIPS

- Always protect your CHAMPVA Identification Card. Only give your CHAMPVA member number to people you know or are familiar with.
- Be skeptical of providers who tell you that a particular item or service is not usually covered by us, but that they know how to bill for the item or service to get it paid.

Your Health Information

Any information we create or receive about you and your past, present or future:

- Physical or mental health condition
- Health care
- Payment for medical services

The VA Notice of Privacy Practices briefly describes:

- How your health information may be used and disclosed,
- Your rights regarding your health information and
- Our legal duty to protect the privacy of your health information.

For a more complete description of our privacy practices, you should carefully review the detailed Notice of Privacy Practices that is available at:

http://www.privacy.va.gov/privacy_publications.asp

How We May Use and Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information. However, federal law allows us to use and disclose your health information without your permission for the following purposes:

- Treatment
- Eligibility and Enrollment for VA Benefits
- Public Health
- Research (with strict limitations)
- Abuse Reporting
- Workers' Compensation
- Patient Directories
- Payment
- Law Enforcement
- Judicial or Administrative Proceedings
- Services
- Correctional Facilities
- Coroner or Funeral Activities (with limitation)
- When Required by Law
- Health Care Operations
- Health Care Oversight
- National Security
- Health or Safety Activities
- Military Activities
- Family Members or Others Involved in Your Care (with limitations)

Department of Veterans Affairs Summary Notice

All other uses and disclosures of your health information will not be made without your prior written authorization.

Your Privacy Rights

- Review your health information
- Obtain a copy of your health information
- Request that your health information be amended or corrected
- Request that we not use or disclose your health information
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner
- An accounting or list of disclosures of your health information
- Receive our VA Notice of Privacy Practices upon request

Changes

We reserve the right to change the VA Notice of Privacy Practices. In the event that happens, the revised privacy practices will apply to all of your health information we already have, as well as to the information we receive in the future. We will send a copy of the revised notice to your last address of record within 60 days of any change.

Complaints

If you are concerned that your privacy rights have been violated, you can file a complaint with the VHA or with the secretary of the U.S. Department of Health and Human Services. To file a complaint with VHA you may contact your VA health care facility privacy officer, the VHA privacy officer, or VHA via “Contact the VA” at <http://www.va.gov>

Complaints do not have to be in writing, although it is recommended. You will not be penalized or retaliated against for filing a complaint.

SECTION 10: NOTICE OF PRIVACY PRACTICES

REQUESTING OR RELEASING INFORMATION FROM MY RECORDS

Use **VA Form 10-5345a**, *Individual's Request for a Copy of Their Own Health Information*, to request that a copy of your record, or a copy of a document in your record, be sent to you. (The form is available by phone or on the Web.)

Use **VA Form 10-5345**, *Request for and Authorization to Release Medical Records or Health Information*, if you want us to send a copy of your record, or a copy of a specific document in your record, to a person or entity other than yourself. For example, use this form if you want your information to go to a legal office.

Use **VA Form 10-5345**, *Request for and Authorization to Release Medical Records or Health Information* if you want us to discuss your claim and eligibility information with a person who regularly assists you in handling your medical care needs, such as your spouse, adult child or friend. Print the words "Recurring Disclosure Authorization" in the Authorization block.

Use **VA Form 10-5345a**, *Individual's Request for a Copy of Their Own Health Information*, to obtain access to selected information from your CHAMPVA record through an online Internet connection. Print the words "CHAMPVA ON-LINE" in the signature block. Additional information about CHAMPVA On-Line is at our website at: <http://www.va.gov/hac>

Mail all requests for health information from your record to:

Mail: CHAMPVA Eligibility
PO Box 469028
Denver CO 80246-9028

SECTION 10: NOTICE OF PRIVACY PRACTICES

OMB Number: 2900-0260
Estimated Burden: 2 minutes



Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION

Privacy Act and Paperwork Reduction Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. 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 system of records notice identified as 24VA19 "Patient Medical Record - VA" 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 will be unable to process your request and serve your medical needs. Failure to furnish the information will not have any effect 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. 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 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD IMPRINT IS NOT USED.

TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)

PATIENT NAME (Last, First, Middle Initial)

SOCIAL SECURITY NUMBER

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

☐ DRUG ABUSE ☐ ALCOHOLISM OR ALCOHOL ABUSE ☐ TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) ☐ SICKLE CELL ANEMIA

INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, *within the dates or approximate dates covered by each*)

☐ COPY OF HOSPITAL SUMMARY ☐ COPY OF OUTPATIENT

PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED

NOTE: ADDITIONAL ITEMS OF INFORMATION

AUTHORIZATION: I certify that this request has been accurate and complete to the best of my knowledge, in writing, at any time except to the extent that action Release of Information Unit at the facility housing the information may be accomplished without my further authorization will automatically expire: (1) upon satisfaction under the following condition(s):

I understand that the VA health care practitioner's other VA benefits or, if I receive VA benefits, their made at a VA Regional Office that specializes in

DATE (mm/dd/yyyy) SIGNATURE OF PATIENT OR PER

IMPRINT PATIENT DATA CARD (or enter Name, Address, Social Security

VA FORM 10-5345
MAY 2005

OMB Number: 2900-0260
Estimated Burden: 2 minutes



Department of Veterans Affairs

INDIVIDUALS' REQUEST FOR A COPY OF THEIR OWN HEALTH INFORMATION

PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION

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 Act. 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 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. The purpose of this form is to provide an individual the means to make a written request for a copy of their information maintained by the Department of Veterans Affairs (VA) in accordance with 38 CFR 1.577.

The information on this form is requested under Title 38, U.S.C. 501. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number (SSN) (the SSN will be used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled.

VETERAN'S LAST NAME- FIRST NAME- MIDDLE INITIAL SOCIAL SECURITY NO. DATE OF BIRTH

DESCRIPTION OF INFORMATION REQUESTED

Check applicable box(es) and state the extent or nature of information to be copied/printed, giving the dates or approximate dates covered by each

FACILITY WHERE TREATED:

DATES OF TREATMENT:

☐ COPY OF HOSPITAL SUMMARY ☐ COPY OF OUTPATIENT TREATMENT NOTE(S) ☐ OTHER (Specify)

COPY OF HEALTH INFORMATION IS TO BE DELIVERED TO THE INDIVIDUAL

☐ IN-PERSON ☐ BY MAIL, TO ADDRESS BELOW (include City, State & ZIP) PHONE NO.

PATIENT SIGNATURE

DATE (mm/dd/yyyy)

NOTE: If signed by someone other than the patient, indicate the authority (e.g., guardianship or power of attorney) under which request is made.

VA FORM 10-5345a
MAY 2005

SECTION 11: WORD/ACRONYM DEFINITIONS

Adjective	The treatment is a necessary part of approved care for a covered medical condition.
Allowable Amount	The amount we pay plus your cost share.
Assignment	When you go to a medical provider, find out if the provider will accept CHAMPVA. Providers most often refer to it as accepting assignment. That means the provider will bill us directly for covered services, items and supplies. Doctors or providers who agree to accept assignment cannot try to collect more than the CHAMPVA deductible and cost share amounts from you.
Balance Billing	Balance billing is inappropriate. When the provider accepts assignment, it is an agreement to accept the VA allowable amount as payment in full. You are not responsible for paying the difference between the provider's billed amount and our determined allowable amount.
Beneficiary	A CHAMPVA-eligible spouse, widow(er) or child. Beneficiaries may also be referred to as dependents.
Centers for Disease Control and Prevention (CDC)	The major United States government agency for disease prevention based in Atlanta, Georgia.
Certificate of Medical Necessity (CMN)	A Certificate of Medical Necessity (CMN) is a document provided by your physician that indicates the medical necessity for the care or services prescribed as part of your treatment plan.
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
Chief Business Office Purchased Care (CBOPC)	Administers CHAMPVA
Child	Includes birth, adopted, stepchild or helpless child as determined by a VA regional office (VARO).
CITI	The acronym for CHAMPVA Inhouse Treatment Initiative, a program that permits CHAMPVA beneficiaries to receive care at participating VA medical centers.

Coordination of Benefits	We must be aware of other health insurance (OHI) to know when there may be double coverage. If we know this, we can ensure that there is not a duplication of benefits paid between the other health insurance coverage and CHAMPVA. The explanation of benefits (EOB) from the OHI provides the documentation for us to coordinate benefits and pay your claim appropriately.
Current Procedural Terminology (CPT)	An American Medical Association nomenclature that provides a uniform language or system of codes that describes medical, surgical and diagnostic services. It provides an effective means for reliable nationwide communication among physicians, patients and third parties. CPT is the most widely accepted nomenclature for the reporting of physician procedures, services and billing purposes under government and private health insurance programs.
Custodial Care	<p>Treatment or services, regardless of who recommends them or where they are provided, that could be rendered safely and reasonably by a person not medically skilled, or that are designed mainly to help the patient with daily living activities. These services include but are not limited to:</p> <ul style="list-style-type: none"> • Personal care, such as help in walking; getting in and out of bed; bathing; eating by spoon, tube or gastrostomy; exercising; dressing; • homemaking, such as preparing meals or special diets; • moving the patient; • acting as companion or sitter; • supervising the medication that can usually be self-administered; or • treatment or services that any person could be able to perform with minimal instruction, including but not limited to recording temperature, pulse and respiration, or administration and monitoring of feeding systems.
Diagnosis Related Groups (DRG)	A system that hospitals use to classify the resources used to treat a specific condition or related condition based on the clinical needs of the patient. The DRG determine the reimbursement to the hospital.

SECTION 11: WORD/ACRONYM DEFINITIONS

Durable Medical Equipment (DME)	Medical equipment used in the course of treatment or home care, including such items as crutches, knee braces, wheelchairs, hospital beds, prostheses, etc. Health coverage levels for DME often differ from coverage levels for office visits and other medical services.
Explanation of Benefits (EOB)	A form that provides details of what was paid and the amount of payment.
FDA	Food and Drug Administration
Formulary	A health plan's list of preferred drugs based on evaluations of the drugs' effectiveness, safety and cost.
Healthcare Common Procedure Coding System (HCPCS)	Health care procedure codes used for billing purposes. The HCPCS is divided into two principal subgroups: Level 1 codes are based on the American Medical Association's Current Procedural Terminology (see above). Level 2 codes are used primarily to identify products, supplies and services not included in the CPT codes, such as ambulance services and durable medical equipment.
Health Maintenance Organization (HMO)	An organization that provides comprehensive health care to voluntarily enrolled individuals and families in a particular geographic area by member physicians with limited referral to outside specialists.
Helpless Child	A child who, before the age of 18, becomes permanently incapable of self-support and is rated as a helpless child by a Veterans Affairs Regional Office (VARO).
High Volume	Residential and treatment centers that have 25 or more mental health discharges annually are considered high-volume facilities.
Internal Classification of Diseases	The ICD-9-CM (clinical modification) used within the VA is The World Health Organization's official system of assigning codes to diagnoses and procedures associated with hospital utilization and mortality in the United States. The ICD-9-CM serves as a useful tool to classify morbidity data for indexing medical records, medical care review and ambulatory and other medical care programs as well as for basic health statistics. ICD-9-CM codes are currently in use with expectations to implement ICD-10 codes in 2013.

SECTION 11: WORD/ACRONYM DEFINITIONS

Low Volume	Treatment centers that have fewer than 25 mental health discharges annually are considered low-volume facilities.
Medical Necessity	<p>Services, drugs, supplies or equipment provided by a hospital or covered provider that we determine:</p> <ul style="list-style-type: none">• are appropriate to diagnose or treat the patient's condition, illness or injury;• are consistent with standards of good medical practice in the U.S.;• are not primarily for the personal comfort or convenience of the patient, the family or the provider;• are not a part of or associated with the scholastic education or vocational training of the patient and• in the case of inpatient care, cannot be provided safely on an outpatient basis.
Meds by Mail (MbM)	A pharmacy mailing service that provides a safe and easy way for eligible CHAMPVA beneficiaries to receive nonurgent maintenance medications delivered directly to their homes at no charge.
NDC	National Drug Code, used to identify pharmaceuticals.
Non-Peak Hour	Period of time that call volume is most often less than other times of the day.
OHI	Other health insurance, such as Medicare or a commercial health insurance policy.
Over-the-Counter Medications (OTC)	Medications that do not require a prescription.
Payer	Provides payment for a covered medical procedure or supply. A primary payer pays on the claim first; secondary payers and payers of last resort, if available, pay after the primary payer.
Preferred Provider Organization (PPO)	An organization providing health care that gives economic incentives to the individual purchaser of a health-care contract to patronize certain physicians, laboratories and hospitals that agree to supervision and reduced fees.

SECTION 11: WORD/ACRONYM DEFINITIONS

Primary Payer	A health insurance plan that will pay first on the bills for service. These are typically major medical health plans.
Qualifying Veteran Sponsor	A Veteran who is in receipt of a VARO award that establishes eligibility for CHAMPVA benefits for his/her dependents. These dependents cannot be entitled to Department of Defense TRICARE benefits.
Recoupment	Collection of a debt owed to the government.
Secondary Payer	A health insurance plan that pays after the primary payer has determined what they will pay on the claim.
Service-Connected	A VARO determination that a Veteran's illness, injury or death is related to military service
Spouse	The wife or husband of a qualifying Veteran sponsor.
Supplemental Insurance	A health insurance plan that pays after the primary payer has determined what they will pay on the claim. We will pay before a CHAMPVA supplemental policy, but after a Medicare supplemental policy.
Survivors	Widow(er)s and dependent children
Third Party Liability (TPL)	The term "third party" means any of the following: a federal entity, state or political subdivision of a state, an employer or an employer's insurance carrier, automobile accident reparations insurance carrier, person or entity obligated to provide, or to pay the expenses of, health services under a health-plan contract.
VA	Department of Veterans Affairs
VAMC	VA Medical Center
VARO	Veterans Affairs Regional Office
Widow(er)	The surviving spouse of a qualifying Veteran sponsor.

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Notice of intent to conduct computer matching: Public Law 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches. Pursuant to 5 USC 552a, the Privacy Act of 1974, as amended, and the Office of Management and Budget Guidelines on the Conduct of Matching Programs, notice is hereby given of the VA's intent to conduct computer matches with Centers for Medicare and Medicaid Services (CMS). Data from the proposed matches will be utilized to verify Medicare entitlement for applicants and recipients for CHAMPVA benefits, whose eligibility for CHAMPVA is based upon entitlement for Medicare.

Notes

Notes

Notes

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
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CHAMPVA

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Outpatient Dental Treatment

Dental benefits are provided by VA according to law. In some instances, VA is authorized to provide extensive dental care, while in other cases treatment may be limited by law. This Fact Sheet table describes dental eligibility criteria and contains information to assist Veterans in understanding their eligibility for VA dental care.

By law, the eligibility for Outpatient Dental Care is not the same as for most other VA medical benefits. It is categorized in classes. Those eligible for VA dental care under Class I, IIC, or IV are eligible for any necessary dental care to maintain or restore oral health and masticatory function, including repeat care. Other classes have time and/or service limitations.

***Note:** Public Law 83 enacted June 16, 1955, amended Veterans' eligibility for outpatient dental services. As a result, any Veteran who received a dental award letter from VBA dated before 1955 in which VBA determined the dental conditions to be noncompensable are no longer eligible for Class II outpatient dental treatment.

Veterans receiving hospital, nursing home, or domiciliary care will be provided dental services that are professionally determined by a VA dentist, in consultation with the referring physician, to be essential to the management of the patient's medical condition under active treatment. For more information about eligibility for VA medical and dental benefits, contact VA at 1-877-222-8387 8387, Monday through Friday between 8:00am and 8:00pm Eastern time or www.va.gov/healthbenefits

If you:	You are eligible for:	Through
Have a service-connected compensable dental disability or condition.	Any needed dental care.	Class I
Are a former prisoner of war.	Any needed dental care.	Class IIC
Have service-connected disabilities rated 100 percent disabling, or are unemployable and paid at the 100 percent rate due to service-connected conditions.	Any needed dental care. [note: Veterans paid at the 100 percent rate based on a temporary rating, are not eligible for comprehensive outpatient dental services.]	Class IV
Apply for dental care within 183 days of discharge or release from of active duty (under conditions other than dishonorable) of 90 days or more during the Gulf War era.	One-time dental care if a DD214 certificate of discharge does not indicate that a complete dental examination and all appropriate dental treatment had been rendered prior to discharge.(NOTE)	Class II
Have a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma.	Any dental care necessary to provide and maintain a functioning dentition. A Dental Trauma Rating (VA Form 10-564-D) or VA Regional Office Rating Decision letter (VA Form 10-7131) identifies the tooth/teeth that are trauma rated.	Class IIA
Have a dental condition clinically determined by VA to be associated with and aggravating a service-connected medical condition.	Dental care to treat the oral conditions that are determined by a VA dental professional to have a direct and material detrimental effect to a service-connected medical condition.	Class III
Are actively engaged in a 38 USC Chapter 31 vocational rehabilitation program.	Dental care to the extent necessary to: to enter, achieve goals, and prevent interruption of a rehab program; hasten the return to a rehab program because of a dental condition; or to secure and adjust to employment during employment assistance, or enable to achieve maximum independence in daily living.	Class V
Are receiving VA care or are scheduled for inpatient care and require dental care for a condition complicating a current medical condition	Dental care to treat the oral conditions that are determined by a VA dental professional to complicate a medical condition currently under treatment.	Class VI
Are an enrolled Veteran who may be homeless and receiving care under VHA Directive 2007-039,	A one-time course of dental care that is determined medically necessary to relieve pain, assist in gaining employment, or treat moderate to severe gingival and periodontal conditions.	Class IIB

Community Clinics

AUTOMOBILE ALLOWANCE

If you are a Servicemember or Veteran with a disability, VA may provide you with a one-time allowance to purchase a new or used car to accommodate your service-connected disability. The funds are paid directly to the seller of the automobile.

To be eligible to receive an automobile allowance, Servicemembers or Veterans must have one of the following disabilities due to their military service:

- » Loss of, or permanent loss of use of one or both feet, **OR** both hands, **OR**
- » Permanent impairment of vision in both eyes that makes driving impossible even with normal corrective lenses, **OR**
- » Certain severe burns

You may also be eligible for assistance in purchasing adaptive equipment, such as power steering, power brakes, power windows, power seats, or other special equipment that is necessary to safely operate your vehicle if you have any of the conditions above or ankylosis (immobility of the joint) of one or both knees or hips.

To apply, contact your nearest VA regional office or VA health care facility. For location assistance, call VA toll-free at 1-800-827-1000.

Community Clinics

CLOTHING ALLOWANCE

VA can provide you with one or more annual clothing allowance payments if you are a Veteran who:

- » Uses a prosthetic or orthopedic device (including a wheelchair) because of a service-connected disability, **AND/OR**
- » Has a service-connected skin condition and uses a medication that causes irreparable damage to outer garments

To receive payment(s), you must establish eligibility by August 1 of the year for which you claim payment(s). To apply, contact the representative in the prosthetic department at your nearest VA medical center.



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ASB Lawyer Referral Service

Please read this information carefully before seeking your referral.

The Lawyer Referral Service is a program of the Alabama State Bar. Its purpose is to assist members of the public who can afford to pay a lawyer but do not have one in finding an attorney who handles their type of matter. It is the **only** lawyer referral service operated by the Alabama State Bar. All panel members of the Lawyer Referral Service are licensed in Alabama and are members in good standing of the Alabama State Bar. **The Lawyer Referral Service does not have free attorneys.**

HOW DOES THE LAWYER REFERRAL SERVICE WORK?

When you call the Lawyer Referral Service's toll free number (1-800-392-5660) you will be asked to briefly state your problem. All information will be held in the strictest confidence. After listening to your problem, the Lawyer Referral Service representative will ask for your name, address, telephone number and any other necessary information. You will then be given the name of one lawyer located near you, if one is available, who practices in the area of law that relates to your problem. The service does not have attorneys who handle all types of legal problems in all areas of the state. **The service does not provide lists of attorneys.**

When you request and receive a referral through the Alabama State Bar's website, you must agree to the [Terms of Service](#), and choose the area of law and the type of problem. You must enter your name, address, and email address, and you must indicate the county in which you are having the legal problem. You will receive the name and phone number for one lawyer who practices in the county you indicated, if one is available. The service does not have attorneys who handle all types of legal problems in all areas of the state. **We regret that we cannot provide referrals through email.** Please read the remainder of these instructions and then go to the bottom of this page for an online referral, or call the toll free number to speak with a referral representative.

When you receive a referral, it is your responsibility to contact the lawyer to make an appointment to discuss your legal problem. The Lawyer Referral Service cannot make appointments for callers. When you call to make your appointment with the lawyer, be sure to tell him or her that the Alabama State Bar Lawyer Referral Service has referred you.

WHEN IS THE LAWYER REFERRAL SERVICE OPEN?

The Alabama State Bar Lawyer Referral Service's toll free number operates Monday through Friday, from 8:30 a.m. to 11:30 a.m. and from 1:30 p.m. to 4:30 p.m. Referrals through the website are available 24 hours a day, seven days a week.

HOW MUCH WILL MY LAWYER CHARGE?

The Lawyer Referral Service is designed to serve anyone who can afford the services of a lawyer. A person who has a legal problem and cannot afford to pay for legal counsel should contact [Legal Services](#).

Lawyers who participate in the ASB Lawyer Referral Service agree to charge no more than \$50 for an initial 30-minute consultation. The purpose of the initial consultation is to assess your legal problem, determine if additional legal services are needed and explain your legal options. **If your problem requires work beyond the initial consultation and you decide to hire the lawyer, you and the lawyer must negotiate to determine how much his or her legal services will cost.** Be

sure to discuss any additional fees; if the lawyer tells you that you need additional legal work but does not discuss additional fees then you should ask. Lawyers charge based on the time and type of work involved, the difficulty in solving the problem, and your needs as a client. The Lawyer Referral Service encourages you to ask for a written fee agreement before you proceed with any legal work beyond the first 30-minute consultation.



MEMBERS OF THE UNITED STATES ARMED FORCES

Some attorneys who participate in the ASB Lawyer Referral Service offer a 25% discount to members of the United States Armed Forces. **If you are a member of the U. S. Armed Forces, please call 800-392-5660 for a referral.** At this time, the online Lawyer Referral Service does not indicate which lawyers provide legal representation for members of the military at a discounted rate.

WHAT DO I NEED FOR MY APPOINTMENT?

- *Be prepared.* When you call the lawyer for an appointment, ask what documents you should bring to the first 30-minute consultation. Be ready to give the lawyer all background information relating to the situation. You may wish to prepare a list of questions to ask the lawyer.
- *Be efficient.* If you do hire a lawyer, don't make unnecessary phone calls to the lawyer. Most lawyers charge for time spent on the phone with a client. Keep a list of all items you want to discuss with your lawyer and be prepared to cover them in one phone call or ask them at your next scheduled meeting.
- *Keep records.* File all material you receive from your lawyer in one place. Your file is often the best way to find answers to questions about your case.

CLICK HERE TO RECEIVE YOUR REFERRAL ONLINE Lawyer Referral Service members will sometimes include many counties in their coverage area. If you feel that you need a lawyer closer to the site of your legal problem, please call us at 800-392-5660 and we will attempt to narrow down your search.

REFERRALS FOR MATTERS OUTSIDE ALABAMA

The ASB Lawyer Referral Service cannot help you to find a lawyer for a legal matter outside the State of Alabama. If you need a lawyer outside Alabama, please consult the [American Bar Association Lawyer Referral Directory](#).

Thank you for using the Alabama State Bar Lawyer Referral Service.

Alabama State Bar
Lawyer Referral Service
 415 Dexter Avenue
 Montgomery, AL 36104
 800-392-5660

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## Volunteer Law Program

### Volunteer Lawyers Program - More Info

*Even if you can devote only a few hours of your time to pro bono work, we strongly encourage you to join the program.*

The Volunteer Lawyers Program (VLP) is a project of the Alabama State Bar. Its purpose is to provide free legal services to low-income Alabamians in civil matters. Our office is located in the Alabama State Bar Association Building, 415 Dexter Avenue, in Montgomery. The VLP's full time director is an attorney and can assist you with problems or answer questions you may have about the VLP. Please consider joining today with many of your peers who have already volunteered their services through this important Alabama State Bar program.

### The Need

An elderly couple threatened with eviction from their apartment, a young woman with small children seeking protection from an abusive husband, a terminally ill parent trying to prepare for his children's future-these are just a few of the difficulties that can spring up in a person's lifetime. For an attorney with the skills to navigate the system, these are surmountable challenges. For the person with no financial resources and a limited understanding of the options, they are overwhelming crises.

YOU are the answer! Just a little of your time can make a major difference. By contributing even a small amount of your expertise, you could solve the life-shattering legal problems that confront many of the low-income persons living in our state.

By conservative estimates, there are over 723,000 persons living below the federal poverty level in Alabama and the numbers increase each year. With limited staff and budgets, federally funded Legal Services programs cannot handle all the legal problems of these overly-stricken Alabamians. As a result, many poor persons find themselves waiting for, or even without, legal representation in matters crucial to their well-being.

YOU can help! If you are a regular member of the Alabama State Bar, please consider assisting us with this critical problem by voluntarily agreeing to handle not less than two civil case referrals over the next twelve months. If this is impossible for you just now, or if you hold a special membership in the bar, other options are available through the program to serve low-income Alabamians, such as performing intake and screening at an "advice only" legal clinic or Legal Services office in your area, or serving as a speaker at a VLP-sponsored training seminar, or even recruiting for this program at bar association functions. We gratefully accept whatever time you are able to give.

### Types of Referrals

The VLP is funded, by the Alabama State Bar, Alabama Law Foundation, Legal Services Alabama and the Alabama Access to Justice Commission, to provide pro bono legal services in civil, non-fee-generating matters. Our clients include low-income



persons who cannot afford an attorney's fees. They have a wide range of legal problems including, among others, consumer, domestic, housing, and probate matters.

The VLP is primarily a panel-model program, which means that volunteer attorneys designate the area(s) of referred cases. Because we want the referral process to be beneficial and easy for both you and the client, referrals are made by matching the volunteer attorney's indicated interest with a client whose problem falls within that area of law. Our procedures are tailored to suit the needs of the individual attorney. Every effort is made to make referrals in a manner which avoids undue disruption of your schedule.

**How the Program Works** The process is as follows:

- All potential VLP clients are first screened and interviewed for income eligibility by intake professionals, thus assuring that they are indeed eligible for free legal assistance.
- All referrals to volunteer attorneys are made by the VLP Director in Montgomery or local pro bono coordinators (Birmingham, Huntsville, Mobile) based upon the area of law involved in the client's problem. The volunteer attorney is contacted by letter. Following a conflicts check and assuming the case is accepted by the volunteer, copies of intake information are forwarded to the attorney. The client is advised of the referral by letter from the program and is instructed to call the volunteer attorney immediately to schedule an appointment at a mutually convenient time. If the client fails to contact the attorney within 30 days, the case is closed.
- All cases are accepted on a pro bono basis and the volunteer attorney is expected to handle only the one specific legal problem of the client which was referred by the VLP. Cases should be filed in forma pauperis and volunteer attorneys are encouraged to use an affidavit of substantial hardship wherever possible. Otherwise, clients are to assume responsibility for court costs and incidental fees, whenever they are financially able to do so.
- The VLP reporting requirements are simple. You are expected to complete cases referred to you. Three months after referral, the VLP Director or local pro bono coordinator will send you a form to advise the program of the status of the case. You will also be asked to return a case-closing memo at completion advising the VLP of the final disposition of the case and the number of hours of services provided.
- Malpractice insurance coverage can be made available by the program at no cost to volunteer attorneys for pro bono cases handled through the VLP. Contact the VLP at (334) 269-1515 or 1-800-354-6154 for more information or e-mail us at [vlp2@alabar.org](mailto:vlp2@alabar.org).

### Why Become a Volunteer

The VLP offers you a simple, well-organized mechanism for fulfilling your professional responsibility to make legal counsel available to indigents consistent with a true sense of professionalism and Rule 6.1 of the Alabama Rules of Professional Conduct. Equally important, our volunteer attorneys gain excellent client and courtroom experience since they are fully in charge of their pro bono cases. For more seasoned attorneys, program participation provides an avenue for sharing expertise with newer members of the profession by serving as mentors or co-counsel to VLP attorneys. Most important of all, VLP volunteer attorneys gain great personal satisfaction from helping the less fortunate among us and from making a positive, visible difference in their communities.

Although helping others in trouble is often its own reward, VLP volunteer attorneys also receive recognition for their service through annual awards and certificates of appreciation given by the Alabama State Bar, special events spotlighting community pro bono activities, articles in Alabama State Bar publications and free training seminars for CLE credit.



415 Dexter Avenue • Montgomery, Alabama 36104 • (334) 269-1515 • Fax (334) 261-6310 • (800) 354-6154

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BIRMINGHAM BAR ASSOCIATION

# BIRMINGHAM VOLUNTEER LAWYERS PROGRAM

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Birmingham  
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Alabama State Bar

See our new [CLE Opportunities/Upcoming Events](#) page for info on upcoming CLE programs.

\*\*\*\*\*

View below for our weekly BBVLP Briefing

## E-Briefing

November 21, 2013

### Pro Bono Champions!

Congratulations to the following 22 volunteer lawyers who have gone above and beyond the call of duty to take a case and provide Pro Bono representation to a client who cannot afford an attorney. The following attorneys are currently working on a Pro Bono case that they took from the Birmingham Bar Volunteer Lawyers Program in September, October, or November.

Charlie Baxley  
Elizabeth Blair (2 cases!)  
John Clark  
Pamela Cousins (2 cases!)  
Tommy Davis (2 cases!)  
Melissa Doggett  
Charles Dunn

Megan Elder (2 cases!)  
C. Allen Flowers  
Floyd Gaines  
Maura Goodwyn  
Deborah Gregory (2 cases!)  
Ginger Hamilton  
Stella Jackson  
Jeanie Jones  
Loring Jones  
Brown "Bo" Linder  
Jessica Powers (2 cases!)  
Nancy Lawrence Rhodes  
Jordan Watson  
Pam Weed  
Elizabeth Zwiebel

### Accept a Pro Bono case today:

Some 97 clients are awaiting an attorney to help them. Respond to this email today if you can take a case. Some of the areas where the BBVLP has open



VINCENT SAYLOR DISCUSSES HIS  
PRESENTATION WITH ATTENDEES OF A  
RECENT CLE.

Donate to the BBVLP

Donate





[10th Judicial Circuit](#)  
[Jefferson County](#)  
[State of Alabama](#)

## Social

Find us on Facebook 



Follow @BirminghamVLP

## Contact

Birmingham Bar Center  
 2021 Second Avenue North  
 Birmingham Alabama 35203  
 Phone: (205) 250-5198  
 Fax: (205) 250-5199

## Partners



The Birmingham Volunteer  
 Lawyers Program is funded by  
 LSA.



cases are:

- SSI benefits (1 case)
- Uncontested Divorce (6 cases)
- Contested Divorce (25 cases)
- Bankruptcy (31 cases)
- Wills & Estate (11 cases)
- Guardianship/Conservatorship (6 cases)
- Other (9 cases)

### **ZERO VOLUNTEERS for December Domestic Relations Help Desk:**

You can have your choice of times and dates to volunteer on a Wednesday in December at the Domestic Relations Help Desk. Be the first attorney to let us know you will help out by responding to this email or emailing [shudgens@vlpbirmingham.org](mailto:shudgens@vlpbirmingham.org).

Wide open are December 4th, 11th and 18th. Three attorneys are needed for each 8:30 to 10 a.m. shift and three are needed for 10 a.m. to noon. Your help will be well appreciated. Check out the [volunteer calendar](#) for more information.

### **District Court Help Desk volunteers also needed**

Please see the [volunteer calendar](#) for when you can volunteer.

### **Thank you to this week's Help Desk volunteers:**

District Court Volunteer Attorneys advised **19 clients** on Monday and Thursday

Stevan Goozee

Ryan Meyers-Lorant Law Group

Bertram Goodwin Minisman Jr.-Baker Donelson Bearman Caldwell &

Berkowitz

David T. Newton--Maynard Cooper & Gale, P.C.

Jessica Powers-Powers law

Honza Prchal-Heninger Garrison Davis, LLC

-

Domestic Relations Court Volunteer Attorneys advised **23 clients** on Wednesday

Megan Elder -- Elder Family Law

Linda Hall

Ginger Hamilton\*

Tanisia Moor

**Toys for Tots:** Friendly reminder to drop off an unwrapped toy at Legal Services Alabama, 1820 7th Avenue North, Suite 200, Birmingham, AL 35203, by December 2, 2013.

**Interesting read:** Remember when Alabama was the divorce capital of the nation? *The Montgomery Advertiser* does. Click [here](#) for the story.

## Qualify for Help

Clients whose income level is equal to or below 125% of the federal poverty level and who have first been interviewed by Legal Services Alabama staff or VLP staff are eligible for free legal help through the VLP. Only civil, non-fee generating cases are accepted by the VLP. See the "[Get Help & Volunteer](#)" page to apply for assistance.

Further, for information on how to apply for services, you may contact our intake line at (205) 250-5198 option #0.

New do-it-yourself instructions and forms are provided by the Alabama State Bar Committee on Pro Se Forms. See the [LawHelp website](#) for more information.

## Disaster Help Links

Help for filing insurance claims provided by the [Alabama Association for Justice](#). Free legal services for tornado victims provided by the [University of Alabama and Alabama State Bar](#). The Alabama State Bar also has a [Disaster Relief Hotline](#), at 1-800-354-6154.

See the "[Disaster Relief – Legal Information](#)" page for information and forms on dealing with contractors, unemployment, notice to landlord and other issues.





## About Us

The mission of the Madison County Volunteer Lawyers Program is to promote equal access to justice through the delivery of pro bono legal services to low income citizens in Madison County and to promote volunteerism among Madison County attorneys.

The Madison County Volunteer Lawyers Program accepts clients who are residents of Madison County or have cases pending in Madison County court. Generally, our clients have a household income no greater than 125% of the federal poverty guidelines. No fee-generating, traffic court, or criminal cases are accepted. Help may be available for the following types of cases:

- Garnishments/Debt issues
- Divorce and Protection from Abuse actions
- Evictions
- Foreclosures
- Civil lawsuits
- Food stamp denials
- SSI Terminations
- Unemployment Compensation denials
- Wills and Estates

## Upcoming Events



There are currently no events.


## Like Us on Facebook

## Current MCVLP Membership

The MCVLP has an active Board of Directors and a strong partnership with the Huntsville-Madison County Bar Association. In addition, the MCVLP is supported by a Pro Bono Task Force of 12 local attorneys.


Since January 2009, the number of volunteer attorneys working in conjunction with the MCVLP has grown by more than 50 percent. We are planning continued growth in the coming months and years.

**Madison County Volunteer Lawyers Program**  



**Madison County Volunteer Lawyers Program**


All of our volunteer lawyer Super Lawyers to us and the clients they serve, but special Congratulations to MCVLP Volunteer David Hodge, one of the Alabama Top 50 Super Lawyers, as well as Kim Martin and Rebekah McKinney, listed in the Top 25 Alabama Women's magazine.

May 12 at 5:42am

**Madison County Volunteer Lawyers Program**

272 people like Madison County Volunteer Lawyers Program.



 Facebook social plugin

## Join Our Mailing List

First Name:



Last Name:

Email:

Sign Up



## Contact Us for Assistance

The MCVLP is here to help. There are three ways to get help through our program:

### 1. By calling the VLP office at 256-539-2275.

When you call the office please have any paperwork that relates to your problem readily available. Please realize that due to a high volume of calls, you may have to leave a message. We will return your call as soon as possible. When you reach us an intake specialist will ask you a number of questions relating to your family status, type of income, amount of income, and other questions that help us determine whether or not you are eligible for our services, or if you would be better served by another legal service provider in our area. If you meet the eligibility requirements for our service we will ask you additional questions about your legal problem. We will then send you documents to sign and return to our offices. The program cannot assist you until all documents are signed and returned to the program.

### 2. By referral from Legal Services Alabama.

The MCVLP also accepts cases referred to us by [Legal Services Alabama, Inc. \(LSA\)](#). LSA is a non-profit corporation that provides free legal assistance to low income individuals and refers cases to the MCVLP for assistance. You can reach Legal Services Alabama by calling 1-800-456-4995.

### 3. By On-line application.

Legal Services Alabama, Inc. (LSA) has provided an online intake form through which you may apply for free legal assistance. LSA will contact you regarding your request and may refer your case to our organization. [Click here](#) to begin the application.

## Contact Information

Madison County Volunteer  
Lawyers Program  
Post Office Box 2913  
Huntsville, AL 35804

Phone: 256-539-2275

Fax: 256-533-1262

[info@vlpmadisoncounty.com](mailto:info@vlpmadisoncounty.com) or  
[director@vlpmadisoncounty.com](mailto:director@vlpmadisoncounty.com)







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## Our Mission

The South Alabama Volunteer Lawyers Program, Inc. ("VLP") is a charitable organization dedicated to delivering *pro bono publico* legal services to low-income citizens in Mobile, Baldwin, Clarke and Washington counties. Through local volunteer lawyers, the SAVLP provides free legal services in certain civil matters.

## SAVLP'S HISTORY

The Mobile Bar Association (MBA) was founded in 1869 and has provided public service to the community on a continuing basis since that time. In 1985, the MBA organized the Pro Bono Program to provide free legal representation to low-income clients in Mobile County. In 2000, the Program's name was changed to the Mobile Bar Association Volunteer Lawyers Program (VLP) to be more easily understood by the general public. As the program has become more established and expanded its reach, in 2012 it was decided to change the name again to South Alabama Volunteer Lawyers Program (SAVLP).

During the first two years of its existence, the Program was operated through the office of the MBA Executive Secretary. A separate Pro Bono Office was established in 1989 with a part-time director. Today the SAVLP is a 501(c) (3) nonprofit program and a partner agency of the United Way of Southwest Alabama with a full-time staff of five. The Program has over 650 lawyers who volunteer their expertise and time to work with low-income clients in certain types of civil cases.

The SAVLP has a very active Board of Directors, which meets monthly. The President of the Board is an ex-officio member of the MBA Executive Board, which oversees the SAVLP. Twenty-seven lawyers appointed by the MBA President and three community stakeholders serve on the SAVLP Board.

The South Alabama Volunteer Lawyers Program is a leader in Alabama and nationally in pro bono work. Through the leadership of the Mobile Bar Association, the spirit of volunteer work is readily embraced and thriving in Mobile, Baldwin, Clarke and Washington counties.



Your donation  
will help  
the needy gain  
equal access  
to the civil  
justice system.

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SOUTH ALABAMA  
VOLUNTEER  
LAWYERS PROGRAM



Mobile • Baldwin  
Washington • Clarke

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## How to Contact Us



Telephone: (251) 438-1102

Toll-Free: (855) 99-SAVLP - (855) 997-2857

Fax: (251) 438-1982

Open to Drop-ins: M-F 9:00AM to 11:30AM and 2:00PM to 4:30PM



Get directions on [MapQuest](#).



### Address:

South Alabama Volunteer Lawyers Program

56 St. Joseph Street, Suite 312

Mobile, AL 36602

\*3rd floor of the Regions Bank building (corner of St. Joseph & St. Francis Streets) in downtown Mobile

\*Bienville Square is a near-by landmark

Email: Please complete the form below.

## Request More Information

We are here to help you. Please complete the form below and we will get back to you as soon as possible.

Name \*

First

Last

Email Address \*

Comments:

CAPTCHA \*

87676d0

Please enter the code above:



Your donation  
will help  
the needy gain  
equal access  
to the civil  
justice system.

Learn more



**\*Required**

**Submit**

## Request More Information

We are here to help you. Please complete the form below and we will get back to you as soon as possible.

**Name \***

First

Last

**Email Address \***

**Comments:**

**CAPTCHA \***

8787bab

Please enter the code above:

**\*Required**

**Submit**

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South Alabama Volunteer Lawyers Program • 56 St. Joseph St., Ste 312 • Mobile, AL 36602







## Welcome!

This is a guide to free and low-cost civil legal aid, assistance & services in Alabama. You can get basic information here about your legal rights, learn where to go for legal aid and assistance, and find out about other community resources.

Choose a topic below to find resources including general information, your legal rights, the law and the courts, legal forms and more.

## Families and Children Public Benefits



- Adoption
- Child Support
- Common Law Marriage
- **More issues** ▶



- Applying for Benefits
- Family Assistance
- Food Stamps (SNAP)
- **More issues** ▶



- Cars
- Contracts and Warranties
- Debt Collection
- **More issues** ▶

## Housing



- Eviction
- Fair Housing
- Foreclosure
- **More issues** ▶



- Children's Health Insurance Programs
- Medicaid
- AIDS/HIV
- **More issues** ▶



- Advance Directives/Living Wills
- Food Stamps
- Health Care
- **More issues** ▶

**More Issues:** The Legal System, Immigration, Taxes, Veterans and Military, Disaster Legal Assistance  
[View all issues](#)

## Self Help Forms • Formularios de Autoayuda

### Do It Yourself Forms from the Alabama State Bar

Here you can find fillable forms on **Evictions, Garnishment, Child Custody, Child Support, Divorce, Guardianship, Name Change** and more.

Aquí usted puede encontrar los formularios rellenable sobre los **desalojos, embargo, custodia de los hijos, manutención de los hijos, divorcio, tutela, cambio de nombre** y más.

## Identity Theft: Self-Help Form Letters

### Identity Theft: Self-Help Form Letters

Here you can generate the following letters to use to notify businesses of the theft of your identity.

- Letter to Creditor
- Letter to a Debt Collector
- Letter to a Credit Bureau





THE VETERANS CONSORTIUM  
PRO BONO PROGRAM

Free **LEGAL REPRESENTATION**

**AT THE U.S. COURT OF APPEALS FOR**  
Veterans Claims

**FOR QUALIFIED VETS AND THEIR FAMILIES**



## Veterans Consortium Pro Bono Program

The Pro Bono Program is dedicated to providing every qualified veteran or their family with free legal representation before the U.S. Court of Appeals for Veterans Claims. Our services are **100% free**. No one from the Pro Bono Program will ever ask you for money or any portion of your benefits. If you have a legally viable claim, qualify financially and you wish to have a lawyer represent you, we will provide a lawyer trained in veterans law — completely free of charge.

**Since the creation of our grant by Congress in 1992, the Pro Bono Program has matched more than 3,600 veterans with lawyers to assist them with their appeals. We have recruited and trained almost 3,000 volunteer lawyers all over the country.**



Paralyzed Veterans  
of America

## They fought for us, now we'll fight for them.

If you are assisting a veteran or family member who has been denied VA benefits by the Board of Veterans' Appeals (BVA), they have the right to appeal that decision to the U.S. Court of Appeals for Veterans Claims (Court). The Pro Bono Program can assign a volunteer lawyer to help qualifying veterans and their families navigate the Court's rules and procedures—completely free of charge.

**Our services are 100% free.** No one from the Pro Bono Program will ever ask your clients or their families for money.

As you may know, the appeals process can be confusing. Appellants have plenty of questions prior to filing their appeal: How do they file an appeal? Is there a deadline? Do they need a lawyer? What if the case is turned down for being too small... or too big?

The grant for the Veterans Consortium Pro Bono Program (Pro Bono Program) was created by Congress for the sole purpose of helping veterans and their families who qualify and providing them with **free** legal representation before the U.S. Court of Appeals for Veterans Claims.

This brochure provides current information about the entire appeals process. If you or your client prefer to contact a member of our staff, please call us toll free at **888-838-7727**, or email [mail@vetsprobono.org](mailto:mail@vetsprobono.org).



**I gave my life  
for the country,  
and if another vet  
is out there and  
has a kid in the  
same condition,  
I want them to  
know that help  
exists.**

—[Vietnam Veteran]



**"Wonderful—  
there are so many  
veterans that are  
not able to afford  
attorneys and  
this program  
is truly a  
blessing."**

**—US Army Veteran  
who served during**

## Whom Does the Pro Bono Program Help?

### Eligibility

It is important for you and your clients to understand who qualifies for free representation through the Pro Bono Program. The list below outlines our eligibility guidelines:

**All of the following criteria must be met:**

- Veteran or a qualifying family member of a veteran with an honorable discharge;
- Received an adverse decision from the Board of Veterans' Appeals (BVA);
- Appealed that BVA decision to the U.S. Court of Appeals for Veterans Claims (the Court);
- Does not have a lawyer;
- Meets our financial eligibility guidelines; AND
- Has at least one viable issue to be argued before the Court.

### Who is NOT Eligible?

- Veterans who haven't been denied benefits by the BVA
- Veterans who have not yet filed an appeal with the U.S. Court of Appeals for Veterans Claims (though we can help them file their appeal)
- Veterans whose case is still under review by the Board of Veterans' Appeals
- Veterans whose case is still under review or has

## FILING AN APPEAL

**When should the veteran or family member file an appeal?**

If the BVA has recently denied a veteran's claim for benefits, their case doesn't have to be over. A veteran has the right to appeal the BVA's decision to the U.S. Court of Appeals for Veterans Claims, a special Federal court for veterans and their families. The Court is a separate, independent body. It is NOT part of the VA. Note: They only have 120 days from the mailing date of their BVA decision to file an appeal. (In very rare circumstances there are exceptions to this deadline.)

**How do they file an appeal?**

Your client doesn't need a lawyer to file an appeal. They can do it themselves, or with your help, simply by filling out the Court's Notice of Appeal Form (Form 1). There's a \$50 filing fee, but they can request the Court to waive the fee by filing a Declaration of Financial Hardship Form (Form 2). They may also request the forms from the Court or from the Pro Bono Program. (See page 9 for more information on filing an appeal.)

**Why do they need a lawyer?**

There's no requirement to have legal representation during an appeal. However, the likelihood of success increases tremendously if the veteran has a lawyer and they will be at a significant disadvantage without one. A lawyer will guide them through the system and help make the best arguments for their case. The Court has specific rules and procedures unfamiliar to many. Additionally, they will be facing a lawyer from the VA who is an expert in veterans' benefits law. We strongly recommend that appellants take advantage of a lawyer's services, whether the veteran chooses a Pro Bono Program lawyer or a private lawyer.

**If your client has not yet filed an appeal and it has been less than 120 days since they received a denial of benefits decision from the BVA, see Page 9 for step-by-step instructions for filing an appeal.**

To order free  
*About Your Appeal*  
booklets for your  
clients, please call  
us at 888-838-7727  
or email mail@  
vetsprobono.org.



**We are not a  
"last resort,"  
and there is no  
requirement that  
other lawyers  
turn them  
down before  
the veteran  
contacts us. We  
will evaluate  
their case at  
their request,  
whether other  
lawyers have  
turned them  
down or not.**

## **How the Pro Bono Program can help veterans and their families**

If you know a veteran or qualified family member of a veteran who had a claim that was denied by the BVA, we will try to help them. At their request, we will review their case, determine its merits, and then we may assign a volunteer Pro Bono Program lawyer to represent them at the U.S. Court of Appeals for Veterans Claims.

We will take a case of any size. There is no case that is too large or too small.

Even if the case seems very complex, we can still help. We have lawyers with a variety of experience and will match the veteran with a lawyer who is well-trained in the legal issues regarding the Veteran's benefits.

If the veteran has been told their case has no merit, we will evaluate the case for them (still at no charge), and determine how we can help. If we cannot identify an issue that makes it a viable case, we will still try to give the veteran information or suggestions about their case.

It is important for your clients to know that Pro Bono Program services are not automatically assigned. They must request, and then qualify for, assistance.

**Is the Pro Bono Program experienced with veterans' law appeals?**

**Will the appellant be charged a fee?**

**Will the Pro Bono Program take their case?**

**Are you affiliated with other veterans' organizations?**



**YES!** The Pro Bono Program staff is experienced with veterans' law appeals. Our volunteer lawyers receive specific training to handle veterans' law appeals.

**NO.** The Pro Bono Program will never charge a fee and will never ask for a portion of a veteran's benefits.

Probably. "A veteran attorney represents me, but I don't have money. If we're not successful, we will refer the case to a volunteer lawyer who will represent them at the Court."

**YES!** We are funded by four national veterans service organizations: The American Legion, The Disabled American Veterans, the National Veterans Legal Services Program, and the Department of Veterans Affairs. Representatives from each VSO sit active on our Executive Board.

**"This is an outstanding service. I can't believe that it's really free. My attorney is a very professional gentleman...I don't know what I would have done without him." (U.S. Army Veteran)**

"Thanks very much for your diligence and care on my case. I'm sure I speak for all veterans in thanking the Pro Bono Program for the great job they do."

—Veteran who served in the late 1960s



## How the Pro Bono Program Works

**If your client is a veteran or a qualified family member of a veteran and has had a case denied by the Board of Veterans Appeals, we will try to help them.**

**If your client files a case at the U.S. Court of Appeals for Veterans Claims, they can request a volunteer lawyer from the Pro Bono Program. Please refer to our website at [www.vetsprobono.org/veterans-family-members/appeals-for-services](http://www.vetsprobono.org/veterans-family-members/appeals-for-services). There they can download the three forms to fill out:**

**A. Engagement Agreement and Power of Attorney** — This gives us legal permission to review the case and potentially represent them. We can't review the case until this form is received.

**B. Financial Disclosure** — This enables us to determine their financial eligibility for free representation.

**C. Demographic Information** — This allows us to better serve more veterans in the future but is not required, nor does it affect our decision to provide representation.

**After the forms are received, the case is read by one experienced lawyer and if it is determined to contain a viable claim, the Pro Bono Program will assign a free lawyer to represent them. This person will be with them throughout the appeals process at the Court.**

**If we assign the case to a lawyer, the lawyer will contact him or her directly. The lawyer may or may not be located in the same area, but your client will be able to speak to them by phone or contact them by mail/email.**

**If their case is sent back to the BVA, the veteran may find it helpful to have someone assist them with their demand. They may ask the Pro Bono Program lawyer if he/she will continue with the case. If he/she doesn't, which is often the case, the Pro Bono Program recommends that the veteran contacts you, as the veteran's service officer, to continue the representation at the VA levels.**

**If your client has already spoken to a lawyer, the Pro Bono Program can still evaluate the case **UP-LESS** they have signed a retainer agreement — a contract — with the lawyer. If they have already retained a lawyer, the Pro Bono Program cannot evaluate the case, or even discuss it with them. Their lawyer will represent them unless they decide not to continue with him/her and if so, they must talk to their lawyer about canceling their agreement.**

**If we cannot find a viable claim in the case that will allow the Pro Bono Program to assign a volunteer lawyer to represent them, someone on our staff — a case management lawyer or a veterans law specialist — will still be available to answer questions about the case.**

**If you or your client have questions about the process, how to get started, or evaluating their case, you are both welcome to call us at 888-838-7727 or email us at [mail@vetsprobono.org](mailto:mail@vetsprobono.org). Or you can go to [www.vetsprobono.org](http://www.vetsprobono.org) for more information and to obtain forms needed to apply for our services.**

Your client can Apply for Services or get more information at our website: [vetsprobono.org](http://vetsprobono.org), call us at 888-838-7727 or email [mail@vetsprobono.org](mailto:mail@vetsprobono.org).



**The Pro Bono Program does NOT provide legal assistance with:**

- Complaints at a local VA Regional Office
- Appeals pending before the BVA
- Military Justice (Court-martial) matters or civilian criminal matters
- Military discharge separations
- Military or Naval Correctional Inmate Cases
- Physical Disability Evaluation Cases
- Federal Tort Claims Act Cases (FTCA, medical malpractice)
- Domestic relations issues
- Intellectual Property
- Landmark Treaty disputes
- USERRA cases (cost, employment rights)
- Announcements Discharge Act (ADA) cases
- Class actions

**"I am so very grateful to [my lawyer]... I think the Veterans Consortium Pro Bono Program is a **great pro bono program**. Continue the good work...[I]f I did not have your representation, I don't know how it would have turned out."**

*- Widow of Cold War Veteran*

## HOW TO FILE AN APPEAL

### 1. Go to the Court's website

[www.uscourts.ca.gov/appeals/pf](http://www.uscourts.ca.gov/appeals/pf) (or call the Court at 202-501-5970 and request Forms 1 and 4).

### 2. Complete the Court's Form 1—"Notice of Appeal."

[www.uscourts.ca.gov/documents/15\\_of\\_Practice\\_and\\_Procedure\\_effective\\_Sept\\_15\\_2011\\_-\\_Form\\_1.pdf](http://www.uscourts.ca.gov/documents/15_of_Practice_and_Procedure_effective_Sept_15_2011_-_Form_1.pdf)

### 3. There is a \$50 filing fee.

"The Veteran can ask the Court to waive the fee by filing the Court's Form 4—"Declaration of Financial Hardship."

### 4. Mail the completed form(s) to:

**Clerk of the Court**

**U.S. Court of Appeals for Veterans Claims**

625 Indiana Avenue, N.W., 5<sup>th</sup> Fl 500

Washington, DC 20004-2950

Phone: 202-501-5970

Fax: 202-501-5828

Email: [e-submission@uscourts.ca.gov](mailto:e-submission@uscourts.ca.gov)

(Note: Forms 1 and 4 must be attached as separate PDF files if you file both at the same time.)

### SPECIAL CASE.

If the deadline is getting close, the claimant can simply print their name, address and telephone number on a piece of paper and write: "I want to appeal my BVA case dated \_\_\_\_\_."

Then mail or fax that paper to the Court. (The postmark will be the filing date, so don't use FEDEX or UPS.)

Don't forget to include "Suite 900." If the Postal Service delivers your appeal to the wrong address, you can lose your chance to appeal!



# Getting Started with the Pro Bono Program

If you'd like the Pro Bono Program to review your case, you will need to fill out and return our forms.

| Form     |                                                   | Purpose                                                                                                                                 | Do I need to fill out this form?                                                                                | What do I do with the forms after they are filled out?                                                                                                                                                        |
|----------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> | <b>Engagement Agreement and Power of Attorney</b> | Gives us your legal permission to review your case and potentially represent you. We can't review your case until we receive this form. | <b>Yes</b> if you'd like the Pro Bono Program to review your case to see if you qualify for a volunteer lawyer. | <i>Mail, fax, or email the forms to:</i><br><br>The Veterans Consortium<br>Pro Bono Program<br>2101 L Street, NW<br>Suite 420<br>Washington, DC 20037<br><br>FAX 202 628 8169<br>EMAIL intake@vetsprobono.org |
| <b>B</b> | <b>Financial Disclosure</b>                       | Enables us to determine your financial eligibility for representation.                                                                  | <b>Yes</b> if you'd like the Pro Bono Program to review your case to see if you qualify for a volunteer lawyer. |                                                                                                                                                                                                               |
| <b>C</b> | <b>Demographic Information</b>                    | Allows us to better serve more veterans like you in the future.                                                                         | <b>No</b> filling out this form is optional and will not affect the outcome of any decision.                    |                                                                                                                                                                                                               |

The Veterans Consortium Pro Bono Program is dedicated to providing every qualified veteran or their family with free legal representation before the U.S. Court of Appeals for Veterans Claims. *Our services are 100% free. No one from the Pro Bono Program will ever ask you for money or any portion of your benefits.* If you have a legally viable claim, qualify financially and you wish to have a lawyer represent you, we will provide a lawyer trained in veterans law — completely free of charge.

## Consortium Partners



The Veterans Consortium  
 Pro Bono Program  
 2101 L Street, NW  
 Suite 420  
 Washington, DC 20037  
 FAX 202 628 8169  
 EMAIL intake@vetsprobono.org  
 Find us online at:  
[www.vetsprobono.org](http://www.vetsprobono.org)



# Engagement Agreement and Power of Attorney

I wish to be represented by a lawyer before the U.S. Court of Appeals for Veterans Claims through The Veterans Consortium Pro Bono Program (the "Program"). I understand that to find out if I qualify for a pro bono (free) representative under the Program, my case must first be evaluated. I agree to be represented by the Program for the limited purpose of evaluating my case. I understand that I will not be charged a fee and I can withdraw from the Program in writing at any time.

**Consent to Release of Information:** I give my consent for the Program, or a lawyer(s) participating in the Program as my representative, to review, and make copies of any material contained in my claims file in the custody of the Department of Veterans Affairs; and/or the custody of the U.S. Court of Appeals for Veterans Claims. I also authorize the aforementioned persons participating in the Program to obtain copies of documents or files maintained by the national veterans service organization (if any) that assisted me with my claim(s) at either the VA Regional Office or the Board of Veterans' Appeals. I further authorize my representative to accept such materials and documents in any format, to include computer discs and other digital or electronic formats. If this material includes information (protected under 38 U.S.C. § 7332) about drug abuse, infection with the human immunodeficiency virus (HIV), alcoholism or alcohol abuse, or sickle cell anemia, I specifically consent to that disclosure as well. To permit this, and for no other purpose, I waive my rights under the Privacy Act, 5 U.S.C. § 552a(b), and under any other federal or state law or regulation that controls access to my records.

MAIL, FAX, OR EMAIL  
THE FORMS TO:

**The Veterans  
Consortium  
Pro Bono Program**  
2101 L Street NW  
Suite 420  
Washington, DC 20037

FAX

202 628 8169

EMAIL

[info@vetsprobono.org](mailto:info@vetsprobono.org)

FIND US ONLINE AT:

[www.vetsprobono.org](http://www.vetsprobono.org)

**DO NOT SEND THIS  
FORM TO THE COURT**

## Form A

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Veterans Service Organization I was assisted by at the Board (Use DAV, TAL, PVA, VVA to designate organization or enter full name if not listed) \_\_\_\_\_

Representative's Name (if known) \_\_\_\_\_

Six-Digit Court of Appeals Docket Number:   -

Your Street Address \_\_\_\_\_

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

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Your E-mail Address (Optional) \_\_\_\_\_

Preferred method of contact: Phone \_\_\_\_\_ Email \_\_\_\_\_ Mail \_\_\_\_\_



# Financial Disclosure

If you'd like the Pro Bono Program to review your case you must financially qualify for assistance from the Program. Please indicate your choice below.

Note: Filing a Declaration of Financial Hardship with the Court constitutes a request for waiver of the \$50.00 filing fee.

**OPTION 1:** ☐ I have already sent a Declaration of Financial Hardship (DFH) to the Court.

Please sign and date at the bottom and submit this form to The Pro Bono Program.

**OPTION 2:** ☐ I will send the Declaration of Financial Hardship (DFH) to the Court.

The DFH form can be found at  
[http://www.uscourts.cavc.gov/forms\\_fees.php](http://www.uscourts.cavc.gov/forms_fees.php)

Please sign and date at the bottom and submit this form to The Pro Bono Program.

To qualify you and your dependents must live on less than double the poverty level based on your current employment income.

**OPTION 3:** ☐ I have paid or will be paying the \$50 filing fee at the Court.

Please answer the following questions. We do not need to know the value of your assets or the amount of any disability, welfare, pension, social security, or other federal, state, or local benefits you receive. They are not considered in determining your financial eligibility. It is based only on your employment income.

**Are you now employed?**

☐ YES, my gross income is \$ \_\_\_\_\_ monthly.

My employer is \_\_\_\_\_

☐ NO, my last date of employment was \_\_\_\_\_

If your last employment ended less than a year ago, what was your gross monthly salary or wage? \$ \_\_\_\_\_ monthly

**Do you have family living with you or for whom you provide financial support?**

☐ YES, I've listed the information below

\_\_\_\_\_  
Name/Relationship/Age

\_\_\_\_\_  
Name/Relationship/Age

\_\_\_\_\_  
Name/Relationship/Age

\_\_\_\_\_  
Name/Relationship/Age

☐ NO

I state under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Mail, fax, or email the forms to:

The Veterans Consortium  
Pro Bono Program  
2101 L Street, NW  
Suite 420  
Washington, DC 20037

FAX 202 628 8169

EMAIL [intake@vetsprobono.org](mailto:intake@vetsprobono.org)

Find us online at:

[www.vetsprobono.org](http://www.vetsprobono.org)

**DO NOT SEND THIS FORM TO THE COURT**

## Form B





## Demographic Information

In response to requirements of our federal grant, the Veterans Consortium Pro Bono Program requests the following demographic information from those appellants who seek our assistance. This data is collected and compiled for grant purposes only.

This information is *optional* and *will not be used to determine eligibility for Program services*. You will not be denied the Pro Bono Program services on the basis of race, color, sex, sexual orientation, creed, national origin, age, religion, political affiliation or belief, or disability.

Please provide the following information:

1. Are you the appellant: ☐ Male ☐ Female
2. What is your age at the present time:  
☐ under 18 ☐ between 18-59 ☐ 60 or over
3. Describe your ethnic background:  
☐ Caucasian (white; non-Hispanic origin)  
☐ Black (non-Hispanic origin)  
☐ Hispanic origin  
☐ Native American  
☐ Asian/Pacific Islander  
☐ Other/Mixed Race

Mail, fax, or email  
the forms to:

The Veterans Consortium  
Pro Bono Program  
2101 L Street, NW  
Suite 420  
Washington, DC 20037

FAX 202 628 8169

EMAIL [intake@vetsprobono.org](mailto:intake@vetsprobono.org)

Find us online at:

[www.vetsprobono.org](http://www.vetsprobono.org)

**DO NOT SEND THIS  
FORM TO THE COURT**

## Form C



## Judge Advocate General



The Office of the Staff Judge Advocate for the Alabama National Guard is located at Joint Force Headquarters, just off Congressman Dickinson Dr. We are dedicated to our mission of providing legal support to the Alabama National Guard by fairly administering the military justice system, providing quality legal advice and various legal services for our Army/Air National Guardsmen, Military Service Members, as well as our Military Veterans and qualified Dependents.

Office of the Staff Judge Advocate  
P.O. Box 3711  
Montgomery, AL 36109

Phone: (334) 271-7471

Hours: Tue - Fri, 8 a.m. - 5 p.m.

**Services Provided:**

**Legal Assistance:** The Legal Assistance Office provides legal assistance to National Guard soldiers, qualified family members, and eligible retirees. Assistance will be tasked out to the Servicemember's respective Judge Advocate. If necessary, appointments will be required for any and all legal assistance.

**Claims:** The mission of the Claims Division is to efficiently investigate, process, and settle claims against, and in favor of, the U.S. to provide quality customer service to claimants and to provide quality claims service and assistance to commanders.

**Trial Defense Service:** This service is limited to active ALNG members for military matters.

Alabama Code of Military Justice - Commander and Leader Training

Alabama Code of Military Justice - Service Member Training

## Links

- <sup>1</sup> This link will get you to the Defense Finance and Accounting Service for information regarding all matters in military pay.
- <sup>2</sup> Army Judge Advocate web portal, public sections are available for access.
- <sup>3</sup> Air Force Judge Advocate web portal, public sections are available for access.
- <sup>4</sup> Army Publishing Directorate
- <sup>5</sup> USERRA Frequently asked questions
- <sup>6</sup> Alabama Department of Human Resources, for legal assistance in Domestic - civilian court
- <sup>7</sup> Freedom of Information Act
- <sup>8</sup> National Personnel Records Center, St. Louis, archives for military personnel records
- <sup>9</sup> Army Review Boards
- <sup>10</sup> Employer Support of the Guard and Reserves



Governor Rob  
Bentley



Major General P. Smith







**ALABAMA SUPREME COURT COMMISSION ON DISPUTE  
RESOLUTION**

**MINI-GRANT APPLICATION**

**ALABAMA CENTER FOR DISPUTE RESOLUTION, INC.  
415 DEXTER AVENUE  
POST OFFICE BOX 671  
MONTGOMERY, ALABAMA 36101  
(334) 269-0409**



## **ALABAMA SUPREME COURT COMMISSION ON DISPUTE RESOLUTION**

### **Description of the Grants Program**

By the Supreme Court of Alabama order dated June 30, 1994, the Supreme Court Commission on Dispute Resolution was established. The Supreme Court Commission on Dispute Resolution may award grants of Commission funds for the following Dispute Resolution purposes:

1. To provide guidelines, programs and procedures in the state courts for orderly progress of alternative dispute resolution
2. To maintain the Center for Dispute Resolution
3. To provide technical assistance, education, and training to the Bar, the judiciary and the public
4. To develop training procedures, qualification criteria, and standards of conduct for mediators
5. To maintain statistical data and other information necessary to evaluate on a continuing basis the effectiveness of alternative dispute resolution in the State of Alabama
6. To address funding needs for implementing alternative dispute resolution
7. To provide community-based alternative dispute resolution programs
8. To provide alternative dispute resolution related advice, recommendations and reports to the Alabama Supreme Court.

### **Grant Considerations**

The Alabama Supreme Court Commission on Dispute Resolution (Commission) has not allocated a set percentage of funds collected to any one funding category. Commission funds cannot meet the entire needs of any one program, and these funds generally will be used to supplement programs which are also funded by other sources.

The Commission will accept applications for any of the acceptable uses of Commission funds, but will not set priorities in funding at this time. Procedures and priorities may change in the future as resources and needs change. All grants funded by the Commission are wholly discretionary and do not imply that a program will receive funds for the next grant cycle.

### **Eligibility Criteria**

To be eligible to receive funds from the Commission, an applicant must (1) submit a written proposal within the time schedule; (2) respond adequately to questions in the grant proposal format; (3) respond adequately to further requests for information; (4) agree to carry out the program for which funds were requested, and report to the Commission on progress and results in accordance with the grant agreement; and (5) come within one of the categories approved by the Supreme Court of Alabama. Grant applications will not carry over from one grant cycle to the next. A new application must be submitted each time an organization applies for Commission funds.

Applications must be received by the Alabama Supreme Court Commission on Dispute Resolution no later than 5:00 p.m. on October 1 of each year. Grant decisions will be announced prior to December. Additional grant applications may be obtained by contacting The Alabama Center for Dispute Resolution at P.O. Box 671, Montgomery, AL 36101, (334) 269-0409.

## ALABAMA SUPREME COURT COMMISSION ON DISPUTE RESOLUTION

### Grant Application Instructions

1. Please answer the following questions only in the space provided each question. Each answer should be clear and succinct. Respond to the question that is asked. **The application form provided by the Commission must be used. If the form provided by the Commission is not used, the application will be returned.**
2. **Do not attach any document not specifically requested.** If necessary, the Commission will request additional information by a separate document. If you think a question is clearly not applicable to your organization, indicate so by writing N/A in the space provided.
3. Please submit the typed original application **and five (5) copies**, one for each person on the final grant determination subcommittee. Staple together each copy. Do not copy the cover sheet, the description, or the instructions. Do not place either the application or the copies in any type of binder. Please do not mark exhibits with tabs.
4. Grant applications are due no later than 5:00 p.m. on October 1 of each year. The Commission has adopted a policy that applications received after the due date and time will not be considered regardless of the source of the application or the merits of the application. Facsimile copies of the application will not be accepted. Applications should be sent to:

**Alabama Supreme Court Commission on Dispute Resolution  
c/o Alabama Center for Dispute Resolution, Inc.  
415 Dexter Avenue  
Post Office Box 671  
Montgomery, Alabama 36101**

The Commission may interview applicants at its discretion. If the Commission desires to interview a representative of your organization, you will be notified.

## ALABAMA SUPREME COURT COMMISSION ON DISPUTE RESOLUTION

### Grant Application

Please indicate the category under which you are applying for Commission grant funds.

- ☐ Technical assistance, education and training to the Bar, judiciary and/or public
- ☐ Projects to improve the administration of dispute resolution programs in state courts
- ☐ Provide training procedures for mediators
- ☐ Provide community-based alternative dispute resolution programs
- ☐ To help maintain statistical data to evaluate the effectiveness of dispute resolution
- ☐ Other

#### Commission funds are requested for:

- ☐ General Support
- ☐ Specific Project

#### You are:

- ☐ First-time applicant
- ☐ Current Grantee

☐ Previous Applicant \_\_\_\_\_ Date Last Applied

Name of Organization/Applicant \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Address \_\_\_\_\_  
Street

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

Telephone Number \_\_\_\_\_

Project Name (if applicable) \_\_\_\_\_

Program Director \_\_\_\_\_

Contact Person \_\_\_\_\_

Grant Cycle Funds are Requested for \_\_\_\_\_

**Amount Requested** \_\_\_\_\_





3. Describe the geographical area to be served, the number of people to be assisted, and your method of determining this information.
4. Identify other organizations or projects within your geographical area that provide the same service, and describe any cooperative work between your organizations.
5. If you propose to provide community-based alternative dispute resolution programs, describe your plan for identifying and screening these communities and income criteria to be used.
6. List other organizations from which you have sought funding and the amount received from each. Please note any applications that are pending. List the grantor, the amount requested and the date you will be notified whether your application has been approved.

7. Describe the potential impact if Commission funds are not made available to you.
8. Are you exempt from income taxation? If so attach a copy of your IRS exemption letter. If not, describe your charitable, educational, or law related purposes. Please note if your application for tax-exempt status is pending.
9. If you are a recipient of Commission funds in the most recent grant cycle, attach a schedule, which lists each specific item on which these funds were spent, and the specific amount for each item.
10. Attach an executed Grant Assurances form.
11. Attach your current line item budget if you are now operational. Attach a projected budget, which includes and identifies your proposed uses for Commission funds.
12. If not otherwise identified in your budget, please list all sources from which you receive funds and the amount of funding provided by each source.

13. List any lawyers who are members of your board of directors and note whether or not they are registered as mediators with the Alabama Center for Dispute Resolution.

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Date Submitted

Person Preparing Application

Title

In the box below please prepare a press release the Commission may use if your request for funds is approved.

## THE ALABAMA SUPREME COURT COMMISSION ON DISPUTE RESOLUTION

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### Grant Assurances

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(Applicant Name)

Applicant assures that:

1. It will restrict the use of Commission funds to law related activities or purposes that are charitable or educational within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1954.
2. It agrees that no funds provided by the Commission will be used for any political campaign or to support attempts to influence legislation of any governmental body.
3. It agrees that all of the grant funds are to be used for, and only for, the public, charitable purpose(s) specified in the grantee's application for funds. Use of any portion of the grant funds, including any interest earned thereon, for any other purpose must have the prior written approval of the Commission.
4. It will not discriminate on the basis of race, religion, sex, age, handicap or national origin against (1) any person applying for employment or employed by the applicant with respect to any personnel action proposed or taken concerning the applicant or employee; or (2) any person seeking participation in, or the benefits or proceeds of the program or projects supported in whole or part by this grant.
5. It agrees to notify the Commission as soon as possible, but not later than thirty (30) days, of any material changes occurring in the grantee's program during the grant period for which this grant is made. Examples of material changes include, but are not limited to:
  - a. Change of contact person, telephone number or office location
  - b. Changes in tax status
  - c. Questions raised in any financial or operational audit conducted in-house or by any governmental agency, including, but not limited to, the IRS
  - d. Changes or additions to the scope of activities of the grantee organization
6. It will, upon request, cooperate with all data collection and evaluation activities undertaken by the Commission, and give any authorized representative of the Commission access to any copies of all financial records, books, papers, or documents, provided that the foundation shall not have access to any reports, records, or information subject to the attorney-client privilege.



7. It will provide a copy of a program audit within 30 days after the end of the grant period or in the alternative, a financial accounting conforming to the purpose(s) for which Commission funds were awarded, and which has been certified correct by the responsible financial official of your organization. It further agrees that the Commission may audit or cause an audit to be conducted of grant funds. It agrees to pay the costs incurred for this audit.
8. It understands and agrees that the Commission may, in its sole discretion, grant funds in greater or lesser amounts and/or for greater or lesser periods of time than requested in this application.
9. It hereby understands and agrees that the Commission has no obligation to finance any project(s) of any applicant and if a grant is made, the Commission may decide not to renew it for another period. It also understands and agrees that if grantee fails to comply with this agreement in any way, the Commission may rescind the grant award and demand the return of funds paid to the grantee.
10. It understands and agrees that the application, once received by the Commission, becomes the property of the Commission, and any or all of the ideas or information contained therein may be used by the Commission.
11. It will prepare a mid-year progress and status report as well as a year-end report explaining how grant money has been spent and the progress and status of the project.

**I have read these assurances and understand that if this application is approved for funding, the grant will be subject to these conditions and restrictions. I certify this applicant will comply with these assurances if the application is approved.**

PROGRAM DIRECTOR: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CHIEF OFFICER: \_\_\_\_\_

Title: \_\_\_\_\_

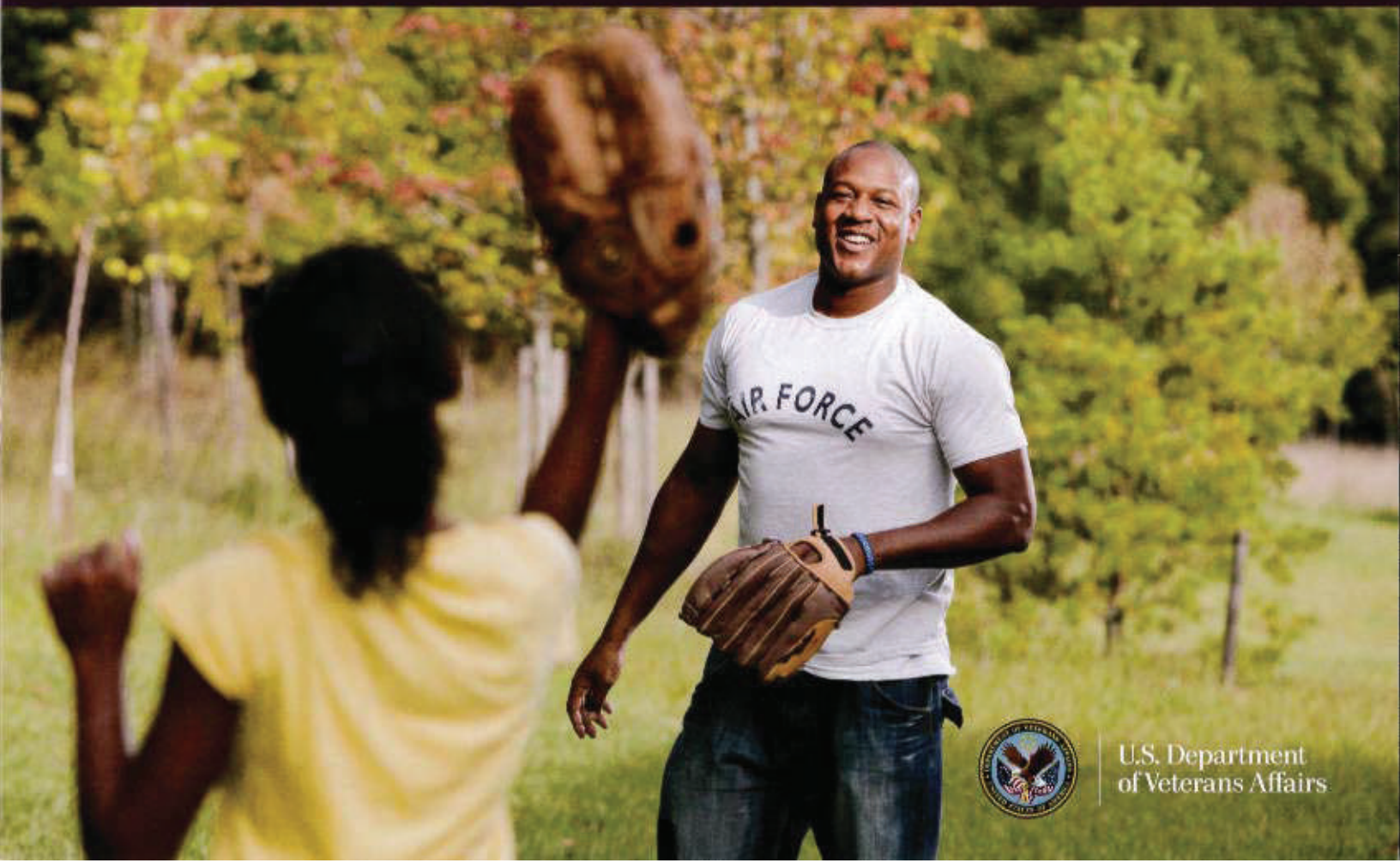
Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Protect You  
and Your  
Family With  
VA Insurance

## Summary of VA Life Insurance Benefits



U.S. Department  
of Veterans Affairs



VA offers life insurance programs that provide financial security and peace of mind for Servicemembers, Veterans, and their families.

VA provides the following life insurance options at relatively low monthly premiums, which vary by program:

- » **Servicemembers' Group Life Insurance (SGLI)** is a low-cost group term life insurance program for Servicemembers. Servicemembers who are totally disabled at separation may extend coverage for up to two years
- » **Veterans' Group Life Insurance (VGLI)** allows Veterans to convert their SGLI to a civilian program of renewable term coverage after separation from service
- » **Family Servicemembers' Group Life Insurance (FSGLI)** insures spouses and children of Servicemembers with SGLI coverage. Spousal coverage may not exceed the Servicemember's SGLI coverage. Dependent children are automatically covered at no charge



- » **Servicemembers' Group Life Insurance Traumatic Injury Protection (TSGLI)** is an automatic feature of SGLI that provides payments to Servicemembers who suffer severe losses, such as amputations, blindness, and paraplegia, due to traumatic injuries that occur in service
- » **Service-Disabled Veterans' Insurance (S-DVI)** provides life insurance coverage to Veterans whom VA has granted service connection for a new disability within the last two years. Totally disabled Veterans are eligible for free coverage and have the opportunity to purchase additional insurance
- » **Veterans' Mortgage Life Insurance (VMLI)** provides mortgage life insurance protection to severely disabled Servicemembers and Veterans whom VA has granted Specially Adapted Housing (SAH)



#### Access Your VA Benefits

Go to eBenefits at [www.ebenefits.va.gov](http://www.ebenefits.va.gov), your one-stop shop to learn about and apply for your benefits.

**eBenefits**  
My Gateway to Benefit Information



## SERVICEMEMBERS' GROUP LIFE INSURANCE (SGLI)

SGLI provides low-cost term life insurance coverage to active duty Servicemembers and Reserve members. Covered members receive 120 days of free coverage from their date of separation. Part-time coverage is also provided to Reserve members who do not qualify for full-time coverage.

**Eligibility.** You are **automatically** insured under full-time SGLI if you are one of the following:

- » An active duty member of the Army, Navy, Air Force, Marines, or Coast Guard
- » A commissioned member of the National Oceanic and Atmospheric Administration (NOAA) or the U.S. Public Health Service (USPHS)
- » A cadet or midshipman of the U.S. military academies
- » A member, cadet, or midshipman of the Reserve Officers Training Corps (ROTC) engaged in authorized training or practice cruises
- » A member of the Ready Reserve or National Guard scheduled to perform at least 12 periods of inactive training per year, or
- » A Servicemember who volunteers for a mobilization category in the Individual Ready Reserve

If you are unable to work due to total disability at the time of separation, you can apply for the SGLI Disability Extension, which provides free coverage for up to two years. At the end of the extension period, you automatically qualify for VGLI as long as you pay the premiums.

Servicemembers are automatically issued maximum SGLI coverage upon entry to active duty. They must indicate in writing if they wish to decline coverage, select a lesser amount, designate beneficiaries, and/or make other changes to their life insurance coverage.

**Premiums.** You pay a monthly premium for SGLI that VA automatically deducts from your base pay.

**Converting SGLI to VGLI—Time sensitive**  
Veterans must apply to convert SGLI to VGLI within one year and 120 days from discharge. Veterans who submit their application within 120 days of discharge do not need to answer any questions about their health while those who apply more than 120 days after discharge must answer questions about their health.

All applications for VGLI must include the first month's premium. Veterans can apply online through [www.ebenefits.va.gov](http://www.ebenefits.va.gov) or [www.insurance.va.gov](http://www.insurance.va.gov).

## VETERANS' GROUP LIFE INSURANCE (VGLI)

VGLI is a life insurance program that allows Veterans to convert their full-time SGLI coverage to lifetime renewable term insurance after separation from service. If you apply within 120 days after discharge, you can obtain this coverage regardless of your health. You can retain VGLI for as long as you pay the premiums.

**Eligibility.** You qualify for VGLI if you are one of the following:

- » Servicemember being released from active duty who was covered by SGLI, **OR**
- » Servicemember separating, retiring, or being released from assignment in the Ready Reserve or National Guard who was covered by SGLI, **OR**
- » National Guard or Reserve member covered by part-time SGLI who incurred a disability or aggravated a pre-existing disability while performing inactive duty or traveling to/from duty, **OR**
- » Member of the Individual Ready Reserve or Inactive National Guard



**Amount.** Servicemembers can convert SGLI to VGLI up to the amount of coverage they had upon separation from service. Servicemembers who obtain less VGLI coverage can increase their VGLI coverage in \$25,000 increments every five years until age 60.

**Premiums.** The cost for VGLI varies according to the amount of coverage and age. Premiums increase periodically.

### **FAMILY SERVICEMEMBERS' GROUP LIFE INSURANCE (FSGLI)**

FSGLI is a program that automatically provides term life insurance coverage to the spouses and dependent children of Servicemembers insured under the SGLI program. VA automatically issues the maximum spousal coverage, but Servicemembers can decline or reduce that coverage. Dependent children are insured at no cost. The Servicemember is always the beneficiary of FSGLI coverage.

**Eligibility.** Spouses and dependent children of the following are eligible for FSGLI:

- » Active duty Servicemembers covered by full-time SGLI, **OR**
- » Members of the National Guard or Ready Reserve covered by full-time SGLI

Family coverage is not available to individuals insured under the VGLI program.

**Premiums.** Servicemembers pay a premium for their spouse's coverage, which increases as the spouse ages. Coverage for children is provided at no cost until a child is 18, unless the child is a full-time student or disability renders the child permanently incapable of self-support prior to age 18.

### **SERVICEMEMBERS' GROUP LIFE INSURANCE TRAUMATIC INJURY PROTECTION (TSGLI)**

TSGLI provides automatic traumatic injury coverage to all Servicemembers covered under the SGLI program. It provides short-term financial assistance to severely injured Servicemembers and Veterans to assist them in their recovery from traumatic injuries. TSGLI is not only for combat injuries, but provides insurance coverage for injuries incurred on or off duty.

**Eligibility.** All members of the uniformed services who have SGLI are automatically covered by TSGLI. If members suffered an injury between October 7, 2001, and November 30, 2005, that resulted in a qualifying loss, they are covered

Financial counseling may be available for you if you have SGLI, VGLI, FSGLI, or TSGLI coverage. Once you receive your claim payment, you or your beneficiary can get advice from a financial expert at FinancialPoint® to create a plan to address your specific financial needs. It does not sell any financial products. For more information, please go to [www.insurance.va.gov](http://www.insurance.va.gov) or call one of the following toll free numbers:

**SGLI, VGLI, FSGLI Beneficiaries:** 1-888-243-7351  
**TSGLI Recipients:** 1-800-428-3416

by TSGLI, regardless of whether they had SGLI coverage at the time of the injury. TSGLI coverage automatically ends when members are discharged from service or decline SGLI coverage. Spouses and children covered under FSGLI are not covered by TSGLI.

**Premiums.** The premium for TSGLI is a flat rate of \$1 per month for most Servicemembers.



## VETERANS' MORTGAGE LIFE INSURANCE (VMLI)

Veterans' Mortgage Life Insurance (VMLI) is mortgage protection insurance that can help families of severely disabled Servicemembers or Veterans pay off a home mortgage in the event of their death.

**Eligibility.** VMLI is only available to Servicemembers and Veterans with severe service-connected disabilities who:

- » Received Specially Adapted Housing (SAH) to help build, remodel, or purchase a home, **AND**
- » Have the title to the home, **AND**
- » Have a mortgage on the home

Veterans must apply for VMLI before their 70th birthday.

VMLI protection is issued automatically following SAH approval, provided you submit information required to establish a premium and do not decline coverage. Coverage automatically terminates when the mortgage is paid off. If you sell your house and pay off your mortgage, you can obtain VMLI on the mortgage of another home.

**Premiums.** VMLI premiums vary according to your age, the outstanding balance of the mortgage, and the remaining length of the mortgage. VA automatically deducts VMLI premiums from your monthly benefit payments.



## SERVICE-DISABLED VETERANS' INSURANCE (S-DVI)

S-DVI is a life insurance benefit for Veterans who have service-connected disabilities but are otherwise in good health.

**Eligibility.** To obtain S-DVI, you must meet the following criteria:

- » VA granted service connection for any disability (even if evaluated at zero percent), **AND**
- » You applied within two years from the date VA notified you of a new service-connected disability, **AND**
- » You are in good health, except for any service-connected conditions

**Premiums.** The premium you pay for S-DVI coverage depends on your age, type of plan (term or permanent), and the amount of coverage. If you are a Veteran with basic S-DVI coverage and are totally disabled, you may apply to have VA waive your premiums.

Supplemental S-DVI is additional supplemental insurance coverage if:

- » You have an S-DVI policy, **AND**
- » VA is waiving the premiums on your basic coverage due to total disability, **AND**
- » You apply for Supplemental S-DVI within one year of being notified of the waiver, **AND**
- » You are under 65 years of age

Note: VA cannot waive premiums for Supplemental S-DVI.



|                                          | SGLI                                                                                                                                                                                                                                                            | VGLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSGLI                                                                                                                                                                                              | TSGLI                                                                                                                                            | S-DVI                                                                                                                                                                                                                                                                                                                                         | VMLI                                                                                                                                                                                                                                              |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ELIGIBILITY</b>                       |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |
| <b>Who qualifies?</b>                    | Servicemembers on active duty, members of the Ready Reserve, National Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration and the Public Health Service, cadets and midshipmen of the four service academies, and ROTC members | Members with full-time SGLI coverage are eligible for VGLI upon release from service                                                                                                                                                                                                                                                                                                                                                                                               | Family coverage is available for the spouses and children of active duty Servicemembers and members of the National Guard or Ready Reserve of a uniformed service who have full-time SGLI coverage | Every Servicemember who has SGLI coverage also has TSGLI coverage                                                                                | Servicemembers who were released from active duty under other than dishonorable conditions after April 25, 1951, and were notified of a rating for a new service-connected disability (even 0 percent) within the last 2 years are eligible to apply. Applicants must be in good health with the exception of any service-connected condition | Servicemembers and Veterans who have received a Specially Adapted Housing Grant (SAH)                                                                                                                                                             |
| <b>APPLYING</b>                          |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |
| <b>Is there an application deadline?</b> | No, coverage is automatic upon entry to active duty or active duty for training (if a National Guard or Reserve member)                                                                                                                                         | Veterans must apply to convert SGLI to VGLI within one year and 120 days from discharge. Veterans who submit their application within 120 days of discharge do not need to submit evidence of good health, while those who apply more than 120 days after discharge are required to answer questions about their health. Servicemembers who receive a SGLI Disability Extension are automatically issued VGLI at the end of their extension period, subject to payment of premiums | No, coverage is automatic                                                                                                                                                                          | Coverage is automatic for those insured under basic SGLI and cannot be declined. The only way to decline TSGLI is to decline basic SGLI coverage | Veterans must apply within two years from the date VA notified them that they have been granted a new service-connected disability                                                                                                                                                                                                            | Veterans must apply before their 70th birthday. Veterans and Servicemembers receiving a Specially Adapted Housing Grant are notified by Loan Guaranty personnel during their interview if they are eligible for Veterans' Mortgage Life Insurance |
| <b>What forms are needed?</b>            | Complete and file <b>SGLV 8286</b> , Servicemembers' Group Life Insurance Election and Certificate to designate beneficiaries or to reduce, decline, or restore SGLI coverage                                                                                   | Complete <b>SGLV 8714</b> , Application for Veterans' Group Life Insurance, or apply online                                                                                                                                                                                                                                                                                                                                                                                        | Complete and file <b>SGLV 8286A</b> to decline, reduce, or restore FSGLI spousal coverage                                                                                                          | To make a claim for the TSGLI benefit, complete and submit <b>SGLV Form 8600</b> , Application for TSGLI Benefits                                | Complete <b>VA 29-4364</b> , Application for Service-Disabled Insurance (S-DVI)                                                                                                                                                                                                                                                               | Complete <b>VA 29-8636</b> , Application for Veterans' Mortgage Life Insurance                                                                                                                                                                    |
| <b>Can I complete and apply online?</b>  | Yes, at <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a> , click "Insurance" under "browse benefits LINKS"<br><i>Note: This enhancement is expected to be added to <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a> in 2012.</i>    | Yes, at <a href="http://www.insurance.va.gov">www.insurance.va.gov</a> or click "Insurance" under "browse benefits LINKS" at <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a>                                                                                                                                                                                                                                                                                        | No                                                                                                                                                                                                 | No                                                                                                                                               | Yes, at <a href="http://www.insurance.va.gov">www.insurance.va.gov</a> or click "Insurance" under "browse benefits LINKS" at <a href="http://www.ebenefits.va.gov">www.ebenefits.va.gov</a>                                                                                                                                                   | No                                                                                                                                                                                                                                                |

## APPLY FOR YOUR VA INSURANCE BENEFITS

Apply for VGLI and S-DVI at [www.insurance.va.gov](http://www.insurance.va.gov), or register and apply for VGLI and S-DVI at [www.ebenefits.va.gov](http://www.ebenefits.va.gov), your one-stop shop to apply for and learn about your benefits.

For information regarding SGLI, TSGLI, FSGLI, or VGLI, call the Office of Servicemembers' Group Life Insurance at 1-800-419-1473. For information regarding S-DVI and VMLI, call the VA Insurance Toll-Free Customer Service Center at 1-800-669-8477.

## Frequently Asked Questions (FAQs)

### **Where can I find how much insurance I really need?**

Our website, [www.insurance.va.gov](http://www.insurance.va.gov), offers a life insurance calculator and other guidance to determine the level of insurance that meets your family's needs and evaluate how much you can afford based on the rates of VA or other providers.

### **Can I make a claim under TSGLI once I have left the service?**

Yes, you can make a claim under TSGLI after discharge as long as you experienced the traumatic event while in service and while covered by SGLI. TSGLI does not cover traumatic events occurring after service.

### **I am an active duty member, but my spouse is retired from the military. Is my spouse eligible for insurance under FSGLI?**

Yes. Eligibility for spousal coverage is based on the status of the member covered under SGLI. If you are covered under SGLI, you are eligible to insure your spouse, regardless of whether your spouse is on active duty, retired, or a civilian.



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).



## Additional VA Benefits

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health care system, a 10-point hiring preference for federal employment, and other important benefits. Ask a representative from VA or a Veterans Service Organization (VSO) about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO online at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).



## For More Information

For more information about life insurance benefits, including eligibility, coverage limits, premium rates, and how to apply, please:

- » Find links to VA benefits information and apply at [www.ebenefits.va.gov](http://www.ebenefits.va.gov)
- » Visit us at [www.insurance.va.gov](http://www.insurance.va.gov)
- » Use IRIS, VA's tool to find information and ask questions online at <https://iris.custhelp.com>
- » Call us at **1-800-669-8477** (for S-DVI and VMLI benefits) or **1-800-419-1473** (for SGLI, VGLI, FSGLI, and TSGLI benefits)
- » Visit the nearest VA regional office. To find the VA regional office nearest you, go to our website or call VA toll free at **1-800-827-1000**

**Thank you for your service.  
Now let us serve you.**

U.S. Department of Veterans Affairs

Veterans Benefits Administration  
Washington, DC 20420

T 800-827-1000  
[www.va.gov/benefits](http://www.va.gov/benefits)

## **Introduction to VA Pension Benefits**

The information contained in this section describes pension benefits available to eligible Veterans through the United States Department of Veterans Affairs (VA). This information will assist court personnel in accessing pension benefits for eligible Veterans. Specific items included in this section are as follows:

1. Summary of VA Pension Benefits
2. Presumptive Disability Conditions
3. FAQs (about Eligibility for VA Pension Benefits)







Supplemental  
income for  
wartime  
Veterans

## Summary of VA Pension Benefits





VA helps Veterans with wartime service and their families cope with financial challenges by providing supplemental income through Veterans Pension and Survivors Pension benefits.

## ELIGIBILITY FOR VA PENSION BENEFITS

| Requirements                   | Service Requirements                                                                                                                                                                                                       | Age / Disability                                                                                                                                                                                                                                                                                           | Income and Net Worth                                                                                                                                                                                                 |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Veterans                       | <ul style="list-style-type: none"> <li>Discharged from service under other than dishonorable conditions</li> <li>Served 90 days or more of active duty with at least one day during a period of war<sup>1</sup></li> </ul> | <ul style="list-style-type: none"> <li>Age 65 or older, <b>OR</b></li> <li>Permanently and totally disabled (not due to own personal misconduct), <b>OR</b></li> <li>Patient in a nursing home receiving skilled nursing care, <b>OR</b></li> <li>Receiving Social Security disability benefits</li> </ul> | <ul style="list-style-type: none"> <li>Countable family income is below the amount set by Congress</li> <li>Unreimbursed medical expenses may reduce countable income</li> <li>Net worth is not excessive</li> </ul> |
| Un-remarried Surviving Spouses | Spouse must have met all Veteran Service Requirements listed above                                                                                                                                                         | N/A                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                      |
| Unmarried Children             | Parent must have met all Veteran Service Requirements                                                                                                                                                                      | <p>Must be under 18 years of age, or under age 23 if attending a VA-approved school</p> <p><i>Children who are permanently incapable of self-support due to a disability before age 18 may also be eligible</i></p>                                                                                        |                                                                                                                                                                                                                      |

## INCOME AND NET WORTH LIMITATIONS

If eligible, your pension benefit is the difference between your "countable" income and the annual pension limit set by Congress. VA generally pays this difference in 12 equal monthly payments.

**Countable income.** Includes income from most sources as well as from any eligible dependents. It generally includes earnings, disability and retirement payments, interest and dividend payments from annuities, and net income from farming or a business. Some expenses, such as unreimbursed medical expenses, may reduce your countable income.

**Net worth.** Includes assets such as bank accounts, stocks, bonds, mutual funds, annuities, and any property other than your residence and a reasonable lot area. You should report all of your net worth. VA will determine whether your assets are of a sufficiently large amount that you could live off of them for a reasonable period of time.

<sup>1</sup> Veterans who entered active duty after September 7, 1980 must also serve at least 24 months of active duty service. If the total length of service is less than 24 months, the Veteran must have completed his or her entire tour of active duty.

### Yearly Income

Your yearly family income must be less than the amount set by Congress to qualify for the Veterans or Survivors' Pension benefit. You can view the current income limits, sample pension calculations, and determine your estimated benefit amount at [www.vba.va.gov](http://www.vba.va.gov).

### Access Your VA Benefits

Go to eBenefits at [www.ebenefits.va.gov](http://www.ebenefits.va.gov), your one-stop shop to learn about and apply for your benefits.

**eBenefits**  
My Gateway to Benefit Information



## HOW TO APPLY

To apply for pension benefits, fill out and submit the following forms:

- » **Veterans Pension:** Veteran's Application for Compensation and/or Pension (VA Form 21-526)
- » **Survivors Pension:** Application for Dependency and Indemnity Compensation, Death Pension, and Accrued Benefits by Surviving Spouse or Child (VA Form 21-534)

You can access these forms by:

- » Applying online via [www.ebenefits.va.gov](http://www.ebenefits.va.gov), your one-stop shop to apply for and learn about your benefits, if you're a Veteran
- » Downloading either form at [www.va.gov/forms](http://www.va.gov/forms)
- » Calling VA toll free at 1-800-827-1000 to have a claim form mailed to you
- » Visiting your local VA regional office. For the VA regional office nearest you, call VA toll free at 1-800-827-1000

## AID AND ATTENDANCE AND HOUSEBOUND

Veterans or surviving spouses who are eligible for VA pension and are housebound or require the aid and attendance of another person may be eligible for an additional monetary payment.

**Aid and Attendance (A&A).** An increased monthly pension amount paid if you meet one of the following conditions:

- » You require help in performing daily functions, which may include bathing, eating, or dressing
- » You are bedridden
- » You are a patient in a nursing home
- » Your eyesight is limited to a corrected 5/200 visual acuity or less in both eyes; or concentric contraction of the visual field to 5 degrees or less

**Housebound.** An increased monthly pension amount paid if you are substantially confined to your immediate premises because of a permanent disability.

To apply for increased pension based on A&A or Housebound, write to your local VA regional office and provide medical evidence, such as a doctor's report, that validates the need for an increased benefit. If your income exceeds the threshold for basic pension, you may still qualify for pension if you are eligible for either the A&A or Housebound.

Because Aid and Attendance and Housebound allowances increase the pension amount, people who are not eligible for a basic pension due to excessive income may be eligible for pension at these increased rates. You may not receive both A&A and Housebound at the same time.

## Frequently Asked Questions (FAQs)

### What qualifies as a wartime period?

Under current law, VA recognizes the following war periods:

- » World War I (April 6, 1917—November 11, 1918)
- » World War II (December 7, 1941—December 31, 1946)
- » Korean conflict (June 27, 1950—January 31, 1955)
- » Vietnam era (February 28, 1961—May 7, 1975 for Veterans who served in the Republic of Vietnam during that period; otherwise August 5, 1964—May 7, 1975)
- » Gulf War (August 2, 1990—through a future date to be set by law or Presidential Proclamation)

### If I am already receiving monthly payments for a service-connected disability, can I also receive a VA pension?

You cannot receive a VA non-service connected pension and service-connected disability compensation at the same time. However, if you apply for a pension benefit and are awarded payments, VA will pay you whichever benefit is greater.

### Can I reapply for pension benefits if I do not initially qualify?

Yes, you may reapply at any time if your countable income is below the yearly limit (which may occur after deducting unreimbursed medical expenses from the 12 month period after VA received your claim), or if you were denied because you were not rated as permanently and totally disabled but your disabilities have become worse.



## Additional VA Benefits

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health care system, a 10-point hiring preference for federal employment, and other important benefits. Ask your VA representative or Veterans Service Organization (VSO) representative about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO representative online at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).

**Thank you for your service. Now let us serve you.**



## For More Information

For more information about VA pension benefits, including eligibility and the application process, please:

- » Find links to VA benefits information and apply at [www.ebenefits.va.gov](http://www.ebenefits.va.gov)
- » Visit us at [www.va.gov/benefits](http://www.va.gov/benefits)
- » Use IRIS, VA's tool to find information and ask questions online at <https://iris.custhelp.com>
- » Call us at **1-800-827-1000**
- » Visit the nearest VA regional office. To find the VA regional office nearest you, go to our website or call VA toll free at **1-800-827-1000**

U.S. Department of Veterans Affairs

Veterans Benefits Administration  
Washington, DC 20420

T 800-827-1000  
[www.va.gov/benefits](http://www.va.gov/benefits)

## **PRESUMPTIVE DISABILITY BENEFITS**

VA presumes that some disabilities are due to military service. You may be eligible to receive service-connected disability benefits if you have a qualifying disability associated with certain conditions of service, such as:

- » Former Prisoners of War
- » Vietnam Veterans exposed to Agent Orange
- » Gulf War Veterans with undiagnosed illnesses and medically unexplained chronic multi-symptom illnesses.

**To qualify for disability benefits based on presumptive conditions, you must have a disability associated with one of the criteria listed above.**





## Frequently Asked Questions

### **What is VA disability compensation?**

Disability compensation is a tax-free benefit paid to a Veteran because of a service-connected disability.

### **What is a service-connected disability?**

A service-connected disability is a disability related to an injury or disease that developed during or was aggravated while on active duty or active duty for training. VA also pays disability compensation for disabilities resulting from injury, heart attack, or stroke that occurred during inactive duty training.

### **Who is eligible to receive disability compensation from VA?**

You may be eligible for disability compensation if you have a service-connected disability and were discharged under other than dishonorable conditions.



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).



### **Introduction to National Guard & Reserve Members & Veterans**

The information contained in this section describes benefits unique to National Guard and Reserve Members. This information will assist court personnel in accessing resources for members of the National Guard and Reserves participating in the Veterans Court. Specific materials included in this section are as follows:

1. Summary of VA Benefits for National Guard and Reserve Members and Veterans
2. Alabama National Guard Educational Assistance Program





# Summary of VA Benefits for National Guard and Reserve Members and Veterans



U.S. Department  
of Veterans Affairs



As a member of the National Guard or Reserve you may qualify for a wide range of benefits offered by the Department of Veterans Affairs (VA). VA is here to help you and your family understand the benefits for which you may be eligible and how to apply for them. VA benefits include disability compensation, pension, home loan guaranty, education, health care, insurance, vocational rehabilitation and employment, and burial.

Active Guard Reserve (AGR) Program supports and enhances the mobilization readiness of the Reserve components. The AGR includes both National Guard (Title 32) and Reserve members (Title 10) who serve full-time. National Guard members may establish eligibility for certain VA benefits by performing full-time duty under either Title 32 or Title 10.



## QUALIFYING SERVICE IN THE NATIONAL GUARD AND RESERVE

Generally, all National Guard and Reserve members discharged or released under conditions that are not dishonorable are eligible for some VA benefits. The length of your service, service commitment and/or your duty status may determine your eligibility for specific benefits.

**Active Service.** Eligibility requirements for several VA benefits include a certain length of active service. Active service in the National Guard or Reserve includes:

- » Active duty (Title 10) - full-time duty in the Armed Forces, such as unit deployment during war, including travel to and from such duty, except active duty for training, **OR**
- » Full-time National Guard duty (Title 32) – duty performed for which you are entitled to receive pay from the Federal government, such as responding to a national emergency or performing duties as an Active Guard Reserve (AGR) member

A state or territory's governor may activate National Guard members for State Active Duty, such as in response to a natural or man-made disaster. State Active Duty is based on state law and does not qualify as "active service" for VA benefits. Unlike full-time National Guard duty, National Guard members on State Active Duty are paid with state funds as opposed to Federal funds.

### Access Your VA Benefits

Go to eBenefits at [www.ebenefits.va.gov](http://www.ebenefits.va.gov), your one-stop shop to learn about and apply for your benefits.

**eBenefits**  
My Gateway to Benefit Information



**Traditional Service.** Traditional National Guard and Reserve members typically serve one weekend per month and two weeks per year. Traditional members may become eligible for some VA benefits by fulfilling a service commitment. Eligibility for disability compensation requires that a disability was the result of an injury or disease incurred or aggravated in the line of duty during active duty or active duty for training. For inactive duty training, the disability must have resulted from injury, heart attack, or stroke. Other benefit programs require a specified number of days of active service.

**Technician Service.** Military technicians are civilian employees of the Department of the Army or Department of the Air Force who are required to maintain membership in the National Guard or Reserve in order to retain employment. Similar to traditional National Guard and Reserve members, military technicians are normally in a military status

one weekend a month and two weeks a year, and are eligible for some VA benefits. They may establish eligibility for additional benefits based on the length of Guard, Reserve, or active service.

VA BENEFITS



**Disability Compensation.** Disability compensation is a monthly tax-free benefit paid to Veterans who are at least 10% disabled because of injuries or diseases that were incurred or aggravated during active duty or active duty for training.



**Pension.** VA pension is a tax-free benefit paid to Veterans with limited income and net worth who served during a wartime period (see the FAQ section for a list of wartime periods). Generally, you must have 90 days or 24 months of active service (depending on when you served) to qualify.

Eligibility for VA Pension Benefits

| Age/Disability Requirements                                                                                                                                                                                                                                                                                                                                                  | Active Service Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                              | On/Before September 7, 1980 (Enlisted) or October 16, 1981 (Officer)                                                                                                                                                                                                                                                                                                                                                                                         | After September 7, 1980 (Enlisted) or October 16, 1981 (Officer)                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"><li>» Age 65 or older, <b>OR</b></li><li>» Permanently and totally disabled (not due to own personal misconduct), <b>OR</b></li><li>» A patient in a nursing home receiving skilled nursing care, <b>OR</b></li><li>» Receiving Social Security Disability Insurance, <b>OR</b></li><li>» Receiving Supplemental Security Income</li></ul> | <ul style="list-style-type: none"><li>» For at least 90 days with at least one day during a wartime period, <b>OR</b></li><li>» For at least 90 consecutive days or more if the period began or ended during a wartime period, <b>OR</b></li><li>» For an aggregate of 90 days or more during more than one wartime period, <b>OR</b></li><li>» During a wartime period, you were discharged or released because of a service-connected disability</li></ul> | <ul style="list-style-type: none"><li>» For at least 24 continuous months*, or the full period you were called or ordered, with at least one day during a wartime period, <b>OR</b></li><li>» During a wartime period, you were discharged or released because of a service-connected disability</li></ul> <p><i>*You are also eligible if you previously completed 24 continuous months of active service prior to the date above, or received an early discharge under Section 1171 of Title 10.</i></p> |





**Home Loan Guaranty.** VA's Home Loan Guaranty Program connects National Guard and Reserve members with home loans that have favorable terms. Private lenders provide the loan, but VA guarantees a portion of it, allowing lenders to provide benefits such as no down payment or mortgage insurance premiums. To qualify for VA's home loan guaranty, you must meet one of the following conditions:

- » Served for 90 days or more on active duty during a wartime period, **OR**
- » Were discharged or released from active duty for a service-connected disability, **OR**
- » Have six years of service in the Selected Reserve or National Guard, **AND**
  - » Were discharged honorably, **OR**

- » Were placed on the retired list, **OR**
- » Were transferred to the Standby Reserve or an element of the Ready Reserve other than the Selected Reserve after honorable service, **OR**
- » Continue to serve in the Selected Reserve



**Education.** VA provides valuable education and training benefits to National Guard and Reserve members, including financial support for undergraduate and graduate degrees, vocational and technical training, licensing and certification tests, apprenticeships, and on-the-job training. You may be eligible for one or more of the following programs if you meet certain service requirements:

## Eligibility for VA Education Benefits

| Program                                       | Service Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Post-9/11 GI Bill                             | <ul style="list-style-type: none"> <li>» You were honorably discharged from active duty for a service-connected disability after serving at least 30 continuous days after September 10, 2001, <b>OR</b></li> <li>» You have at least 90 aggregate days of active service consisting of:               <ul style="list-style-type: none"> <li>» Active duty (Title 10) supporting named contingency operations, <b>OR</b></li> <li>» Full-time National Guard duty (Title 32) for the purpose of organizing, administering, recruiting, instructing, or training, <b>OR</b></li> <li>» Full-time National Guard duty (Title 32 under section 502(f)) when authorized by the President or the Secretary of Defense for the purpose of responding to a national emergency declared by the President and supported by Federal funds</li> </ul> </li> </ul> |
| Montgomery GI Bill-Selected Reserve (MGIB-SR) | <p>You:</p> <ul style="list-style-type: none"> <li>» Have a 6-year obligation to serve in the Selected Reserve, <b>AND</b></li> <li>» Completed your Initial Active Duty for Training (IADT), <b>AND</b></li> <li>» Served in a drilling unit and remain in good standing, <b>AND</b></li> <li>» Have a high school diploma or equivalency</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Reserve Educational Assistance Program (REAP) | <p>You:</p> <ul style="list-style-type: none"> <li>» Are a member of a Reserve component, <b>AND</b></li> <li>» Served on active duty for at least 90 consecutive days after September 10, 2001</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |





**Health Care.** VA health care benefits may include all the necessary inpatient hospital care and outpatient services to promote, preserve, or restore your health.

Eligibility for VA health care requires that you served on active duty by a Federal order and completed the full period for which you were called or ordered. If you served on active duty in a theater of combat operations after November 11, 1998, you are eligible for free VA health care benefits for up to 5 years from the date of discharge or release.

Additional factors determine health care benefit eligibility for non-combat Veterans, or those with combat service prior to November 11, 1998. Learn more at [www.va.gov/healthbenefits](http://www.va.gov/healthbenefits).

Vet Centers. VA assists combat Veterans through a nationwide network of community-based Vet Centers. Counselors provide individual, group, and family readjustment counseling to help with the transition to civilian life, treat post-traumatic stress disorder (PTSD), and help with any other issues related to military service. Other services include: outreach, education, medical referral, homeless Veteran services, employment, and VA benefit referral.



**Burial.** VA offers burial and memorial services to honor our Nation's deceased Veterans. For example:

- » VA can furnish an inscribed headstone or marker at any cemetery, or a medallion in lieu of a headstone, or marker to affix to one that is privately purchased

- » VA can provide a burial and/or plot allowance to partially reimburse the burial and funeral costs of a Veteran
- » VA can provide a Presidential Memorial Certificate (PMC) for the next of kin and loved ones of a deceased Veteran
- » VA can provide an American flag to drape the casket of a Veteran
- » A Veteran and his or her dependents can be buried in a VA national cemetery

Eligibility for burial benefits requires that you served on active duty, or that your death was due to an injury or disease that developed or was aggravated during active duty, active duty for training, or inactive duty for training.



**Insurance.** VA's life insurance programs provide financial security and peace of mind to you and your family, especially considering the risks involved in military service. Eligible Servicemembers and Veterans pay relatively low monthly premiums for coverage, which vary by insurance program. You are automatically insured under full-time Servicemembers' Group Life Insurance (SGLI) as either a:

- » Member of the Ready Reserve or National Guard who is scheduled to perform at least 12 periods of inactive training per year, **OR**
- » Servicemember who volunteers for a mobilization category in the Individual Ready Reserve (IRR)

Part-time coverage is also available to National Guard and Reserve members who do not meet the inactive training requirement above, but do perform duty at specific times.



You qualify for Veterans' Group Life Insurance (VGLI) if you are a:

- » Servicemember separating, retiring, or being released from assignment from the Ready Reserve, or a National Guard member who was covered by SGLI, **OR**
- » Member of the National Guard or Reserve covered by part-time SGLI who incurred or aggravated a disability while performing inactive duty or traveling to/from duty, **OR**
- » Member of the Individual Ready Reserve or Inactive National Guard

Additional VA Insurance benefits include:

- » **Family Servicemembers' Group Life Insurance (FSGLI)** is available to the spouses and dependent children of members of the Ready Reserve or National Guard of a uniformed service covered by full-time SGLI. FSGLI is a service members' benefit and therefore is the only one allowed to be beneficiary. Coverage is terminated on separation from service, divorce, death of the service member or if the service member elects to cancel the coverage
- » **SGLI Traumatic Injury Protection (TSGLI)** helps severely injured National Guard and Reserve members and their families with the financial burdens associated with recovery by providing a one-time payment to Servicemembers or Veterans who incur traumatic injuries (on-duty or off-duty) and suffer losses that qualify for payment under TSGLI
- » **Service-Disabled Veterans' Insurance (S-DVI)** provides life insurance coverage to National Guard or Reserve members or Veterans who incurred a service-connected disability while in an active duty status. Applications must be submitted within two

years from the date of notification of approval for a new service-connected disability by the VA. This is only for those Veterans discharged on or after April 25, 1951

- » **Veterans Mortgage Life Insurance (VMLI)** provides mortgage life insurance to severely disabled National Guard or Reserve members or Veterans who incurred a service-connected disability while in an active duty status and received a Specially Adapted Housing (SAH) grant from VA



### **Vocational Rehabilitation and Employment.**

VA's Vocational Rehabilitation and Employment (VR&E) program provides education and training services, including vocational counseling and job-search assistance, to National Guard and Reserve members with service-connected disabilities. You may be eligible for assistance in preparing for, obtaining, and maintaining suitable employment through VR&E if you are:

- » A Veteran with a service-connected disability rated at 20 percent or more, **OR**
- » Hospitalized or receiving outpatient medical care, services or treatment for a service-connected disability pending discharge from active duty, **OR**
- » Severely ill or injured and have been referred to a military Physical Evaluation Board or are participating in the DoD/VA Integrated Disability Evaluation System process, **OR**
- » A Veteran with a service-connected disability rated at least 10 percent, and your Vocational Rehabilitation Counselor determines you need rehabilitation because of a serious employment handicap

You may also qualify for career counseling if you recently separated from the military or are using VA education benefits.



## Frequently Asked Questions

### **Do I qualify for VA benefits as a National Guard or Reserve member?**

Yes, generally, all National Guard and Reserve members qualify for some VA benefits. Different VA benefits may consider different factors to determine eligibility, such as length of service, type of service (such as under Title 10 or Title 32), wartime service, and/or service-related disability.

### **What is the difference between serving as a Traditional National Guard or Reserve member and as an Active Guard Reserve member?**

Traditional National Guard and Reserve members typically serve one weekend a month and two weeks a year. Active Guard Reserve members are full-time members of a Reserve component for which they are entitled to receive pay from the Federal government. As an AGR, you establish eligibility for certain VA benefits by your active service under either Title 10 or Title 32.

### **What qualifies as a wartime period?**

Under current law, VA recognizes the following wartime periods:

- » World War I (April 6, 1917 – November 11, 1918)
- » World War II (December 7, 1941 – December 31, 1946)
- » Korean conflict (June 27, 1950 – January 31, 1955)
- » Vietnam era (February 28, 1961 – May 7, 1975 for Veterans who served in the Republic of Vietnam during that period; otherwise August 5, 1964 – May 7, 1975)
- » Gulf War (August 2, 1990 – through a future date to be set by law or Presidential Proclamation)

### **Where can I go to learn more about VA benefits for National Guard and Reserve members?**

Go to [www.ebenefits.va.gov](http://www.ebenefits.va.gov), your one-stop shop to learn about and apply for your VA benefits, or [www.benefits.va.gov/guardreserve](http://www.benefits.va.gov/guardreserve), a website tailored to help National Guard and Reserve members learn about your benefits.



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).



## Additional VA Benefits

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health care system, a 10-point hiring preference for federal employment, and other important benefits. Ask your VA representative or Veterans Service Organization (VSO) representative about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO representative online at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).



## For More Information

For more information about National Guard and Reserve benefits, including eligibility and how to apply, please:

- » Find links to VA benefits information and apply at [www.ebenefits.va.gov](http://www.ebenefits.va.gov)
- » Visit us at [www.benefits.va.gov/guardreserve](http://www.benefits.va.gov/guardreserve)
- » Use IRIS, VA's tool to find information and ask questions online at <https://iris.custhelp.com>
- » Call us at **1-800-827-1000**
- » Visit the nearest VA regional office

**Thank you for your service.  
Now let us serve you.**

U.S. Department of Veterans Affairs

## Alabama National Guard Educational Assistance Program

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| An award to be used for tuition, educational fees and book/supplies for Alabama National Guard members to attend a public postsecondary educational institution in Alabama. Awards are limited to a minimum of \$100, and 50% of the remaining balance after all federal benefits for a total amount not to exceed \$2,000 per year. Is not based on need.* | Students who are active members in good standing with a federally-recognized unit of the Alabama National Guard. Participants may receive federal veterans benefits, but must show a cost less aid amount of at least \$25. | Applications are available from Alabama National Guard units. Funds are limited, so students who are Guard members are encouraged to apply early. Forms must be signed by a representative of the Alabama Military Department and the financial aid officer at the college or university the student plans to attend. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*\*As amended by Act No. 2014-179.*

The Alabama Commission on Higher Education (ACHE), Office of Student Assistance administers the Alabama National Guard Educational Assistance Program. Applications are available at the Alabama National Guard units located on the next page.

Questions related to this program may be directed to:

Mrs. Cheryl Newton, ACHE Grants Coordinator, (334) 242-2273.



Alabama National Guard



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**Alabama National Guard Major Commands**


Headquarters  
Alabama Army National Guard  
P.O. Box 3711  
Montgomery, AL 36109-0711  
(334) 271-7200



(256) 240-8500

Headquarters  
167th Theater Sustainment Command  
424 Goode Road  
Fort McClellan, AL 36205-0280



Headquarters  
62nd Troop Command  
1600 NE Bypass  
Montgomery, AL 36117



Headquarters  
31st Chemical Brigade  
2509 44th Avenue  
Northport, AL 35476-3635  
(205) 330-8100



Headquarters  
20th Special Forces Group  
5801 Oporto-Madrid Blvd  
Birmingham, AL 35210-1499  
(205) 808-3245



Headquarters  
Alabama Air National Guard  
P.O. Box 3711  
Montgomery, AL 36109-0711  
(334) 271-7266



Headquarters  
187th Fighter Wing  
5187 Selma Hwy.  
Montgomery, AL 36108-4829  
(334) 394-7202



Headquarters  
117th Air Refueling Wing  
5401 East Lake Blvd  
Birmingham, AL 35217-3595  
(205) 714-2000



Headquarters  
226th Combat Communications Group  
Abston ANG Group  
1000 Air Base Blvd  
Montgomery, AL 36108-0348  
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Governor Robert Bentley



Major General Perry Smith



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## **Introduction to Dependents' & Survivors' Benefits**

The information contained in this section describes benefits available to eligible dependents and survivors of military personnel. This material will assist court personnel in accessing resources for family members of Veterans participating in the Veterans Court. Specific materials included in this section are as follows:

1. Summary of VA Dependents' and Survivors' Benefits
2. Alabama G.I. Dependents' Scholarship Program (ADVA)







VA supports  
Servicemembers'  
and Veterans'  
families

## Summary of VA Dependents' and Survivors' Benefits



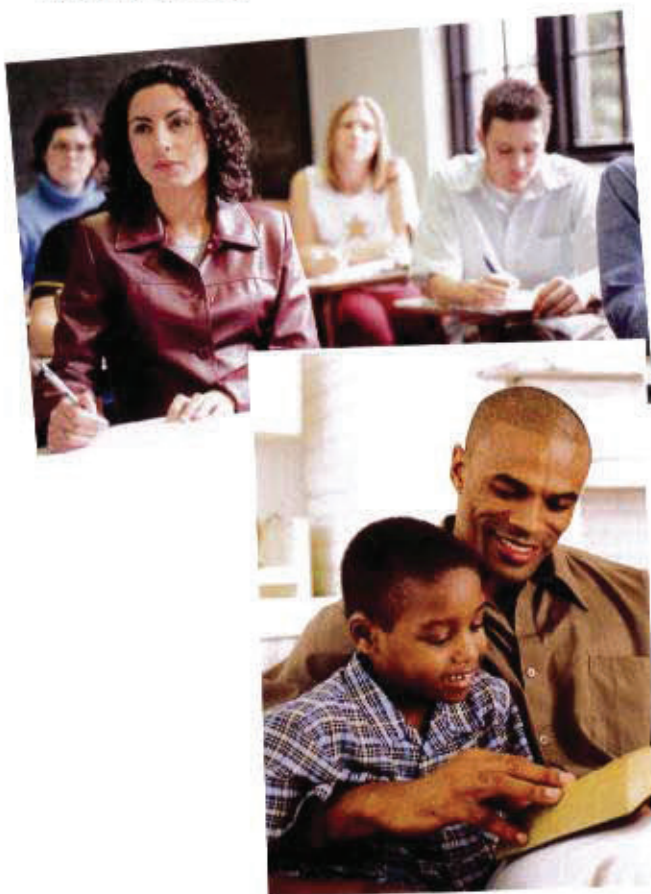
U.S. Department  
of Veterans Affairs



VA honors the sacrifices of Servicemembers' and Veterans' dependents and survivors through many benefit programs, which may be available to a surviving spouse, dependent child(ren), and/or parent(s).

Dependents' and survivors' benefit programs include the following:

- » **Dependency and Indemnity Compensation (DIC)** — a monthly tax-free benefit paid to a surviving spouse, including additional payments for dependent children. Parents' DIC is paid to surviving parents based on financial need
- » **Survivors' Pension** — a monthly income based tax-free benefit payable to a surviving spouse and/or child(ren) of a deceased Veteran with wartime service



- » **The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)** — a benefit that provides reimbursement for most medical expenses to certain surviving spouses and dependents of Veterans with permanent and total service-connected disabilities who are not eligible for TRICARE
- » **Dependents' Educational Assistance Program (DEA)** — a benefit that provides assistance to obtain a degree and pursue other eligible education and training
- » **Home Loans** — a benefit that may be used to help purchase, construct, or improve a home. It may also be used to refinance a mortgage
- » **Burial** — a benefit that includes furnishing a headstone, marker, or medallion, a burial allowance, a Presidential Memorial Certificate, and an American flag to drape over the deceased's casket, as well as the option of burial in a VA national cemetery



#### Access Your VA Benefits

Go to eBenefits at [www.ebenefits.va.gov](http://www.ebenefits.va.gov), your one-stop shop to learn about and apply for your benefits.

**eBenefits**  
My Gateway to Benefit Information



## DEPENDENCY AND INDEMNITY COMPENSATION

Dependency and Indemnity Compensation (DIC) is a monthly tax-free benefit provided to an eligible surviving spouse, dependent child(ren), and/or parent(s) of a deceased Servicemember or Veteran.

You may be eligible for DIC benefits if you are a surviving spouse, dependent child, or parent of a:

- » Servicemember who died while on active duty or training, **OR**
- » Veteran who died as a result of a service-related disability, **OR**
- » Veteran who was receiving or entitled to receive VA compensation for a service-connected disability that was rated as totally disabling:
  - › for at least 10 years immediately preceding death, **OR**
  - › since the Veteran's release from active duty and for at least five years immediately preceding death, **OR**
  - › for at least one year immediately preceding death if the Veteran was a former prisoner of war (POW)

**Spouse.** Your eligibility as a recognized surviving spouse requires that you:

- » Were validly married to the Veteran before January 1, 1957, **OR**
- » Were married to the Veteran within 15 years of discharge from the period of military service in which the disease or injury that caused the Veteran's death began or was aggravated, **OR**
- » Were married to the Veteran for at least one year prior to the Veteran's death, **OR**
- » Had a child with the Veteran, **AND**
- » Cohabited with the Veteran continuously until the Veteran's death, **AND**
- » Are not remarried, however, surviving spouses who remarry on or after December 16, 2003, and are 57 or older can continue receiving DIC

DIC provides a basic payment rate plus additional allowances for each dependent child, as well as Aid and Attendance or Housebound benefits. The Aid and Attendance benefit is paid in addition to your monthly compensation amount under any of the following conditions:

- » You require help in performing daily functions, which may include bathing, eating, or dressing
- » You are bedridden
- » You are in a nursing home
- » Your eyesight is limited to a corrected 5/200 visual acuity or less in both eyes

**Dependent Children.** You may be eligible for DIC benefits if you are not included in your surviving parent's DIC benefit, are not married, and are younger than 18 or between ages 18 and 23, if attending school. Certain adult children who become seriously disabled prior to age 18 may also be entitled to DIC.

**Parents.** Parents' DIC is an income-based monthly tax-free benefit, and may be available if your child was a Servicemember or Veteran who died from a service-related cause and you were financially dependent on him or her.

DIC provides a basic payment rate plus additional allowances for each dependent child, as well as Aid and Attendance or Housebound benefits. The Aid and Attendance benefit is paid in addition to your monthly compensation amount under any of the following conditions stated above.

The Housebound benefit is paid in addition to your monthly DIC amount if a permanent disability substantially prevents you from leaving your immediate dwelling.

You may also be entitled to an additional allowance if you have a dependent child under the age of 18 in your household.



## SURVIVORS' PENSION

Survivors' Pension is a tax-free needs-based benefit paid to an un-remarried surviving spouse and/or unmarried child(ren) of a deceased wartime Veteran. You must have an income below a yearly limit set by Congress to be eligible for pension benefits.

You may be eligible if you are the surviving spouse or dependent child of a Veteran who:

- » Received a discharge from service under conditions other than dishonorable, **AND**
- » Served at least 90 days of active military service with at least one day during a wartime period (the 90-day active service requirement does not apply to Veterans with a service-connected disability justifying discharge from the military), **OR**
- » Served at least 24 months, or the full period for which the Veteran was called or ordered to active duty (with some exceptions), with at least one day during a wartime period if the Veteran entered active duty after September 7, 1980

Dependent children may be eligible for Survivors' Pension if they are permanently incapable of self-support due to a disability incurred before age 18, are not married, and are younger than 18 or between ages 18 and 23, if attending school.

Surviving spouses may be eligible for Survivors' Pension if they continuously lived with the Veteran from the date of marriage until the Veteran's death and have not remarried, with certain exceptions.

## THE CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS (CHAMPVA)

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) shares the cost of most health care services and supplies with unmarried surviving spouses and children who are not eligible for TRICARE. To be eligible, you must be the spouse or child of a Veteran who:

- » Is permanently and totally disabled due to a service-connected disability, **OR**
- » Died of a service-connected disability, **OR**
- » Was permanently and totally disabled due to a service-connected disability at the time of death, **OR**
- » Died during active duty (not due to own personal misconduct)

If you remarried after the Veteran's death and your marriage ended in death, divorce, or annulment, your eligibility for VA benefits may be restored. If you remarried at age 57 or older, or at age 55 or older for CHAMPVA entitlement, you generally retain eligibility to DIC, home loan guaranty, and education training benefits.

## EDUCATION AND TRAINING BENEFITS

### Dependents' Educational Assistance (DEA).

Dependents' Educational Assistance (DEA) provides assistance for degree and certificate programs, apprenticeships, correspondence courses, On-the-Job Training (OJT), and other programs. You may be eligible for DEA benefits if you are the spouse or child of a:

- » Veteran who died or is permanently and totally disabled as the result of a service-connected disability, **OR**
- » Veteran who died from any cause while a permanent and total service-connected disability existed, **OR**
- » Servicemember who died during active military service, **OR**
- » Servicemember missing in action or captured in the line of duty by a hostile force, **OR**
- » Servicemember forcibly detained or interned in the line of duty by a foreign government or power, **OR**



- » Servicemember who is hospitalized or receiving outpatient treatment for a permanent and total service-connected disability and is likely to be discharged for that disability

The program offers up to 45 months of education benefits. Children generally must use the benefit between the ages of 18 and 26. If you are a spouse, benefits generally end 10 years from the date VA finds you eligible. If VA rated the Veteran permanently and totally disabled with an effective date of three years from discharge, or if the Servicemember died on active duty, a spouse will be eligible for benefits for 20 years from the effective date of the rating or date of death.

**Marine Gunnery Sergeant John David Fry Scholarship.** The Marine Gunnery Sergeant John David Fry Scholarship provides children with financial support for tuition and fees, books and supplies, and housing. You may be eligible for up to 36 months of Fry Scholarship benefits if you are the child of a Servicemember who died during active duty after September 10, 2001. You must use your benefits between your 18th and 33rd birthdays. You may still be eligible if you are married.

You are not eligible for Fry Scholarship benefits if you are serving or have served in the Armed Forces and are eligible for benefits under the Montgomery GI Bill-Active Duty, Montgomery GI Bill-Selected Reserve, and/or the Reserve Educational Assistance Program (REAP), unless you relinquish your eligibility to those benefits. If you are also eligible to receive Dependents' Educational Assistance Program (DEA) benefits, you may not use both benefit programs at the same time. You may use up to a total of 48 months of benefits between the two programs.

Counseling is available to help dependents determine career goals and how to best use their VA dependents' education benefits. For dependents needing special assistance to accommodate a disability prior to or during the pursuit of vocational training, VA can provide assessment and rehabilitation planning to help identify suitable training programs and the resources available to succeed.

## HOME LOAN GUARANTY

VA-guaranteed loans are provided by private lenders, such as banks and mortgage companies, and not by VA directly.

**Certificate of Eligibility.** You must present a Certificate of Eligibility (COE) from VA that verifies your spouse's military service to the lender to qualify for a VA-backed loan. The easiest way to obtain a COE is through eBenefits at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).

There are many benefits that a VA home loan guaranty can provide. For example:

- » VA home loans can be obtained even when you do not qualify for other loans
- » VA home loans often have lower interest rates and closing costs than conventional loans
- » You may not have to make a down payment or buy mortgage insurance
- » There are no fees if you pay off your VA home loan early
- » VA Loan Technicians can work with you to explore all options to avoid foreclosure if you are having difficulty making payments



VA can also guarantee a portion of a loan made by a private lender, which may be used to:

- » Purchase, construct, or improve a home
- » Purchase a manufactured home and/or lot
- » Refinance your existing mortgage on a home that you personally occupy

You may be eligible for a VA home loan if you have a good credit score and sufficient income, and if you are:

- » An unmarried surviving spouse of a Veteran who died of a service-connected disability, **OR**
- » A surviving spouse of a Servicemember or a Veteran who died during active duty or of a service-connected disability, who remarried on or after December 16, 2003 at age 57 or older, **OR**
- » A spouse of a Servicemember officially listed as either missing in action (MIA) or a prisoner of war (POW) for at least 90 days

If you obtained a VA home loan with your spouse prior to his or her death, you may be eligible to obtain a lower interest rate by refinancing your existing VA loan. VA home loan benefits do not expire and may be used anytime.

## BURIAL BENEFITS

VA understands that burial and funeral expenses can be a hardship for families of recently deceased Servicemembers and Veterans. VA provides the following burial and memorial benefits:

- » Inscribed headstone or marker at any cemetery, or a medallion to affix to one that is privately purchased. Spouses and dependents are eligible for a headstone or marker if they are buried in a national cemetery, state Veterans' cemetery, or military base cemetery
- » Burial allowance to partially reimburse the burial and funeral costs of an eligible Veteran

- » Presidential Memorial Certificate (PMC), which is an engraved certificate, signed by the current president, to honor the memory of an honorably discharged deceased Veteran, provided to the next of kin and loved ones of a deceased Veteran
- » American flag to drape the casket of a Veteran

**Eligible Veterans**, as well as their qualifying spouses, children, and parents, may receive burial in a national cemetery. Go to [www.cem.va.gov](http://www.cem.va.gov) for more information on eligibility and requirements.

## OTHER BENEFITS

There are additional benefits available to you, including:

**Educational and Vocational Counseling** – is available to help decide how best to use VA dependents' educational assistance benefits. VA can also provide assessment and rehabilitation planning for dependents with disabilities to help identify the resources needed to achieve a successful outcome.

**Beneficiary Financial Counseling Service** – is a personalized service offered to beneficiaries of SGLI and VGLI VA Life Insurance policies that can help you make smart financial decisions. Services include, but are not limited to, budgeting assistance, debt reduction assistance, and college/retirement planning.

**Bereavement Counseling** – is a counseling service available at community-based Vet Centers to parents, spouses, and children of Servicemembers, National Guard members, and Reserve members who die in service.

**Civil Service Preference** – is a hiring preference for jobs within the Federal government. An unmarried surviving spouse of certain deceased Veterans may also qualify. VA provides an eligibility certification upon request.



**Commissary and Exchange Privileges** – are provided by the Department of Defense to an un-remarried surviving spouse of a Servicemember or Veteran who died during active duty, or due to a service-connected disability. Dependents are also eligible for privileges. VA provides an eligibility certificate upon request.

**Summary of Benefits.** The table below provides a broad overview of the eligibility requirements for Dependents' and Survivors' benefits. Use this table to determine the benefits that you might qualify for and seek out more information about eligibility criteria, as well as how to apply.

|                    | Eligibility | Needs-based | Service Requirement                               | Veteran died on active duty | Veteran died as a result of a service-connected disability | Veteran has a totally disabling service-connected disability | Veteran was totally disabled by a service-connected disability at time of death |
|--------------------|-------------|-------------|---------------------------------------------------|-----------------------------|------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------|
| DIC                | S,C         |             |                                                   | ✓                           | ✓                                                          |                                                              | ✓                                                                               |
| Parents' DIC       | P           | ✓           |                                                   | ✓                           | ✓                                                          |                                                              |                                                                                 |
| Survivors' Pension | S,C         | ✓           | 90-days, at least one day during a wartime period |                             |                                                            |                                                              |                                                                                 |
| CHAMPVA            | S,C         |             |                                                   | ✓                           | ✓                                                          | ✓                                                            | ✓                                                                               |
| DEA                | S,C         |             |                                                   | ✓                           | ✓                                                          | ✓                                                            | ✓                                                                               |
| Fry Scholarship    | C           |             | Service after 9/10/01                             | ✓                           |                                                            |                                                              |                                                                                 |
| Home Loan          | S           |             |                                                   | ✓                           | ✓                                                          |                                                              |                                                                                 |
| Burial             | S,C,P       |             |                                                   | ✓                           | ✓                                                          |                                                              | ✓                                                                               |

Key: S=Spouse, C=Child, P=Parent



VA adopted five core values that define “who we are,” our culture, and how we care for Veterans, their families, and other beneficiaries. The values are Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE).



## Additional VA Benefits

Disabilities determined by VA to be related to your military service can lead to monthly non-taxable compensation, enrollment in the VA health care system, a 10-point hiring preference for federal employment, and other important benefits. Ask your VA representative or Veterans Service Organization (VSO) representative about Disability Compensation, Pension, Health Care, Caregiver Program, Vocational Rehabilitation and Employment Services, Educational Assistance, Home Loan Guaranty, Insurance, and/or Dependents' and Survivors' Benefits. You can search for a VSO representative online at [www.ebenefits.va.gov](http://www.ebenefits.va.gov).



## For More Information

For more information about disability compensation benefits, including eligibility, establishing a service-connected disability, and how to apply, please:

- » Find links to VA benefits information and apply at [www.ebenefits.va.gov](http://www.ebenefits.va.gov)
- » Visit us at [www.va.gov/benefits](http://www.va.gov/benefits)
- » Use IRIS, VA's tool to find information and ask questions online at <https://iris.custhelp.com>
- » Call us at **1-800-827-1000**
- » Visit the nearest VA regional office. To find the VA regional office nearest you, go to our website or call VA toll free at **1-800-827-1000**

**Thank you for your service.  
Now let us serve you.**

U.S. Department of Veterans Affairs

Veterans Benefits Administration  
Washington, DC 20420

T 800-827-1000  
[www.va.gov/benefits](http://www.va.gov/benefits)



# **ALABAMA G.I. DEPENDENTS SCHOLARSHIP PROGRAM**

April 2014



## ALABAMA G.I. DEPENDENTS SCHOLARSHIP PROGRAM

This academic scholarship program is administrated by the State of Alabama, Department of Veterans Affairs, and applies to the dependents of Alabama's disabled veterans.

This pamphlet was prepared to give a brief summary of these benefits. If full and comprehensive treatment of the law is desired, it may be found in the Section 31-6-1, *et seq.*, Code of Alabama (1975).

Representatives of this Department, known as Veterans Service Officers are located in each county of our State. Their offices are normally located in the county courthouse or in the immediate vicinity. They will be happy to assist applicants with these educational benefits. Their services are entirely free.

For additional information about the services of our Department, please visit our website at [www.va.alabama.gov](http://www.va.alabama.gov)

W. Clyde Marsh  
Commissioner



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## **ELIGIBILITY REQUIREMENTS**

The veteran must meet the following qualifications to establish eligibility of his/her dependents:

### **MILITARY SERVICE**

An honorable discharge or other proof of honorable termination of service of the veteran or serviceman in the armed forces for a period of at least 90 consecutive days of active duty service or service less than 90 consecutive days of active duty service if the veteran or serviceman was discharged or released by reason of service-connected disability.

### **DISABILITY REQUIREMENT**

The veteran must meet one of the following service-connected disability conditions established by the U.S. Department of Veterans Affairs (formerly the Veterans Administration) or the appropriate military service department:

- a) be a former prisoner of war (POW); or
- b) declared missing in action (MIA); or
- c) died as the result of a service-connected disability; or
- d) died while on active military service in the line of duty; or
- e) rated 20% or more due to his/her service-connected disability(ies).

## **STATE RESIDENCY REQUIREMENTS**

The veteran must have been a permanent civilian resident of the State of Alabama for at least one year immediately prior to the initial entry into active federal military service. If the veteran has any subsequent period of military service in which a break in service occurred, the one-year civilian permanent residency must have been established prior to reentry into active federal military service.

Permanently service-connected veterans rated at 100% who do not meet the above residency requirements may qualify after establishing proof that they have been a bona fide resident of this state for at least five years immediately prior to the filing of the application for this program or immediately prior to his/her death, if the veteran is deceased.

## **DEPENDENT**

A dependent is defined under our program as a child, stepchild, spouse or un-remarried widow(er).

## **ENTITLEMENTS**

As of Fall 2009, children and stepchildren of qualified veterans may receive five standard academic years (10 semesters) at any Alabama state-supported institution of higher learning or a prescribed course of study at any state-supported technical school without payment of any tuition, mandatory textbooks or instructional fees.

Additionally, eligible spouses and un-remarried widow(er)s of a qualified veteran rated as 100% permanently and totally disabled may also receive five standard academic years (10 semesters) at any Alabama state-supported institution of higher learning or a prescribed course of study at any state-supported technical school without payment of any tuition, mandatory textbooks or instructional fees.

**Exception:** As of Fall 2009, a spouse or un-remarried widow(er) of a veteran rated 20% to 90% disabled is entitled to three standard academic years (6 semesters) without payment of tuition, mandatory textbooks, and instructional fees or completion of the duration of one prescribed technical course not to exceed 18 months.

Participants in the program prior to Fall 2009 are eligible for four standard academic years (8 semesters) or two standard academic years (4 semesters), respectively.

Note: Applicants applying for benefits under the scholarship program beginning on or after August 1, 2014 (Fall Semester) will be eligible for benefits at the in-state and undergraduate tuition rate.

Note: Applicants who were previously denied benefits based solely on the veteran's peacetime status may re-apply and receive benefits under the scholarship program at the out-of-state and graduate rate if applicable. Applications for previously denied applicants must be resubmitted and received at ADVA Headquarters prior to August 1, 2015 in order to receive benefits at this capacity.

## NUMBER OF AWARDS

There is no restriction on the number of eligible dependents under the veteran; however, each dependent may only receive the benefit once, regardless of changes in their future dependency status.

## AGE DEADLINE

The child or stepchild must initiate training under our program prior to his/her 26<sup>th</sup> birthday. In certain situations, a child or stepchild may be eligible for our program up to the age of 30.

Note: This deadline may be waived for previously denied applicants who were denied based solely on the veteran's peacetime status. In order to receive this waiver, applications must be resubmitted and received at ADVA Headquarters prior to August 1, 2015.

## UNAUTHORIZED COURSES

Our program does not pay for noncredit courses, remedial courses, placement testing, GED preparation, continuing educational courses, pre-technical courses, or state board examinations.

## SUPPLIES

Our scholarship program does not pay for supplies such as pens, paper, notebooks, tools, art supplies, uniforms, computer software products, etc.

## BOOK PURCHASES

The G.I. Dependent Scholarship Program will only pay for those textbooks that are required for the courses in which the student is officially enrolled. Our program **does not** pay for the purchase of reference manuals, access codes, suggested reading materials, study guides, or recommended workbooks is not included, and reimbursement will not be made.



## **ELIGIBILITY LIMITATIONS AND TERMINATION**

Dependents are eligible to participate in the program only as long as they remain the legal dependent of the veteran from which they derive their eligibility. In the event of a divorce action, the former spouse or stepchild will be ineligible to participate effective the date of the divorce. Any educational financial obligations entered into after the divorce date will be the responsibility of the former spouse or stepchild.

Widow(er) forfeits all entitlements upon remarriage without further consideration of reinstatement.

## **APPLICATION ASSISTANCE**

Applications may be obtained at any Alabama Department of Veterans Affairs Office. Please contact the ADVA Office nearest you.

Out-of-state applicants may receive additional information by contacting:

Alabama Department of Veterans Affairs  
Alabama G.I. Dependents Scholarship Program  
P.O. Box 1509  
Montgomery, AL 36102-1509

Phone: (334) 242-5077

## **ALABAMA STATE SUPPORTED SCHOOLS**

- Alabama A & M University – Normal
- Alabama Southern Community College – Monroeville and Thomasville
- Alabama State University – Montgomery
- Athens State College – Athens
- Auburn University – Auburn, and Montgomery
- Bevill State Community College – Fayette, Hamilton, Sumiton, and Jasper
- Bishop State Community College - Main, Carver, and Southwest
- Central Alabama Community College – Alexander City and Childersburg
- Chattahoochee Valley Community College – Phenix City
- Enterprise State Community College-Albertville, Andalusia, Decatur, Enterprise, Fort Rucker, Mobile, and Ozark
- Gadsden State Community College – Gadsden, Anniston, and Centre
- George C. Wallace Community College – Selma, Dothan, Sparks, and Hanceville
- J.F. Drake State Technical College - Huntsville
- Jacksonville State University – Jacksonville
- James H. Faulkner State Community College – Bay Minette, Fairhope, and Gulf Shores
- Jefferson Davis Community College – Brewton
- Jefferson State Community College – Birmingham, Pell City, and Clanton
- John C. Calhoun Community College – Decatur, and Huntsville
- Lawson State Community College – Birmingham and Bessemer
- Lurleen B. Wallace State Jr. College – Andalusia, Greenville, Luverne, and Opp
- Marion Military Institute- Marion
- Northeast Alabama State Jr. College – Rainsville
- Northwest Shoals Community College – Muscle Shoals and Phil Campbell
- Reid State Technical College - Evergreen
- Shelton State Community College – Tuscaloosa
- Snead State Jr. College – Boaz
- Southern Union Community College – Wadley and Opelika
- Trenholm State Technical College - Montgomery
- Troy University - Troy, Montgomery, Dothan, and Phenix City
- University of Alabama – Birmingham, Huntsville, and Tuscaloosa
- University of Montevallo – Montevallo
- University of North Alabama – Florence
- University of South Alabama – Mobile
- University of West Alabama – Livingston

\*Online courses are covered under this program if offered through the schools listed above.



