Today’s Military

- All Volunteer
- Better Trained & Educated
- Career Focused & Tech Savvy
- Highly Dedicated
- Respected by Community
- At war almost 10 years

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
MILITARY AND VETERAN CULTURE
Branches of Service

Army
• Motto: “This We’ll Defend.”
• Sites: www.army.mil, www.goarmy.com

Navy
• Motto: Semper Fortis - “Always Courageous.”

Marine Corps
• Motto: Semper Fidelis - “Always Faithful.”
• Sites: www.marines.mil, www.marines.com/home
Branches of service (con’t.)

Air Force:
• Motto: Above All
• Sites: www.airforce.mil, www.af.mil

Coast Guard:
• Motto: Semper Paratus, "Always Ready"
• Sites: www.uscg.mil/, www.gocoastguard.com/
Army Core Values

**Loyalty** - Bear true faith and allegiance to the U.S. Constitution, the Army, your unit, and other Soldiers.

**Duty** - Fulfill your obligations.

**Respect** - Treat people as they should be treated.

**Selfless Service** - Put the welfare of the Nation, the Army, and your subordinates before your own.

**Honor** - Live up to the Army Values.

**Integrity** - Do what's right, legally and morally.

**Personal Courage** - Face fear, danger, or adversity, (physical or moral)

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
Navy & Marines Core Values

Honor: I am accountable for my professional and personal behavior. I will be mindful of the privilege I have to serve my fellow Americans.

Courage: Courage is the value that gives me the moral and mental strength to do what is right, with confidence and resolution, even in the face of temptation or adversity.

Commitment: The day-to-day duty of every man and woman in the Department of the Navy is to join together as a team to improve the quality of our work, our people and ourselves.

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
Air Force Core Values

- **Integrity First**: The Airman is a person of integrity, courage and conviction.

- **Service Before Self**: An Airman’s professional duties always take precedence over personal desires.

- **Excellence in All We Do**: Every American Airman strives for continual improvement in self and service.

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
Coast Guard Core Values

• Honor
• Respect
• Devotion to Duty

Note: USCG has extensive & critical role in homeland security, law enforcement, search & rescue, marine environmental pollution response, & maintenance of river, intra-coastal & offshore aids to navigation. During war, the USCG can operate under the DoD as a service in the Dept of the Navy if Congress declares war or at the request of the President.

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
Military Culture

- Warrior Culture - Bravery, Courage, Duty
- Focused, Action Oriented, Physical Strength
- Enjoy being part of a team
- Loyal to Comrades- Leave no Man Behind!
- Desire to maintain control in every situation
- Survival requires “doing things the right way”
- Protective of family and civilians, chivalrous
- The Mission comes first above all else
- Discipline-Absolutely no patience with “Slackers”!!!
Importance of Tradition

- Ritual & Ceremony very important
- Traditions pervasive throughout all stages
- Detailed symbolism behind ceremonies
- Strong attachment to United States Flag
- Rituals paired with emotional experiences
- Masculine grief expressed with action
- Rituals surrounding deaths help with coping

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
Active Duty Life

• Built in social-life, base offers planned social activities for adults, child care and children’s activities, chapel, schools, shopping centers

• Defined structure for career, health care, choice of insurance, moving process, etc.

• Must learn how to adapt to civilian lifestyle- many new choices to make

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
ISSUES UNIQUE TO VETERANS
Service Eras

- WWII
- Korea
- Vietnam Era
- Persian Gulf War (Dessert Shield, Desert Storm)

- Many veterans fall under the above eras but there are also a large number of vets who did not serve during a conflict or served in other missions/operations.
Other Possible Deployments

- Cambodian Civil War (1970-73)
- Evacuation of Saigon (1975)
- Lebanese Civil War (1975-90)
- Sinai Peninsula Peacekeeping-MFO (1979- )
- El Salvador Assistance (1981-90)
- Lebanon Peacekeeping (1982-84)
- Nicaraguan Civil War (1983-90)
- Grenada Invasion (1983)
- Lebanon Hostage Rescue (1984)
- Panama Invasion (1989)
- Libyan Raid (1986)
- Panama (1988)
- Lybia (1989)
- Operation Just Cause-Panama (1989-90)
- Operation Sharp Edge-Liberia Evacuation (1990)
- Desert Shield/Desert Storm (1990-91)
- Operation Eastern Exit-Somalia (1990)
- Operation Sea Angel - Bangladesh (1991)
- Operation Quick Lift - Zaire Evacuation (1991)
- Kurdish Relief - Provide Comfort and Safe Haven (1991-96)
- Operation GITMO - Haitian Refugees (1991-94)
- Operation Safe Border (1995-98)
- Intervention Force (IFOR) NATO in Bosnia Operation Joint Endeavor (1995-96)

- Stabilization Force (SFOR) NATO in Bosnia
- Operation Joint Guard (1996-98)
- Operation Desert Focus - Saudi Arabia (1996-97)
- Operation Assured Lift - Liberia (1997)
- Operation Desert Fox -Iraq (1998)
- Operation Noble Anvil - Serbia and Kosovo (1999)
- Operation Shining Hope - Kosovo (1999)
- Humanitarian aid to Turkey (1999)
- UN Peacekeeping - East Timor (1999-2000)
- U.S. Support Group East Timor (2000)
- Determined Response USS Cole bombing (2000)
- Enduring Freedom (2001- )
- OEF - Philippines (2002- )
- Operation Iraqi Freedom (2003- )
- OEF - Georgia (2004- )
- OEF - Trans-Sahara (2004- )
- OEF - Horn of Africa (2004- )
- Tsunami Response (2004-05)
- Aztec Silence - African Coast (2005- )
Life After Military

- Post Deployment
- Separation from Service
- Retirement Issues
- VA seeing many first time patients who are Vietnam Veterans
- That which unifies them may also separate and isolate them
When Veteran’s return from service, particularly after deployment, they are faced with unique issues:

• May have physical or psychological injuries
• May face unemployment
• Role adjustment/identity
• Sense that family has “gone on” without them

*Adapted from Walter Reed Army Institute of Research BATTLEMIND training*
Returning Veterans

• Many Families & Communities want to honor Returning Veterans with big celebrations
• Vets may have post deployment “Jet Lag”
• New Vets say they appreciate intentions of family & friends, but they also want time alone to themselves & “space” to readjust, process all the changes they’ve been through
• Need time for body, mind & spirit to rest
• Watch if “Healing Cocoon” becomes isolation

(Slide adapted “Understanding Military Culture...” L. Johnson, LCSW Biloxi VAMC)
Intimate Partner Violence (IPV)

- Definition – Physical; emotional; or sexual
- Occurs on a continuum:

Common Couple Violence                      Clinically Significant IPV                      Coercive Control

IPV Prevalence

• General population – 24% of all adult relationships have some form of IPV

• In couples seeking therapy, rate is higher – 36 to 58%; with much of the IPV being bi-directional

• IPV in services members is higher in
  – Rate = 13.5 to 58%
  – Severity, specifically when coupled with high intensity stressors (think adjustments to home life), diagnosis of PTSD, TBI, and/or SUD

• IPV has the strongest relationship with the hyperarousal cluster of PTSD symptoms

When is IPV contraindicative for therapy?

When...
- A severe act of IPV has occurred within the past year
- IPV has resulted in physical injury
- Either partner reports fear of the other person or fear for his or her safety while in therapy
- Either partner is unwilling to commit to working in treatment to end the violence

Possibly reconsider when...
- Couple’s conflicts are poorly controlled, quickly escalate, and/or are highly unpredictable
- Mental illness or SUD in one or both partners is too poorly managed to adequately focus on reduction of IPV in therapy

Battlemind

Soldier’s inner strength to face fear and adversity in combat with courage. *Mental toughness, Self Confidence*

WWW.Battlemind.army.mil/
**Battlemind**

- Walter Reed developed this acronym as a strategy for teaching returning service members how to cope with the transition home.
- Specifically, BATTLEMIND address 10 combat skills that assisted in survival, but can now impede the adjustment to civilian life.
- Does not necessarily address “adjustment disorder” issues, but when managed early enough is hoped to prevent onset of more severe mental health symptoms.

*Adapted from Walter Reed Army Institute of Research BATTLEMIND training*
• Buddies vs Withdrawal from Family & Friends
• Accountability vs. Control
• Targeted Aggression vs Inappropriate Aggression
• Tactical Awareness vs Hypervigilence
• Lethally Armed vs Locked & Loaded at Home
• Emotional Control vs Anger and Detachment
• Mission Operational Security vs Secretiveness
• Individual Responsibility vs Guilt
• Non-defensive driving vs Aggressive Driving
• Discipline and Ordering vs Conflict
Comprehensive Soldier Fitness

- A structured, long term assessment and development program to build the resilience and enhance the performance of every Soldier, Family member and DA civilian

- For details see:  http://csf.army.mil/
Assessment
Military history

- Branch of Service and Dates
- MOS/Duties
- Problems with the code of conduct/uniform code/article 15’s
- Rank (highest)
- Type of Discharge
- Combat/Served in a war zone
- Military Sexual Trauma (MST)
- Other Stressors
- Treatment in the Service
Other areas to assess

• Weapons – many own them, so other factors will be important (violence hx, gun care, reasons for owning a weapon, other violence risk factors)
• High Risk Behaviors, Suicidal/Homicidal Ideation, Substance abuse, Sleep Disturbance
• VA treatment programs and why/why not connected with VA services
• Connectedness to community services and supports
VA MENTAL HEALTH & SUBSTANCE ABUSE SERVICES
VA Uniform Mental Health Services Handbook, 2008

• VHA Directive that:
  • Provides a “Practical Blueprint” for mental health care
  • Establishes minimum requirements for services
  • Focus on Evidence-Based Practices (EBPs)
  • Describes essential components of the mental health program to be implemented nationally.

• States that mental health services must be recovery oriented
UMHS Guidelines Describe Recovery-Oriented Care

• *Recovery-oriented care includes such practices as:*
  – education
  – individualized preferences
  – quality care options/choice provision
  – Individualized/Person Centered, Strengths-Based care planning
  – family/supports involvement
  – peer support
  – rehabilitation focused, obtaining skills to improve life/functioning not just “keeping them stable”
UMHSH states that the following must be available:

- Local Recovery Coordinator (LRC) Assertive Community Treatment
- Family Interventions (Psycho-education and Education)
- Skills Training
  - Social Skills training
  - Illness Management and Recovery Programming
- Supported Employment
- Integrated Dual Disorders Treatment (IDDT)
- Psychosocial Rehabilitation and Recovery Centers (PRRC)
- Peer Support
- Clozapine (Anti-Psychotic Medication)
  - Pharmacotherapy
Mental health & Addictions treatment in VA

Outpatient Mental Health Clinics
• Periodic meetings with a counselor and the prescribing clinician
• Visits are monthly to quarterly

Veterans Addiction Recovery Center (VARC)
• Residential, IOP, and Aftercare, Gender-Specific Treatment Programs

Specialty Programs/Teams
• Recovery & SMI programs
• Suicide Prevention Coordinators
• OEF/OIF Care Management Team
• PTSD Clinical Teams (PCT)/PTSD Residential Treatment
Continuum of Psychiatric Care
(Slide By J. Harmon, Ph.D.)

ENHANCED OUTPATIENT PROGRAMS FOR VETERANS WITH SERIOUS MENTAL ILLNESS

- **MHICM** provides *long-term* community-based case management

- **PRRC** provides *long-term*, intensive rehabilitation programming for veterans with serious mental illness.

- **Day Hospital** is a *short-term*, daily program to intervene in a least restrictive setting for persons with mental illness at risk for hospitalization.
Summary of SMI Programs & Contacts

• Psychosocial Residential Rehabilitation Treatment Program – PRRTP (Dr. Catherine “Katie” Golden)
  – 4-6 wk residential treatment for individuals with SMI and Co-Occurring Addictions, prevents inpatient hospitalization

• Psychiatry Day Hospital (Dr. Josephine Ridley)
  – 4wk, M-F, day long, intensive partial hospitalization program that is group based to reduce symptoms and prevent hospitalization.
VA Recovery Programs Continued

• **Recovery Resource Center – Psychosocial Rehabilitation & Recovery Center, PRRC (Dr. Michael Biscaro)**
  
  – Transitional learning environment helps individuals learn the requisite skills needed to achieve goals and live more meaningful lives
  
  – Individual, group, and community-based interventions
  
  – Time unlimited program, schedule tailored to needs to the individual.
  
  – Membership model, regular use of peer support

http://www.cleveland.va.gov/services/PRRC.asp
VA Recovery Programs Cont.

- **Supported Employment** (Fred Pecharka)
  - Employment program through Compensated Work Therapy specifically designed for vets with SMI, referrals come from mental health team (MHACC, PRRC, Day Hospital)

- **Mental Health Intensive Case Management – MHICM** (Alisa Sprague/Jan Warner)
  - Parma-based, intensive case management team for vets with SMI (ACT case management model)
## UMHS & Our VA’s Recovery Programs

<table>
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<tr>
<th>VA Recovery program</th>
<th>UMHS Requirement</th>
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<td>1. Psychosocial Skills Program/PRRTP</td>
<td>1. Skills Training (IM&amp;R), IDDT</td>
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<td>2. Psychiatry Day Hospital</td>
<td>2. Skills Training</td>
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<td>3. Skills Training (Social Skills, IM&amp;R), Peer Support, Family Services, Coordination with other UMHS programs</td>
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<td>4. Mental Health Intensive Case Management (MICHM)</td>
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<td>5. Supported Employment</td>
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</tbody>
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FAMILY ROLE IN TREATMENT
Role of Family in Treatment of Mental Illness – 1940s to 1960s

• No involvement

• Role of families was mainly thought to be etiological and unnecessary, possibly even detrimental, to treatment of mental illness

• Schizophrenia seen as a result of emotional conflicts and poor communication within the family
  ▫ “Schizophrenogenic Mother” (Fromm-Reichman, 1948)
  ▫ Pseudomutuality
  ▫ Main belief was families do more harm than good, and enough harm had already been done
Role of Family in Treatment of Mental Illness—1960s to 1970s

- Recognized failure of lack of family involvement
- Twin studies
- Advances in the pharmacological treatment of SMI
- NAMI (1979)
Role of Family in Treatment of Mental Illness—Paradigm Shift

• Family can be integral to helping the individual with SMI manage stress and reduce biological vulnerabilities

  OR

• Families can be source of stress on patient

• Current family interventions are designed to increase medication compliance and improve stress management for both individual and family members
COMMON FACTORS AND BARRIERS TO FAMILY INTERVENTIONS
Common Factors of Family Interventions

• Diagnosis specific and tailored to Veteran’s and family’s needs
• Compliment treatment as usual
• “Family” identified by patient
• Professionally led
• Focused on consumer outcomes
• Recovery focused
Common Factors of Family Interventions (cont.)

- Minimize interpretation – not psychodynamic or systemic
- Avoid blaming family or pathologizing members
- Increase medication compliance
- Decrease substance abuse and stress
- Encourage family to seek/increase social supports
- Instill hope
Barriers to Family Interventions – Provider

- Time restraints
- Theoretical orientation
- Skill set
- Confidentiality Issues
- Reimbursement Concerns
- Hopelessness
- Belief consumers do not have families
Barriers to Family Interventions – Family/Partner

- No desire for family involvement
- Logistical impediments
- Other care-taking constraints
- Illness – physical and/or mental
- Stigma
Barriers to Family Interventions – Consumer

- No desire for family involvement
- Too unstable to make regular appointments
- Physical health issues
- Do not want to burden family
FAMILY MEMBER/CAREGIVER STRESS
Factors Contributing to Increased Stress on Caregivers/Family in SMI

- Male patient/Female caregiver dyad
- Single parent home
- Children in the home
- Patient living in the home
- Severity of negative symptoms
- Duration of disorder
- Lack of social support
- Stressful life events
PTSD and the Family

• Family members may experience:
  – Sadness: for individual’s symptoms/traumas; loss of individual in the family (withdrawal from activities)
  – Worry or Anxiety: uncertainty about course of disorder and/or symptoms
  – Anger: at government, military for the Veteran’s problems; at the Veteran; over the sense of loss of “who the person was;” at situation and related necessary adjustment
  – Avoidance: of stressful situations, triggers, arguments or intense communication
  – Fear: of Veteran and symptoms; future and possible illness progression

Adapted from the presentation Assessment of PTSD in Veterans by Heather Warnick, Psy.D., Trauma Recovery Services VA Loma Linda Healthcare System
Consequences of Family/Caregiver Stress

- Anxiety (58%)
- Subjective sense of burden (55%)
- Depression (48%)
  (Adapted from Spaniol, 1987)

- Increased susceptibility to illness
- Potential exposure to violence
- Marital discord
- Investment of time
- Financial strain
• Divorce rates are high amongst Veterans (with and without diagnosable mental illness)
  – For combat Veterans, more than ½ of 1st marriages end in divorce
  – Divorce rates for the general population and amongst recently deployed services members have been steadily increasing

• The first 3 years after deployment:
  – 40% of couples report relationship difficulties
  – 35% report separation or divorce
  – 75% report family adjustment problems

*Adapted from A. Christensen (2011) IBCT presentation, Philadelphia, PA
VA FAMILY SERVICES
Development of VA Family Services

- Government support, pushed by research and evidence-based treatment movement, has led to increased interest in family therapy.
  - VA Secretary’s Mental Health Strategic Plan (2004)
Current Family Services in VA Mental Health

- Uniform Mental Health Services Package (2008) designated minimal requirements for VHA MH Services:
  - Providers talk with Veteran about family involvement *once per year* and at inpatient discharge
  - Treatment plans identify family contact or reason for lack of one
  - Providers must get Veteran’s consent to contact families
  - Family consultation, education, or psychoeducation for Veterans with SMI must be provided at VAMCs and *very large* CBOCs
  - Opportunities for family services must be available to all Veterans with SMI on site, by telehealth, or with community providers through shared arrangements
Typical VA MH Family Services

• Family members typically have:
  – No contact with relative’s MH provider(s) – 39%
  – 1-3 contacts per year – 38%
  – Contact once per month – 32%

• Type of contact:
  – Brief, by phone
  – Crisis intervention
  – Collateral information

(Dixon et al., Psychiatric Services 2000; 51: 1: 1449-1451.)
Family Services Available at VA

- NAMI
- VSAFE
- Family and Couples therapy
- BFT
- IBCT
- Individual & Program Level
  - Educational
  - Consultation
  - Collateral information
Helpful Resource

- **VA Caregiver Support Program** – provides support and resources to individuals/family caring for Veterans.
  - National Hotline – 1-855-260-3274
  - Website: [http://www.caregiver.va.gov/](http://www.caregiver.va.gov/)
  - Caregivers for Veterans injured post 9/11 may be eligible for additional services and monetary stipend
Behavioral Family Therapy (BFT)
Behavioral Family Therapy (BFT) – “The Basics”

- Structured approach
- Biological basis for SMI
- Family has significant influence on disorder course and outcome
- Patient and family *attend together*
- Weekly commitment for 4-24 months
Behavioral Family Therapy (BFT) - Goals

• Improve patient’s quality of life
  – Improve disorder’s course
  – Enhance patient’s capacity for independence and role functioning
  – Strengthen relationships
  – Help patient achieve personal goals

• Improve quality of life of patient’s family
  – Decrease burden created by disorder
  – Strengthen relationships
  – Help family achieve personal goals

• Improve functioning of family as a whole and reduce stress
  – Help family work together and with providers to monitor disorder
  – Replace negative communication patterns with positive ones
  – Teach family how to resolve conflicts
Behavioral Family Therapy (BFT) – Three Phases

1) **Education** - Develop a basic knowledge of the relative’s disorder

2) **Communication** - Improve communication skills among family members

3) **Problem Solving** - Foster ability to solve problems and achieve goals
VA BENEFITS AND ELIGIBILITY
Understanding VA Structure

• Veterans Administration Headquarters

• Veterans Benefits Administration
  - VBA Payments, etc.
  - VBA Vocational Rehabilitation & Jobs

• Veterans Cemetery

• Veterans Health Care System
  - VA Medical Center (aka Hospital)
  - VA Outpatient Clinics (aka CBOC’s)
  - Vet Centers (including Mobile Vet Center)
How Does Local VA Health Care Fit Into The Big Picture?

VA Health Care System Regions
Veterans Integrated Service Network (VISN)
VBA Benefits

Veterans Benefits Administration (VBA) provides range of benefits: Disability, Education and Training, Vocational Rehabilitation and Employment, Home Loan Guaranty, Dependant and Survivor Benefits, Medical Treatment, Life Insurance and Burial Benefits, and more.

http://www.vba.va.gov/VBA/

Telephone : 1-800-827-1000
VBA - Veterans Employment

• “Chapter 31”
  Helps veterans who have service-connected disabilities become suitably employed, maintain employment, or achieve independence in daily living.

• www.Vetsuccess.gov
  Click on section “VA, VR& E and Vet Success” for eligibility details & service description. Initiate application online to expedite process. A counselor will be assigned based on geographic location of the Veteran.
Basic Eligibility for VA Healthcare

Veterans may be eligible if....

• Served in active military, naval, or air service; separation (discharge) status is any condition other than dishonorable

• Current/former members of Reserves or National Guard who were called to duty and served full term or called to active duty
Minimum Duty Requirements

• Most Veterans who enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which they were called to active duty to be eligible.

• May not apply to all cases, including if discharged for disability or injury or served prior to 9/7/1980

• All Veterans are encouraged to apply as some requirements may be on case by case basis
How to apply for healthcare

• Complete form online at [https://www.1010ez.med.va.gov/](https://www.1010ez.med.va.gov/)

  or

• Meet in-person with eligibility personnel at any VA facility

  or

• Call 1-877-222-VETS (8387) to apply for benefits over the phone
Following Application Process...

• Veteran may be asked to complete financial processes – means test and income verification

• They will then be enrolled in Priority Groups, (1-8) depending on disability and income factors. Some groups will have co-pay for services.

• Local eligibility information for the Cleveland VA can be obtained by going to:
  
  http://www.cleveland.va.gov/patients/eligibility.asp
VA Monetary Benefits

• Compensation (Service Connection)

• Pension (Non-Service Connection)
Compensation

- Monthly monetary benefit paid to a Veteran because of injury or disease incurred while on active duty, or made worse by military service. Disability does not have to be combat or wartime related
- Disabilities rated from 0% to 100%. Monetary compensation begins at 10%
- Additional allowances for dependents with ratings of 30% or more
Compensation (cont.)

• VA Compensation is tax free
• Additional Special Monthly Compensation added for loss of limb, organ, housebound, aid and attendance etc.
• VA healthcare for all rated service-connected conditions
• Amounts currently range from $129 (10%) - $2816 (100%)
Pension

• Monthly monetary benefit for wartime veterans who have limited or no income and who are age 65 or older, or if under 65 who are permanently and totally disabled, or in nursing home receiving skilled care, or receiving SSI/SSDI.

• Disabilities do NOT have to be related to military service

• At least 90 days of active military service is required, 1 day of was during a wartime period
Pension (cont.)

- Amount is calculated based on difference between annual household income and annual pension limit set by Congress.
- 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 (called “Aid and Attendance”)
Applying for Compensation and Pension

• Apply online

• Mail form to or visit VA Regional Office
  Cleveland Regional Office – 1-800-827-1000
  1240 East Ninth Street, Cleveland, OH 44199

• Work with accredited representative
  Organizations such as Veterans Service Commission (VSC), Disabled American Veterans (DAV) often assist with the claims process.

• Detailed information regarding application process can be found at http://www.benefits.va.gov/benefits/
Form DD 214

• Important form for Veterans, necessary to apply for benefits, assistance.
• Details military dates of service, type of discharge/separation
• Can apply online for copy of this document at http://www.archives.gov/veterans/military-service-records/
Helpful Resource

• **Veterans Service Commission**
  County organizations which provide support, referrals, assistance with claims, and emergency financial help (i.e. utilities, rent, mortgage)

• **Disabled American Veterans – [www.dav.org](http://www.dav.org)**
  Provides support, information and assistance to injured or ill Veterans and their dependents.
Helpful Resource

Education and Vocational Assistance

- **GI Bill** – educational assistance

- **Vocational Rehabilitation and Employment Services**
  [http://www.vba.va.gov](http://www.vba.va.gov)
Helpful Resource

Help for Homeless Veterans

- National VA Homeless Hotline 1-877-4AID-VET (1-877-424-3838)
- [http://www.va.gov/homeless/](http://www.va.gov/homeless/)
Personal Account from a Veteran
Q & A