



The Denton County Veteran

Headstones and Markers Ordering a Headstone or Marker

August 2003

DENTON COUNTY, TEXAS

Volume VI, Issue 8

County Judge Mary Horn, Commissioner Cynthia White, Precinct 1; Commissioner Sandy Jacobs, Precinct 2;
Commissioner Bobbie Mitchell, Precinct 3; Commissioner Jim Carter, Precinct 4

When burial or memorialization is in a national, post, or state veterans' cemetery, a headstone or marker will be ordered by the cemetery officials based on inscription information provided by the next of kin.

When burial is in a private cemetery, [VA Form 40-1330, Application for Standard Government Headstone or Marker for Installation in a Private or State Veterans' Cemetery](http://www.cem.va.gov/pdf/401330.pdf), (<http://www.cem.va.gov/pdf/401330.pdf>)

must be submitted by the next of kin or a representative, such as funeral director, cemetery official or veterans counselor, along with a copy of the veteran's military discharge documents, to request a Government-provided headstone or marker. Do not send original documents, as they will not be returned.

All mail in the Washington, D.C. area is subjected to the irradiation process implemented to protect our employees. We are now receiving our normal volume of mail daily, however there is a two to three week delay. As an alternative to the mail-in process, you may **fax applications** for headstones or markers (VA Form 40-1330), along with all supporting documents. If you do not have access to a fax machine, applications may still be mailed.

For information on submitting your application by fax or mail, select the appropriate link below.

Headstones and Markers Ordering a Headstone or Marker Applying by Fax

<http://www.cem.va.gov/faxinst.htm>

Headstones and Markers Ordering a Headstone or Marker Applying by Mail

<http://www.cem.va.gov/mailinst.htm>

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Burial Benefits

Donating Burial Flags to National Cemeteries

Most of the [Department of Veterans Affairs](http://www.va.gov)' (VA) national cemeteries display an Avenue of Flags on patriotic holidays and during special events. The Avenues consist of burial flags donated by the families of deceased veterans and provide a unique visible tribute to all of our Nation's veterans. A Certificate of Appreciation is presented to the donor for providing their loved ones' burial flag to a national cemetery. Please contact the [cemetery](#) of your choice for information on how to donate a veteran's burial flag.

Dallas/Ft.Worth National Cemetery
2000 Mountain Creek Parkway
Dallas, TX 75211
(214) 467-3374

VA Fact Sheets

Department of Veterans Affairs

June 2003

VA Long-Term Care

The Department of Veterans Affairs (VA) offers a spectrum of geriatric and extended care services to veterans enrolled in its health care system. Nearly 65,000 veterans will receive long-term care this year through inpatient programs of VA or state veterans homes. More than 90 percent of VA's medical centers also provide outpatient long-term care programs. This patient-focused approach supports the wishes of most patients to live at home in their own communities for as long as possible.

Who is Eligible for Nursing Home Care

Any veteran who has a service connected disability rating of 70 percent or more

A veteran who is rated 60 percent service-connected and is unemployed or has an official rating of "permanent and total disabled"

A veteran with combined disability ratings of 70 percent or more

A veteran whose service-connected disability is clinically determined to require nursing home care;

Non-service-connected veterans and those officially referred to as "zero percent, noncompensable, service-connected" veterans who require nursing home care for any non-service-connected disability and who meet income and asset criteria; If space and resources are available, other veterans on a case-by-case basis with priority given to service-connected veterans and those who need care for post-acute rehabilitation, respite, hospice, geriatric evaluation and management, or spinal cord injury.

Nursing Home Care

VA's nursing home programs include VA-operated nursing home care units, contract community nursing homes and state homes. VA contracts with approximately 2,500 community nurs-

ing homes. The state home program is growing and currently encompasses 103 nursing homes in 47 states. In fiscal 2002, approximately 70 percent of VA's institutional nursing home care occurred in contract community and state home nursing homes.

Nursing home care units are located at VA hospitals where they are supported by an array of clinical specialties. The community nursing home program has the advantage of being offered in many local communities where veterans can receive care near their homes and families. VA contracts for the care of veterans in community nursing homes approved by VA. The state home program is based on a joint cost-sharing agreement between VA, the veteran and the state.

Non-Institutional Care

Veterans can receive home-based primary care, contract home health care, adult day health care, homemaker and home health aide services, home respite care, home hospice care and community residential care. In fiscal 2002, approximately 37 percent of VA's total extended care patient population received care in non-institutional settings, including:

Home-Based Primary Care

This program (formerly Hospital Based Home Care) began in 1970 and provides long-term primary medical care to chronically ill veterans in their own homes under the coordinated care of an interdisciplinary treatment team. This program has led to guidelines for medical education in home care, use of emerging technology in home care and improved care for veterans with dementia and their families who support them. In 2002, home-based primary care programs were located in 76 VA medical centers.

Contract Home Health Care

Professional home care services, mostly nursing services, are purchased from private-sector providers

at many VA medical centers. The program is commonly called "fee basis" home care.

Adult Day Health Care (ADHC)

Adult Day Health Care programs provide health maintenance and rehabilitative services to veterans in a group setting during daytime hours. VA introduced this program in 1985. In 2002, VA operated 21 programs directly and provided contract ADHC services at 80 VA medical centers.

Two state homes have requested VA recognition to provide ADHC, which has recently been authorized under the State Home Per Diem Program.

Homemaker and Home Health Aide (H/HHA)

In 1993, VA began a program of health-related services for service-connected veterans needing nursing home care. These services are provided in the community by public and private agencies under a system of case management provided directly by VA staff. VA purchased H/HHA services at 120 medical centers in 2002.

Community Residential Care

The community residential care program provides room, board, limited personal care and supervision to veterans who do not require hospital or nursing home care but are not able to live independently because of medical or psychiatric conditions, and who have no family to provide care. The veteran pays for the cost of this living arrangement. VA's contribution is limited to the cost of administration and clinical services, which include inspection of the home and periodic visits to the veteran by VA health care professionals. Medical care is provided to the veteran primarily on an outpatient basis at VA facilities. Primarily focused on psychiatric patients in the past, this program will be increasingly focused on older veterans with multiple chronic illnesses that can be managed in the home under proper care and supervision.

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Blind Rehabilitation Service

Department of Veterans Affairs

VICTORS Program

The Visual Impairment Center to Optimize Remaining Sight (VICTORS) concept was developed by VHA Directors of Optometry, Blind Rehabilitation and Social Work Services to complement existing inpatient Blind Rehabilitation Centers (BRCs) to care for veterans with significant visual impairment (20/70 to 20/200 or worse visual acuity and/or significant visual field loss). The interdisciplinary VICTORS outpatient program represents a unique team approach to vision rehabilitation using the disciplines of optometry, ophthalmology, social work, psychology and low vision therapists. VICTORS provides rehabilitation through definitive medical diagnosis, functional vision evaluation, prescribing and training in use of low vision aids, counseling and follow-up. Frequently, other necessary patient care services (e.g., social work, psychology, audiology and ophthalmology) are provided at the local station. There are currently 3 VICTORS programs located in Kansas City, Missouri, Chicago, Illinois, and Northport, New York.

Blind Rehabilitation Outpatient Specialists (BROS)

An outpatient training program that employs a multi-skilled and experienced blind rehabilitation instructor who teaches skills in the veterans home environment and/or local Veterans Affairs facility. The BROS instructor has advanced technical knowledge and competencies in least two of the following disciplines at the journeyman level: orientation and mobility; living skills; manual skills and visual skills. The BROS has been cross-trained to acquire broadly

based knowledge in each of these BRC disciplines including computer access training.

BROS are located in the following areas: Albuquerque, NM
Ann Arbor, MI
Bay Pines/St. Petersburg, FL

"A Blind Center is where faith is strongest that blind people deserve hope, respect and freedom. These are accorded first, followed by the means of achieving them. Our civilization permits wholesome living when blind and here one learns how."

Baltimore, MD
Boston, MA
Cleveland, OH
Dallas, TX
Gainesville, FL
Los Angeles, CA
Phoenix, AZ
Portland, OR
San Antonio, TX
San Juan, PR
Seattle, WA
West Haven, CT

West Palm Beach, Florida

To access BROS Handbook go to:
www.va.gov/publdirec/health/handbook/1174-1.html

The Blind Rehabilitation Center Program

A residential inpatient program that provides comprehensive adjustment to blindness training and serves as a resource to a catchment area usually comprised of multiple states. BRC's offer a variety of skill courses designed to help blinded veterans achieve a realistic level of independence. These skill areas include orientation and mobility, communication skills, activities of daily living, manual skills, visual skills, computer access training and social/recreational activities. The veteran is also assisted in making an emotional and behavioral adjustment to blindness through individual counseling sessions and group therapy meetings.

VA Long Term Care

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Respite Care

Respite care temporarily relieves the spouse or other caregiver from the burden of caring for a chronically ill or disabled veteran at home. In the past, respite care admission was limited to an institutional setting, typically a VA nursing home. The Veterans Millennium Health Care and Benefits Act expanded respite care to home and other community settings. Currently, respite care programs are operating in 136 VA medical centers, with each program typically providing care to approximately five veterans on any given day. Respite care is usually limited to 30 days per year.

Domiciliary Care

Domiciliary care is a residential rehabilitation program that provides short-term rehabilitation and long-term health maintenance to veterans who require minimal medical care as they recover from medical, psychiatric or psychosocial problems. Most domiciliary patients return to the community after a period of rehabilitation.

Domiciliary care is provided by VA and state homes. VA currently operates 43 facilities. State homes operate 51 domiciliaries in 33 states. VA also provides a number of psychiatric residential rehabilitation programs, including ones for veterans coping with post-traumatic stress disorder and substance abuse, and compensated work therapy or transitional residences for homeless chronically mentally ill veterans and veterans recovering from substance abuse. Telehealth For most of VA's non-institutional care, telehealth communication technology can play a major role in coordinating veterans' total care with the goal of maintaining independence. Telehealth offers the possibility of treating chronic illnesses cost-effectively while

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Tips from the BBB on War-Related Charity Appeals

From TVC Journal July/August 2003

- Be wary of appeals that are long on emotion and short on what the war related charity will be doing to assist the U.S. troops, their families, or relief needs in Iraq.
- Ask for written information that describes the charity's programs and finances. Even a new charity should have some basic information available.
- Although the Department of Defense does not endorse any specific war related charity, you can visit their website and <http://www.army.mil/operations/oif/FAQ.html> to find out various military relief societies that provide various types of assistance to U.S. Service members and their families.
- Recognize that some groups may change their program activities in response to changing needs (for example, from assisting the families of U.S. troops to honoring returning soldiers).
- Look at the appeal carefully to see if it explains what the organization will do with any excess funds that remain after the crisis has ended.
- Check out the organization with your Better Business Bureau (<http://www.bbb.org>), the BBB Wise Giving Alliance (<http://www.give.org>) and with your state government registration agency (usually a division of the state's Attorney General Office).

CALLING ALL WWII VETS!!!!

The Veteran's Museum in Texas

From the TVC Journal July/August 2003

The Veteran's Museum in Texas is conducting radio and television-quality interviews with WWII veterans of all theaters of operations as part of the Library of Congress' Veterans History Project. Your story is more important that you may think! European Theater Interviews and accompanying pictures and documents will be preserved for generation to come at the Library of Congress. Pacific and CBI Theater Interviews are to be preserved at the National Museum of the Pacific War in Fredericksburg, TX.

All vets please visit web sit:

<http://www.loc.gov/folklife/vets/sights.html> and click on "PARTICIPATE" and fill out contact information. For information on the WWII Pacific Theater Project, you can contact Rick Lindsay at 713-932-0619 (855) or write him at Queen Annes, #45, Houston, TX 77024. The WWII Pacific Theater Project needs 10,000 interviews.

You Saved Us! Let Us "Save" You



In the News: News Releases

Department of Veterans Affairs

VA Seeks Expansion of Benefits for Former POWs— July 15, 2003

Responding to the needs of service members who were prisoners of war during Operation Iraqi Freedom, President Bush has proposed legislation to Congress that would improve benefits for former POWs.

"What we're proposing is to eliminate the current requirement in federal law that a former POW must be detained for at least 30 days in order to qualify for full POW benefits," said Secretary of Veterans Affairs Anthony J. Principi.

For its disability compensation program, the Department of Veterans Affairs (VA) currently presumes that certain medical conditions in former POWs who were held at least 30 days are related to their captivity. Using this presumption, a veteran may obtain financial benefits without providing evidence directly linking a medical problem to captivity.

"That may have made sense years ago for some conditions linked to nutritional deficiencies, but even a few days enduring terror at the hands of enemy captors may lead to other conditions," Principi said.

The VA proposal also would improve dental care eligibility and exempt former POWs from current copayments for medications for non-service connected conditions. Currently, some ex-POWs may

be charged \$7 for drugs that treat conditions unrelated to their service.

The current presumptions in law recognize that military medical records do not cover periods of captivity, which make it difficult for a veteran to provide evidence of the conditions endured. VA pays tax-free disability compensation ranging from \$104 to \$2,193 monthly, depending on the degree of disability, with additional sums for dependents.

In transmitting the draft bill to the speaker of the House and the president of the Senate, Principi said, "Studies have shown that the physical hardships and psychological stress endured by POWs have life-long effects on health and on social and vocational adjustment."

Because benefits have changed over the years, VA took steps earlier this year to ensure that all former POWs are aware of benefits to which they are entitled. VA's outreach included mailing benefits information to more than 10,000 former POWs currently receiving compensation as well, as another 4,700 known ex-POWs not on its rolls.

Although results are now being collected to measure the effect of the outreach campaign, early indications are that VA is receiving hundreds of claims from POWs for new benefits or for higher dis-

ability ratings.

Because 93 percent of U.S. former POWs served in World War II, a group with an average age of 82, the overall number of surviving ex-POWs fell by nearly 2,800 last year. VA is taking special efforts to process the claims of older veterans quickly.

In addition, VA maintains a Web site with detailed information on its benefits for former prisoners of war at <http://www.vba.va.gov/bln/21/Benefits/POW/>.

True Patriot: Military Spouse Takes Pride in Serving Country

By Lindsay Paxton Spouse of Capt. Aerick Paxton, 354th Communications Squadron

When I married my husband, I had no idea what was in store for me! You don't choose with whom you fall in love. I married my best friend who also happened to be a service member.

Before I was 'drafted,' I considered myself a strong, independent person who could withstand anything. Being a military wife proved more difficult than I first envisioned.

My sacrifices and contributions frequently go unnoticed or are taken for granted. However, I know the support, friendship and love I extend to my husband are critical to his performance and the team he leads.

The truth is, an airman is only as good as the people who support them in everyday life. Similarly, I would not be able to support my husband and his commitment to the military without the strong network of friends I have come to count on, time and time again.

As the years passed, I realized I was part of a larger family — the U.S. Air Force.

As a military spouse, I take great pride in knowing I'm part of the team that ensures our freedoms and brings peace and comfort all over the world. I did not volunteer as a military service member — marriage drafted me as a military family member. Service members choose to live the military lifestyle and their families are required to make sacrifices for the sake of our great nation.

I focus on the good, forget the bad and cherish today while anticipating the uncertainty of tomorrow. In five years of volunteer service I've experienced things that are only understood by those united by the noble bonds of military service. My heart overflows with pride, love and patriotism.

Unlike my civilian counterparts who measure time by years, I measure time by tours. I courted in Colorado, married in Virginia, rescued a pound puppy in Kansas, and gave birth to babies in Ohio and Alaska.

My family and the American Flag are special to me. At the military installation I call home, patriotism isn't something celebrated on the Fourth of July — it's a way of life for every military family.

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For Local Help

Denton County Veterans Service Office

306 N. Loop 288, Suite 146
Denton, TX 76209

Monday through Friday
8:00 am to Noon and 1:00 pm to 5:00

Phone: 940-349-2950

Fax: 940-349-2951

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james.wheeler@dentoncounty.com

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VA Long Term Health Care (continued from page 3)

contributing to the patient satisfaction generally found with care available at home.

Subacute Care

This care is provided to veterans who require a level of care between acute and long-term care. These veterans are provided care in VA hospital intermediate bed sections.

Geriatric Evaluation and Management (GEM)

Older veterans with multiple medical, functional or psychosocial problems and those with particular geriatric problems receive assessment and treatment from an interdisciplinary team of VA health professionals. GEM services can be found on inpatient units, in outpatient clinics and in geriatric primary care clinics. In 2002, there were 57 inpatient GEM programs and more than 164,000 visits to GEM and geriatric primary care clinics.

Geriatric Research, Education and Clinical Centers (GRECC)

These centers increase the basic knowledge of aging for health care providers and improve the quality of care through the development of improved models of clinical services. Each GRECC has an identified focus of research in the basic biomedical, clinical and health services areas, such as the geriatric evaluation and management program.

Medical and associated health students and staff in geriatrics and gerontology are trained at these centers. Begun in 1975, there are now 21 GRECCs in all but two of VA's health care networks. Congress authorized VA to establish up to 25 of these centers.

Millennium Act and VA's Efforts to Increase Long-Term Care Capacity

Public Law 106-117, the Veterans Millennium Health Care and Benefits Act, enacted in November 1999, requires VA to provide extended care services in its facilities, including nursing home care, domiciliary, home-based primary care and adult day health care, with the goal of providing as much care as in 1998

True Patriot:

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As I've proudly served at my husband's side, I've learned patience, flexibility, stamina, courage, tolerance and much more. I know I'll make friends at every stop only to say goodbye. I know that no problem is too daunting to tackle — all obstacles can be divided into achievable milestones.

Above all, I savor the love my husband and I have for each other and value the short amount of time we have to make a difference in each military community we're part of.

The military lifestyle forces its ranks to be resourceful, capable and independent. We come from diverse cultures and ethnic backgrounds. We are all American ambassadors to the world.

Today, tomorrow and forever, I am proud of what I am — a military spouse who supports our nation's pursuit for justice, freedom and peace.

