DATES TO REMEMBER:

June 6th  D-Day (1944)
June 14th  Flag Day
June 21st  Fathers Day
June 21st  Summer Begins

JUNE OUTREACH PROGRAM DATES

June 2nd  9-12  Batesburg-Leesville
June 9th  9-12  Chapin

TOLL-FREE TELEPHONE NUMBERS

Lexington Main Office:  785-8400
From Batesburg/Leesville:  332-8400
From Chapin:  941-0231

Please note regarding outreach: Appointments are greatly appreciated, and walk-ins will be assisted between appointments. Thank you for helping us better assist you! Also, please note the checklist and doctor’s statement on pages 4, 5 and 6 of this newsletter. They may be helpful to you while filing either a non-service connected pension claim or a claim for aid and attendance.

QUOTE OF THE MONTH:

“Hard pressed on my right. My center is yielding. Impossible to maneuver. Situation excellent. I am attacking.”

-Ferdinand Foch-
(Battle of the Marne)

NEW OFFICE LOCATION
VA REGIONAL OFFICE AND GOVERNOR’S OFFICE OF VETERANS AFFAIRS

After years of discussion and planning, the relocation of the VA Regional Office (VARO) is complete. The VARO will be moving along with the Field Office. The new address for the Governor’s Office of Veterans Affairs located at the VARO will be: 6437 Garners Ferry Road, Suite 1126, Columbia, SC 29209.

The new telephone number for the Governor’s Office of Veterans Affairs is 803-647-2434 and the new fax number is 803-647-2312. The phone number for the Regional Office will remain the same 800-827-1000.

Both the VARO and the Governor’s Office of Veterans Affairs are up and running as of June 8th.
Nathan Kline wrapped a white monogrammed scarf around his neck and placed a bulletproof prayer book in his left shirt pocket. He'd followed the same routine for all of his previous bombing runs over Europe, but the teenager from Allentown, Pa., knew there was nothing routine about this mission.

There was nothing routine at all about this day, June 6, 1944 - D-Day.

More excited than nervous, Kline squeezed his small frame into the cramped Plexiglas nose of a B-26 Marauder and took off from an English base, joining thousands of his airborne mates over the English Channel. His destination: Normandy, France, where 50,000 German troops awaited the Allied invasion.

Now 84, Kline still has the scarf, the prayer book, and many other artifacts and honors from his role in the epic battle that turned the tide of World War II. In a few days, he'll add one more award to his already crowded wall: the French Legion of Honor medal. Fifty Americans, 15 Canadians and 10 British veterans of World War II received France's highest award during a ceremony in Paris, then headed to Normandy to mark the 65th anniversary of the D-Day landings.

"We've had our ups and downs with the French since the war, but that's one thing that they recognize, what we did, the Americans did, to help them be free again, be liberated," said Kline, an Air Force bombardier-navigator who flew 65 missions during the war. "They've always respected us for that."

About 160,000 Allied troops - primarily American, British and Canadian - stormed the beaches of occupied France on D-Day, opening up a second European front and setting the stage for Nazi Germany's defeat. More than 9,000 Allied troops were killed or wounded in what is regarded as history's greatest amphibious assault.

"I was very angry - I wasn't scared - I was angry because they had ripped up my darned maps," said Kline, whose chestful of medals include the Distinguished Flying Cross. Speaking in a small, cluttered study he calls his "war room," Kline choke up when he talks about the Allied troops who died on D-Day and throughout the war. He knows he'll struggle with his emotions at Saturday's ceremony, to be held at the American Cemetery overlooking Omaha Beach.

The 75 honorees appear to represent the largest single group of foreign soldiers to be inducted into the Legion of Honor since a commemoration of the 60th anniversary of D-Day in 2004. The French say this year's ceremony is intended primarily as a U.S.-French event, rather than a full-blown remembrance of the Allied effort like those held on the 50th and 60th anniversaries.

IMAGES FROM 65TH ANNIVERSARY OF D-DAY INVASION
Caughman–Harman Funeral Home hosted a Memorial Day Service on May 25, recognizing and remembering our veterans and fallen heroes. WWII Veteran Redd Reynolds led the program. Gary Baker, Lexington County Veterans Affairs Officer, participated in the program, along with Hugh Rogers, Commander of American Legion Post 7 and Post 7 Auxiliary President Margaret Barfield. Patriotic music and comments honoring our servicemen and women were followed by the playing of “Taps” and the release of 100 red, white and blue balloons.
Please find below a checklist of all forms you will need to file a claim for Non Service Connected Pension Benefits. Veterans with low income may be eligible for monetary support if veteran had 90 days or more of active military service, at least one day of which was during a period of war. The discharge from active duty must have been under conditions other than dishonorable. Payments are made to qualified veterans to bring their total income, including other retirement and/or Social Security Income, to a level set by Congress. Pension with Aid & Attendance income limits are $19,736.00 per year for a single veteran or $23,396.00 for a veteran with one dependent. Un-reimbursed medical expenses may reduce countable income (Medicare premium, supplemental insurance, and cost of care at a facility). The Housebound income limit is $14,457.00 per year for a single veteran or $18,206.00 for a veteran with one dependent. The limit for a veteran who is not in need of Housebound or Aid and Attendance is $11,830.00 per year or $15,493.00 for a veteran with one dependent. A veteran cannot have high net worth. The VA shall deny payment of pension to a veteran when the corpus of the estate is such that under all circumstances, including consideration of annual income, it is reasonable that some part of the corpus of such estate be consumed for the widow's maintenance.

Widows may also qualify if the veteran had the required wartime service and the widow meets the net worth and income limits. The annual pension income limit is $7,933, but increases to $9,696 for housebound and $12,681 for aid and attendance.

Please gather together all information checked on the enclosed checklist, sign all forms where highlighted, and call our office for an appointment. Please note: Veteran (or widow) signs all forms. If the veteran (or widow) can not sign he/she will need to X and get two witnesses signatures along with witness addresses. If someone holds widows POA - veteran still needs to sign all forms.

It is your responsibility to tell the VA if one of the following happens: your income changes , you gain a dependent, your net worth increases (cash, bank accounts, investments, real estate except your home unless you sell your home, or you move.

IMPORTANT: Lexington County Veterans Affairs is a county office; we are trained and accredited by the American Legion. This office does not decide VA claims. To check the status of a claim, call the VA Regional Office at 1-800-827-1000.

These documents will be needed to support your request for VA benefits:

1. DD-214 (Report of Separation)
2. Certified copy of marriage license (if more than one marriage, certified copy of Divorce or Death Certificate for each).
3. Certified copy of Death Certificate (if seeking widow’s pension)
4. Certified copy of Birth Certificate for dependent children
5. Social Security Award letter for all persons in household
6. Earning Statements for all persons in household (gross earnings)
7. Other Annuity or Retirement Income (gross amount)
8. Dividends and Interest
9. Amount of Stocks, Bonds, and Bank Deposits
10. Value of Real Estate (other than home)
11. Name of Hospital or Drug Insurance Company and Amount of Premium
12. SSI Amount (if in receipt)
13. In the case of a vet/widow who requires the daily personal health care service of a skilled provider without which they would require hosp/nursing home care, a Dr. statement is needed to include nature of disabilities, i.e. cancer, heart condition, etc.

14. In the case of an individual in assisted living or nursing home, a statement is needed on the facility’s letterhead. The statement needs to include, but not limited to: (1) Date of Entry, (2) Level of care required (skilled or intermediate), (3) Nature of Disabilities, i.e., cancer, heart condition. This statement must be signed by "an officer" of the corporation, and must include cost per day, plus doctor's and laundry service.

15. Voided Check to checking or savings. (If granted VA will direct deposit 1st of each month)
EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR AID AND ATTENDANCE
FORM TO BE COMPLETED AND SIGNED BY PHYSICIAN

1. First Name               Middle Name                    Last Name of Individual                  Social Security #

2. Home Address

3. Place of Examination                       Date of Examination

4. Was individual accompanied to place of Examination?
   Yes ____  No ____  (If “YES”, complete item 5 & 6)

5. Name of Nurse or Attendant

6. Mode of Travel

7. Is individual hospitalized?
   Yes ____  No ____ (If “YES”, complete 8 & 9)

8. Date admitted _________________

9. Name and address of hospital:

10. Individual’s complaint:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________


________________________________________________________________________________
________________________________________________________________________________

17. Blood Pressure  18. Pulse Rate   19. Respiratory Rate

20. Number of hours in bed
   From 9PM to 9AM:
   From 9AM to 9PM:

21. Posture and general appearance:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

22. Describe restrictions of each upper extremity with particular reference to grip, fine movements, and ability
   To button clothing, shave and attend to the needs of nature:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

23. Describe restrictions of each lower extremity with particular reference to extent of limitation of motion, atrophy,
    contractures or other interference. If indicated, comment specifically on weight bearing, balance and
    Propulsion of each lower extremity:
24. Describe restriction of the spine, trunk and neck:
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

25. Set forth all other pathology including the loss of bowel or bladder control or the effects of advancing age, such as dizziness, loss of memory, poor balance which affects individuals ability to perform self-care, ambulate or travel beyond the premises of the home or if hospitalized beyond the ward or clinical area. Describe where the individual goes and what he/she does during a typical day:
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

26. Is the individual able to walk without the assistance of another person?  YES _________          NO  _________
If “YES” give distance             1 Block            5 or 6 blocks            1 mile            other (specify distance)
_______________________________________________________________________________________________________________

27. Describe how often per day or week and under what circumstances the individual is able to leave the home or immediate premises:
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

28. Are aids such as canes, braces, crutches or walkers required for locomotion? If so, specify and describe effectiveness in terms of distance that can be traveled as in above:
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

29. Additional remarks:
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

30. Diagnosis:
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________

Physicians Name & Address
(Please print)
_______________________________________________________________________________________________________________
_______________________________________________________________________________________________________________
Examine
ing Physician Signature
_______________________________________________________________________________________________________________
I certify that the above is true and correct.
_______________________________________________________________________________________________________________
Date:

Please return form to: Lexington County Veterans Affairs
605 West Main Street, Suite 101
Lexington, South Carolina  29072