



**Department of
Veterans' Services**



Veteran Support Playbook Implementation Guide

New York State Department of Veterans' Services:

These questions have been developed in collaboration with MJHS Health System, a not-for-profit corporation

Need:

This Veteran Support Playbook can help you change lives. These seven questions are designed to get to the heart of supportive services available to Veterans and their families, and all that is asked is that you try it. The first time you see this resource make a difference in a Veterans life, we believe you will be hooked. Together we can follow a few simple steps and improve support for *all* who served¹.

All too often, Veterans do not access services that promote better health and well-being. This gap can be attributed to multiple factors, from a general lack of awareness, a military ethos of putting others before oneself, a sense of distrust, the list continues. This can be most distressing when a Veteran is terminal with a medical condition that is connected to their military service, and they are not receiving the support designed to help them.

This Implementation Guide is designed to support the Veteran Support Playbook Pocket Card and provide additional resources for each of the seven questions for clinicians. When you engage with someone by asking, "Did you serve in the U.S. Military" the sequence of these questions will make sense. The moment of impact will be when you are able to proceed with all seven questions that navigate the Veteran to what can be life-changing support. If the interview ends after the first question, and that is okay. This guide can help you maximize the potential of the Veteran Support Playbook pocket card. Thank you for giving it a try!

Best Practices When Engaging with a Veterans:

For those who are new to engaging with Veterans, please watch this short video from Psych Armor: *15 Things Veterans Want You to Know*:

<https://www.youtube.com/watch?v=VOE7wbLmu8A>

¹ All VETERANS refers to anyone who served in the U.S. Military despite the character of discharge or how long they served. Barriers to access can often be overcome with counseling – see item II iv.

QUESTIONS Contained in Veteran Support Playbook – a closer look:

1. Establish Veteran status: Ask, “Did you serve in the military”, instead of asking, “Are you a Veteran?”

Many Veterans who served do not feel they have earned the designation as Veterans. Any active military, naval, air, or space service with a discharge under conditions other than dishonorable is sufficient for an individual to qualify as a Veteran under federal law.

Possible responses:

- “I served, but I am not a Veteran.”
 - An explanation for this response may be based on misguided information they have been told from fellow service members. If this is the response you receive, please remind them of the above FACTUAL information, regardless of what they have heard or been told.

2. Build Trust: “Is it okay if I talk with you about your military experience?”

- a. It’s crucial to emphasize at the start of sensitive questioning or conversation that Veterans can stop at any time. If something triggers them you can offer to end the conversation and reassure them that you were only trying to share information about Veteran services.
- b. Be supportive of what the Veteran is willing to share. Further investigation into one’s military service will be completed by Veterans advocates (VSO) and service providers as needed - **please see section 3. c. below to connect with a Veteran Service Officer (VSO).**
- c. The VA suicide hotline: Call 988 and select 1. Or text 838255.
- d. **Health Screening can greatly help:**
 - i. Veterans often sustain injuries or illnesses during their service,-in both combat and non-combat theaters. For instance, exposure to the tactical herbicide Agent Orange during the Vietnam War, or burn pits in the Gulf Wars, duty served at Camp Lejeune for <30 days between 1953 and 1987, and exposure to asbestos on Navy ships commissioned during the 1930s to the 1980s. Dozens of health conditions are recognized by the VA as presumed to be due to the Veterans active war-time military history.

- Presumptive conditions²: (see appendix A for details)



- ii. **Please note:** Service-connected injuries do not have to be presumptive. If the Veteran was exposed to radiation, hazardous substances, suffered from trauma, or persistent loud noises, they may be eligible for disability compensation. **Please refer the Veteran to a NYSDVS VSO for *any* possible injuries due to military service: see NYSDVS in 3. c. below)**

3. **Would you like to hear about Veterans' services that you may be eligible for?** Note: you do not have to be enrolled in the VA to apply for Veteran benefits.

- a. It is important to share these available resources because they are designed to improve health and wellbeing of Veterans.
- b. **Snapshot of benefits available (at the federal and state level as of October 2025):**
 - i. Health care at the VA
 - ii. Housing and education benefits
 - iii. If palliative care or hospice care is prescribed:
 - Interment benefits:
 - a. VETERAN who did not receive a dishonorable discharge (spouse also eligible)
 - Burial allowance – eligibility varies.
 - Military honors: Taps, presentation of the memorial flag to the next-of-kin, etc.
- c. **Want to file a claim? New York State Department of Veterans' Services has a team of Veteran Service Officers (VSO):**
 - Encourage the Veteran to make an appointment with DVS to determine eligibility (services are free for Veterans and their families)

1 - (888) 838-7697:



² Presumptive conditions - VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific VETERAN's military service. If a presumed condition is diagnosed in a VETERAN within a certain group, they can be awarded disability compensation. Updated Oct. 2025

4. **“Are you, or have you ever enrolled in the VA?” – for health care:**

- a. If “Yes,”
 - i. Tell them, “That is excellent!”
 - ii. If helpful for your care plan for the patient, document location of VA Medical Facility and name of Primary Care Physician and if applicable, the name of the VA Social Worker.
- b. If “No,” - ask why not? Here are some arguments to consider when a Veteran says:
 - i. **“I don’t need it. There are other Veterans who need it more than me.”**
 - Arguments:
 - a. The VA are experts in military service/experiences - services available to support Veterans and their caregivers.
 - b. You will be helping your fellow Veterans by enrolling in the VA.
 - c. The more Veterans enrolled in a VA medical center, the more federal funding they receive for health care.
 - ii. **“I don’t deserve it”:**
 - Your health is important. The VA provides health care for many conditions associated with time in service.
 - iii. **“I had a negative experience at the VA.”**
 - Let them know that you are sorry to hear that and thank them for sharing this experience. The Veteran or provider can:
 - a. Contact the VA: verify patients primary VA Medical Center and alert them to this experience.
 - b. For complaints about potential illegal activities, fraud, or abuse, the VA Office of Inspector General (OIG) Hotline can be contacted: (1-800-424-6441)

- c. **Enrollment for health care at the VA is easy.** Complete and submit a 10-10EZ form



- d. If a Veteran adamantly refuses care at a VA Medical Center, you can recommend a Vet Center. They are smaller and more intimate facilities focusing exclusively on mental health services, overseen by the VA. This service was fought for by Vietnam Veterans who wanted a place for Veterans to go for mental health support that was more casual than a VA hospital. Vet Centers welcome all who served in combat and survivors of military sexual trauma, regardless of discharge characterization.



5. **“Do you have a copy of your DD214 (discharge document)?”**

- a. National Personnel Records Center: provide copies of all military medical and personnel files including the DD214:



- b. New York State Department of Veterans' Services: team of Veteran Service Officers to help determine eligibility for services and assist with filing claims at no cost to the Veteran. (See NYSDVS link in 3. c. above)
- c. **NOTE:** If a Veteran does not have a copy of their DD214, they CAN still enroll in VA health care and/or file for VA benefits. The VA has an obligation under federal law to assist.

6. **Assess for trauma and/or PTSD (Post traumatic stress disorder):**

- a. **Ask, “did you experience significant trauma while serving?”**

b. **Active listening:**

- i. De-escalation strategies: Swords to Plowshares resource:
<https://www.swords-to-plowshares.org/toolbox-article/active-listening-and-de-escalation-techniques>
- ii. A Unique Suicide Risk Screening Tool:
<https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>
- iii. If deemed necessary, consult the Primary Care DSM-5 (PC-PTSD-5); a five-item screen designed to identify individuals with probable PTSD or trauma.



- iv. **Acknowledge** that it is good that they shared and thank them for their courage. Reassure them that these questions and QR codes exist to support Veterans and their families.
- v. If it appears that your Veteran is overwhelmed, you may decide not to proceed with the following question. Confirm that it is okay before you continue the interview.
- a. “I know this is personal and can be difficult to talk about. Can I ask another question? If you’d prefer, we can stop here.”
 - b. Navigating sensitive conversations about needs and lived experiences can be difficult. Empathic inquiry is a technique that can be helpful for those throughout the medical landscape to build trust.

i. Below are best practices:

1. Have conversation in a private area
2. Reflectively Listen
3. Affirm the individual's responses
4. Support the autonomy of the individual: "Is it ok to review this with you?" "At any point, you can let me know you'd like to stop."
5. Note the strengths of the individual
6. Connect to resources when they are appropriate and/or available
7. Use normalizing language to show that other people experience certain needs or exhibit certain behaviors
8. Use familiar wording

7. "During your service, did you receive unwanted attention nonconsensual sexual contact or touching?"

- a. **Why this is important:** Military Sexual Trauma (MST), is a significant issue for the U.S. military, and can affect any service member regardless of gender. MST can lead survivors to manifest irrational behavior, or impaired judgment, that can break the military code of conduct and lead to early dismissal, or in other words, a less than honorable discharge.
- b. **Many MST survivors carry self-blame:** Letting Veterans know that there is legislation that wants to support them and hear their testimony and advocate for a discharge upgrade or characterization of discharge amended.
- c. **Advocacy:** New York State Department of Veterans' Services assists survivors of trauma and violence with the care, compassion, and resources they deserve. Services for Veterans and their families require no fees.
 - i. **NYS Legislation: The Restoration of Honor Act:** authorizes the New York State Department of VETERANS' Services (NYS DVS) to restore access to State VETERANS Benefits to VETERANS who have an Other-Than-Honorable Discharge (OTH) or a General Under Honorable Conditions Discharge due to Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Military Sexual Trauma (MST).³



³ Several States offer similar support: New York, New Jersey, Rhode Island, Connecticut, Colorado, Illinois, New Hampshire, Maine, and California.

2. Resources available to support MST survivors:

- a. Information about MST and how the VA can support, see:
https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf
- b. NYSDVS : survivors of sexual trauma or domestic violence:
<https://VETERANS.ny.gov/sexual-trauma-and-domestic-violence>
- c. Note: Vet Centers (See question 4 d. above) – Vet Centers welcome all who served in combat and survivors of military sexual trauma, regardless of discharge characterization.

Additional Resource:

8. What else can providers do to help with a disability claim? – Consider providing a medical nexus letter⁴

- a. See Appendix B for example and Appendix C for Medical Nexus Letter Tips and FAQs.



⁴ This medical opinion does not have to be absolute – just a 50% likelihood the VETERAN's current condition is related to military service.

Glossary of Terms

Agent Orange

A tactical herbicide used during the Vietnam War, exposure to which is associated with several *presumptive conditions* recognized by the VA (e.g., prostate cancer, Parkinson's disease, diabetes mellitus type 2).

At least as likely as not

A standard of proof used by the U.S. Department of Veterans Affairs. It means there is a 50% or greater probability that a Veteran's condition was caused or worsened by military service.

Columbia Protocol (C-SSRS)

The Columbia Suicide Severity Rating Scale is a screening tool to assess suicide risk and guide appropriate clinical interventions. <https://cssrs.columbia.edu>

DD214 (Discharge Document)

An official Department of Defense form verifying a service member's discharge status, dates of service, and character of discharge. It is required for most Veteran benefit applications but is *not mandatory* for VA health care enrollment.

Empathic Inquiry

A communication approach emphasizing compassion, reflective listening, and autonomy when engaging with patients, especially during sensitive or trauma-related discussions.

Medical Nexus Letter

A written statement from a qualified clinician explaining the medical connection between a Veteran's disability and their military service. Often required to support disability claims with the VA.

Military Sexual Trauma (MST)

Sexual harassment, assault, or unwanted sexual attention experienced during military service. MST can occur regardless of gender and may result in both physical and psychological health conditions.

New York State Department of Veterans' Services (NYS DVS)

A state agency offering free assistance to Veterans and their families, including benefit applications, advocacy, and counseling. Phone: 1-888-838-7697.

Other-Than-Honorable (OTH) Discharge

A discharge characterization indicating misconduct or policy violations during service. Under the *Restoration of Honor Act*, Veterans with OTH discharges linked to PTSD, TBI, or MST may regain access to NY State Veterans' benefits.

Post-Traumatic Stress Disorder (PTSD)

A mental health condition triggered by experiencing or witnessing trauma. Common among Veterans exposed to combat or service-related stressors. Screening tools include the PC-PTSD-5 and C-SSRS.

Presumptive Condition

A medical condition automatically presumed by the VA to be service-connected based on when and where the Veteran served (e.g., Agent Orange exposure, Gulf War toxins, Camp Lejeune contamination).

Primary Care DSM-5 (PC-PTSD-5)

A brief five-item screening tool designed to identify individuals with probable PTSD in primary care settings.

Restoration of Honor Act

New York State legislation that restores state Veteran benefits eligibility to individuals discharged OTH or under General Conditions if related to PTSD, TBI, or MST.

Service-Connected Disability

A disease or injury incurred or aggravated during active military service that qualifies the Veteran for compensation or benefits through the VA.

VA (Veterans Affairs)

The U.S. Department of Veterans Affairs — a federal agency providing health care, benefits, and other services to eligible Veterans.

Vet Center

A community-based counseling center operated by the VA offering free mental health and readjustment services for combat Veterans and survivors of MST.

Veteran

Any individual who served in active military, naval, air, or space service and was discharged under conditions other than dishonorable.

Appendix A:

Presumptive Conditions – updated September 2025

Vietnam VETERANS (also Blue Water VETERANS)

1. Bladder cancer
2. Chronic B-cell leukemia
3. Hodgkin's disease
4. Multiple myeloma
5. Non-Hodgkin's lymphoma
6. Prostate cancer
7. Respiratory cancers (including lung cancer)
8. Some soft tissue sarcomas
 - a. Note: We don't include osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma on our list of presumptive conditions.
9. AL amyloidosis
10. Diabetes mellitus type 2
11. High blood pressure (hypertension)
12. Hypothyroidism
13. Ischemic heart disease
14. Monoclonal gammopathy of undetermined significance (MGUS)
15. Parkinsonism
16. Parkinson's disease
17. The following conditions must be at least 10% disabling within 1 year of herbicide exposure.
 - a. Chloracne (or other types of acneiform disease like it)
 - b. Peripheral neuropathy, early onset
 - c. Porphyria cutanea tarda

Gulf War VETERANS

1. Brain cancer
2. Gastrointestinal cancer of any type
3. Glioblastoma
4. Head cancer of any type
5. Kidney cancer
6. Lymphatic cancer of any type
7. Lymphoma of any type
8. Melanoma
9. Neck cancer of any type
10. Pancreatic cancer
11. Reproductive cancer of any type
12. Respiratory (breathing-related) cancer of any type
13. These illnesses are now presumptive:
14. Asthma that was diagnosed after service
15. Chronic bronchitis
16. Chronic obstructive pulmonary disease (COPD)
17. Chronic rhinitis
18. Chronic sinusitis
19. Constrictive bronchiolitis or obliterative bronchiolitis
20. Emphysema
21. Granulomatous disease
22. Interstitial lung disease (ILD)
23. Pleuritis
24. Pulmonary fibrosis
25. Sarcoidosis

Appendix B:
Example of a Medical Nexus Letter

Placed on health care institution letterhead

Date

To Whom It May Concern:

[Name of VETERAN] was admitted to home hospice care with MJHS Hospice and Palliative Care on October 18, 2024. Mr. has Stage III rectal cancer which has spread to his liver and lung despite treatments and surgeries. His current rectal cancer is likely related to the radiation treatments that he underwent to treat prostate cancer diagnosed in 2008. Mr. prostate cancer, and subsequent rectal cancer is at least as likely as not, due to his exposure to Agent Orange during his service in Vietnam. Mr. functional status has declined greatly because of his current rectal cancer. At this time, he is bedbound due to increased weakness and requires care for wounds and surgical wounds that occurred because of his cancers. If you have any questions, please feel free to contact me at (212) 649-5555.

Sincerely,
MD/NP/RN/etc.

Appendix C: Medical Nexus Letter Tips and FAQs from the NYSDVS:

Writing A Medical Nexus Letter To The U.S. Department of Veteran's Affairs

Benjamin Pomerance, Esq., Deputy Counsel, NYSDVS

Thank you for your willingness to write a medical nexus letter on behalf of a Veteran whose medical history is familiar to you. By doing so, you are providing a crucial service. Your letter will help the United States Department of Veterans Affairs understand the connection that exists between this VETERAN's current disabling condition(s) and this Veteran's military service. This information is necessary for this Veteran to receive the compensation payments that this Veteran has earned.

Frequently Asked Questions:

Q: What must a Veteran prove to the United States Department of Veterans Affairs (VA) in a claim for disability compensation?

A: A Veteran must demonstrate that he or she has a disability that was at least as likely as not caused or worsened in the course of that Veteran's military service.

Q: What is the point of a medical nexus letter?

A: A medical nexus letter explains to the VA why a connection exists between the Veteran's disability and the Veteran's military service.

Q: Who reads a medical nexus letter?

A: VA employees who determine whether events that occurred during the Veteran's military service are at least as likely as not the reason why the Veteran's disability was caused or exacerbated.

Q: Are these VA employees medical professionals?

A: No. The VA employees who read these letters are trained as claims reviewers, not as medical professionals. No prior medical experience or knowledge is required for these individuals to obtain these jobs.

Q: What are these VA employees looking for?

A: VA employees look for four basic categories of information when they review a nexus letter:

- a. Does the Veteran currently have a disability? If yes, what is that disability? What evidence proves that disability's existence?
- b. Was this disability at least as likely as not caused by or exacerbated by the Veteran's military service? If yes, what medical evidence proves the likelihood of this connection between the disability and the Veteran's military service?
- c. What is the severity of the Veteran's disability? In what way(s) does this disability impact the Veteran's quality of life?
- d. What makes the author of this letter qualified to offer these opinions? What is the author's education, training, experience, length of time providing medical care to the Veteran, etc.?

Q: Does the VA require a finding of medical certainty that the VETERAN's disability was caused or worsened by that Veteran's military service?

A: No. Medical certainty is not required. Instead, the VA uses a significantly lower standard: whether the condition under review was at least as likely as not caused or worsened by military service.

Q: What does "at least as likely as not" mean?

A: If there is at least a 50% probability that a Veteran's disability was caused or worsened by that Veteran's military service, then this Veteran's disability is at least as likely as not connected to that Veteran's military service.

Q: What are the most important things to remember when writing a nexus letter for a Veteran?

A: The most important things to remember are:

- a. *Be clear.* Remember that the VA employees reading these letters are not medical professionals. Avoid using medical jargon. Use common terms whenever possible while describing the disability and its connection to military service.

- b. *Be detailed.* Show, don't tell. Avoid vague descriptions. Rather than merely listing the Veteran's disability, state the specific symptoms that the Veteran is experiencing and their severity.
- c. *Be alert.* Know what language the VA wants to see and then use it. Remember that the VA wants to know whether each disability under review is "at least as likely as not" connected to that Veteran's military service. Use that specific language when stating your conclusions about the Veteran's disabilities.
- d. *Be authoritative.* At the outset of your letter, describe your expertise. Mention all relevant board certifications, peer-reviewed journal articles, length of time treating the Veteran, etc. Include a copy of your resume or C.V. with the letter.

Q: Must I write a separate nexus letter for every disability that I believe to be caused or worsened by the Veteran's military service?

A: No. You may analyze each disability in a single nexus letter. If you do so, however, please organize the letter in a logical manner. Do not provide analysis for two or more disabilities in a single paragraph, as this can confuse the VA employees who are reading and interpreting this letter.

Q: If I write a nexus letter, am I going to have to go to court and testify about what I wrote?

A: No. A claim for VA benefits is an administrative matter, not a courtroom proceeding. There is no trial. You will not be called to appear before a judge as a medical expert. You will not have to travel to a VA office to testify. The nexus letter that you write will speak for itself. Once you write the letter and provide it to the Veteran, no further actions pertaining to the letter will be required of you.

Thank you for taking the time to draft a nexus letter on behalf of a Veteran. Your assistance and attention to detail with this matter will make a significant difference in this Veteran's life.