



EXHIBIT TO SHORETTE SOLZE NOTICE
DEPARTMENT OF VETERANS AFFAIRS
9700 Page Avenue
St. Louis, MO 63132-1547

April 19, 2023

DOUGLAS J ROSINSKI
701 GERVAIS STREET
SUITE 150-405
COLUMBIA, SC 29201

In reply, refer to:
376/272/MJN
File Number: .
FOIAXpress#23-14115-FP
CHARLES SHORETTE

Re: Privacy Act Request
To Whom It May Concern:

This is in response to your Privacy Act request dated December 21, 2022. We have provided you with the following record(s): The entire VA claims folder on file at this office.

This office will be providing your records on a compact disc (CD) for use on your personal computer. Only records of 10 pages or more are eligible for CD printing. The CD can be viewed on all computers through the use of Adobe Reader software, which is available online for free.

Please do not submit any of the enclosed documents to the VA as evidence to support a claim, as they are duplicates of existing records in your VA claims folder (and will not be considered as new and material evidence for the purpose of claims processing).

My review of the documents responsive to your request revealed that they contained information that falls within the disclosure protections of FOIA Exemption 6, 5 U.S.C. § 552(b)(6). FOIA Exemption 6 permits VA to withhold a document or information contained within a document if disclosure of the information would constitute a clearly unwarranted invasion of a living individual's personal privacy. Stated another way, VA may withhold information under FOIA Exemption 6 where disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information I am withholding, as indicated on the enclosed documents, under FOIA Exemption 6 consists of the VA employee information and social security numbers as the individuals associated with this information have a personal privacy interest in it.

Your claim file contains Social Security Administration (SSA) records that were provided to the Department Of Veterans Affairs. Although we maintain the SSA record as part of your claim folder, release of these records or the information contained therein is restricted under the



Department of Veterans Affairs

VHA FAX TRANSMITTAL

VA NORTHERN INDIANA HEALTH CARE SYSTEM

Marion Campus
1700 East 38th Street
Marion, IN 46953
765-674-3321

Fort Wayne Campus
2121 Lake Avenue
Fort Wayne, IN 46805
260-426-5431

To VA FIDUCIARY PROGRAM
Fax Number 215-842-4601

Date 12 Jun 2018

No. Pages (Including Cover Sheet) Attached

Subject: ATTN MISUSE TEAM

From D. MARINO, PsyD, HSPP

Sender's Telephone Number 765-674-3321 x75096

765-677-6178
Sender's Fax Number

Comments



Confidentiality Note

This fax is intended only for the use of the person or office to which it is addressed and may contain information that is privileged, confidential, or protected by law.

All others are hereby notified that the receipt of this fax does not waive any applicable privilege or exemption for disclosure and that any dissemination, distribution, or copying of this communication is prohibited.

If you have received this fax in error, please notify this office immediately at the telephone number listed above.
Thank you.

OMB Control No. 2900-0075
Respondent Burden: 15 minutes
Expiration Date: 12/31/2020



Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)

STATEMENT IN SUPPORT OF CLAIM

INSTRUCTIONS: Read the Privacy Act and Respondent Burden on Page 2 before completing the form. Complete as much of Section I as possible. The information requested will help process your claim for benefits. If you need any additional room, use the second page.

SECTION I: VETERAN/BENEFICIARY'S IDENTIFICATION INFORMATION

NOTE: You will either complete the form online or by hand. Please print the information request in ink, neatly, and legibly to help process the form.

1. VETERAN/BENEFICIARY'S NAME (First, Middle Initial, Last)

C h a r l e s R S h o r e t t e

2. VETERAN'S SOCIAL SECURITY NUMBER

3. VA FILE NUMBER (if applicable)

4. VETERAN'S DATE OF BIRTH (MM/DD/YYYY)

PHONE NUMBER (Include Area Code)

7. E-MAIL ADDRESS (optional)

765-674-3321

8. MAILING ADDRESS (Number and street or rural route, P.O. Box, City, State, ZIP Code and Country)

No. &
Street

1 7 0 0 E 3 8 t h S t r e e t

Apt./Unit Number

City

M a r i o n

State/Province

I N

Country

U S

ZIP Code/Postal Code

4 6 9 5 3 -

SECTION II: REMARKS

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

My name is Denese M. Marino, Psy.D., HSPP. I am a clinical psychologist and Mr. Shorette is one of my patients. I am making this statement to request that Mr. Shorette's wife be removed as fiduciary due to mismanagement of his funds. I have been working with Mr. Shorette for the past 3 years and during that time he has repeatedly stated that he would enjoy going shopping, going to the canteen and participating in various events with recreation therapy "if I had any spending money." When I asked nursing about his funds, I was told his wife allows him to receive \$5 per week! The treatment team has requested that Mr. Shorette's wife send more money for hygiene products, canteen visits, outings with recreation therapist and for him to order food, but to my knowledge, she has not sent additional money for him. Mr. Shorette prefers to dress in a nice shirt and nice slacks when he goes off of the unit and when he interacts with his peers. However, I was told by nursing that his wife will not buy slacks for him because, according to her, they "disappear." According to the Computerized Patient Record System (CPRS), she also stated that she asked him if he remembered requesting slacks and when he said he did not remember, she stated "so he may not mind the sweatpants instead of Dockers." She has sent very inexpensive sweat pants from Wal-Mart for him to wear. Mr. Shorette enjoys ordering food to be delivered to the unit but he has not had enough money to pay for what he would like to order. When the treatment team requested that his wife put more money in his account for him to be able to order food, she said she would like his allowance to remain at \$5 per week, "but if he would like to order pizza now and then, he could get the money immediately prior to the pizza being delivered. If that means he can only order pizza during business hours, I'm sure he would be fine with that." She added that "it would be OK once a month" and stipulated that only one RN is allowed to order food for him and the RN has to save the receipts. Therefore when that RN is not on duty, Mr. Shorette is not allowed to order food. Additionally, if the RN is working any shift other than dayshift Monday through Friday, she does not have access to his funds so, again, he is not able to order out. Mr. Shorette was scheduled to go shopping in town with the recreation therapist but his wife stated that she did not want him to go because he might make the wrong choice and cause a scene in the store.

VA FORM
DEC 2017 21-4138

EXISTING STOCKS OF VA FORM 21-4138, JAN 2015,
WILL BE USED.

Page 1

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VETERAN'S SOCIAL SECURITY NC

SECTION II: REMARKS (Continued)

(The following statement is made in connection with a claim for benefits in the case of the above-named veteran/beneficiary.)

Although this doesn't specifically pertain to money, another example of Mr. Shorette's wife interfering with his quality of life is that she has stipulated that he is not allowed to have off unit privileges, even for one hour at a time. This is a very small VA with VA police routinely making rounds and numerous VA employees available if he were to need assistance. He has been denied placement to another VA dementia unit because "he does not wander on the unit, he has the safety awareness to use an electric wheelchair and he can find his way around the unit." He tends to isolate in his room due to a lack of money and nice clothes, which has a negative impact on his psychological well-being. These are just a few examples of how Mr. Shorette's wife interferes with his quality of life. Mr. Shorette deserves to have the best quality of life possible.

Thank you for your attention to this very important matter.

SECTION III: DECLARATION OF INTENT

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

9. SIGNATURE (Sign in ink)

Denese M. Marino PsyD HSPP

10. DATE SIGNED (MM/DD/YYYY)

06/11/2018

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM 21-4138, DEC 2017

Page 2

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

PAGE 3/5 * RCVD AT 6/12/2018 9:42:34 AM [Eastern Daylight Time] * SVR:VBAPHCRF4/9 * DNIS:158424601 * CSID:VA Marion * DURATION (mm-ss):03-40



Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on typewriter or computer, as it becomes a permanent record in veterans' folder

1. VA OFFICE
Hub 326

2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)
Shorette Charles R

4. DATE OF CONTACT (Month, day, year)
11/16/2018

5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)

VAMC
1700 E 38TH ST
MARION, IN 46953

6A. TELEPHONE NUMBER OF VETERAN (Include Area Code)

DAY EVENING

6B. E-MAIL ADDRESS (If applicable)

7. NAME OF PERSON CONTACTED

8. TYPE OF CONTACT

☐ PERSONAL ☒ TELEPHONE

9. ADDRESS OF PERSON CONTACTED

10. TELEPHONE NUMBER OF PERSON CONTACTED
(Include Area Code)

☒ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

Prior FID and Wife of vet called to find out why she was replaced. She states she has no idea about investigation or anything or why vet benefits were stopped. I explained that I could not release information to her because she had on current 0845 in VBMS. She request to speak to employee 207.

A message with wife's contact information was sent to LIE

Notification of Action

☐ I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA (If applicable): AMERICAN LEGION

DIVISION OR SECTION

Hub 326 Fiduciary Hub

EXECUTED BY (Signature and title)

Porter-Lundy, Beverly LIE

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.whitehouse.gov/omb/library/OMB/INVA/EPA.html#VA> If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM
SEP 2015

27-0820

SUPERSEDES VA FORM 27-0820, NOV 2012, WHICH
WILL NOT BE USED.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

(b) (6), VBAINDY

From: (b) (6), VBAINDY
Sent: Friday, November 16, 2018 12:18 PM
To: (b) (6)
Cc: VAVBAIND/IFH/MISUSE; Stradford, Nadia B., VBACMS
Subject: Call from Wife
Signed By: (b) (6)

Good afternoon,

Please review the following:

CHARLES ROBERT SHORETTE File #:

Received a call from wife, Karen Shorette yesterday 11/15/2018.

Karen called in to report fraud was taking place against husband/veteran's VA Funds. However, as I was looking into the Veteran's file, it is noted that there is a misuse case against Karen for misuse of the Veteran's funds and she has been replaced by a new fiduciary. I did not give Karen any information, as there is not an 0845 in our files.

Finally after going back and forth with Karen I advised her that I would forward the message to a supervisor and she asked for someone to call her back at

Please review 27-0820- Call from Vet's Wife in VBMS dated 11/15/2018 also 11/16/2018- Misuse

Thanks

(b) (6)
Legal Instruments Examiner
Department of Veterans Affairs
Indianapolis Fiduciary Hub
Ph: 317-916-3714
(b) (6)



Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on a typewriter or computer, as it becomes a permanent record in the veteran's folder.	1. VA OFFICE IFH/326	2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)
3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print) Shorette, Charles R	4. DATE OF CONTACT (Month, day, year) 04/24/2019	
5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code) VAMC Marion IN	6A. TELEPHONE NUMBER OF VETERAN (Include Area Code) DAY EVENING 6B. E-MAIL ADDRESS (If applicable)	
7. NAME OF PERSON CONTACTED Karen Shorette (former Spouse Payee)	8. TYPE OF CONTACT <input type="checkbox"/> PERSONAL <input checked="" type="checkbox"/> TELEPHONE	
9. ADDRESS OF PERSON CONTACTED	10. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code)	

☒ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

After a number of attempts to reach Mrs. Shorette, we finally were able to speak. (This follow up was at the request of Congresswoman Brooks' office, who has closed her inquiry.)

Mrs. Shorette advised the allegations received from VAMC are untrue. (See VBMS for details on misuse allegations received from VAMC.) I advised she would have had the opportunity to discuss the situation with the field examiner, including the request for a final accounting, if she would have been cooperative in scheduling the requested meeting. (Field examiner attempted to speak/meet with Mrs. Shorette a number of times and she refused.)

Mrs. Shorette said she refuses to submit an accounting or respond to allegations until she receives additional information. I advised the case is under the jurisdiction of the Columbia Fiduciary Hub, since she resides in Florida. If a determination of misuse is made, she will have the opportunity to submit additional evidence or information in response to the memo outlining the findings of the investigation.

Notification of Action

☒ I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA (If applicable):

DIVISION OR SECTION IFH/326	EXECUTED BY (Signature and title) Marguerite Paswater <small>Digitally signed by Marguerite Paswater DN: cn=Marguerite Paswater Date: 2016.01.04 13:06:25 -05'00'</small>
--------------------------------	---

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at <http://www.reginfo.gov/public/do/PRAMain>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.



Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

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1. VA OFFICE
Hub 326

2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)
Shorette Charles R

4. DATE OF CONTACT (Month, day, year)
11/16/2018

5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)
VAMC
1700 E 38TH ST
MARION, IN 46953

6A. TELEPHONE NUMBER OF VETERAN (Include Area Code)
DAY EVENING

6B. E-MAIL ADDRESS (If applicable)

7. NAME OF PERSON CONTACTED

8. TYPE OF CONTACT

KAREN SHORETTE

☐ PERSONAL ☒ TELEPHONE

9. ADDRESS OF PERSON CONTACTED

10. TELEPHONE NUMBER OF PERSON CONTACTED
(Include Area Code)

☒ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

WIFE AND FORMER FIDUCIARY OF THE VETERAN CALLED TO REPORT FRAUD WAS TAKING PLACE WITH THE VETERAN'S FUNDS. IT WAS NOTED THAT THERE WAS NO 0845 ON FILE FOR THE WIFE AND ALSO A 570 ESTABLISHED AGAINST THE WIFE FOR MISUSE OF FUNDS. I TOLD KAREN I WAS NOT ABLE TO GIVE OUT ANY INFORMATION AT THIS TIME AND SHE ASKED WHY. AGAIN, I TOLD HER I WAS NOT OBLIGATED TO GIVE HER ANY INFORMATION AND AT THAT POINT I TOLD HER I WOULD FORWARD THIS INFORMATION TO A SUPERVISOR. SHE ASKED IF SOMEONE WOULD CALL HER BACK TODAY. I STATED THAT MY COACH WAS NOT IN OFFICE AND ONCE THEY RECEIVED THE INFORMATION THEY WOULD POSSIBLY REACH OUT. ** THERE ARE SEVERAL COMPLAINTS AGAINST HER REGARDING MISUSE OF THE VETERAN'S DOCTORS. I DID NOT FEEL COMFORTABLE GIVING HER ANY INFORMATION.

Notification of Action

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cc: POA (If applicable): AMERICAN LEGION

DIVISION OR SECTION

Hub 326 Fiduciary Hub

EXECUTED BY (Signature and title)

Orona, Vanessa NLIE

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From: (b) (6) VBAINDY
To: VAVBAIND/IFH/MISUSE
Subject: Please review
Date: Wednesday, June 12, 2019 11:37:00 AM

File

Beneficiary: charles shorette

Court document in LCM dated 513 petition for hearing. Court hearing requesting to reinstate previous fiduciary as guardian. Court asking if VA has objections to reinstating previous fid as guardian. After review of misuse determination I wasn't sure if the VA intervenes in court hearings or not. Please review.

(b) (6)

Legal Instruments Examiner
Indianapolis Fiduciary Hub
Department of Veterans Affairs



Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

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	3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print) Shorette, Charles	
5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code) VAMC Marion IN		4. DATE OF CONTACT (Month, day, year) 03/24/2020
7. NAME OF PERSON CONTACTED David Payne (VA Fiduciary)		6A. TELEPHONE NUMBER OF VETERAN (Include Area Code) DAY EVENING
9. ADDRESS OF PERSON CONTACTED 112 S. Boots St. Marion TN 37052		6B. E-MAIL ADDRESS (If applicable)
10. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code)		8. TYPE OF CONTACT <input type="checkbox"/> PERSONAL <input checked="" type="checkbox"/> TELEPHONE

☒ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

VBAOCR WHH SF 2547538 DATE RECEIVED: March 19, 2020 DATE DUE: March 27, 2020

ISSUE: Former Spouse Payee, Karen Shorette, questions the amount of personal funds released to Veteran monthly. Ms. Shorette resides in Florida; Veteran resides in Marion VAMC (IN).

RESOLUTION: Karen Shorette was removed as Spouse Payee in November, 2018. Concerns were received from VAMC physician & staff that Ms. Shorette continually denied release of funds to Veteran (per his request) for clothing & other purchases. A misuse investigation conducted by Columbia Fiduciary Hub determined Ms. Shorette has misused Veteran's funds. The case is currently pending in Debt Collection status. Current fiduciary, David Payne, was appointed payee on Nov. 1, 2018, & appropriately manages Mr. Shorette's VA funds. Congressional Liaison contacted both Mr. Payne & the Field Examiner (FE) familiar with Veteran on March 24th. Mr. Payne advised that for a short time, \$1K per month was released to Veteran's patient account, due to his need for clothes, etc. (Ms. Shorette previously released only \$5 each week.) The fiduciary currently releases \$240 each month to Mr. Shorette, conserving the remainder. Veteran enjoys nice clothes & receives an additional \$600 each Spring & Fall for clothing expense. VAMC staff assists in purchasing clothes per his request. VAMC contacts Mr. Payne on behalf of the Veteran when he needs additional funds for outings, furniture, food, etc. FE confirmed information provided by Mr. Payne is correct, advising the Veteran has stated he is thankful he now has a better quality of

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cc: POA (If applicable):

DIVISION OR SECTION Indianapolis Fiduciary Hub	EXECUTED BY (Signature and title) Marguerite C. Paswater 314309 Digitally signed by Marguerite C. Paswater Date: 2019.11.06 14:57:32 -05'00'	March 24, 2020
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PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

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VA FORM
SEP 2015 **27-0820**

SUPERSEDES VA FORM 27-0820, NOV 2012,
WHICH WILL NOT BE USED.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICE
6437 GARNERS FERRY RD
COLUMBIA, SC 29209

C.
Shorette, Charles

March 27, 2020

Karen Shorette

Dear Ms. Shorette:

According to our records, you owe the United States Government \$30,306.17. This letter will explain why you have the debt, your rights and obligations regarding the debt, our collection charges, where to send your payment, and whom to contact if you have questions.

Why Do You Owe Money?

As fiduciary for the Veteran, Charles Shorette, you failed to abide by the fiduciary guidelines and to account for VA fund usage. As a result, it has been determined that you misused \$30,306.17 of the Veteran's funds.

(See attached Misuse Determination for misuse calculation)

You signed the VA Form 21-4703, Fiduciary Agreement, acknowledging that you understood all duties and responsibilities required of you as a certified payee. You were briefed that if funds were to be used for anything else, you were to obtain approval from the Veterans Affairs Fiduciary Activity.

Your Rights and Obligations

You may pay the debt in full. Include your file number, 319F458022923, on your payment and send it to the address shown on the top of this letter.

If you cannot repay this debt in full, you should contact us within 30 days from the date of this letter to work out a satisfactory payment plan.

You may offer us a lesser amount (a compromise offer) to settle your debt. If you want to make a compromise offer, you must tell us in writing how much you can afford to pay. We will carefully consider your offer of any reasonable amount. We will let you know if we accept your compromise offer.

Why You Must Settle Your Debt

You must settle this debt to avoid further collection action and additional expense. If you don't pay this debt, your credit rating can be affected.

Our Collection Charges

We will charge interest at an annual rate of 1% on debts being paid by installments. We may also charge a monthly administrative cost of collection fee of \$1.87 (subject to change annually). Further, we will assess a penalty charge of 6% annually on any account more than 90 days past due. If we receive full payment of the debt within 30 days, we will not charge any interest or administrative cost of collection fees or assess any penalty charges.

Where to Send Your Payment

Please make your check or money order payable to the Department of Veterans Affairs and send it to the above address along with the bottom portion of this letter. Please include your full name and Social Security number on your check or money order to insure proper credit.

What Will Happen Next?

The next step in our collection process is to refer your debt to the United States Treasury Offset Program (TOP). This program has the authority to collect your debt from other Federal payments, including your Federal income tax refunds.

Contact Information

If you have any questions or want to make other payment arrangements, please contact our office at the above address. Our TDD number for the hearing impaired is (800) 829-4833.

Sincerely yours,

SHEILA M. GILLIARD-
SEWELL 896097

Digitally signed by SHEILA M.
GILLIARD-SEWELL 896097
Date: 2020.03.31 17:37:47 -04'00'

For
Reubin Bookert
Chief Support Services
Enclosures:
Payment Remittance
Slip Financial Status
Report

(b) (6)

VBACMS

From: VAVBACMS/RO/DIR
Sent: Thursday, April 30, 2020 11:46 AM
To: VAVBAWAS/CO/Office of the USB VBA
Cc:

(b) (6)

Subject: VBAOCR WHHL INQUIRY TD FIDUCIARY COURT ISSUE SF 2683125
Signed By: DIR.VBACMS@va.gov

April 30, 2020

Shorette, Charles
CSS 458 02 2923
Spouse: Karen Shorette

Email:

The Columbia VA Regional Office confirms contact with Karen Shorette.

Karen Shorette's inquiry was referred to the Columbia, South Carolina, Department of Veterans Affairs (VA) Regional Office, Columbia Fiduciary Hub (CFH) because this office has jurisdiction of the fiduciary record. The CFH conducted a thorough review regarding a request to be reinstated as spouse payee for her husband.

A review of Charles Shorette's records, indicate Karen Shorette misused her spouse's VA benefit payments. It was believed she was mailed a revised notification letter dated March 13, 2020, stating the VA determined she misused Charles Shorette's VA benefit payments in the amount of \$30,306.17. She was advised what to do if she did not agree with the determination. Mrs. Shorette was given 30 days from the date of the letter to submit new and material evidence not previously submitted (i.e. receipts, check images, bank statements) for reconsideration. Duplicate information previously submitted will not be considered again. A copy of the revised misuse determination which explained how the decision was made was enclosed in the letter. As of April 28, 2020, no new evidence has been received.

On April 28, 2020, Mitzi Vigrass, Congressional Liaison in the CFH contacted Karen Shorette to acknowledge receipt of her inquiry. She explained she was considered a third party and due to privacy regulations, we were unable to release information to her. Mrs. Vigrass advised the VA has not received any new evidence for reconsideration in response to the March 13, 2020, letter. Mrs. Shorette said she did not receive the letter and requested we mail her a copy of the letter and enclosures. Mrs. Shorette stated she received a letter from Support Services dated March 27, 2020, on April 17, 2020. She also stated her attorney had mailed a letter to Support Services in response to their dated March 27, 2020.

The CFH discovered the original notification letter dated March 13, 2020 was not mailed to Mrs. Shorette. The original letter was sent by the CFH's Congressional Liaison, Amy Patrick, on April 29,

2020, to Mrs. Shorette. The CFH will consider any additional information the former fiduciary wishes to submit. Her appeal period has been extended, based on the non-receipt, to June 3, 2020.

Mrs. Shorette asked about her request to schedule an in-person meeting with the Fiduciary Hub about her concerns. Mrs. Vigrass said she would relay the request to the Misuse Team. The case is currently pending guidance from Pension & Fiduciary (P&F) Services as an Additional Action Memorandum was received by the CFH to review the misuse of Karen Shorette. No additional action can be taken at this time until guidance is provided from P&F Services.

If any additional information is required, please contact Judith Wright, Fiduciary Coach, at (803) 647-2924.

/s/
Leanne Weldin
Columbia Regional Office
Director

From: VAVBAWAS/CO/Office of the USB VBA <OfficeoftheUnderSecretaryforBenefits@va.gov>
Sent: Thursday, April 23, 2020 10:40 AM
To: VAVBACMS/RO/DIR <DIR.VBACMS@va.gov>
Subject: VBAOCR WHHL INQUIRY TD FIDUCIARY COURT ISSUE SF 2683125

Dear Director:

The White House Hotline received an inquiry from the spouse (former custodian) of the below Veteran:

Veteran's Name: Charles Shorette
Spouse: Karen Shorette
Claim #:
Phone:
E-Mail: _____

MOTE: The Indy Fid Hub suggested this be referred to your office for a response

The inquiry regards the following issues/concerns:

- It appears the spouse has filed court papers to be reinstated as the Vet's custodian
- She alleges she has not been contacted (VBMS shows the mailbox was full when the Fid Hub 326 called)
- The Vet has been hospitalized since 2008 and she was appointed in 2010
- She now has been informed she has to repay about \$30,000 to the Government
- Please reach out regarding this matter

•
WHHL Case Notes:

- She states in 2018 she received a letter from the fiduciary hub stating she had misused her husbands funds. She states the fiduciary hub stopped paying her husbands house hold expenses at that time. Mrs. Shorette states her husband has been in a dementia ward of the VA nursing home under lock-down since 2008. The wife is asking that the OCR contact her about why she was removed because of these false accusations and no one ask her for a statement.

- She would also like to know why the veteran is issued \$1000 a month that he can not use.
- Mrs. Shorette is requesting an in-person meeting with someone about her concerns with the fiduciary hub. She is requesting to be contacted about this matter.
- She states she was never contacted in regards to her prior case.

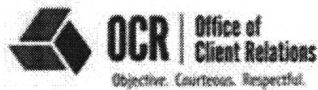
Please:

- Review the inquiry and address all issues/concerns
- Contact with the client on behalf of the Department of Veterans Affairs is required
- *"Reply to all"* on this e-mail with a summary of all actions taken and include documentation related to resolution of this matter
- Please respond by 5-1-2020

If this concern is best addressed elsewhere, please forward this message to that Regional Office/Business Line/Program Office/Agency with the VAVBAWAS/CO/Office of the USB VBA mailbox cc'd.

If you have any questions, the undersigned is your point of contact.
Thank you for your time and attention on this matter.

Theresa Davis
VBA Office of Client Relations
Office of Field Operations (202.530.9139)





Department of Veterans Affairs

REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on a typewriter or computer, as it becomes a permanent record in the veteran's folder.

1. VA OFFICE

319

2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)

SHORETTE, CHARLES R

4. DATE OF CONTACT (Month, day, year)

12/02/2020

5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)

6A. TELEPHONE NUMBER OF VETERAN (Include Area Code)

DAY

EVENING

6B. E-MAIL ADDRESS (If applicable)

7. NAME OF PERSON CONTACTED

Karen Shorette

8. TYPE OF CONTACT

☐ PERSONAL

☒ TELEPHONE

9. ADDRESS OF PERSON CONTACTED

10. TELEPHONE NUMBER OF PERSON CONTACTED (Include Area Code)

☐ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

Karen Shorette called CFH to check on the status of the information she submitted to VA on 6/4/2020 in reference to the misuse determination made 3/13/2020. LIE informed Ms. Shorette that the Misuse claim was still open. Please review and take the appropriate action. Thanks.

Notification of Action

☐ I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA (If applicable):

DIVISION OR SECTION

319/FID

EXECUTED BY (Signature and title)

Nkemokanam Udeagha 1514131

Digitally signed by Nkemokanam Udeagha 1514131
Date: 2020.12.02 13:00:04 -05'00'

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

VA FORM
JUL 2018

27-0820

SUPERSEDES VA FORM 27-0820, SEP 2015,
WHICH WILL NOT BE USED.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

DATE: 3/2/2021 1:30:55 PM

SERVICE ID:

PREFIX: Mrs.

FIRST: Karen

LAST: Shorette

ADDR1:

CITY:

STATE:

ZIP:

COUNTRY: USA

EMAIL:

PHONE:

SUBJECT: Contact the President

MSG: Please note that I have tried for the past 2 ½ years to resolve this issue at the local and regional VA levels. I also contacted the White House VA Hotline (Case Nos. 02547538 and 2683125). They said they would provide a response within 30 days, but after a year they have never contacted me.

1. A medical staff member at the Marion, Indiana, VA facility took retribution against me by filing a formal complaint stating that I had misused my husband's VA compensation.

2. Without a full investigation, the VA removed me as payee for my husband's VA compensation in April 2018.

3. The VA based their decision solely on the FALSE accusations of the staff member.

4. In July 2010, the VA had officially directed that the majority of the VA funds were to be used for household expenses.

5. I have provided the VA with documentation proving there was no misuse of my husband's funds. However, they have not dismissed the case or reinstated me as payee. Nor have they returned to me the approximately \$123,000 that they approved in July 2010 for use as monthly expenses.

I have provided documentation to the VA, but no one is acknowledging their mistake or taking the appropriate action. The funds they are withholding are needed for household expenses, as they originally had directed. Please help!

IP ADDRESS: 2604:2d80:b511:2b00:8933:9353:e5b3:28a5

UPD_1: none selected

CUSTOM_PEOPLE: <UPD_1>none selected</UPD_1>

(b) (6)

VBACMS

From: (b) (6)
Sent: Wednesday, February 9, 2022 11:53 AM
To: (b) (6)
Subject: VIEWS CCM - Case #: 06886540 - Due Date: 2/25/2022 5:00 PM - Action Requested - Prepare Response

Action Required: Prepare Response

New Task Assignment Alert!

A new case task was created on: 2/9/2022 and assigned to VBA-319 RO Columbia, SC

Please see details below.

Case Subject: 20 - Fiduciary

Primary MOC:

Signature Level: Other

Task Created By: (b) (6)
Office: VBA-20D White House Case Mail
Organization: VBA

Task Name: LCT-338186

Due Date is on: 2/25/2022 5:00 PM

Action Requested: Prepare Response

Requested Activity: Please note, this is an old inquiry submitted almost a year ago. The issue of the fiduciary debt has been addressed, but the spouse states she has not been reinstated as the fiduciary. Please address this issue with the spouse on what is needed to be reinstated. Please review the attached inquiry and prepare a response to the writer and/ or the veteran. Please attempt telephone contact first. A signed and dated Report of Contact (ROC) needs to be uploaded into the VIEWS case file. If telephone contact cannot be made, please send the writer and/ or the veteran a physical copy of a letter addressing their concerns. Once complete, please create a case tasker back to VBA-20D inbox in order for us to be able to close the case. Thank you for your time and attention to this matter.

To view case Task details and to provide response, please use the link below:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fva.my.salesforce.com%2Ffa4at000000030as&data=04%7C01%7C%7C3f9e5fa37bdc476c394608d9ebeca42e%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637800223875324440%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000&sdata=uYyjcMUprW3jT4wDnDLKshfE8UQADBeFMgaWEepvBPU%3D&reserved=0>

Thank you!

For help with the VIEWS CCM, please contact your VIEWS Office Coordinator (VOC). A list of VOC's is available on the VIEWS Resource Center

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvaww.oit.va.gov%2Fproducts%2Fviews%2F&data=04%7C01%7C%7C3f9e5fa37bdc476c394608d9ebeca42e%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637800223875324440%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000&sdata=egbMJfoCtUdbwS6PBdF6vZ9bM684mX2%2FhrugecYKZAI%3D&reserved=0>)

(b) (6)

VBACMS

From: (b) (6)
Sent: Friday, February 11, 2022 9:03 AM
To: (b) (6)
Subject: A Case Task on Case Needs to Be Reassigned

Follow Up Flag: Follow up
Flag Status: Flagged

Task Reassignment Alert!

Case task LCT-338186 on Case needs to be reassigned. The reassignment notes are below.

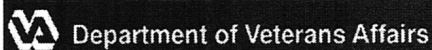
Reassignment notes:

Although the Columbia Fiduciary managed a misuse investigation involving the Veteran's spouse, the Veteran and his VA appointed fiduciary are under the jurisdiction of the Indianapolis Fiduciary Hub. They will need to address the issue of reinstatement

Please use this link to view the case details:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fva.my.salesforce.com%2Fa4at0000000030as&data=04%7C01%7C%7C4cd219a48d8f40d0424908d9ed67438f%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637801850043510131%7CUnknown%7CTWFPbGZsb3d8eyJWljoimC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ik1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=MVZxD5hA5elJo15vNTBsGvKsUcOU8x9j2Yvp7UEaXHk%3D&reserved=0>

Thank you!



REPORT OF GENERAL INFORMATION

NOTE - This form must be filled out in ink or on a typewriter or computer, as it becomes a permanent record in the veteran's folder.

1. VA OFFICE

326

2. IDENTIFICATION NUMBERS (C, XC, SS, XSS, V, K, etc.)

3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)

SHORETTE CHARLES ROBERT

4. DATE OF CONTACT (Month, day, year)

02/28/2022

5. ADDRESS OF VETERAN (Include number and street or rural route, city or P.O., State and ZIP Code)

1700 E. 38th St.
Marion, IN 4953

6A. TELEPHONE NUMBER OF VETERAN (Include Area Code)

DAY EVENING

6B. E-MAIL ADDRESS (If applicable)

davidmarlinpayne@hotmail.com

7. NAME OF PERSON CONTACTED

Charles Shorette & Gina Deaton, LCSW

8. TYPE OF CONTACT

☐ PERSONAL ☒ TELEPHONE

9. ADDRESS OF PERSON CONTACTED

1700 E. 38th St. Marion, IN 4953

10. TELEPHONE NUMBER OF PERSON CONTACTED
(Include Area Code)

☒ I certify that I properly identified my caller using the ID Protocol

11. BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN:

The writer contacted the NIHCS Marion VAMC unit Social Worker for assistance in speaking with the Veteran.
The Veteran reported he feels his current VA Appointed Fiduciary is handling his benefit and does not want him replaced. When asked if he wants his spouse reappointed as his Fiduciary, he stated he did not want his spouse to manage his VA benefit.
The spouse is in receipt of his other income to include Military Retirement pay, and his Social Security benefit.

Notification of Action

☒ I read the following statement to the caller:

"I am a VA employee who is authorized to receive or request evidentiary information or statements that may result in a change in your VA benefits. The primary purpose for gathering this information or statement is to make an eligibility determination. It is subject to verification through computer matching programs with other agencies."

cc: POA (If applicable): 074 - AMERICAN LEGION

DIVISION OR SECTION
326/IFH

EXECUTED BY (Signature and title)

FIDDODEL Claims Assistant 326

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA/21/22/28 Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to respond to the questions on this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

/es/ Rhonda K Clupper, R.N.
Staff Nurse
Signed: 04/07/2008 11:01

LOCAL TITLE: Addendum
STANDARD TITLE: ADDENDUM
DATE OF NOTE: APR 07, 2008@10:16:17 ENTRY DATE: APR 07, 2008@10:16:17
AUTHOR: LINCOLN, LINDA EXP COSIGNER:
INSTITUTION: MARION, IN
DIVISION: MARION, IN DIVISION
URGENCY: STATUS: COMPLETED

O: As above noted. Continue current restrictions on veteran's account.

/es/ LINDA LINCOLN MSN, FNP-C
NURSE PRACTITIONER
Signed: 04/07/2008 10:17

--- Original Document ---

04/02/08 PFOP (PERSONAL FUNDS OF PATIENT) (T):
DESIGNATION OF PFOP ACCOUNT PROGRESS NOTE.

VETERAN IS ___COMPETENT X_INCOMPETENT

___VETERAN'S ACCOUNT SHOULD BE UNRESTRICTED.

___VETERAN'S RESTRICTED ACCOUNTS SHOULD BE
TEMPORARILY "UNRESTRICTED" TO THE EXTENT OF \$___

REASON FOR RESTRICTION:

X_VETERAN'S ACCOUNT SHOULD BE RESTRICTED.
REASON FOR RESTRICTION: Dementia

X_I HAVE INFORMED THE VETERAN OF THE STATUS OF HIS/HER ACCOUNT AND OF
HIS/HER RIGHT TO APPEAL A RESTRICTED ACCOUNT. THE APPEAL PROCESS IS
OUTLINED IN THE BILL OF RIGHTS MEMORANDUM # 00-193.

/es/ TRACY THOMAS MSN, FNP-C
NURSE PRACTITIONER
Signed: 04/02/2008 11:39

LOCAL TITLE: PFOP (PERSONAL FUNDS OF PATIENT) (T)
STANDARD TITLE: ADMINISTRATIVE NOTE
DATE OF NOTE: APR 02, 2008@11:38 ENTRY DATE: APR 02, 2008@11:38:22
AUTHOR: THOMAS, TRACY EXP COSIGNER:
INSTITUTION: MARION, IN
DIVISION: MARION, IN DIVISION
URGENCY: STATUS: COMPLETED

*** PFOP (PERSONAL FUNDS OF PATIENT). (T) Has ADDENDA ***

DESIGNATION OF PFOP ACCOUNT PROGRESS NOTE.

VETERAN IS __COMPETENT X_INCOMPETENT

__VETERAN'S ACCOUNT SHOULD BE UNRESTRICTED.

__VETERAN'S RESTRICTED ACCOUNTS SHOULD BE
TEMPORARILY "UNRESTRICTED" TO THE EXTENT OF \$__

REASON FOR RESTRICTION:

X_VETERAN'S ACCOUNT SHOULD BE RESTRICTED.

REASON FOR RESTRICTION: Dementia

X_I HAVE INFORMED THE VETERAN OF THE STATUS OF HIS/HER ACCOUNT AND OF
HIS/HER RIGHT TO APPEAL A RESTRICTED ACCOUNT. THE APPEAL PROCESS IS
OUTLINED IN THE BILL OF RIGHTS MEMORANDUM # 00-193.

/es/ TRACY THOMAS MSN, FNP-C
NURSE PRACTITIONER
Signed: 04/02/2008 11:39

04/07/2008 ADDENDUM

STATUS: COMPLETED

O: As above noted. Continue current restrictions on veteran's account.

/es/ LINDA LINCOLN MSN, FNP-C
NURSE PRACTITIONER
Signed: 04/07/2008 10:17

LOCAL TITLE: NURSING NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: APR 07, 2008@03:33

ENTRY DATE: APR 07, 2008@03:33:49

AUTHOR: BURKE,TERESA

EXP COSIGNER:

INSTITUTION: MARION, IN

DIVISION: MARION, IN DIVISION

URGENCY:

STATUS: COMPLETED

Pt resting with eyes closed. Resp easily. O2 sat at 96% on room air.

/es/ Teresa Burke RN
staff nurse
Signed: 04/07/2008 03:34

LOCAL TITLE: NURSING NOTE

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: APR 06, 2008@02:30

ENTRY DATE: APR 06, 2008@05:06:03

AUTHOR: BURKE,TERESA

EXP COSIGNER:

INSTITUTION: MARION, IN

DIVISION: MARION, IN DIVISION

URGENCY:

STATUS: COMPLETED