

Knox County



Veterans Service Office

411 Pittsburgh Ave.
Mt. Vernon, Ohio 43050
Phone: 740-393-6742
Fax: 740-393-6741
E-mail: vso@kcvso.com
www.kcvso.com
also...FACEBOOK.COM
Office Hours 8 am to 4 pm

Our Mission

The mission of the Knox County Veterans Service Office is to provide eligible veterans and their families with those benefits to which they may be entitled under federal, state, and local law, in accordance with established policies and procedures.

The Knox County Veterans Service Office shall take those steps necessary to ensure a well trained and professional staff that is available to advise and assist veterans, their dependents, and the widows and orphans of those veterans who, by virtue of their service in the military of the United States of America. They may be entitled to benefits provided by the Department of Veterans Affairs or any other benefit available under federal, state, or local law.

The Knox County Veterans Service shall provide temporary financial assistance to those veterans or their dependents who have demonstrated a financial need due to illness, injury, lack of employment, or an unexpected hardship. Determination of financial need shall be made by the Veterans Service Commission in accordance with the guidelines it alone shall establish and oversee, in accordance with Title 59 of the Ohio Revised Code.

The Knox County Veterans Service Commission shall promulgate programs as required by Title 59 of the Ohio revised Code for services not listed above, such as outreach and the transportation of veterans to and from VA medical facilities.

JANUARY

2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 OFFICE CLOSED - New Years	3 Radio Program 1300 WMVO 10 AM	4 Commissioners Meeting - 3 PM - Public Welcome	5	6	7
8	9	10	11	12 Vet Center on Location 9am—4pm. Call for an appointment	13	14
15	16 OFFICE CLOSED - Martin Luther King Jr. Day	17	18 Commissioners Meeting - 3 PM - Public Welcome	19 Joint Veteran Council Mtg. 7:30 pm	20	21
22	23	24	25	26 Vet Center on Location 9am—4pm. Call for an appointment	27	28
29	30	31				

KNOX COUNTY VETERANS SERVICE OFFICE



VOLUME 10, ISSUE 1

DEDICATION AND COMMITMENT

JANUARY 2017

FROM THE DIRECTOR'S DESK - KEVIN L. HENTHORN

I hope that 2017 has found you well and in good spirits for all this new year is going to bring.

As I look back on 2016, I cant help but be amazed and delighted at all your Veterans Office has accomplished. The list of changes and growth is to numerous to mention. It is my wish that this is only the beginning of what our office will be doing and offering.

We have many more hopes and dreams of services including that of more "in house" counseling for veterans and families, more training opportunities for veterans on what benefits may best suit them, and more overall education for our community on who and what we are about.

It has taken a lot of hard work and sacrifice by our staff over the past couple of years to get to where we are today and will take additional work and time to get us where we need to go in the future.

I live my life by "There is always room for improvement, so continue to strive for perfection" and "The key to success is self discipline". These are just a couple of the theory's that we bring to the forefront of our organization. We have a fantastic staff going into 2017, ready, willing and eager to serve their community.

We have also been blessed with a dedicated and involved Veterans Service Commission that governs our office with an attitude of caring and

duty to serve their fellow veterans.

I look forward to a new year faced with new challenges and new accomplishments that will in turn, benefit our fellow brothers and sisters that have served this great nation. They are why we are here and they are why we do what we do. We will continue to do our very best to bridge any gap, stand beside and lift up all those who seek our assistance. Thank you for allowing us this opportunity to serve you.

Thank You & God Bless



Executive Director, Kevin L. Henthorn

UPCOMING EVENTS:

- Jan. 2nd OFFICE CLOSED—NEW YEARS
- Jan. 3rd, Radio Program on WMVO at 10:00 AM.
- Veterans Service Office Commissioners first & third Wed. at 3 p.m. Public Welcome
- Vet Center Counseling on location Jan. 12th & Jan. 26th call for an appointment.
- Jan. 16th OFFICE CLOSED... Martin Luther King Jr. Day



FINANCIAL ASSISTANCE

MELISSA WHEELER

Financial assistance for 2016 was another busy year! The Veterans Service Office processed 164 applications for financial assistance. We spent a total of \$107,891.82 to help our veterans and their dependents with bills such as electric, rent, mortgage, food, heating and other necessary bills. The Veterans Service Commission and office staff are proud to help our area veterans with their financial hardships and to help get them back on their feet. Each application for financial assistance is evaluated on a case by case basis. The Veterans Service Commissioners primary concern is to help the veteran and their dependents that are in need of immediate financial assistance. The financial assistance grants provided are not intended to be on a long term, on going basis. They are designed to provide assistance to those who encounter situations usually of emergent need that threatens their health or safety. An applicant for assistance must utilize all available income and resources. All applicants must provide proof on household income and proof of all bills paid and due for the past 30 days. There are no minimum or maximum levels established for financial assistance. All applicants who are physically capable of work must be actively seeking employment. The financial assistance is for temporary situations and not for month-to-month relief. If you are in need of financial assistance please call our office and set up an appointment. We are open Monday-Friday from 8-4

**One of the many ways Ohio gives thanks to our veterans:
Ohio Veterans Bonus Pays \$500-\$1,500 to Eligible Vets**

COLUMBUS – In another example of how Ohio aims to “serve those who served,” members of the U.S. Armed Forces can receive the Ohio Veterans Bonus, which pays between \$500 and \$1,500.

“Ohio veterans answered the call to service when our nation needed them most,” said Chip Tansill, Director of the Ohio Department of Veterans Services. “It is an honor to thank and reward these brave men and women who fight for our nation’s freedom.”

The bonus pays \$100 a month to veterans who served during the eligible periods in Afghanistan up to a maximum of \$1,000. For veterans who served in other parts of the world during these periods, the payment is \$50 a month up to a \$500 maximum.

Veterans medically discharged as a result of combat service can receive \$1,000, regardless of how much time they spent in theater, plus up to \$500 for months of service elsewhere.

The current bonus program extends to family members of those killed in action or who died from disease as a result of service in Afghanistan. In those cases, recipients may receive a bonus of \$5,000 plus whatever the service member was eligible to receive, up to \$6,500.

The eligible time period for service in Afghanistan or any location outside Afghanistan is from Oct. 7, 2001 through a date yet to be determined by the President. Eligible veterans must have been Ohio residents at the time of their entry into the service, and must be Ohio residents at the time they apply.

As of October 2016, the Ohio Veterans Bonus program had paid 91,060 claims amounting to more than \$74.3 million.

The Ohio Veterans Bonus is not financed with taxes. Ohio voters overwhelmingly approved a constitutional amendment allowing the state to sell bonds to provide a special payment to servicemen and women.

Ohio Veterans Bonus applications are available at OhioVet.gov.

To learn more about benefits, bonuses, jobs and resources for Ohio veterans and military families visit www.ohiovet.gov or call 1-877-OhioVet.



VA Study Finds EEG Can Help Tell Apart PTSD & Mild Traumatic Brain Injury

WASHINGTON – A recent VA study points to a possible breakthrough in differentiating between post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI), otherwise known as a concussion.

The two disorders often carry similar symptoms, such as irritability, restlessness, hypersensitivity to stimulation, memory loss, fatigue and dizziness. Scientists have tried to distinguish between mTBI and PTSD in hopes of improving treatment options for Veterans, but many symptom-based studies have been inconclusive because the chronic effects of the two conditions are so similar. If someone is rating high on an mTBI scale, for example, that person may also rate high for PTSD symptoms.

The researchers used electroencephalogram, or EEG, a test that measures electrical activity in the brain. The size and direction of the brain waves can signal abnormalities.

Analyzing a large set of EEGs given to military personnel from the wars in Iraq and Afghanistan, the researchers saw patterns of activity at different locations on the scalp for mTBI and PTSD. They saw brain waves moving slowly in opposite directions, likely coming from separate places in the brain.

The researchers emphasize that these effects don't pinpoint a region in the brain where the disorders differ. Rather, they show a pattern that distinguishes the disorders when the EEG results are averaged among a large group.

“When you're looking at an EEG, you can't easily tell where in the brain signals associated with TBI and PTSD are coming from,” said Laura Manning Franke, Ph.D., the study's lead researcher and research psychologist at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia. “You get kind of a coarse measure – left, right, anterior, posterior. We had a different distribution, which suggests that different parts of the brain are involved. In order to determine what patterns are tracking their TBI and PTSD, you need an average to do that,” Franke added.

The study linked mTBI with increases in low-frequency waves, especially in the prefrontal and right temporal regions of the brain, and PTSD with decreases in low-frequency waves, notably in the right temporoparietal region.

The differences in the levels of the waves may explain some of the symptoms of the two disorders, suggesting a decline in responsiveness for someone with mTBI, for example, and more anxiety for someone with PTSD.

Franke also noted that more low-frequency power has also been linked to cognitive disorders such as Alzheimer's disease and less low-frequency power to problems such as drug addiction. Additionally, spotting distinct patterns of mTBI and PTSD in separate parts of the brain is key for two reasons: the possibility these conditions can be confused with each other is reduced. That can help improve diagnosis and treatment and the patterns show that electrical activity appears to be affected long after combat-related mTBI, suggesting long-term changes in neural communication, the signaling between cells in the nervous system. “That could help, in part, explain the reason for persistent problems.”

The study included 147 active-duty service members or Veterans who had been exposed to blasts in Iraq and Afghanistan. Of those, 115 had mTBI, which accounts for nearly 80 percent of all traumatic brain injuries. Forty of the participants had PTSD, and 35 had both conditions. Despite the new findings, Franke and her team believe more work is needed to better explain the differences in the patterns of both conditions in the brain's electrical activity. Researchers need to analyze the differences in scans from larger numbers of patients.

Meanwhile, though, she said she hopes the research will play a role in helping medical professionals better diagnose someone's condition through an individual EEG—whether that person has PTSD, a brain injury, or a combination of the two.

“That's the holy grail,” said Franke. “We want to use the EEG to differentiate the problems, but also to predict recovery and be able to measure how people are doing in a more biological way than just measuring symptoms, although those are still relevant. But symptoms are also problematic because they're influenced by so many things that aren't the disease that we're interested in.”

