Counseling Statement

1. I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNDERSTAND THAT SHOULD I ELECT TO BE

 **(RANK, LAST NAME, FIRST NAME, MI)** SEPARATED PRIOR TO THE 20TH OF THE MONTH THAT THIS DECISION COULD RESULT IN OVERPAYMENT BY THE ARMY WHICH COULD CREATE A DEBT THAT I WILL BE RESPONSIBLE TO REPAY. (\_\_\_\_\_\_\_\_\_\_\_\_)

 **(INITIALS)**

1. I UNDERSTAND THAT DVA SERVICE CONNECTION FOR DISABILITY INCURRED IN OR AGGRAVATED BY MILITARY SERVICE MAY BE ESTABLISHED FROM THE DAY FOLLOWING MY DATE OF SEPARATION FROM THE ARMY. BY LAW ENTITLEMENT TO PAYMENT IS NOT AUTHORIZED UNTIL THE FIRST OF THE MONTH FOLLOWING THE MONTH IN WHICH SERVICE CONNECTION IS ESTABLISHED. DVA COMPENSATION IS PAID, LIKE MILITARY PAY, IN ARREARS. BECAUSE OF THESE RULES I UNDERSTAND THAT ELECTING A SEPARATION DATE EARLIER IN THE MONTH WILL RESULT IN A CORRESPONDING DELAY IN RECEIPT OF DVA PAYMENTS AND I MUST PLAN ACCORDINGLY. (\_\_\_\_\_\_\_\_\_\_\_\_)

 **(INITIALS)**

1. I UNDERSTAND THAT SHOULD I ELECT TO BE SEPARATED ON THE LAST DAY OF THE MONTH THIS DECISION WILL RESULT IN THE LOSS OF ONE MONTH OF VETERAN’S DISABILITY BENEFITS AND PAYMENTS. (\_\_\_\_\_\_\_\_\_\_)

  **(INITIALS)**

1. I REQUEST TO BE SEPARATED ON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **DATE: xxxx/xx/xx**

 **(YEAR, MONTH, DATE)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (**SOLDIER’S SIGNATURE)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVE THE REQUESTED SEPARATION DATE

 **(COMMANDER’ S SIGNATURE)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(RANK, LAST NAME, FIRST NAME, MI)**