

# PUBLIC SUBMISSION

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Notices Requesting Comments

**Comment On:** VA-2025-VACO-0001-0018  
Agency Information Collection Activities; Proposals, Submissions, and Approvals: Program of Comprehensive Assistance for Family Caregivers Decision Appeal Form; FR Doc No: 2025-09328; OMB Control No. 2900-0894

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Comment on Agency Information Collection Activities; Proposals, Submissions, and Approvals: Program of Comprehensive Assistance for Family Caregivers Decision Appeal Form-Anonymous

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## Submitter Information

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## General Comment

May 23, 2025

To Whom It May Concern:

Pursuant to 44 U.S.C. § 3506(c)(2)(A) of the Paperwork Reduction Act, I respectfully submit the following comment concerning the proposed collection of information by the Veterans Health Administration (VHA). I understand that the purpose of this information collection is to evaluate participation and eligibility in the Program of Comprehensive Assistance for Family Caregivers (PCAFC).

It is critical that VHA ensure that any collection of data directly supports its mission to provide high-quality care and services to veterans and their families. While I acknowledge the need for thorough documentation in determining eligibility and service needs, I strongly urge VHA to ensure that the proposed collection is both necessary and appropriately tailored. Not all veterans in need of caregiver support fit the antiquated idea of what disabilities qualify one for caregiver support.

The information sought should clearly relate to assessing eligibility and support needs without placing an unnecessary burden on the caregivers or veterans, particularly those facing significant physical, mental or emotional challenges. For example, I am a 100% P&T veteran with a seriously complicated lung condition. I use oxygen 24 hours a day and was denied PCAFC support because I play piano, I sometimes travel with the assistance of family and I drive in my neighborhood, however I cannot shower without assistance because I have to remove my O2 which puts me in danger of passing out due to severe hypothermia. I can not walk to my front or back doors without assistance up and down the stairs due to severe hypothermia. I don't eat properly because cooking with O2 and catching fire is not an option.

The data requested should serve a functional purpose, whether for eligibility determination, policy development, or care coordination and not duplicate existing information that VHA already maintains in medical or benefits records. My medical records are around 6 or more volumes long with well documented lung and other secondary conditions since 1991. I have been oxygen dependent since 1993 and your caregiver program has denied me support because my mental ability does not match my physical limitations. I attempt to do things I should not be doing because I have been denied help continuously. I sometime retreat within myself because dealing with VA has not been good for my mental health. I have major depression and PTSD due to over 36 years of medical trauma in and out of service. It is not good for my mental health to disengage in activities that brings me some semblance of normalcy and peace, like playing the piano (something I've done since the age of 6), and occasional travel.

Oh almost forgot I was also cited for driving which the program decision denial says it takes complex brain activity as disqualifying, however I have a masters degree and credits toward my doctorate degree which I had to discontinue due to my lungs and eye issues, chronic fatigue, etc., etc... all of which is service connected.

VHA should consider the strain that complex documentation requirements can place on caregivers and veterans, many of whom are already managing intensive responsibilities. Also, all of the documentation needed can be found in the veteran's medical records and VARO file. Streamlining forms and providing clear guidance would enhance both compliance and data quality.

My issues maybe unique however I am not the only veteran using supplemental oxygen who require support by the caregivers program. I think VHA has a twisted view of disabilities and their impact on veteran who are not mentally challenged in cognitive ability, bedridden or without limbs missing.

In conclusion, the proposed collection should be adopted only if it is clearly shown to enhance the efficiency, equity and effectiveness of VHA programs, particularly the PCAFC, and only if alternative sources of data are not available. I respectfully recommend a thorough review of the burden on respondents and the tangible benefits of the data collected.

Thank you for the opportunity to comment.

Sincerely,  
Anonymous Veteran, MSW  
USN/RET