

### **AGENDA**

### **Quarterly Meeting**

### September 5, 2024, at 6:30pm

- 1. Call to Order
- 2. Pledge Of Allegiance
- 3. Roll Call
- 4. Approval of Minutes
- 5. Reports
  - A. Chairman Steve Pilger
  - B. Vice Chairman Josh Harbourn
  - C. Finance and Activity Report Ricky Yocum
  - D. Superintendent Report Ricky Yocum
- 6. Public Comments open
- 7. Old Business
  - a. New Office
  - b. Work Hours
  - c. Pay (VAC)
- 8. New Business
  - a. Members (OMA) Open Meeting Act
  - b. Funerals
  - c. Stones and Markers
  - d. Travel pay for vet's

- 9. Comments and Announcements
- 10. Adjourn

### MASON COUNTY VETERANS' ASSISTANCE COMMISSION

## 125 N PLUM ST

### HAVANA, ILLINOIS 62644

### **VETERANS ASSISTANCE COMMISSION**

### **ROLL CALL**

### September 5, 2024

	<u>Present</u>	<u>Absent</u>
(D) Dick Whitney American Legion 496		Secretary
(A) American Legion 496		
(D) Lee Hottell American Legion 561		
(A) Josh Harbourn American Legion 561		Vice Chairman
(D) Stephan Pilger VFW 6408		Chairman
(A) Timothy Shay VFW 6408	<del></del>	
(D) Charles Lane American Legion 138		
(A)Dan Gunter American Legion 138		
(S) Ricky Yocum		Superintendent
(D) American Legion 1269		<del> </del>
(A) American Legion 1269	<del></del>	

The September 5, 2024 meeting of the Mason County Veterans Assistance Commission was called to order at the VFW Post 6408 Havana IL at 6:30 PM. Roll Call was held. Minutes of the June 6, 2024 were read. A motion to accept was made by Charlie Lane and was seconded by Dick Whitney. Motion carried.

Quarterly financial and activity reports were presented. Motion to accept the financial reports was made by Charlie Lane and seconded by Steve Pilger. Motion carried. Mason County new compensation and pension received was \$ 88519.85 with 62 clients being assisted. Fulton County payments amounted to \$69528.77 with 11 clients assisted. Cass County payments were \$10203.92. Tazwell County assistance payment was \$5891.00 for 1 client. Sangamon County payment of \$2246.00 was made to 1 client. Schuyler County clients received assistance in the form of 4 VA appeals and 1 client being assisted. A state of Utah client received \$684.92. A state of Washington client received assistance.

#### **Old Business**

Veteran burial procedures were discussed. Relocation to appropriate office facilities was discussed. More work is necessary to find office space that is acceptable to ADA requirements.

#### **New Business**

Open Meeting Act training is mandatory. One workday was added to the Superintendent's schedule. His office hours will be Monday, Tuesday, Wednesday. And Friday. Travel pay is available for veterans' transportation to tests. Mileage will be computed to and from Havana. CEU training is scheduled September 16 through September 20. 2024 in East Peoria IL. A motion was made to extend the Superintendence's term of service 2 years was made by Dick Whitney and Seconded by Steve Pilger. Motion carried. A motion made to replace the Superintendence's laptop by Steve Pilger and seconded by Charlie Lane. Motion carried.

As there was no further business brought before the board, a motion to adjourn was made by Steve Pilger and seconded by Charlie Lane. Motion carried. Meeting adjourned at 7:45 PM.

Respectfully Submitted,
Richard Whitney

**Yearly Totals 2024** 

<u>Month</u>	<u>Trans</u>	<u>Groc</u>	<b>Utilities</b>	<u>Rent</u>	<u>Misc</u>	<u>Totals</u>
December-22	\$1,125.00					\$1,125.00
January-23	\$346.00					\$346.00
February-23	\$452.00					\$452.00
March-23	\$203.00					\$203.00
April-23	\$467.00					\$467.00
May-23	\$429.00					\$429.00
June-23	\$397.00					\$397.00
July-23	\$465.00				\$1,500.00	\$1,965.00
August-23	\$602.00					\$602.00
September-23						\$0.00
October-23						\$0.00
November-23						
TOTALS	\$4,486.00				\$1,500.00	\$5,986.00

### **VAC Office Expense**

<u>DATE</u> 12/6/23	<u>ITEM</u> Quill	<u>FEES</u>	<u>SUPPLIES</u>	MILEAGE	<u>TRAINING</u>	<u>PUBLISHING</u>	<u>MEALS</u>	<u>MISC</u> \$36.88	PROF SERV
1/12/24	IACVAC Meeting			\$60.30				<b>330.00</b>	
1/16/24	IAVCVAC Dues	\$200.00		•					
3/1/24	Martin Publishing Co					\$80.00			
3/14/24	Martin Publishing Co					\$60.00			
3/27/24	Postage							\$15.90	
4/1/24	Martin Publishing Co					\$80.00			
4/8/24	Martin Publishing Co					\$80.00			
4/24/24	Martin Publishing Co					\$80.00			
5/29/24	Martin Publishing Co					\$100.00			
6/5/24	Martin Publishing Co					\$20.00			
6/28/24	IACVAC CEU Training				\$300.00				
7/31/24	Martin Publishing Co					\$60.00			
8/28/24	Mason Fulton Publishing					\$80.00			
<b>TOTALS</b>		\$200.00		\$60.30	\$300.00	\$640.00		\$52.78	\$0.00

### **TOTALS**

\$36.88

\$60.30

\$200.00

\$80.00

\$60.00

\$15.90

\$80.00

\$80.00

\$80.00

\$100.00

\$20.00

\$300.00

\$60.00

\$80.00

<u>\$1,253.08</u>

**Budget Expenses** 

	Budget		Total
Salary	\$16,000.00		
Part Time Staff	\$8,000.00		
Dues & Membership	\$350.00	\$ (200.00)	\$150.00
<b>Professional Services</b>	\$6,000.00		
Micellaneous	\$500.00	\$ (52.78)	\$447.22
Publishing	\$1,000.00	\$ (640.00)	\$360.00
Training	\$1,000.00	\$ (300.00)	\$700.00
Travel Expess	\$1,300.00	\$ (60.30)	\$1,239.70
Veterans Assistance	\$22,350.00	\$ (5,986.00)	\$16,364.00
Total	\$56,500.00	\$ (7,239.08) \$49,260.92	\$19,260.92



### SURVEY FOR IACVAC 2022 ANNUAL REPORT

i.) COUNTY OF Mason	June, July & August
2.) TOTAL AMOUNT OF NEW COMPENSATION AND PENSIO	N RECEIVED: \$88,519.85
3.) TOTAL NUMBER OF CLAIMS FILED BY CATEGORY:	
a.) VA SERVICE-CONNECTED DISABILITY COMPENSATI	ION: 18
b.) VA NON SERVICE-CONNECTED PENSION: 1	
c.) VA DEPENDENCY INDEMNITY COMPENSATION:	1
d.) VA SURVIVOR'S PENSION:3	
e.) VA BURIAL BENEFIT:	
f.) VA HEALTH CARE:	
g.) VA APPEALS (Supplemental Claim, Higher Level Review,	and Board of Veterans Appeals):
38	
4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAIL 5.) TOTAL NUMBER OF NEW FORMS COMPLETED:6 6.) TOTAL NUMBER OF CLIENTS TRANSPORTED TO MEDIC 7.) TOTAL NUMBER OF CLIENTS ASSISTED:6 1 report that the above numbers are true and correct to the best of my parameters defined on the reverse.	AL APPOINTMENTS:
Superintendent's Name:	Date:
Superintendent's Signature:	<del></del>

Please return survey by December 31, 2022 to zimmermanjacob@co.kane.il.us or by fax to 630-232-5403



### **SURVEY FOR IACVAC 2022 ANNUAL REPORT**

2.) TOTAL AMOUNT OF NEW COMPENSATION AND PENSION RECEIVED: \$69,528.77  3.) TOTAL NUMBER OF CLAIMS FILED BY CATEGORY:  a.) VA SERVICE-CONNECTED DISABILITY COMPENSATION: 6  b.) VA NON SERVICE-CONNECTED PENSION: 1  c.) VA DEPENDENCY INDEMNITY COMPENSATION: 1  d.) VA SURVIVOR'S PENSION: 1  e.) VA BURIAL BENEFIT: 1  f.) VA HEALTH CARE: 1  g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals) 4  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77  5.) TOTAL NUMBER OF NEW FORMS COMPLETED: 11		June, July & Augus
a.) VA SERVICE-CONNECTED DISABILITY COMPENSATION:6  b.) VA NON SERVICE-CONNECTED PENSION:  c.) VA DEPENDENCY INDEMNITY COMPENSATION:  d.) VA SURVIVOR'S PENSION:  e.) VA BURIAL BENEFIT:  f.) VA HEALTH CARE:  g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals)  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	2.) TOTAL AMOUNT OF NEW COMPEN	SATION AND PENSION RECEIVED: \$69,528.77
b.) VA NON SERVICE-CONNECTED PENSION:  c.) VA DEPENDENCY INDEMNITY COMPENSATION:  d.) VA SURVIVOR'S PENSION:  e.) VA BURIAL BENEFIT:  1  f.) VA HEALTH CARE:  g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals)  4  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	3.) TOTAL NUMBER OF CLAIMS FILED	BY CATEGORY:
c.) VA DEPENDENCY INDEMNITY COMPENSATION:1  d.) VA SURVIVOR'S PENSION:  e.) VA BURIAL BENEFIT:1  f.) VA HEALTH CARE:  g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals)4  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	a.) VA SERVICE-CONNECTED DISA	BILITY COMPENSATION: 6
d.) VA SURVIVOR'S PENSION:  e.) VA BURIAL BENEFIT:  f.) VA HEALTH CARE:  g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals)  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	b.) VA NON SERVICE-CONNECTED	PENSION:
e.) VA BURIAL BENEFIT:1  f.) VA HEALTH CARE:  g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals) 4  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	c.) VA DEPENDENCY INDEMNITY	COMPENSATION:1
f.) VA HEALTH CARE:  g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals)  4  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	d.) VA SURVIVOR'S PENSION:	
g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Board of Veterans Appeals)  4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	e.) VA BURIAL BENEFIT:	1
4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	f.) VA HEALTH CARE:	
4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: \$69,528.77	g.) VA APPEALS (Supplemental Claim	, Higher Level Review, and Board of Veterans Appeals):
	4	
	5.) TOTAL NUMBER OF NEW FORMS (	COMPLETED:17
6.) TOTAL NUMBER OF CLIENTS TRANSPORTED TO MEDICAL APPOINTMENTS:	6.) TOTAL NUMBER OF CLIENTS TRAN	ISPORTED TO MEDICAL APPOINTMENTS:
7.) TOTAL NUMBER OF CLIENTS ASSISTED:	7.) TOTAL NUMBER OF CLIENTS ASSI	STED:
I report that the above numbers are true and correct to the best of my knowledge and are within the parameters defined on the reverse.		correct to the best of my knowledge and are within the
Superintendent's Name: Date:	Superintendent's Name:	Date:
Superintendent's Signature:	Superintendent's Signature:	

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#### SURVEY FOR IACVAC 2022 ANNUAL REPORT

1.) COUNTY OF Cass	June, July & August
2.) TOTAL AMOUNT OF NEW COMPENSATION AND PENSION REC	EIVED: \$10,203.92
3.) TOTAL NUMBER OF CLAIMS FILED BY CATEGORY:	
a.) VA SERVICE-CONNECTED DISABILITY COMPENSATION: _	1
b.) VA NON SERVICE-CONNECTED PENSION:	<del></del>
c.) VA DEPENDENCY INDEMNITY COMPENSATION: 2	
d.) VA SURVIVOR'S PENSION:	
e.) VA BURIAL BENEFIT:1	
f.) VA HEALTH CARE:	
g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Boa	ard of Veterans Appeals):
1	
4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT:	
5.) TOTAL NUMBER OF NEW FORMS COMPLETED: 4	<del> </del>
6.) TOTAL NUMBER OF CLIENTS TRANSPORTED TO MEDICAL AP	POINTMENTS:
7.) TOTAL NUMBER OF CLIENTS ASSISTED:	_
I report that the above numbers are true and correct to the best of my knowle parameters defined on the reverse.	edge and are within the
Superintendent's Name:	Date:
Superintendent's Signature:	

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#### SURVEY FOR IACVAC 2022 ANNUAL REPORT

1.) CO	OUNTY OF_	Tazewell		June, July & August
2.) TO	TAL AMOU	INT OF NEW CO	MPENSATION AND PENSION R	ECEIVED: \$5,891.00
3.) TO	TAL NUME	BER OF CLAIMS I	FILED BY CATEGORY:	
a.)	VA SERVI	CE-CONNECTED	DISABILITY COMPENSATION:	
b.)	VA NON SI	ERVICE-CONNEC	CTED PENSION:	
c.)	VA DEPEN	DENCY INDEMN	NITY COMPENSATION:	
d.)	VA SURVI	VOR'S PENSION:	·	
e.)	VA BURIA	L BENEFIT:		
g.)	VA APPEA	LS (Supplemental	Claim, Higher Level Review, and I	Board of Veterans Appeals):
5.) TO	TAL NUMB	ER OF NEW FOR	IANCIAL ASSISTANCE PAID OURMS COMPLETED:TRANSPORTED TO MEDICAL A	
7.) TO	TAL NUMB	ER OF CLIENTS	ASSISTED:	
		ve numbers are true on the reverse.	e and correct to the best of my know	vledge and are within the
Superi	ntendent's Na	ame:		Date:
Superi	ntendent's Sig	gnature:		

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### SURVEY FOR IACVAC 2022 ANNUAL REPORT

I.) COUNTY OF Sangamon	June, July & August
2.) TOTAL AMOUNT OF NEW COMPENSATION AND PENSION REC	EIVED: \$2,246.00
3.) TOTAL NUMBER OF CLAIMS FILED BY CATEGORY:	
a.) VA SERVICE-CONNECTED DISABILITY COMPENSATION: _	
b.) VA NON SERVICE-CONNECTED PENSION:	<del></del>
c.) VA DEPENDENCY INDEMNITY COMPENSATION:	
d.) VA SURVIVOR'S PENSION:	
e.) VA BURIAL BENEFIT:	
f.) VA HEALTH CARE:	
g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Boa	ard of Veterans Appeals):
4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT: 5.) TOTAL NUMBER OF NEW FORMS COMPLETED: 6.) TOTAL NUMBER OF CLIENTS TRANSPORTED TO MEDICAL AP	····
7.) TOTAL NUMBER OF CLIENTS ASSISTED:	_
I report that the above numbers are true and correct to the best of my knowled parameters defined on the reverse.	edge and are within the
Superintendent's Name:	Date:
Superintendent's Signature:	

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#### **SURVEY FOR IACVAC 2022 ANNUAL REPORT**

1.) COUNTY OF Schuyler	June, July & August
2.) TOTAL AMOUNT OF NEW COMPENSATION AND PENSION RECE	EIVED:
3.) TOTAL NUMBER OF CLAIMS FILED BY CATEGORY:	
a.) VA SERVICE-CONNECTED DISABILITY COMPENSATION:	1
b.) VA NON SERVICE-CONNECTED PENSION:	
c.) VA DEPENDENCY INDEMNITY COMPENSATION:	
d.) VA SURVIVOR'S PENSION:	
e.) VA BURIAL BENEFIT:	
f.) VA HEALTH CARE:	
g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Boar	d of Veterans Appeals):
4	••
<ul> <li>4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT:</li> <li>5.) TOTAL NUMBER OF NEW FORMS COMPLETED:</li> <li>6.) TOTAL NUMBER OF CLIENTS TRANSPORTED TO MEDICAL APPEAR.</li> <li>7.) TOTAL NUMBER OF CLIENTS ASSISTED:</li> <li>1</li> <li>I report that the above numbers are true and correct to the best of my knowled parameters defined on the reverse.</li> </ul>	OINTMENTS:
Superintendent's Name:	Date:
Superintendent's Signature:	_

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#### **SURVEY FOR IACVAC 2022 ANNUAL REPORT**

State of 1.) COUNTY OF Utah	June, July & August
2.) TOTAL AMOUNT OF NEW COMPENSATIO	
2.) TOTAL AMOUNT OF NEW COMPENSATIO	NAND LENSION RECEIVED. 4004.02
3.) TOTAL NUMBER OF CLAIMS FILED BY CA	ATEGORY:
a.) VA SERVICE-CONNECTED DISABILITY	COMPENSATION:
b.) VA NON SERVICE-CONNECTED PENSION	ON:
c.) VA DEPENDENCY INDEMNITY COMPE	NSATION:
d.) VA SURVIVOR'S PENSION:1	
e.) VA BURIAL BENEFIT:	
f.) VA HEALTH CARE:	<u></u>
g.) VA APPEALS (Supplemental Claim, Higher	r Level Review, and Board of Veterans Appeals):
4.) TOTAL AMOUNT OF NEW FINANCIAL ASS 5.) TOTAL NUMBER OF NEW FORMS COMPLE 6.) TOTAL NUMBER OF CLIENTS TRANSPORT 7.) TOTAL NUMBER OF CLIENTS ASSISTED: I report that the above numbers are true and correct to parameters defined on the reverse.	ETED:1 TED TO MEDICAL APPOINTMENTS:  1
Superintendent's Name:	Date:
Superintendent's Signature:	

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### **SURVEY FOR IACVAC 2022 ANNUAL REPORT**

State of  1.) COUNTY OF Washington	June, July & August
· · · · · · · · · · · · · · · · · · ·	
2.) TOTAL AMOUNT OF NEW COMPENSATION AND PENSION REC	CEIVED:
3.) TOTAL NUMBER OF CLAIMS FILED BY CATEGORY:	
a.) VA SERVICE-CONNECTED DISABILITY COMPENSATION: _	1
b.) VA NON SERVICE-CONNECTED PENSION:	·
c.) VA DEPENDENCY INDEMNITY COMPENSATION:	·
d.) VA SURVIVOR'S PENSION:	
e.) VA BURIAL BENEFIT:	
f.) VA HEALTH CARE:	
g.) VA APPEALS (Supplemental Claim, Higher Level Review, and Bo	ard of Veterans Appeals):
4.) TOTAL AMOUNT OF NEW FINANCIAL ASSISTANCE PAID OUT 5.) TOTAL NUMBER OF NEW FORMS COMPLETED:1 6.) TOTAL NUMBER OF CLIENTS TRANSPORTED TO MEDICAL AP 7.) TOTAL NUMBER OF CLIENTS ASSISTED:1	POINTMENTS:
I report that the above numbers are true and correct to the best of my knowled parameters defined on the reverse.	edge and are within the
Superintendent's Name:	Date:
Superintendent's Signature:	

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