



Vision for Veterans

Congressional Candidate Meeting Feedback Form

Name _____ State _____

Other DAV Members in meeting:

Name of Candidate/Officeholder: _____

Candidate for: Senate House If House, add District #: _____

Met with: Candidate Staff If staff, name: _____

Meeting date: _____ Type of meeting: In person virtual phone

Will the candidate support legislation to achieve these Vision for Veterans goals:

- Do not reduce, offset or tax Veterans Disability Benefits YES NO N/A
- Strengthen DIC Support for Survivors of Disabled Veterans YES NO N/A
- Reform the Process for Creating Toxic Exposure Presumptives YES NO N/A
- Make Dental Care a Health Benefit for All Service-Disabled Veterans YES NO N/A
- Provide Assisted-Living Care Options for Service-Disabled Veterans YES NO N/A
- Create New Planning and Funding Mechanisms for VA Infrastructure YES NO N/A
- Exempt All Veterans Programs, Benefits and Services from PAYGO YES NO N/A

Add additional comments from your meeting:

Please return this form to the DAV Legislative Department at legislativepublic@dav.org.