

**DISABLED AMERICAN VETERANS**  
**OFFICE PRE-VISIT NOTIFICATION AND CHECKLIST**

- Last 3 monthly reports (complete).....( )
- 12 month activity list for each NSO.....( )
- A copy of the office furniture and equipment lists.....( )
- A copy of office form letters.....( )
- A copy of support staff job description(s).....( )
- A copy of the office procedures manual.....( )
- A list of items diared by the entire office for the last three months.....( )
- Last 3 months of reader files separated by NSO.....( )
- Five of the most recent 646's completed by each NSO.....( )
- Office interview log...(last three months).....( )
- Copy of Manager Files for each employee.....( )
- Disaster Relief file...(last 3 years).....( )
- National Service Foundation file...(last three months).....( )
- Staff meeting file...(last year).....( )
- Office supply file...(last five orders).....( )
- NSO (T) training file.....( )
- Membership file...(last year).....( )

**OFFICE VISITATION**

**UPON ARRIVAL ON SITE**

Introduction to office staff and state purpose of visit.

Complete “DAV National Service Office Checklist Cover Page” with Supervisor.....( )

Evaluate the neatness, cleanliness, organization and overall general appearance of the office:

Comments: \_\_\_\_\_

**MANAGER FILES**

Are notes pertaining to discussions between the Supervisor and employee

retained in Manager files (Current year only) ..... Yes( ) No( )

Are copies of appreciation letters maintained in files (for past year only)..... Yes( ) No( )

Are copies of annual appraisals maintained in files (last appraisal only)..... Yes( ) No( )

Comments: \_\_\_\_\_

**MONTHLY REPORT**

Can monthly report(s) be reconciled?..... Yes( ) No( )

Select a random sampling of awards to determine validity. Are awards correct?..... Yes( ) No( )

Review monthly reports for duplicate awards and obvious errors. Provide Comments.

Comments: \_\_\_\_\_

**OFFICE FILES**

Method of organization..... Alphabetical ( ) Numerical ( ) Other ( )

Coding used.....Member Status( ) SMC( ) POW( ) Other( ) None( )

Appropriate charge out system in place..... Yes( ) No( )

Are files neat and orderly..... Yes( ) No( )

Correspondence in order by date..... Yes( ) No( )

DAV Rating Board Worksheets are used (Mandatory)..... Yes( ) No( )

Do office files contain:

DAV Interview Sheets..... Yes( ) No( )

Copy of VA Rating decisions..... Yes( ) No( )

Copy of VA Correspondence..... Yes( ) No( )

Copy of VA Form 646..... Yes( ) No( )

Copy of DAV Correspondence & Memoranda..... Yes( ) No( )

Are claimants office visitations documented..... Yes( ) No( )

Are telephone inquiries documented..... Yes( ) No( )

Are medical records maintained in files..... Yes( ) No( )

Do contents of office files need purging..... Yes( ) No( )

Purging procedures:

Who is responsible for purging office files \_\_\_\_\_

If completed by support staff, are written procedures in place..... Yes( ) No( )

When does purging take place..... Daily( ) Weekly( ) Monthly( )

Annually during Convention( )

When are finalized appeal cases purged \_\_\_\_\_

Are all VA folders & DAV files safeguarded from public access..... Yes( ) No( )

Comments: \_\_\_\_\_

**OFFICE FORM LETTERS**

Are form letters.....Adequate( ) Inadequate( ) Excessive( )  
 Comments: \_\_\_\_\_

**INDIVIDUAL NSO READER FILES**

Are claimants provided a list of ancillary benefits..... Yes( ) No( )  
 Are 646s, memos, and other correspondence. Clear( ) Concise( ) Complete( ) Correct( ) Courteous( )  
 Do they include..... Who( ) What( ) Why( ) When( ) Where( ) How( )  
 Do 646s, memoranda, and other correspondence contain:  
     Grammatical errors..... Yes( ) No( )  
     Spelling errors..... Yes( ) No( )  
     An acceptable degree of technical presentation..... Yes( ) No( )  
     A copy of memoranda & other correspondence sent to claimant..... Yes( ) No( )  
     Membership solicitation letters sent (following DAV notification letter)..... Yes( ) No( )  
     Service Foundation solicitation letters sent (following DAV notification letter)..... Yes( ) No( )

Comments: \_\_\_\_\_

**DOES THE FORMAL DIARY SYSTEM INCLUDE:**

Administrative Reviews..... Yes( ) No( )  
 Hearings (local, BVA Travel Board, or Video Conference)..... Yes( ) No( )  
 C-file requests (for status, review, etc.)..... Yes( ) No( )  
 Clear and Unmistakable Errors (CUE) submittals..... Yes( ) No( )  
 List other issues diaried \_\_\_\_\_ No others( )  
 How are diaries controlled \_\_\_\_\_

Comments: \_\_\_\_\_

**OFFICE SUPPLY FOLDER**

Supplies are provided by.....National ( ) Department( ) Chapter( )  
 Supplies are.....Adequate( ) Inadequate( ) Excessive( )  
 Supplies are maintained in a locked file cabinet or secure area..... Yes( ) No( )  
 Supplies are maintained in an organized manner and are inventoried..... Yes( ) No( )  
 Comments: \_\_\_\_\_

**CORRESPONDENCE FILES**

National Commander..... Yes( ) No( )  
 National Adjutant..... Yes( ) No( )  
 Executive Director National Headquarters..... Yes( ) No( )  
 Executive Director Washington Headquarters..... Yes( ) No( )  
 National Service Director..... Yes( ) No( )  
 National Membership Director..... Yes( ) No( )  
 National Human Resources Director..... Yes( ) No( )  
 National Director of Voluntary Service..... Yes( ) No( )  
 National Legislative Director..... Yes( ) No( )

Comments: \_\_\_\_\_

**OFFICE HOURS AND TIME REPORTING**

Normal office hours are from \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M.

Who records daily attendance record \_\_\_\_\_

Do all employees use Kronos? ..... Yes( ) No( ) End-of-week Supervisor Approval.... Yes( ) No( )

Record of annual attendance maintained by Supervisor or designee ..... Yes( ) No( )

Are there any irregularities in time reporting procedures..... Yes( ) No( )

Does Supervisor understand time reporting procedures?..... Yes( ) No( )

Comments: \_\_\_\_\_

**DAV STRUCTURED AND CONTINUING TRAINING PROGRAM**

Is training administered as mandated by the National Service Director?..... Yes( ) No( )

When formal training is in progress, are all NSO's involved & current?..... Yes( ) No( )

Are all NSO Workbooks current?..... Yes( ) No( )

**If not, provide explanation** \_\_\_\_\_

When and how often are formal training sessions held? Day(s) \_\_\_\_\_ Weekly( ) Monthly( )

Have all NSOs successfully passed monthly testing and post-testing? (70% or better)..... Yes( ) No( )

**If not, provide corrective action taken and timeline?**

**Who:** \_\_\_\_\_ **Action Taken:** \_\_\_\_\_ **Timeline:** \_\_\_\_\_

Formal training: \_\_\_\_\_ hours per month (Structured & Continuing Training Program)

Informal training: \_\_\_\_\_ hours per month

Staff is briefed during informal training on:..... Regulations( ) Laws( ) Court Decisions ( ) Other ( )

Comments: \_\_\_\_\_

**ON-THE-JOB (OJT) TRAINING PROGRAM**

Is the program being implemented as mandated by the National Service Director?..... Yes( ) No( )

Are all required video cassette tapes available?..... Yes( ) No( )

Are the OJT Training Manual and Supervisor's Training Guide available and in use?..... Yes( ) No( )

Is Supervisor current in providing National Service & Legislative Headquarters with the following:

- 1. Monthly Trainee Evaluations..... Yes( ) No( )
- 2. Comprehensive written evaluations for months 6, 12 and 16..... Yes( ) No( )
- 3. Monthly Record of Training and Wages (VAF 20-1905c)..... Yes( ) No( )
- 4. A copy of the signed "Agreement to Train on the Job Disabled Veterans"  
(VAF 28-1904)..... Yes( ) No( )
- 5. Return of completed testing as required in accordance with the  
OJT Training Program..... Yes( ) No( )

Comments: \_\_\_\_\_

**MANAGEMENT AND LEADERSHIP TRAINING**

Supervisors that have not attended Management & Leadership Training:

Name & Title: \_\_\_\_\_

Number of NSOs that have not attended Management & Leadership Training: (Provide names in comment section)..... \_\_\_\_\_

Number of NSOs assigned to office: (Include Supervisor(s))..... \_\_\_\_\_

Number of NSOs who have attended training: (Include Supervisor(s))..... \_\_\_\_\_

Management & Leadership Training Manuals are readily available for use by those who have attended training: ..... Yes( ) No( )

Comments: \_\_\_\_\_

**OFFICE REFERENCE LIBRARY**

Is office reference library current..... Yes( ) No( )

Who maintains the office reference library \_\_\_\_\_

Comments: \_\_\_\_\_

**INTERVIEW LOG**

Who signs in claimants \_\_\_\_\_ Are all who sign in seen by an NSO? Yes( ) No( )

Does Supervisor carry a digit assignment If yes, how many ( )..... Yes( ) No( )

Does Assistant Supervisor carry a digit assignment If yes, how many ( )..... Yes( ) No( )

Comments: \_\_\_\_\_

**NATIONAL SERVICE FOUNDATION (NSF) COLLECTION PROCEDURES**

Monies are collected by \_\_\_\_\_ Given to Supervisor Yes( ) No( )

Monies are stored in a secure place..... Yes( ) No( )

Monies are mailed to National Headquarters upon receipt..... Yes( ) No( )

**MEMBERSHIP COLLECTION PROCEDURES**

Applications and monies are collected by \_\_\_\_\_ Given to Supervisor Yes( ) No( )

Applications and monies are stored in a secure place..... Yes( ) No( )

Applications and monies are mailed weekly to National Headquarters..... Yes( ) No( )

Comments: \_\_\_\_\_

**STAFF MEETINGS**

Frequency of meetings..... Weekly( ) Biweekly( ) Monthly( ) As needed( ) Never( )

Are Support Staff included..... Yes( ) No( )

If not, are support staff meetings scheduled and conducted?..... Yes( ) No( )

Are notes of meetings maintained for future reference (**no more than two years**)..... Yes( ) No( )

Comments: \_\_\_\_\_

**COMPUTER EQUIPMENT**

Number of computers provided by: National: \_\_\_\_\_ Number of printers \_\_\_\_\_

Number of computers provided by: Department: \_\_\_\_\_ Number of printers \_\_\_\_\_

Number of computers provided by: Chapters: \_\_\_\_\_ Number of printers \_\_\_\_\_

Are the number of computers..... Adequate( ) Inadequate( ) Excessive( )

Are there any unauthorized programs..... Yes( ) No( )

Do all Support Staff personnel use their computers..... Yes( ) No( )

Do all NSOs use their computers..... Yes( ) No( )

Do employees misuse Internet Web Sites..... Yes( ) No( )

Comments: \_\_\_\_\_

**SUPPORT STAFF PROCEDURES**

Who provides training to support staff \_\_\_\_\_

Who coordinates activities of the support staff: \_\_\_\_\_

Comments \_\_\_\_\_

**ITINERANT VISITS**

Number of VA Hospitals within National Service Office jurisdiction:.....( )  
 How often visited by NSO(s)..... Weekly( ) Biweekly( ) Monthly( ) Bimonthly( ) N/A( )  
 Number of VA Nursing Homes \_\_\_\_\_  
 How often visited by NSO..... Weekly( ) Biweekly( ) Monthly( ) Bimonthly( ) N/A( )  
 Number of VA Out-Patient Clinics \_\_\_\_\_  
 How often visited by NSO..... Weekly( ) Biweekly( ) Monthly( ) Bimonthly( ) N/A( )  
 Number of State Veterans Homes \_\_\_\_\_  
 How often visited by NSO..... Weekly( ) Biweekly( ) Monthly( ) Bimonthly( ) N/A( )  
 Does the NSO call the office on arrival at and departure from itinerant sites..... Yes( ) No( )  
 Comments: \_\_\_\_\_

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**OUT OF OFFICE ACTIVITIES**

Chapter Activities..... Yes( ) No( )  
 Department Headquarters Activities..... Yes( ) No( )  
 Social Security Hearings..... Yes( ) No( )  
 Physical Evaluation Boards..... Yes( ) No( )  
 Transition Assistance Program (TAP/DTAP)..... Yes( ) No( )  
 Informational Seminars..... Yes( ) No( )  
 Native American Outreach..... Yes( ) No( )  
 Mobile Service Office Program..... Date Last Used: \_\_\_\_\_  
 Comments: \_\_\_\_\_

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**MISCELLANEOUS**

Transition Service Officers (TSOs) Assigned: ..... 1( ) 2( ) 3( )  
 Department Hospital Service Coordinator (HSC) Program..... Yes( ) No( )  
 Department Service Officer (DSO) Program..... Yes( ) No( )  
 Department Service Officers working in office..... Number ( )..... Yes( ) No( )  
 Department Secretaries working in office..... Number ( )..... Yes( ) No( )  
 Comments: \_\_\_\_\_

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**MONETARY SUPPORT**

Is monetary support received from Department or Chapters..... Yes( ) No( )  
 If "Yes" from..... Department( ) Chapter( ) Both( )  
 For what purpose? ..... Supplies( )...Equipment( )...Furniture( )  
 Is there a petty cash fund, office bank account or office Christmas fund in place? ..... Yes( ) No( )  
 Comment(s) \_\_\_\_\_

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**Meet with VARO Director****Meet with Service Center Manager****Meet with Department if time permits****Conduct individual employee conferences**

## SUPERVISORY NSO VISIT

**LOCATION:**

**STAFF/NAS:**

**DATE:**

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**Assign a numerical score for each topic (1 2 3 4 5) and provide relevant comments.**

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1. OFFICE APPEARANCE:

1 2 3 4 5

2. DAV NATIONAL SERVICE OFFICE SUPERVISOR'S DESK REFERENCE:

1 2 3 4 5

3. IT ASSETS & FURNITURE AND EQUIPMENT INVENTORY:

1 2 3 4 5

4. READER FILE:

1 2 3 4 5

5. MONTHLY REPORT:

1 2 3 4 5

6. MAINTENANCE OF MANAGER FILES:

1 2 3 4 5

7. TIME REPORTS:

1 2 3 4 5

8. FREQUENCY OF INTER-OFFICE MEETINGS:

1 2 3 4 5

9. CONTENT OF TRAINING SESSIONS AND FREQUENCY:

①  ②  ③  ④  ⑤

10. SECURITY OF FUNDS:

①  ②  ③  ④  ⑤

11. OFFICE LIBRARY:

①  ②  ③  ④  ⑤

12. RAPPORT WITH VA AND OTHER GOVERNMENT OFFICIALS:

①  ②  ③  ④  ⑤

13. RAPPORT WITH DAV DEPARTMENT & CHAPTER LEADERS:

①  ②  ③  ④  ⑤

14. EFFECTIVENESS OF THE MANAGEMENT TEAM & MANAGEMENT STYLE:

①  ②  ③  ④  ⑤

15. DIRECTIVES, RECOMMENDATIONS & COMMENTS: