



W.G. (BILL) HEFNER
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Charlotte Health Care Center
3506 West Tyvola Road
Charlotte, NC 28208
704-329-1300 ext. 32130

Date: April 11, 2025

Veteran's Name: Jermaine Merritt
Birth date: 07/23/1977

Mr. Jermaine Merritt is a veteran patient under my medical care at the Charlotte VA Health Care Center. Mr. Merritt suffers from multiple medical conditions including Chronic Neck Pain with Cervical Spinal Stenosis causing weakness, numbness, tingling, and burning pain in his neck, shoulder, and arms. Mr. Merritt needs ergonomic equipment to help these conditions which is not available to be purchased through the VHA. Please call with any questions or concerns regarding Mr. Merritt.

Sincerely,

A handwritten signature in black ink that reads "Kenyon Chavis, MD". The signature is stylized with a large, looped "K" and "C".

Kenyon Chavis, MD



PART I - (To be completed by Vocational Rehabilitation Counselor)

TO

Health Care Provider
Kenyon Chavis, MD

INSTRUCTIONS: The claimant named below is a participant under Chapter 31, Title 38, U.S.C. If it is determined he or she needs medical or dental treatment, please provide under appropriate VA Regulations. If the claimant's medical condition requires a leave of absence, reduced work tolerance, or makes training or employment questionable, include this information in Item 14A. After completing the form, if returning the form by mail send to: Veteran Readiness and Employment (VR&E) Intake Center, Department of Veterans Affairs, P.O. Box 5210, Janesville, WI 53547-5210.

1. NAME OF CLAIMANT (First, middle, last) Jermaine Merritt	2. VA FILE NUMBER M 3455	3. DATE OF BIRTH (Mo., day, yr.) 07/23/1977
4. ADDRESS OF CLAIMANT 7014 STEELE VIEW CRT WAXHAW, NC 28173-0185		5. TELEPHONE NUMBER (Include Area Code) CELL - 9802974098 HOME -
6. REHABILITATION GOAL OF CLAIMANT		7. ANTICIPATED DATE OF REHABILITATION 12/2027

8. DESCRIBE REASONS FOR REFERRAL

The Veteran above is approved to pursue training under the VBA VR&E program. As part of their training the Veteran requested an, which is considered special equipment. For VR&E to support purchasing the requested special equipment, VR&E must confirm that the Veteran's disabilities necessitate the need for the equipment and that the VAMC is unable to provide the equipment. In this effort, VR&E requests your assistance in determining the following:

· Please identify the Veteran's disability conditions, limitations and need for the special equipment

9. NAME OF VOCATIONAL REHABILITATION COUNSELOR Winifred Brown	10. EMAIL ADDRESS Winifred.Brown@va.gov	
11. SIGNATURE OF VOCATIONAL REHABILITATION COUNSELOR	12. TELEPHONE NO. 3369866259	13. DATE 4-11-2025

PART II - (To be completed by Medical Personnel)

14A. REPORT OF SERVICES PROVIDED AND DISPOSITION OF CASE Veteran has a history of chronic neck and back pain with weakness, numbness, burning pain needs ergonomic equipment to help improve conditions	
14B. CHECK BOX IF APPLICABLE <input type="checkbox"/> SEPARATE MEDICAL REPORT WILL FOLLOW	
15A. NAME OF TREATING PROVIDER AND TITLE Kenyon Chavis, MD	
15B. NAME OF PRACTICE AND ADDRESS (If the Provider is outside the VA) Charlotte VA Health Care Center 3506 W. Tyrole Road, Charlotte, NC 28208	
16. SIGNATURE OF EXAMINING PHYSICIAN Ray Chavis	17. DATE 4-11-2025