



**ASSEMBLY STANDING COMMITTEE ON VETERANS' AFFAIRS  
ASSEMBLY STANDING COMMITTEE ON LOCAL GOVERNMENTS  
ASSEMBLY STANDING COMMITTEE ON CITIES  
ASSEMBLY SUBCOMMITTEE ON WOMEN VETERANS**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Delivery of Veterans' Services and Programs in New York State

**PURPOSE:** To review the State and local funding and programs available to veterans, and to evaluate the coordination of such services and their effectiveness in connecting veterans with the benefits they have earned.

**ALBANY, NEW YORK**

THURSDAY  
October 17, 2019  
11:00 AM

Roosevelt Hearing Room C Legislative Office Building

Veterans' services and funding in New York State are provided by not-for-profits and a variety of governmental agencies at the federal, state, and local levels. The purpose of this hearing is to examine the current coordination of State and local funding and services, as well as methods to maximize the effectiveness of such benefits, to ensure that veterans, as well as service providers, are aware of the full range of benefits available.

Persons wishing to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 10 minutes' duration. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements. In order to further publicize these hearings, please inform interested parties and organizations of the Committees' interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Didi Barrett**  
Chair  
Committee on Veterans'  
Affairs

**Fred W. Thiele, Jr.**  
Chair  
Committee on Local  
Governments

**Edward C. Braunstein**  
Chair  
Committee on Cities

**Pamela J. Hunter**  
Chair  
Subcommittee on Women Veterans

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PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on veteran benefits are requested to complete this reply form as soon as possible and mail, email or fax it to:

Jeff Bates  
Committee Assistant  
Assembly Committee on Veterans' Affairs  
Room 520 - Capitol  
Albany, New York 12248  
Email: batesj@nyassembly.gov  
Phone: (518) 455-4363  
Fax: (518) 455-5182

- I plan to attend the following public hearing on review of current State veterans' benefits to be conducted by the Assembly Committees on Veterans' Affairs, Local Governments, Cities, and the Subcommittee on Women Veterans on Thursday, October 17, 2019.
- I plan to make a public statement at the hearing. My statement will be limited to 10 of minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- I will address my remarks to the following subjects:

\_\_\_\_\_

\_\_\_\_\_

- I do not plan to attend the above hearing.
- I would like to be added to the Committee mailing list for notices and reports.
- I would like to be removed from the Committee mailing list.
- I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX TELEPHONE: \_\_\_\_\_