



**ASSEMBLY STANDING COMMITTEE ON VETERANS' AFFAIRS  
ASSEMBLY SUBCOMMITTEE ON WOMEN VETERANS**

**NOTICE OF PUBLIC HEARING**

**SUBJECT:** Progress of the New York State Division of Veterans' Services' (NYSDVS) Restructuring

**PURPOSE:** To review the actions being taken by NYSDVS to implement the new law elevating the Division to a Department.

Albany, New York

Tuesday  
December 20, 2022  
10:00 A.M.

Roosevelt Hearing Room C

The New York State Division of Veterans' Services was established over 75 years ago to serve World War II veterans. Today, the Division serves veterans, service members, and their families from all eras, but remains relatively unchanged in structure and purpose. The enacted 2022-23 State Budget revised the Division's structure and changed the Division to a Department effective April 1, 2023. This hearing will focus on the actions the NYSDVS is taking to ensure our veterans have the best possible access to all the benefits, programs, and services they are entitled to and should receive.

Persons wishing to present pertinent testimony to the Committee 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 seven minutes' duration. In preparing the order of witnesses, the Committee 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 Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's 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**  
**Member of Assembly**  
**Chair**  
**Veterans' Affairs Committee**

**Pamela J. Hunter**  
**Member of Assembly**  
**Chair**  
**Subcommittee on Women Veterans**

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on Progress of the New York State Division of Veterans' Services' Restructuring are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Michael Canavan  
Associate Counsel  
Assembly Committee on Veterans' Affairs  
Room 520 - Capitol  
Albany, New York 12248  
Email: canavanm@nyassembly.gov  
Phone: (518) 455-4363  
Fax: (518) 455-5182

- I plan to attend the following public hearing on Progress of the New York State Division of Veterans' Services' Restructuring to be conducted by the Assembly Committee on Veterans' Affairs and Subcommittee on Women Veterans on December 20, 2022.
- I plan to make a public statement at the hearing. My statement will be limited to seven 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: \_\_\_\_\_