Paralyzed Veterans of America Central Florida

6th Annual
Jerry Dugan Memorial Charity Golf Tournament
Saturday September 26, 2020
MetroWest Golf Club Orlando

Registration 8:00 AM  Shot Gun Start 9:00 AM
Registration: $125.00 per golfer (Veterans $100)
Foursomes: $440
Cart & Green Fee, Range Balls, unlimited drinks during play (beer, soda & water)
Goody Bag and Special Gift for each player
Hole in One Prizes on all par 3s
Prizes for 1st, 2nd and 3rd place teams, closest to the pin, raffle/silent auction
Send check to: PVACF 2711 South Design Court Sanford, FL 32773 or register online at pvacf.org
For more information call 407-328-7041 or email joannep@pvacf.org

Website: pvacf.org
Email: office@pvacf.org
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Mission Statement
Paralyzed Veterans of America Central Florida, is a congressionally chartered veteran’s service organization that provides a platform of advocacy, education and research, communication, adaptive sports and recreation for veterans paralyzed as a result of spinal cord injury or dysfunction, in an effort to afford them with the highest quality of healthcare and life experiences.
Since nearly all sports have been canceled, we can re-live some through history.

If you are like me you probably never heard of Archie Williams. However, I bet you elderly (such as myself) know Jesse Owens. The star of the 1936 Olympics. Well, meet his teammate – Archie. Archie attended University High School in Oakland, then San Mateo Junior College (now College of San Mateo).

His coach, Dr. Oliver Byrd, was instrumental in preparing him for future achievements. Soon Williams transferred to the University of California, Berkeley to become a mechanical engineer and he continued to run track.

Until 1936, Archie had never broken 49 seconds for the 440 yard (402 m). During 1936, however, Williams kept lowering his times and reached his peak at the NCAA championships, setting a world record in 400 m of 46.1. His time was set in the preliminaries, and he also prevailed in the final for a 47.0 victory. He followed that up with a first in the Olympic Trials, then won the Olympic gold medal in the 400 m. When asked about the infamous incident in which Adolf Hitler reportedly refused to shake the hand of black fellow gold medalist Jesse Owens, Williams replied, “Hitler wouldn’t shake my hand either.”

After graduating from UC Berkeley with a degree in mechanical engineering, Williams was in the first Civilian Pilot Training class in 1939 at Oakland, CA. After earning his private pilot’s license, he earned his instructor rating and was later a civilian instructor at Tuskegee. Entering the service in late 1942, he was one of only 14 African-Americans who were commissioned during World War II in the aviation meteorological cadet program; he graduated from the UCLA program on 6 September 1943. By September 1944, he was in the first Service Pilot training class at Tuskegee and, after graduation, instructed flight cadets in instrument flying as well as teaching meteorology.

After the war, he earned qualification as a line pilot and then attended the Air Force Institute of Technology in 1948–1950 earning a B.S. in engineering sciences; he and fellow Tuskegee meteorologist Milton Hopkins were the 3rd and 4th black AF officers to attend this prestigious program. Williams remained a weather officer and rated pilot his entire career, earning his command pilot rating and commanding several weather detachments before retirement from the air force in 1964. p A serious leg injury at a meet in Sweden in 1936 ended his running career, but he became a commercial pilot. During World War II, which Williams once whimsically referred to as his “return to the Olympics—in the Pacific,” Williams was a pilot in the U.S. Air Force and retired from the military 22 years later as a lieutenant colonel.

As a flight instructor while in the air force, Williams remained in education following his military retirement and teaching and helping students. Williams was a member of the Alpha Phi Alpha fraternity. He died in Fairfax, California aged 78.

Quotation: “When I came home, somebody asked me, ‘How did those dirty Nazis treat you?’ I replied that I didn’t see any dirty Nazis, just a lot of nice German people. And I didn’t have to ride in the back of the bus over there.”

Steve Kirk

National has created a web page. It’s found at https://pva.org/coven19. On this page is where you will find up to minute information about coven 19 that’s relevant to our population.

Or join our member’s only closed group on Facebook because we’re able to really push out information real time through those resources. So you’ll have the latest and the greatest if you’re following us.

To join the closed member group on Facebook, the first thing you have to do is make sure you have a personal Facebook account.

Step 1 - Visit www.facebook.com

Step 2 - If you have an account, log in. If you don’t have an account, you can create one simply from www.facebook.com as the form is on the page itself.

If you have a Facebook account:

Step 1 - visit https://www.facebook.com/groups/nvamembers/

Step 2 - Click on the “Join Group” button under the photo at the top of the page. And that’s it. One of the administrators will approve your “application.”

Step 3 - Visit https://www.facebook.com/groups/nvamembers/ the next day to see if you’ve been approved. You’ll know as you’ll be able to see everyone’s posts and create your own.

CVS Minute Clinics is an authorized urgent care for veterans

Telehealth and 877-741-3400 to talk to a nurse

Craig Hospital Talk to nurse 1-800-247-0257

VA Texting app (ANNEI)

National Resource Directory NRD.gov more than 14,000 resources

VA Mental Info and resource online https://go_usa.gov/xvbRk

Phone Apps

Google Play Apple App Store Vets App Team RWB

Getting Groceries:

Amazon – does deliveries in about five hours

Walmart – outside pick up.

Publix Instacart – Usually less than two hours. (20 minutes last time I ordered)

CVS Minute Clinics is an authorized urgent care for veterans

VA News veteransaffairs@public.govdelivery.com offers a huge variety of options.

VFW’s Unmet Needs Program provides grant funds

Facebook Portals for Veterans

5 ways to connect with other Veterans using RallyPoint

When isolated at home, reconnect with old Service Friends

Borne the Battle: VA’s Debt Management Center

COVID-19 VA Financial Relief Actions and Time Limit Extensions
Two and a half years ago, I wrote the following article and it was printed in our December 2017 WIM.

It is estimated that between 15-40% of the U.S. population develop flu-based illnesses every year. Over one hundred thousand are hospitalized, and an average of 26,000 Americans each year die. However, those numbers do not constitute an epidemic or a pandemic. The Centers for Disease Control and Prevention uses the numbers from previous years to determine the severity of the current year’s influenza. They know what numbers to expect and if they exceed a specific number – and it varies from one year to the next – they have these curves of numbers of reported cases. If it goes above that particular curve, then they say, ‘well, it’s an epidemic’. Heaven forbid we have a pandemic.

It was nearly 100 years ago that the “Spanish Flu” swept across the globe during the First World War. The virus got its name when the king of Spain was infected and the Spanish press wrote about the disease. The Spanish Flu in 1918 infected a half-billion people around the world, with a death count ranging from 30 million to 100 million. The affliction hit America especially hard. Nearly 26 million Americans were infected and 670,000 died between 1918 and 1919. 50% of the U.S. military deaths in World War I were caused by the flu. The hospital at Camp Devens, the Army training base near Boston, Massachusetts could accommodate 1,200 patients. On September 1, 1918 it had 84 soldiers in beds. Within a few weeks, it was averaging over 1,500 soldiers a day with the influenza. Doctors and nurses were sick as were other hospital staff forcing the hospital to cease accepting patients and thousands were left sick and dying in barracks. At the peak of the epidemic at Camp Devens, they were averaging 100 deaths per day. In San Antonio 53% of the population, got sick with the flu and towns and cities across the country ran out of coffins in which to bury the dead. Panic and fear spread across the nation and people who were well, refused to help the sick and wash their hands, cover their mouths when coughing and stay home when you are sick.

Well, for whatever reason (and there seem to be many, many opinions on that), here we are, 29 months after I wrote that article, experiencing a worldwide health crisis like nothing seen since the Spanish Flu of 1918. The words “Heaven forbid we have a pandemic” are now “We have a pandemic”.

If you have any concerns or issues, there are multiple resources you can go to to find help. PVACF members are encouraged to call their local NSO office and leave a message and your NSO will call you back. If you do not get a quick enough response, call the PVACF office and we will get involved, if necessary. Please keep in mind that because of the State of Florida mandate of social distancing, our office hours are limited to one employee at a time. Either Joanne or I will be in the office during regular business hours but we will not be there at the same time. We will get back with you as soon as is possible.

Also, PVA is providing updates through periodic webinars. The latest can be heard by following the following link:
https://pva.zoom.us/rec/share/2vUkCI368zJLR53XwVrlY09N967eaa8hClTVrQyI5U99RHXkIZiSzE2-1t3IWwxeU?startTime=1586455350000

More webinars will follow in the coming weeks. Go to the https://www.pvacf.org webpage and/or go to the PVACF facebook page for more information.

Recently, I had a conversation with Ed Rodriguez, Veterans Affairs Director of the Florida Department of Agriculture and Consumer Affairs. Ed also joined our zoom video board meeting in April. He encourages our members to go to the following link to see how he and his department are supporting veterans: https://www.fdacs.gov/Consumer-Resources/Veterans

Lastly, I will be sending invitations to join our Member/Board Meetings via zoom video/audio broadcasts. Invitations will be sent via email. If you are interested in joining the meetings and aren’t sure if we have your correct email, send me an email at johnd@pvacf.org and I will be sure to include you in the invite.

Our office and some volunteers are beginning to call all of our members in an effort to update our membership data base with correct contact information.

Remember to WASH YOUR HANDS, COVER YOUR MOUTH, DON’T TOUCH YOUR FACE AND KEEP YOUR DISTANCE! STAY SAFE!
Getting Paralyzed Veterans Walking Again with Indego®

New VA Program offers eligible veterans an Indego® Exoskeleton at no cost.

What is Indego?
A robotic device that enables veterans to walk again.

Indego is an FDA-approved exoskeleton worn around the waist and legs that enables individuals paralyzed from spinal cord injuries to stand and walk, offering a new level of independence.

Indego can currently be used with spinal cord injury levels of T3 to L5 in community or home settings. The device offers:

- Lightweight, modular design
- Slim profile compatible with most wheelchairs
- Rapid setup and breakdown for easy transportation
- Can be used with forearm crutches or walker

Contact us today to find out if you are eligible to receive an Indego exoskeleton.

Email: support.indego@parker.com
Phone: 844-846-3346
New Appeals Process
by Michael Snape,
National Service Officer II

The claims appeals process has changed significantly with the implementation of the Appeals Modernization Act (AMA) on February 19, 2019. Previously a veteran had one track for appealing decisions; filing a notice of disagreement (NOD) which then had to be processed through multiple steps prior to being certified and placed on the docket for Board of Veterans Appeals (BVA) review. Veterans now have three tracks from which to choose. They can file a supplemental claim with new evidence, request a higher-level review with the same evidence (can only occur within 1 year from date of the notification letter of the rating decision), or submit a notice of disagreement directly to the BVA. Submission of a NOD directly to the BVA requires a veteran to choose between 3 tracks, a direct review by a law judge, 90-day period to submit new evidence prior to NOD by a law judge, or a hearing before a judge. Veterans have one year from the date of the notification letter of the rating decision with which they disagree to file one of the three options noted above. The majority of appeals can be addressed via a supplemental claim or higher-level review without need of a hearing or BVA review. These changes in appeals structure have significantly reduced the time veterans must wait prior to receiving a decision on their appeal. Due to the changes in appeal structure and evidence submittal rules, it is recommended that veterans work through their service organization when considering an appeal of a rating decision.
I’m going to talk to you about what we’ve been doing here on Capitol Hill and working with Congress, in response to the Covid-19 virus crisis that’s engulfing our nation. You’ve probably seen a lot on TV and on social media about the legislative packages that have been passed by Congress. We have had so many that we are starting to number them. The biggest one has been the code three package and the full technical name of that is the Coronavirus Aid Relief and Economic Security Act, or the CARES Act. This legislation was signed into law on March 27 and it provided $2 trillion worth of relief to Federal agencies, American citizens, businesses, so that wide variety of individuals were able to participate. I’ll give you a quick overview of how that has impacted with the VA and also with people with disabilities. In that legislation, the VA received nearly $20 billion to help in response to the virus. Of that amount, 14.4 billion was provided for VA medical services to address the increased demand for healthcare at VA facilities. There was also about 2.1 billion that was provided for Community Care to meet emergency room and urgent care demands that are related to the virus. Other provisions that were included in the legislation, specifically to help veterans and to help the VA, is tele mental health services for isolated veterans. So expanding the tele health services that are available. There is a widespread effort to expand outreach to veterans in the community doing virtual appointments and that is an area where they have focused. There also some modifications to the Veteran Direct Care Program that some of you may participate in. It modifies some of the requirements. As far as temporarily waiving in person home visits that are required in that program, to enroll in the program and making things virtual, where possible, to facilitate the participation. There was also a requirement for VA to provide that personal protective equipment, that’s the gloves and masks, things, you’ve been seeing about on TV to help both VA personnel and their community base home health worker to make sure that they have the appropriate, PPE as we call it, to make sure that the workers, stay safe and also to ensure that the veterans that they are helping stay safe. We also had within the legislation a number of provisions that were important to people with disabilities and their families. Including some policy changes within the bill. There was a section allowing payment for direct support professionals to aid individuals with disabilities that are in hospital settings. An extension of the Money Follows the Person program through November 30 of this year and a requirement that the Medicare Part D plans provides a 90 day supply of prescription medications, if that’s requested by a beneficiary during an emergency period, such as the one that we’re in now. Something you’ve probably heard a lot about as part of the CAREs act is the receipt of what they’re calling their recovery rebates. They have a couple of different names, economic impact payments. Basically money that will be going into the pockets of Americans to help weather this crisis and those payments are available $1,200 per individual $2,400 for those who are married filing jointly. The CAREs act instructs the Department of Treasury to issue these rebates, based on your 2018 or 2019 income tax filing, they’re going to start sending payments for most Americans in April. They’re saying that most individuals won’t need to take any action at all in order to receive these payments. That includes people who have to file taxes, if you receive Social Security retirement benefits, if you receive Social security disability insurance or survivors benefits. There’s no action that you will need to take. The IRS is planning to mail a letter to taxpayers last known address within 15 days of making those payments. That will tell you how they made the payment to you and also what to do in the event that you didn’t receive the payment that they say you’ve received. Now we will know that for those individual who receive from Social Security SSi or certain VA benefits, they’re still working out how they can ensure that those individuals receive these payments because they don’t have the tax filings to look at, or other information. So we are working with Congress and the Administration to ensure that that process will be as easy as possible. As we look into legislation coming up. We know that there are going to be multiple packages related to COVED. We’re looking at what they are calling COVED 4. That’s going to be another opportunity, we think, to get some issues addressed. We’re looking, for one, at an increase in aid and attendance, a temporary increase to help meet increased costs that you might have from your personal care attendant and their need to have additional personal protective equipment and other expenses that may be driving that up. We’re also looking at fixing the rebate issues that we don’t have, if they decide to give additional payments in the future to taxpayers, to ensure that veterans won’t have to file any income tax, or any other paperwork for that. So that is something that will be on our radar screen on the disability side. We’ll be looking at a host of other issues such as accessing transportation. Voting, of course, is a very important year with a presidential election. And there’s a lot of changes that are looking to be made as it relates to voting. We want to make sure that it is still accessible for people with disabilities and that we have strong protections in place. In state and local responses to pandemics in some of the work we’ve been doing around emergency management. The last thing I wanted to mention was rationing. You may have seen some concerns about rationing scarce healthcare resources. I wanted to let you know that on March 28 the Department of Health and Human Services issued a bulletin that’s offering broad guidance on the obligations of states and healthcare providers to comply with federal disability rights laws, when they’re developing treatment rationing plans and then administering those in the event that there was some type of shortage that needed to be addressed. PVA signed on to offer guidance from disability organizations to help healthcare providers in implementing that guidelines to ensure that we’re not having disability discrimination in the in treatment rationing, and that guidance is available on PVA’s COVED-19 Web page. It is available for you to take a look at and see if you have any questions. Now we want everyone to know that there’s no indication that there’s anything to be concerned about in the VA, health care system as it relates to rationing. We had a discussion yesterday with the SDI program office they are aware of our concerns and we are doing everything that we can to ensure that the needs of everyone who might have this virus is able to get the help that they need.
Board Member Elections

For the upcoming Board member term 2021-2024 years we have two positions open. If you are interested, or have someone you know that is interested, please send us a name for our nominating committee. You can also call the office and submit your nomination.

Elections

Sports

By now, I’m sure most of our members are tired of hearing the phrase, “Due to the extra-ordinary circumstances surrounding the COVID-19 Pandemic”. But I have to say it one more time. PVACF Sports has been put on the back-burner until we get some control on this pandemic. I’d like to talk about the light at the end of our long and dark tunnel.

We don’t know how long we will have to practice social-distancing, but I am hoping to SLOWLY bring back some sports activities around June or July. The thought is to bring back the outside (socially distant) sports first, like hand cycling and field events. Then the inside events like air rifles and boccia. We can control the number of participants with air rifles and boccia. Then finally the inside events that require social closeness like bowling and basketball.

Please keep in mind that this is a fluid situation. The best way to keep updated on upcoming practices and events is to join us on our Facebook page at https://www.facebook.com/pvacf

In the meantime, please keep (safely) active and maintain a healthy diet. See you all in the light at the end of this tunnel.

Sports

The PV Sports team is planning to host weekly air gun training classes through Zoom. Each session will cover one of the four topics below, along with answering your questions along the way.

We plan to begin this on Wednesday April 15th at 2:00 pm ET. Please let John Arbino know by noon ET tomorrow JohnAR@pva.org, if you are interested so that I can include you in the zoom call.

1. Making the most of your training time - Good training v. bad training
The Swedish psychologist once conducted a study of musicians and found the best in their fields trained about 10,000 hours to get to that level. Hopefully this isolation period doesn’t last that long, but there are ways to make the most of your training.

2. Shot Plan - 60 one-shot matches
The shot plan is everything you do from the time you load the pellet, to the time you take your finger off the trigger.

3. Dry Fire - training without shooting
What to do when you do not have a safe place to fire pellets. I know we all want to see results of holes in paper, but dry firing can be a very important training tool. This is where you can refine and develop your muscle memory to make your shot plan even more effective.

4. Pellets - Do pellets matter?
Short answer - YES! Pellets very much matter in developing a tight shot group. Testing a few pellets to find the match for your rifle can easily increase your score 10-20 points.

Elections

Did You Know That Paralyzed US Veterans May be Eligible For a ReWalk Exoskeleton?

Contact ReWalk for More Information
rewalk.com/contact or 508.251.1154 Option 2

The ReWalk Exoskeleton-Suited for Your Mission

What is Your Mission?

Whether your goals include experiencing the proven health-related benefits of exoskeleton assisted walking, standing to hug a loved one or completing an entire marathon, ReWalk can you help you achieve them.

Did You Know That Paralyzed US Veterans May be Eligible For a ReWalk Exoskeleton?

Contact ReWalk for More Information
rewalk.com/contact or 508.251.1154 Option 2

Retired Army Sergeant Terry Vereline crosses the finish line of the 2019 New York City Marathon after walking 26.2 miles in her ReWalk Exoskeleton. She received this device in 2014 and has used it to take nearly 1,000,000 steps in the past five years.

ReWalk Robotics
200 Donald Lynch Boulevard, Marlborough, MA 01752
www.rewalk.com
Choosing Words for Talking About Disability

In daily life, how should we talk about disability? What words should we use to refer to people with disabilities? Is saying “the disabled” or “disabled people” acceptable, for example? Questions like these are important, particularly because disability represents a form of diversity, similar to one’s gender, race, ethnicity, social class, religion and so on. Knowing how to sensitively refer to members of diverse groups is also important. Let’s begin by defining some terms. First, what does disability itself mean? A disability is a condition or quality linked to a particular person. A disability is present when activities usually performed by people (such as walking, talking, reading or learning) are in some way restricted. Thus, someone with congenital blindness has a disability, as does someone who must use a wheelchair for mobility purposes. Other disabilities are not necessarily apparent, for example, acquired brain injury or chronic depression. In everyday life, some people use the term handicap to refer to people with disabilities as the handicapped. The first term — handicap — refers to an obstacle imposed on people by some constraint in the environment. Older buildings that lack ramps for wheelchair access, for example, present a handicap for people who use wheelchairs. In this case, a wheelchair user is handicapped — her mobility through use of her wheelchair is disrupted — by the missing ramp. However, she actually is not handicapped herself; rather, the handicapping element is in the environment, not within her. Now that we know the distinction between disability and handicap, how do we refer people who have disabilities? When referring to disability, the American Psychological Association (APA) urges that it is often better to “put the person first.” In practice, this means that instead of referring to a “disabled person,” use “person with a disability.” Why? The reasoning goes like this: Phrases like “disabled person” or “amputee” focus on a condition more than the person who is affected by it. Using phrases like “person with a disability” and “individual with an amputation” emphasizes the person and not his or her condition. The APA also urges writers and as well as speakers to avoid using any language that refers to disability in a dehumanizing or deprecating manner. A phrase like “stroke victim,” for example, is not innocuous, as it suggests that a person succumbed or was passive. Similarly, placing people with disabilities on a pedestal (“You are so brave to keep trying despite your disability!” is not a good idea, either. Such undue praise can marginalize, isolate, or unduly glorify what is a medical fact or quality that is but one part of the individual’s experience. Use of either positive or negative labels inevitably over-emphasizes one aspect — disability — of a person’s life. Doing so hinders understanding and can even trivialize other, more important qualities possessed by the individual.

Is there any alternative to person-first language? There is, and it is known as identity-first language. Not all members of the disability community think person-first language is the best choice. Some writers and scholars from the field known as disability studies, as well as advocates and activists from disability culture, prefer what is known as identity-first language for disability. Identity-first language promotes use of phrases like “amputee,” “diabetic” and “disabled person” (but not “victim” or similar negative words) where disability identity comes first. The argument is straightforward: use of these honest, candid and less euphemistic terms and phrases enables groups and the individuals within them to “claim” their disabilities with pride. This claiming can be about disability more generally or with regards to a particular disability. By doing so, a disabled individual intentionally chooses an identity rather than allowing others — even well-meaning others, such as family, friends and medical professionals — to do so for them. Taking an identity-first approach promotes autonomy among and for people with disabilities. Indeed, adopting an identity-first approach instead of a person-first approach is a way to counter the argument that the latter can occasionally imply that there is something inherently negative about disability. The add-on phrase “with a disability,” for example, effectively dissociates the disability from the person. Disabled people who choose identity-first language claim and celebrate, rather than distance themselves, from their disabilities.

But what if you are not sure what to call people with disabilities or how to refer to them? How should nondisabled people refer to disabled persons? Language for disability can pose a challenge, especially because no one wants to offend another person or to appear to be insensitive. Remember that both approaches are designed to respect disabled persons, so both are fine choices. One reasonable possibility is to use person-first and identity-first language interchangeably unless or until you know that a given situation is one clearly preferred. It turns out that the best choice is simply to call people what they prefer to be called. Bear in mind, of course, that some people do not care about your intentions. For instance, one person who has dwarfism might like to be referred to as a “dwarf,” whereas another might prefer to be called a “person with dwarfism.” When in doubt, then, the wisest and kindest choice is simply to ask people about their preferences.
Did you know grapes light on fire in the microwave?

The fruity fireball occurs as a result of the loose electrons and ions that cluster to form plasma when grapes get hot.

Did you know there are almost 8 million possible seven-digit phone numbers per area code?

So, with a little math, we know that theoretically, there are 7,920,000 possible seven-digit phone numbers in each area code.

Did you know there are almost 8 million possible seven-digit phone numbers per area code?

Did you know the average U.S. household has 300,000 things in it?

Whether you’ve been inspired by Marie Kondo or not, you probably still have close to a third of a million items in your home. One report found that the average U.S. house has around 300,000 things in it. Yeah, we like stuff. Lots of stuff.

Did you know the first item sold on eBay was a broken laser pointer?

Buyer beware, as they say. Thankfully, buyer Mark Fraser was apparently aware of the fact that he was getting a broken laser pointer when he purchased it for $14.83 from eBay’s founder Pierre Omidyar in 1995.

Rollx Vans is the only van manufacturer that delivers minivans and full-sized vans directly to your doorstep. Our mission is to listen to you to serve your needs and give you the freedom and mobility that you deserve.

- Certified Conversion Process
- 24 Hour Nationwide Service
- At-Home Delivery
- Industry-Leading Customer Satisfaction
- Competitive Financing Options
- Customized Just for You

We take great pride in serving those who served our country.

It’s why we work with the Veterans Administration to make the process as simple as possible for you. This includes bringing the vehicle to the VA for inspection, taking care of all VA paperwork, and delivering the vehicle to your home once it’s ready.

Veterans get $1,000 off the purchase of your first Rollx van today!

Call 800-956-6668 or visit us at rollxvans.com.