CLFMP

Camp Lejeune Family Member Program

Online Application Help Guide

Department of Veterans Affairs
VHA Office of Community Care
and the Financial Services Center

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VA | U.S. Department of Veterans Affairs

Navigating the Help Guide

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1. Applicant Portal for Camp Lejeune Family Member Program (CLFMP)

From August 1, 1953, through December 31, 1987, people living or working at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals.

On August 6, 2012, the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 was signed into law. This law (H.R. 1627, now Public Law 112-154) requires the Department of Veterans Affairs (VA) to provide health care to Veterans who served on active duty at Camp Lejeune and to reimburse eligible Camp Lejeune Family Members (CLFM) for eligible health care costs related to one or more of 15 specified illnesses or conditions.

This document provides step-by-step instructions for entering an application into the CLFMP Portal. For additional issues and information about the Applicant Portal , contact the VA Financial Services Center (FSC) Customer Service Help Desk at 866-372-1144.

A. System requirements

Ensure the computer you're using to create an application meets the following requirements:

- Internet Explorer Version 7.0 or later
- Firefox 2.2 or later
- If you are using another Internet Browser, you will need to complete a paper application.

2. How to Submit an Application

Open the Applicant Portal website: https://www.clfamilymembers.fsc.va.gov/



Figure -1a: CLFMP Opening Screen

A. Starting a New Application

Towards the bottom of the CFLMP opening screen, you'll find two buttons; one is for starting a new application in the CLFMP portal, and the other is for retrieving a saved application that hasn't been completed or submitted yet.

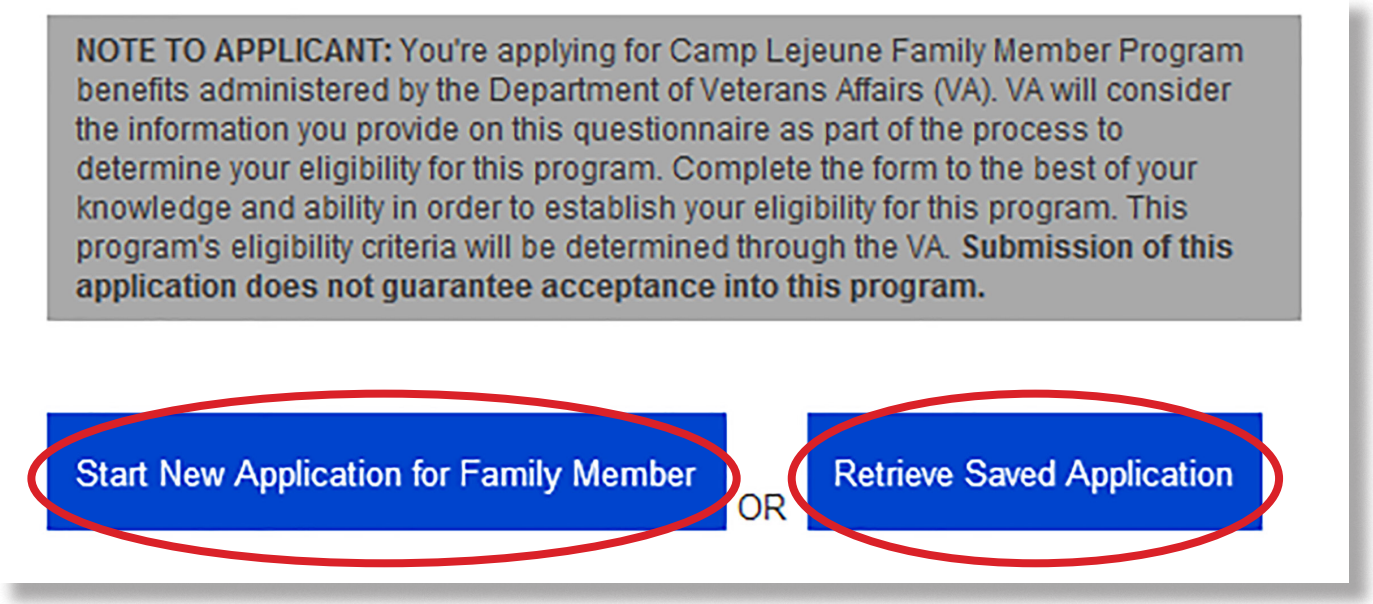


Figure -1b: CLFMP Application Start/Retrieve Buttons

Applicant Information

The first step is to complete the applicant information section. Required fields are identified by a red asterisk. The optional blocks help us with more information pertaining to your application and alternate ways of contacting you.

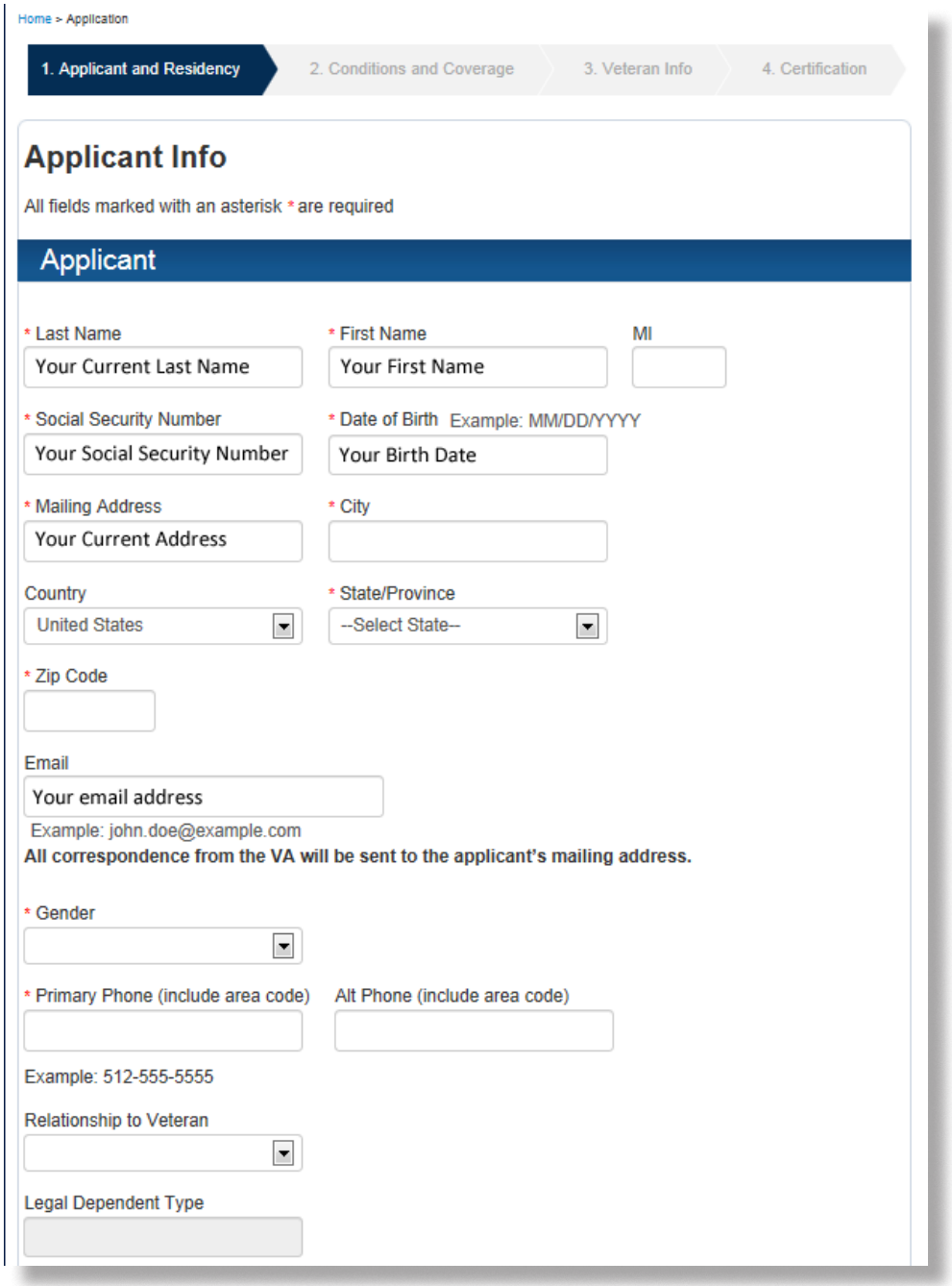


Figure-2: CLFMP Applicant Information Screen

Residency Verification

After answering the first two required questions, if you can remember the dates you resided on Camp Lejeune and the address, it will be very helpful in processing your application.

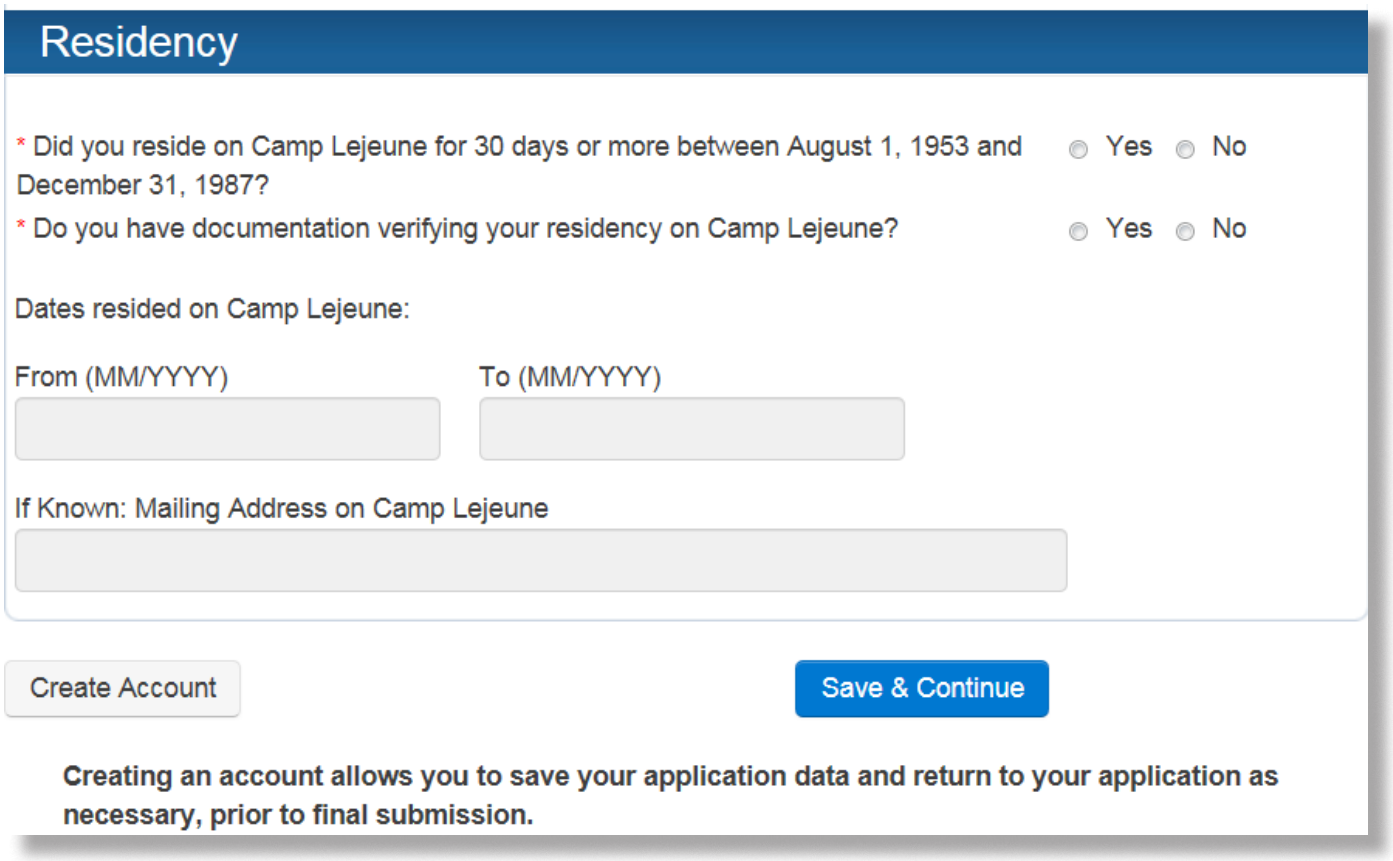


Figure-3: CLFMP Residency Verification Screen

At this point, you may create an account so you can save your application information and return to complete or update it as needed before you submit it. If you don't want to create an account at this time, you can select to save the current information and continue.

Note: If you close out the application without creating an account, and don't complete/submit your application, any information you've provided will not be saved and you will have to start over.

You will not be able to save and continue, or create an account if your applicant information or residency verification is incomplete – you'll receive this message indicating which fields still need to be filled in.

Figure-4: CLFMP Application Errors Notification Screen

Please correct the marked fields below.

- The Last Name field is required.
- The First Name field is required.
- The Social Security Number field is required.
- The Date of Birth field is required.
- The Mailing Address field is required.
- The City field is required.
- The State/Province field is required.
- The Zip Code field is required.
- The Gender field is required.
- The Primary Phone (include area code) field is required.
- The Residency Documentation field is required.

If You Choose to Create an Account

- Create a user name for yourself (Required to be six (6) to eleven (11) characters long)
- Create a password following the requirements of at least one (1) capital letter, one (1) symbol, one (1) number and at least eight (8) to fifteen (15) characters long
- Confirm your password
- Create a question only you will know the answer to in case you forget your password and need to reset it
- Type in the answer to your personal password question
- Confirm the personal password question

Click on the “Save and Continue” button

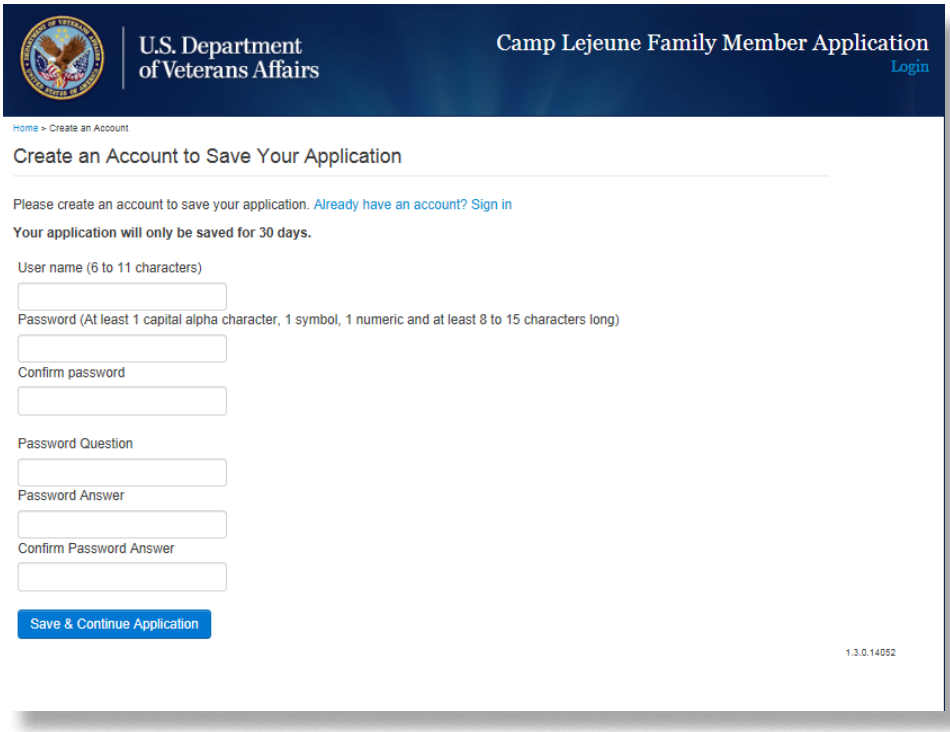


Figure-5: CLFMP Account Creation Screen

Conditions and Illnesses Related to Your Time in Residence on Camp Lejeune

If you've been diagnosed with any of the conditions listed below, place a check mark in the box next to it.

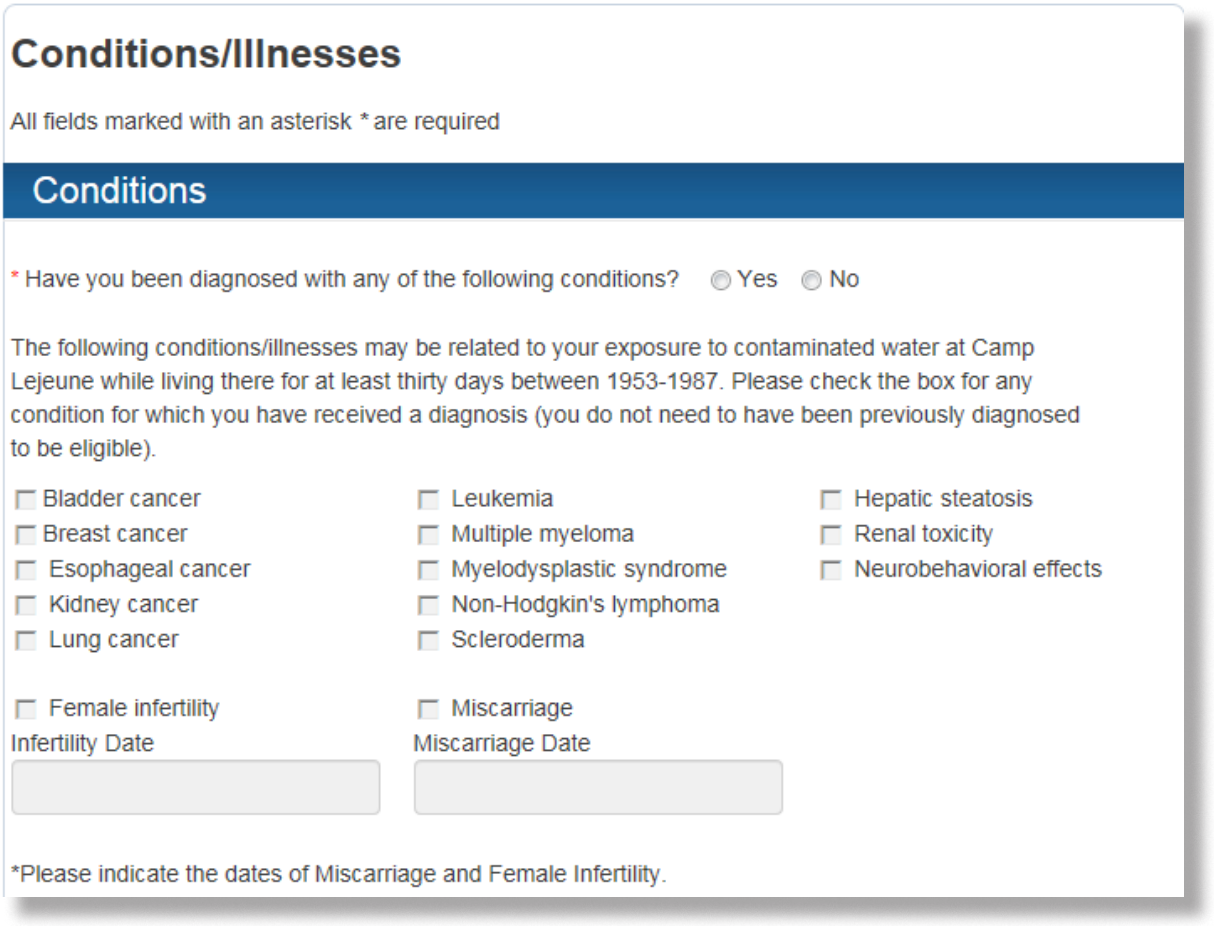


Figure-6: CLFMP Conditions and Illnesses Screen

Note: Please provide the date(s) indicated on your medical records for a diagnosis of miscarriage or female infertility.

Health Care Coverage

If you answered "yes" to having health care coverage, please identify the type(s) and effective dates your coverage started. If you have health care insurance other than what's identified, please fill out your insurer's information using the primary or secondary insurance fields.

If you've selected "yes" to having current health care coverage, the question regarding pharmacy benefits is required.

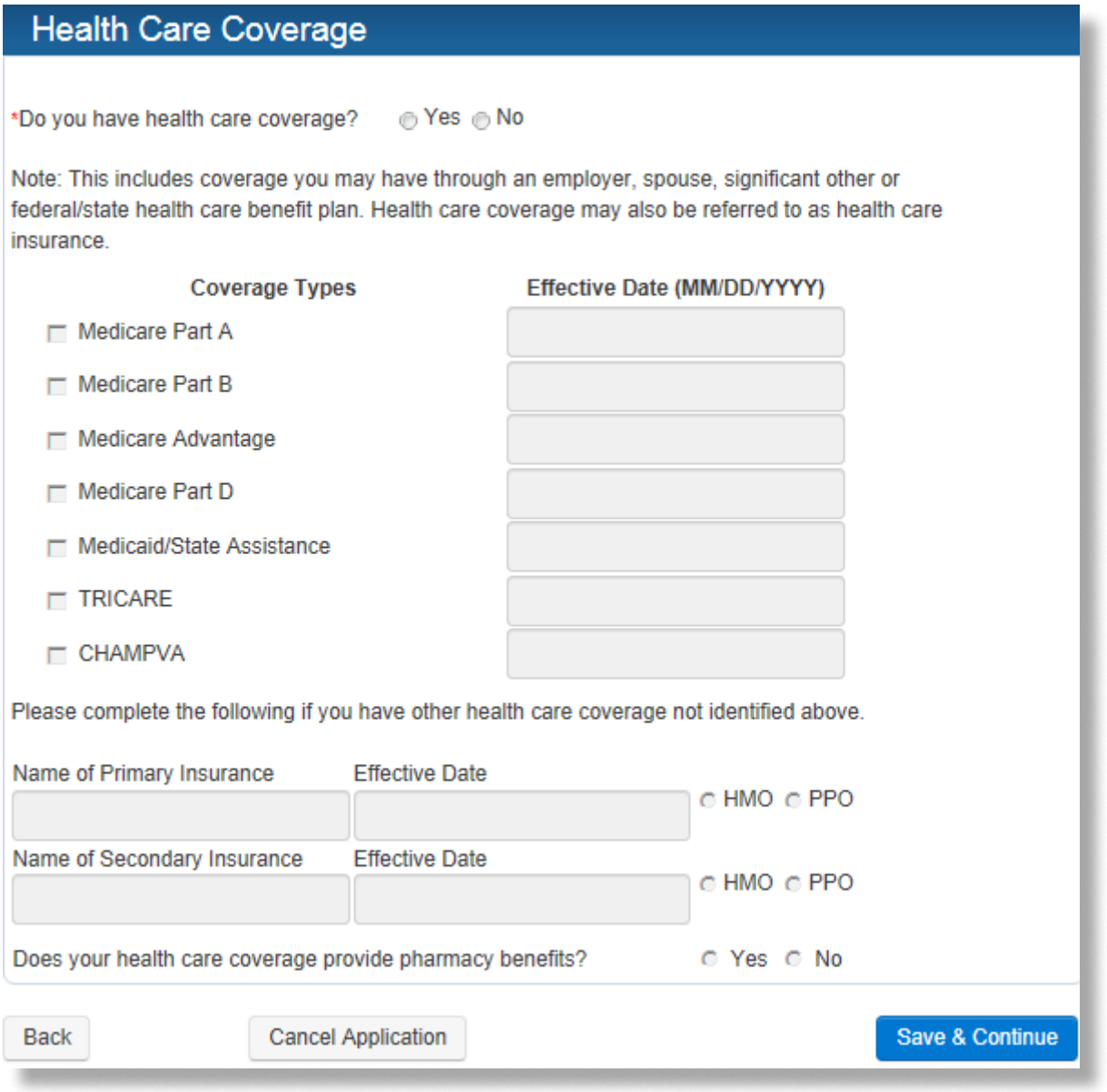


Figure-7: CLFMP Health Care Coverage Screen

Once this section is completed, you can select "save and continue," "cancel" your application and leave the CLFMP portal, or select "back" to return to the previous screen.

Veteran Information

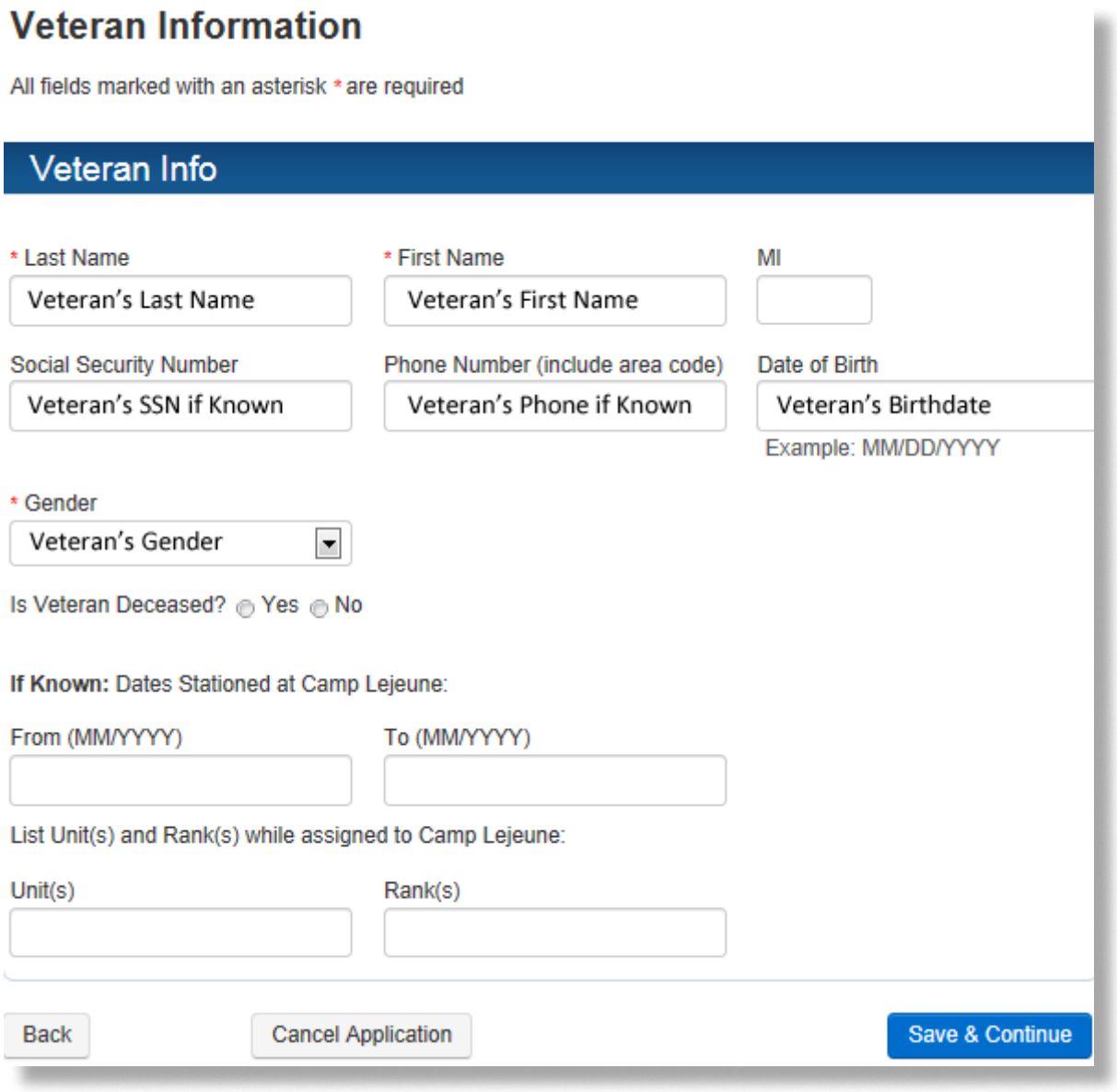


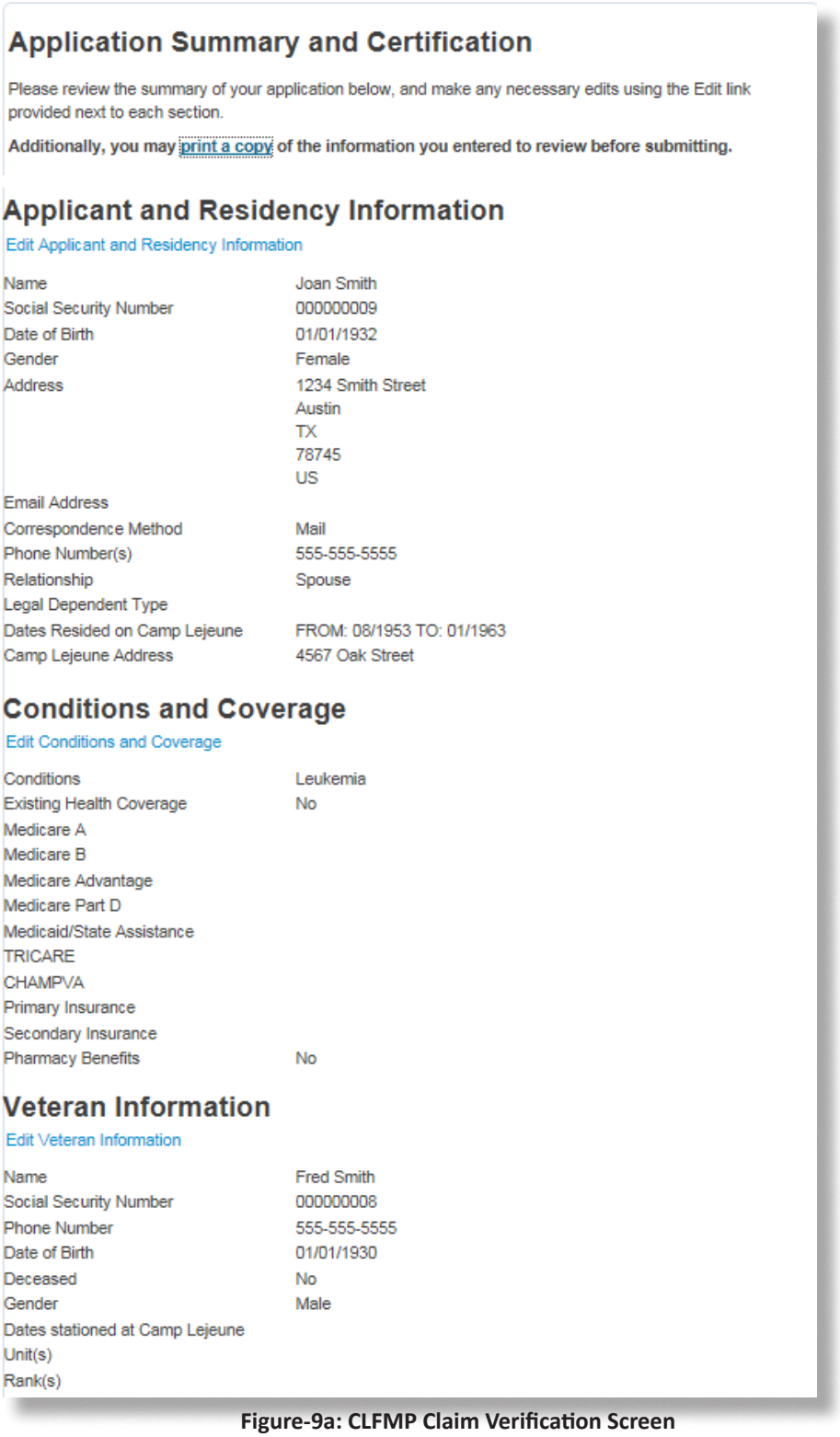
Figure-8: CLFMP Veteran Information Screen

As a family member, or legal dependent, of a Veteran assigned to Camp Lejeune between August 1, 1953 and December 31, 1987, the Veteran's information identified by the red asterisks is required for your application.

The other requested information, such as the Veteran's Social Security Number, current phone number, date of birth, inclusive dates stationed at Camp Lejeune, the Veteran's unit(s) of assignment and rank(s) held are not required but will be helpful in processing your application.

Once this section is completed, you can select to "save and continue," "cancel" your application and leave the CLFMP portal, or select "back" to return to the previous screen.

Summary and Certification



Application Summary and Certification

Please review the summary of your application below, and make any necessary edits using the Edit link provided next to each section.

Additionally, you may print a copy of the information you entered to review before submitting.

Applicant and Residency Information

Edit Applicant and Residency Information

Name	Joan Smith
Social Security Number	000000009
Date of Birth	01/01/1932
Gender	Female
Address	1234 Smith Street Austin TX 78745 US
Email Address	
Correspondence Method	Mail
Phone Number(s)	555-555-5555
Relationship	Spouse
Legal Dependent Type	
Dates Resided on Camp Lejeune	FROM: 08/1953 TO: 01/1963
Camp Lejeune Address	4567 Oak Street

Conditions and Coverage

Edit Conditions and Coverage

Conditions	Leukemia
Existing Health Coverage	No
Medicare A	
Medicare B	
Medicare Advantage	
Medicare Part D	
Medicaid/State Assistance	
TRICARE	
CHAMPVA	
Primary Insurance	
Secondary Insurance	
Pharmacy Benefits	No

Veteran Information

Edit Veteran Information

Name	Fred Smith
Social Security Number	000000008
Phone Number	555-555-5555
Date of Birth	01/01/1930
Deceased	No
Gender	Male
Dates stationed at Camp Lejeune	
Unit(s)	
Rank(s)	

Figure-9a: CLFMP Claim Verification Screen

This screen gives you a look at the information you've provided and an opportunity to make changes using the blue edit links before submitting.

Application Certification

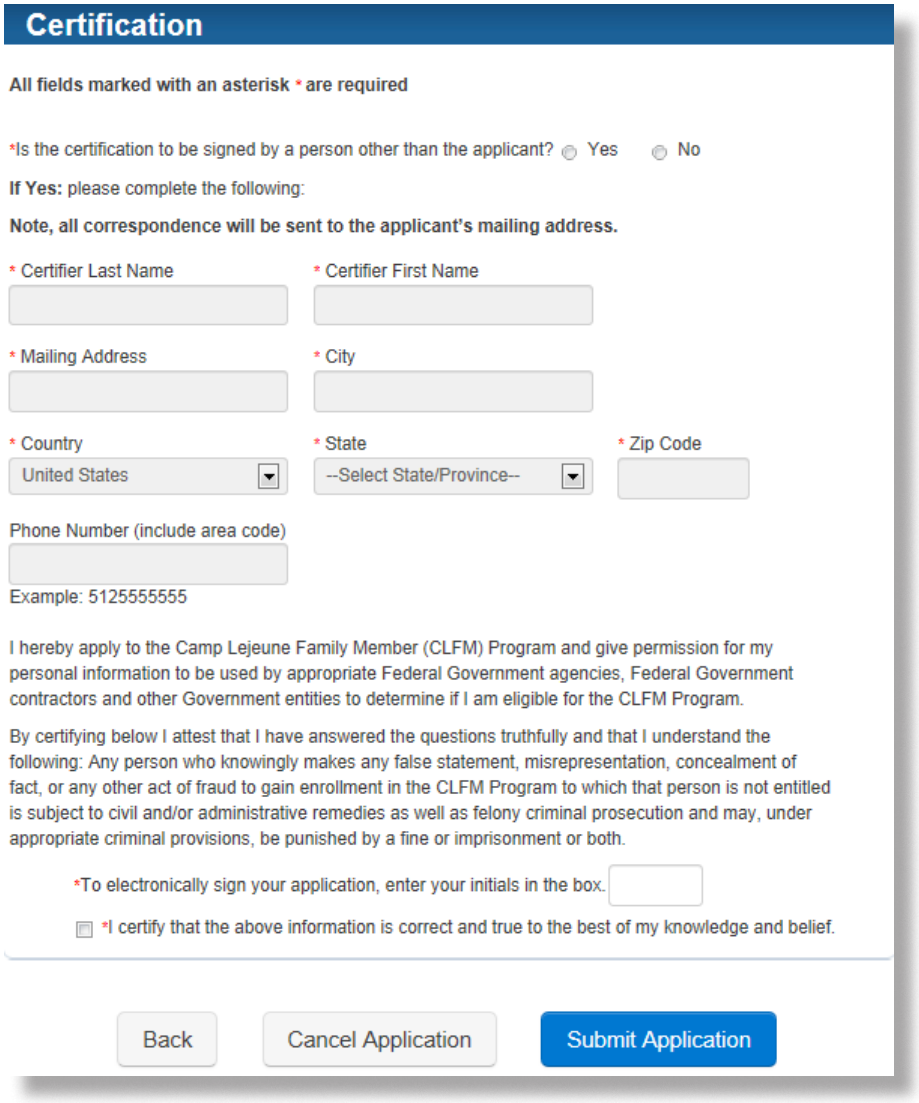


Figure-9b: CLFMP Claim Verification Screen

When filled out and submitted, this screen certifies that you've answered all the questions truthfully and to the best of your knowledge. You're also allowing the appropriate agencies and personnel access to your personal information as it relates to your application to determine your eligibility.

If you are submitting this application on your own behalf, select 'no' to the first question, then place your initials in the box to electronically sign the application, and then place a checkmark in the certification box.

However, if you are submitting this application on behalf of someone else, select 'Yes' to the first question, and complete the required block of fields requesting your name and address. All blocks identified with a red asterisk are required. Once this section is completed, you can select to "save and continue," "cancel" your application and leave the CLFMP portal, or select "back" to return to the previous screen.

Submit Application

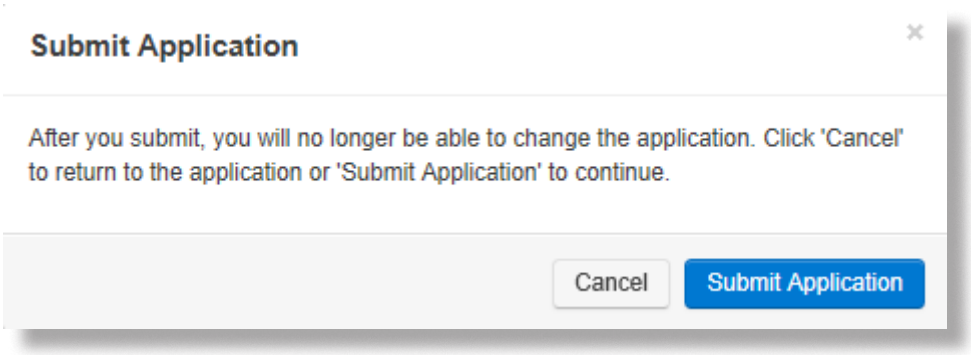


Figure-10: CLFMP Application and Claim Submission Screen

Once you select 'Submit Application,' your application will be finalized in the portal and submitted. You will no longer be able to make changes to the application.

You can select the "Cancel" button to return to the application information and make updates or changes prior to finalizing.

Your Next Steps

Thank you. Your application for the Camp Lejeune Family Member Program (CLFMP) has been submitted. In order to expedite your application, please review the information below.

What You Need To Do Next

In order to determine if you are eligible for CLFMP, VA will need evidence that you were both a legal dependent of the Veteran and that you were a resident at Camp Lejeune for at least 30 days between the dates of August 1, 1953, and December 31, 1987 . To assist VA in locating the records that will support your CLFMP eligibility determination, please review the following:

1. Gather any CLFMP eligibility documentation that serves as proof of your legal relationship to the Veteran *and* separate evidence of your Camp Lejeune residency.

   Legal dependency documents include, but are not limited to:

   - marriage certificate
   - birth certificate
   - adoption papers
   - other legal documents

   Proof of Camp Lejeune residency documents include, but are not limited to:

   - military orders
   - base housing records
   - utility bill
   - pay stub
   - tax forms
   - similar documentation

2. If you have one of the 15 CLFMP medical conditions , please provide a copy of the Treating Physician Report to your physician for completion. Return a **copy** of the completed form to us.

   To support that you have a qualifying condition for CLFMP, medical records must be included with your Treating Physician Report and must show:
   - The date of onset of any condition which you are claiming under this program *and*
   - That you are currently receiving treatment from your physician for this condition.

   If you are not currently receiving treatment for this condition, please submit medical records that show you have received treatment in the past. **Please note:** If you do not have one of the 15 medical conditions a completed Treating Physician Report is not required.

3. Submit copies of all relevant evidence pertaining to your application via fax to the VA at **(512) 460-5536**. Alternatively, you may mail **copies** of this evidence to the address below. **Please note:** Do **not** send original documents. Please only send **copies** with your full name and Social Security Number on each document.

Department of Veterans Affairs
Financial Services Center
PO BOX 149200
Austin, TX 78714-9200

Figure-11a: CLFMP Applicant Next Steps Screen

Following the instructions on this screen will help you complete the application process. The instructions outline the type of proof and supporting documentation required to process your application. The documents required to accompany your application can be found on the main CLFMP web page, on the right-hand side.

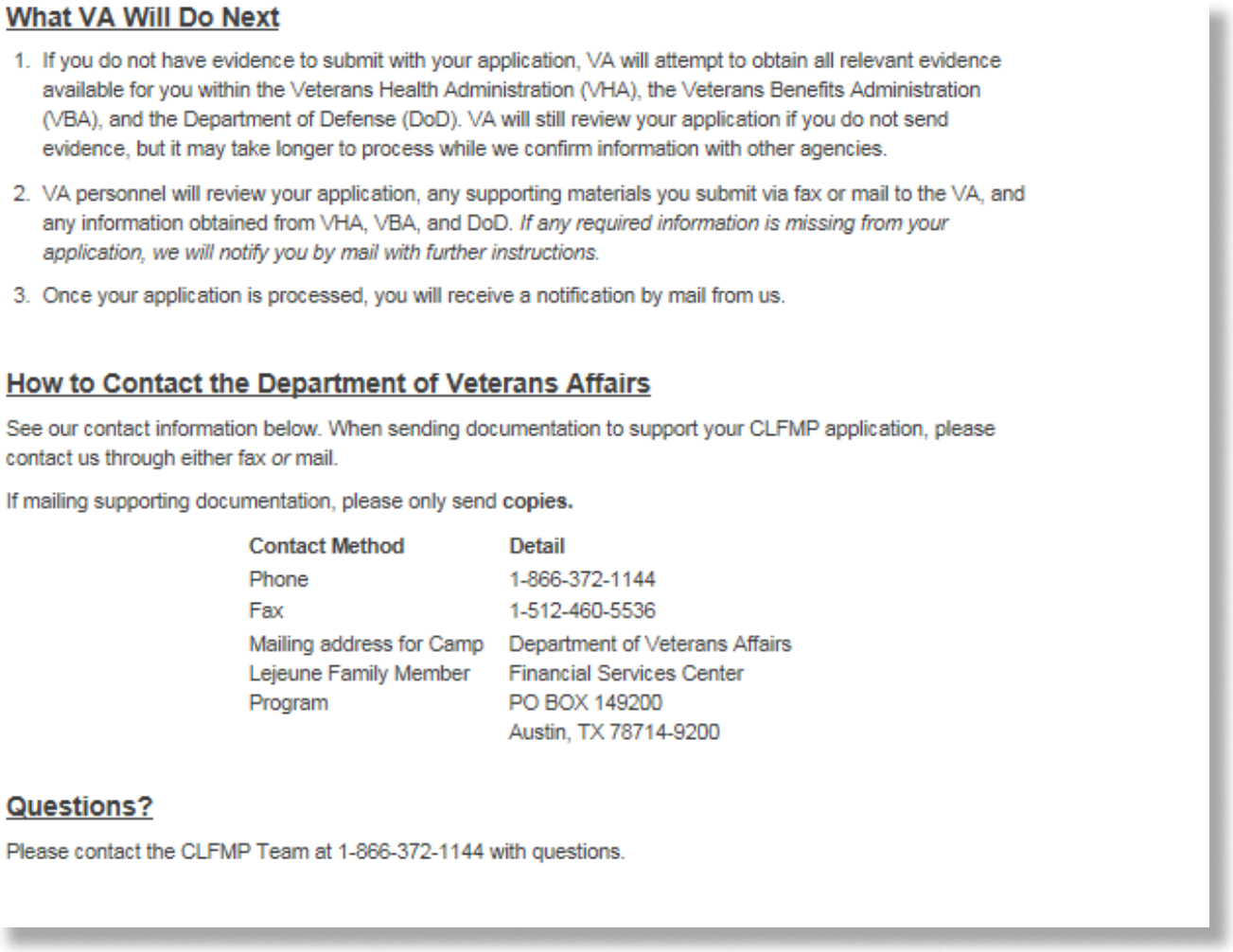
Your documents can be faxed to the Department of Veterans Affairs at (512) 460-5536, or you can mail them to:

Department of Veterans Affairs
Financial Services Center
PO Box 149200
Austin, TX 78714-9200

NOTE: Please do **not** send original documents. Send **copies** with your full name and Social Security Number on every page of your documents.



VA's Next Steps



What VA Will Do Next

1. If you do not have evidence to submit with your application, VA will attempt to obtain all relevant evidence available for you within the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the Department of Defense (DoD). VA will still review your application if you do not send evidence, but it may take longer to process while we confirm information with other agencies.
2. VA personnel will review your application, any supporting materials you submit via fax or mail to the VA, and any information obtained from VHA, VBA, and DoD. *If any required information is missing from your application, we will notify you by mail with further instructions.*
3. Once your application is processed, you will receive a notification by mail from us.

How to Contact the Department of Veterans Affairs

See our contact information below. When sending documentation to support your CLFMP application, please contact us through either fax *or* mail.

If mailing supporting documentation, please only send **copies.**

Contact Method	Detail
Phone	1-866-372-1144
Fax	1-512-460-5536
Mailing address for Camp Lejeune Family Member Program	Department of Veterans Affairs Financial Services Center PO BOX 149200 Austin, TX 78714-9200

Questions?

Please contact the CLFMP Team at 1-866-372-1144 with questions.

Figure-11b: CLFMP Veterans Affairs Next Steps Screen

If you don't have the documentation providing proof of eligibility, the Department of Veterans Affairs (VA) will attempt to find the relevant evidence available for you through the appropriate government agencies.

VA personnel will review any supporting materials/documents you provide, as well as any information gained from other Government agencies. If any information is missing from your application, you will be notified in writing with further instructions.

VA will notify you in writing when your application is processed and the next steps to take.

If you have any questions throughout your application process, you can call the Camp Lejeune Family Member Program Customer Service Center at 1-866-372-1144.

Returning to a Saved Application?

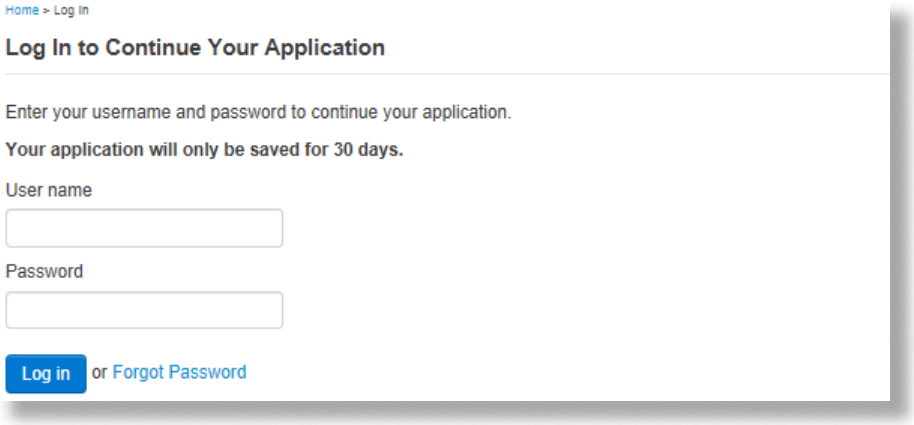


Figure-12: CLFMP Returning to a Saved Application Screen

If you've saved an incomplete application and want to return to update, complete or submit it, submit your user name and password to login.

Note: Three (3) failed attempts to enter the correct username and/or password will result in a system lock-out for a period of 24 hours.

Forgot Your Password?

If you've forgotten your password, click on the "Forgot Password" icon and you'll be directed to a screen where you'll be prompted to submit your user name:

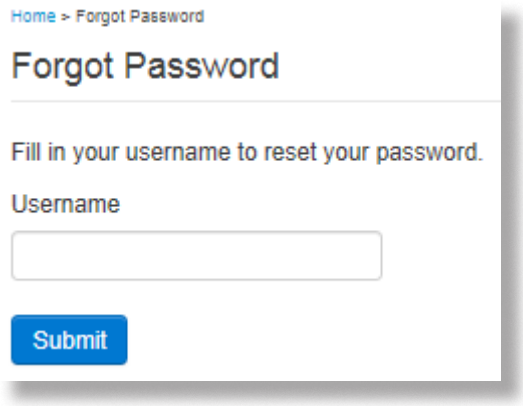


Figure-13: CLFMP Reset Password Screen

Once you submit your user name, you'll be directed to answer the personal security question you established when you created an account:

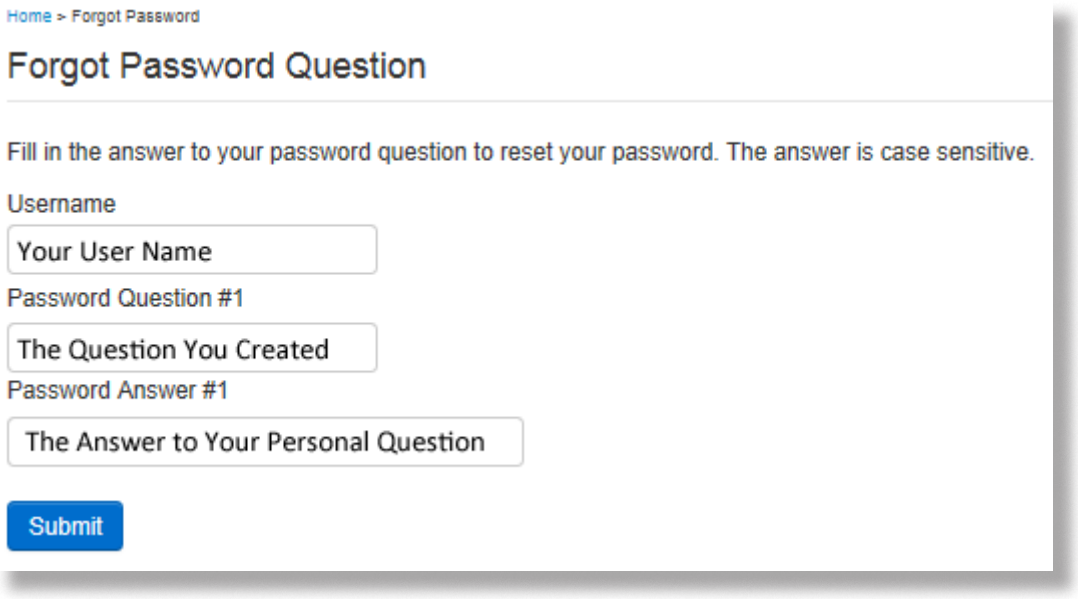


Figure-14: CLFMP Forgotten Password Question Screen

After successfully answering your personal security question, you'll be directed to create a new password that meets the security requirements:

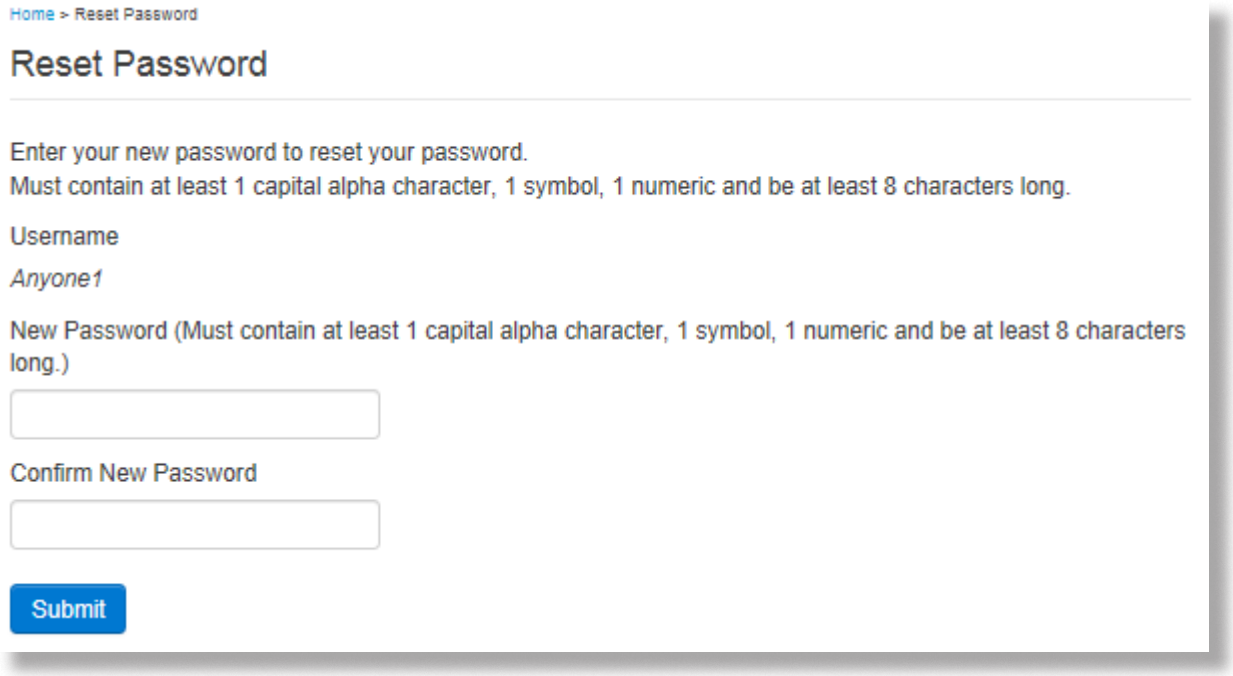


Figure-15: CLFMP New Password Screen

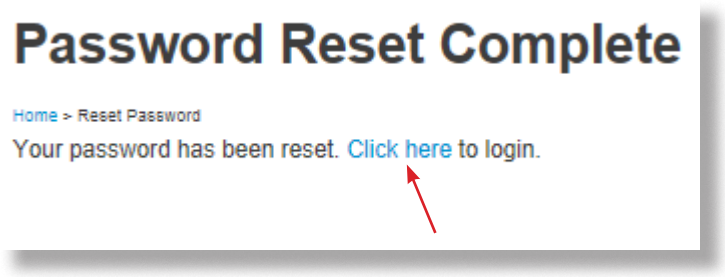


Figure-16: CLFMP New Password Reset Success Screen

When you've successfully reset your password, "Click Here" to login and resume your application process.