

CLEMP

Camp Lejeune Family Member Program

Online Application Help Guide

Department of Veterans Affairs
Chief Business Office Purchased 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: www.clfamilymember.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.

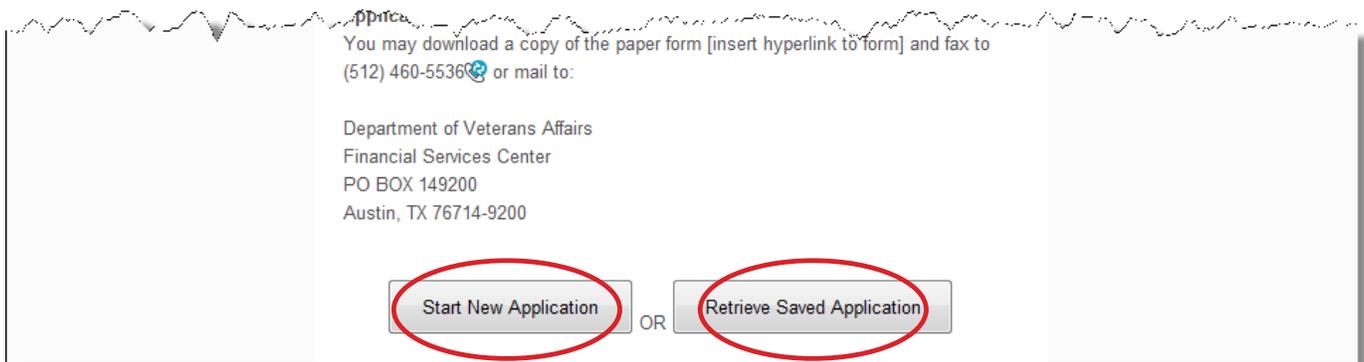


Figure -1b: CLFMP Application Start/Retrieve Buttons

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.

The screenshot shows a web application interface for the CLFMP. At the top, there is a breadcrumb trail: "Home > Application". Below this is a progress bar with four steps: "1. Applicant and Residency" (highlighted in dark blue), "2. Conditions and Coverage", "3. Veteran Info", and "4. Certification".

The main content area is titled "Applicant Info" and includes a note: "All fields marked with an asterisk * are required". Below this is a sub-section header "Applicant" in a dark blue bar.

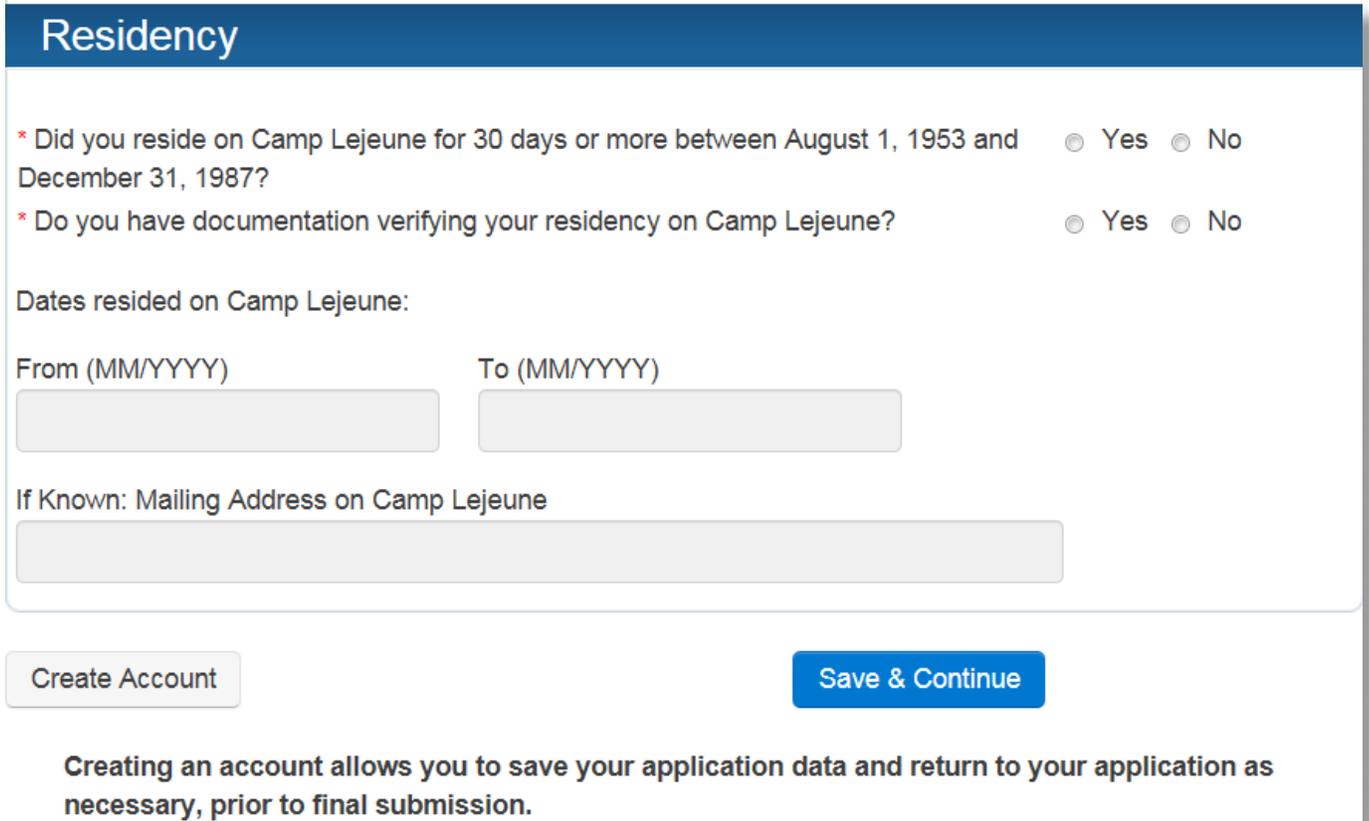
The form contains several input fields, many with red asterisks indicating they are required:

- * Last Name:** Text input field with placeholder "Your Current Last Name".
- * First Name:** Text input field with placeholder "Your First Name".
- MI:** Text input field.
- * Social Security Number:** Text input field with placeholder "Your Social Security Number".
- * Date of Birth:** Text input field with placeholder "Your Birth Date" and an example "Example: MM/DD/YYYY".
- * Mailing Address:** Text input field with placeholder "Your Current Address".
- * City:** Text input field.
- Country:** Dropdown menu with "United States" selected.
- * State/Province:** Dropdown menu with "--Select State--" selected.
- * Zip Code:** Text input field.
- Email:** Text input field with placeholder "Your email address" and an example "Example: john.doe@example.com". Below the field is a note: "All correspondence from the VA will be sent to the applicant's mailing address."
- * Gender:** Dropdown menu.
- * Primary Phone (include area code):** Text input field.
- Alt Phone (include area code):** Text input field.
- Example:** "512-555-5555" is provided below the phone fields.
- Relationship to Veteran:** Dropdown menu.
- Legal Dependent Type:** Text input field.

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.



Residency

* Did you reside on Camp Lejeune for 30 days or more between August 1, 1953 and December 31, 1987? Yes No

* Do you have documentation verifying your residency on Camp Lejeune? Yes No

Dates resided on Camp Lejeune:

From (MM/YYYY) To (MM/YYYY)

If Known: Mailing Address on Camp Lejeune

[Create Account](#) [Save & Continue](#)

Creating an account allows you to save your application data and return to your application as necessary, prior to final submission.

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

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

The screenshot shows the 'Create an Account' page for the U.S. Department of Veterans Affairs. The page header includes the VA logo and the text 'U.S. Department of Veterans Affairs' and 'Camp Lejeune Family Member Application'. Below the header, there is a navigation bar with 'Home' and 'Create an Account'. The main heading is 'Create an Account to Save Your Application'. A sub-heading reads 'Please create an account to save your application. [Already have an account? Sign in](#)'. A note states 'Your application will only be saved for 30 days.' The form contains the following fields: 'User name (6 to 11 characters)', 'Password (At least 1 capital alpha character, 1 symbol, 1 numeric and at least 8 to 15 characters long)', 'Confirm password', 'Password Question', 'Password Answer', and 'Confirm Password Answer'. A blue button labeled 'Save & Continue Application' is at the bottom left. The version number '1.3.0 14012' is visible in the bottom right corner.

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.

Conditions/Illnesses

All fields marked with an asterisk * are required

Conditions

* Have you been diagnosed with any of the following conditions? Yes No

The following conditions/illnesses may be related to your exposure to contaminated water at Camp Lejeune while living there for at least thirty days between 1953-1987. Please check the box for any condition for which you have received a diagnosis (you do not need to have been previously diagnosed to be eligible).

<input type="checkbox"/> Bladder cancer	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Hepatic steatosis
<input type="checkbox"/> Breast cancer	<input type="checkbox"/> Multiple myeloma	<input type="checkbox"/> Renal toxicity
<input type="checkbox"/> Esophageal cancer	<input type="checkbox"/> Myelodysplastic syndrome	<input type="checkbox"/> Neurobehavioral effects
<input type="checkbox"/> Kidney cancer	<input type="checkbox"/> Non-Hodgkin's lymphoma	
<input type="checkbox"/> Lung cancer	<input type="checkbox"/> Scleroderma	
<input type="checkbox"/> Female infertility	<input type="checkbox"/> Miscarriage	

Infertility Date

Miscarriage Date

*Please indicate the dates of Miscarriage and Female Infertility.

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.

Health Care Coverage

***Do you have health care coverage?** Yes No

Note: This includes coverage you may have through an employer, spouse, significant other or federal/state health care benefit plan. Health care coverage may also be referred to as health care insurance.

Coverage Types	Effective Date (MM/DD/YYYY)
<input type="checkbox"/> Medicare Part A	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Medicare Part B	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Medicare Advantage	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Medicare Part D	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> Medicaid/State Assistance	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> TRICARE	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> CHAMPVA	<input style="width: 100%;" type="text"/>

Please complete the following if you have other health care coverage not identified above.

Name of Primary Insurance	Effective Date	<input type="radio"/> HMO <input type="radio"/> PPO
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Name of Secondary Insurance	Effective Date	<input type="radio"/> HMO <input type="radio"/> PPO
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	

Does your health care coverage provide pharmacy benefits? Yes No

Back
Cancel Application
Save & Continue

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

Veteran Information

All fields marked with an asterisk * are required

Veteran Info

<p>* Last Name</p> <input style="width: 95%;" type="text" value="Veteran's Last Name"/>	<p>* First Name</p> <input style="width: 95%;" type="text" value="Veteran's First Name"/>	<p>MI</p> <input style="width: 70%;" type="text"/>
<p>Social Security Number</p> <input style="width: 95%;" type="text" value="Veteran's SSN if Known"/>	<p>Phone Number (include area code)</p> <input style="width: 95%;" type="text" value="Veteran's Phone if Known"/>	<p>Date of Birth</p> <input style="width: 95%;" type="text" value="Veteran's Birthdate"/> <p style="font-size: small;">Example: MM/DD/YYYY</p>
<p>* Gender</p> <input style="width: 95%;" type="text" value="Veteran's Gender"/>		
<p>Is Veteran Deceased? <input type="radio"/> Yes <input type="radio"/> No</p>		
<p>If Known: Dates Stationed at Camp Lejeune:</p> <p>From (MM/YYYY) <input style="width: 150px;" type="text"/> To (MM/YYYY) <input style="width: 150px;" type="text"/></p>		
<p>List Unit(s) and Rank(s) while assigned to Camp Lejeune:</p> <p>Unit(s) <input style="width: 150px;" type="text"/> Rank(s) <input style="width: 150px;" type="text"/></p>		
<input type="button" value="Back"/>	<input type="button" value="Cancel Application"/>	<input type="button" value="Save & Continue"/>

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

Certification

All fields marked with an asterisk * are required

*Is the certification to be signed by a person other than the applicant? Yes No

If Yes: please complete the following:

Note, all correspondence will be sent to the applicant's mailing address.

* Certifier Last Name * Certifier First Name

* Mailing Address * City

* Country * State * Zip Code

Phone Number (include area code)

 Example: 5125555555

I hereby apply to the Camp Lejeune Family Member (CLFM) Program and give permission for my personal information to be used by appropriate Federal Government agencies, Federal Government contractors and other Government entities to determine if I am eligible for the CLFM Program.

By certifying below I attest that I have answered the questions truthfully and that I understand the following: Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to gain enrollment in the CLFM Program to which that person is not entitled is subject to civil and/or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

*To electronically sign your application, enter your initials in the box.

*I certify that the above information is correct and true to the best of my knowledge and belief.

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

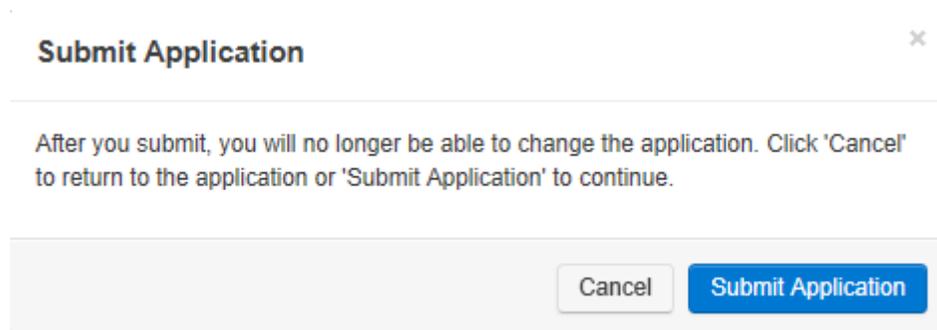


Figure-10: CLFMP Application and Claim Submission Screen

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.

RESOURCES

[CLFMP Application Form](#)

[CLFMP Treating Physician Report](#)

[CLFMP Claim Form](#)

[Release of Information Form](#)

[CLFMP Information Update Form](#)

[CLFMP User Guide](#)

[CLFMP Formulary](#)

[Camp Lejeune VA Public Health Website](#)

[Camp Lejeune Public Law 112-154](#)

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

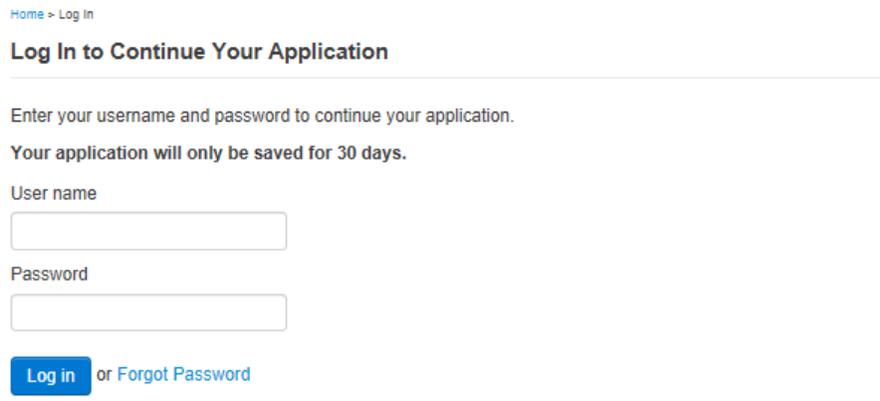
If you don't have the documentation providing proof of eligibility, the Department of Veterans Affairs (VA) will attempt to find the relevant evidence available for you through the appropriate government agencies.

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?



[Home > Log In](#)

Log In to Continue Your Application

Enter your username and password to continue your application.
Your application will only be saved for 30 days.

User name

Password

[Log in](#) or [Forgot Password](#)

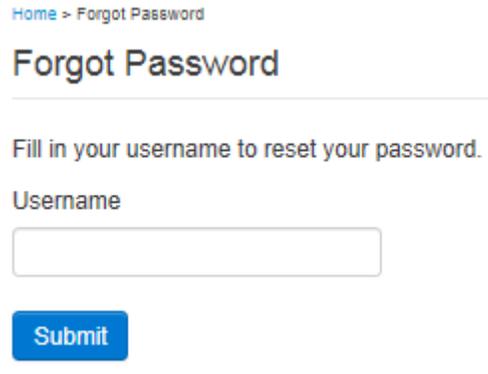
Figure-12: CLFMP Returning to a Saved Application Screen

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:



Home > Forgot Password

Forgot Password

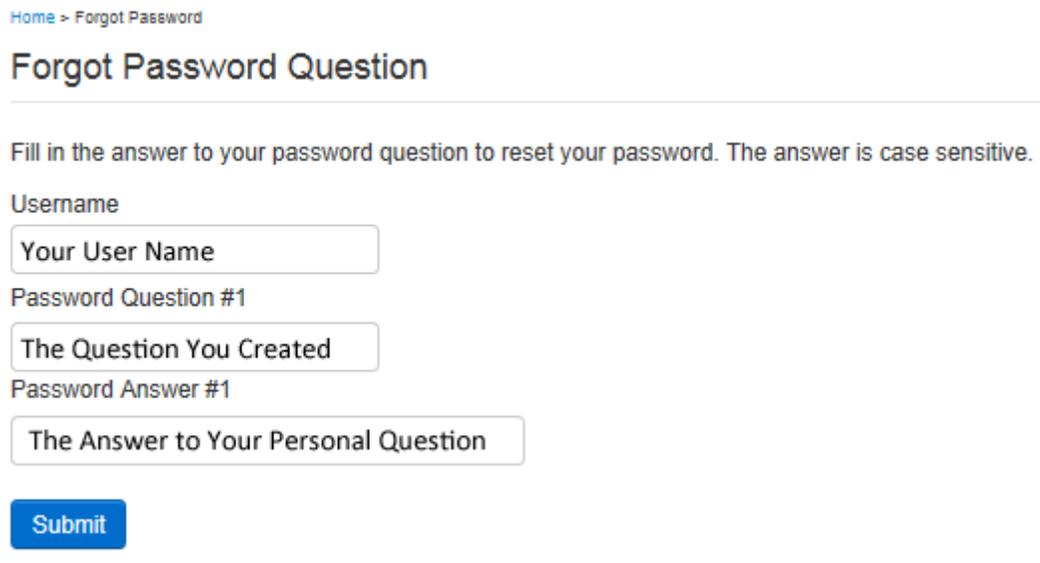
Fill in your username to reset your password.

Username

Submit

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:



Home > Forgot Password

Forgot Password Question

Fill in the answer to your password question to reset your password. The answer is case sensitive.

Username

Password Question #1

Password Answer #1

Submit

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:

Home > Reset Password

Reset Password

Enter your new password to reset your password.
Must contain at least 1 capital alpha character, 1 symbol, 1 numeric and be at least 8 characters long.

Username
Anyone1

New Password (Must contain at least 1 capital alpha character, 1 symbol, 1 numeric and be at least 8 characters long.)

Confirm New Password

Submit

Figure-15: CLFMP New Password Screen

Password Reset Complete

Home > Reset Password
Your password has been reset. [Click here](#) to login.

Figure-16: CLFMP New Password Reset Success Screen

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