

2022 OMAHA Veterans Affairs Local Veteran Creative Arts Competition Creative Writing Division Entry Packet

*Veterans must be enrolled to receive care at the Omaha, Nebraska VA
before entering the local competition.*

The competition includes categories in the creative writing division which includes poetry, personal essays, short stories, and scripts, and includes a special category for written work related to military experience.

- This packet is for **CREATIVE WRITING DIVISION** entries only. Art Division entries must submit a different entry form.
- Creative Writing entries must be submitted as a Word document, electronically, via email, to Catherine.demasi@va.gov.
- It is extremely important that all participants read the **CREATIVE WRITING DIVISION RULES** on page 2. **Entries that do not meet the requirements will be disqualified.**
- **Please note:** a valid email address must be provided that can be used to receive communication from the National Veterans Creative Arts Festival staff. This is the only form of communication used for the National 1st Place Veterans invited to attend the National Festival to receive information related to the hotel, flights, festival activities, etc.

**** A competition entry form (page 3) and a signed consent (pages 5-6) are **required to be submitted with the electronic art entry.****

Please return your completed entry form, signed consent(s) and competition entry for to:

Cati DeMasi, Omaha VHA
Catherine.demasi@va.gov
402-995-4672

***All COMPLETE submissions and entry forms are due
ELECTRONICALLY
by
Friday, August 12, 2022 by 4:00 pm to
Catherine.demasi@va.gov.***

Creative Writing Division Rules

ALL creative writing entries must be submitted electronically as a Word document to Catherine.demasi@va.gov. ****Paper copies can be submitted *in addition to electronic copies* for display purposes only**** (*Ex: a poem written on special paper and framed may be provided for display, but an electronic copy of the poem must be submitted for judging purposes*).

Multiple entries: Veterans are permitted to enter up to three works but cannot enter more than one per individual category (see category list on page

Entries submitted into the Creative Writing Division will be judged based upon the merit of the original work, creative content, message clarity, use of language, originality of topic or idea, and overall strength.

1. Entries in the Creative Writing division must have been **completed after October 1, 2021**.
2. All entries submitted into the Creative Writing Division must be original compositions written solely by the eligible Veteran who is submitting the entry.
3. Entries must be submitted as Word documents in 12-point font. Do not send PDF attachments.
4. Entries must be submitted as text only. Do not send documents with pictures or graphics. Only the text of the entry will be judged.
5. Include the Veteran's name, VA facility, category, and title of the piece at the top of the Word document entry.
6. Judges reserve the right to move an entry to the appropriate category or disqualify the entry if rules are not followed.
7. Collections of poems, essays, stories, etc. submitted as one entry will not be allowed.

Creative Writing Categories

1. **Poetry Rhyming** - A verse composition, **no longer than 48 lines** in length. Poetry humorous entries should be submitted into the Humor category.
2. **Poetry Non-Rhyming** - A composition, **no longer than 48 lines** in length. Poetry humorous entries should be submitted into the Humor category.
3. **Personal Essay** - A non-fiction composition based on something the writer has experienced or felt. Entries in this category **must not exceed 850 words**.
4. **Humor** - All types of works which employ humor as the primary component should be submitted in this category. **Poetry entries should be no longer than 48 lines and prose entries must not exceed 850 words**.
5. **Short, Short Story** - A short story, **no longer than 1,000 words**. The story must have a beginning, middle, and an end.
6. **Short Script** - Part of a script for one or more characters. Scripts should document the movement, scene descriptions, acting style instructions, and dialogue of the characters and should be written in a screenplay format and resemble the blueprint for a play, television show, or film. Short Script entries written in prose format (written language that follows the natural flow of speech, with words and phrases that build full sentences and paragraphs) will not be accepted. Entries in this category **must not exceed 850 words**.
7. **Military Experience Poetry** – Poetry entries related to military experience should be submitted in this category. Entries must be **no longer than 48 lines in length**.
8. **Military Experience (not poetry)** – Entries (not poetry) related to military experience should be submitted in this category. **Entries in this category must not exceed 850 words**.
9. **Special Recognition** - Individual or group. Entries by Veterans who exhibit creative expression through use of creative writing while possessing significant physical or psychological limitations. The intent of this category is to reinforce the concept of the arts as therapy, where individuals use artistic expression to facilitate successful treatment outcomes. **Poetry entries should be no longer than 48 lines and prose entries must not exceed 850 words**.

Entries in this category **MUST** also include:

- **A Word document containing a typed statement/narrative** (25 to 225 words) composed by a VA staff person or the Veteran explaining why the Veteran is deserving of special recognition. **Entries submitted without a write-up will not be judged.**
- Consent form 10-3203 and 10-5345 (included in this handbook) must be signed and dated by the Veteran. The staff contact person submitting the entry for the Veteran should safeguard the signed consent forms at their VA facility.

Creative Writing Division Entry Form

Category Number and Name:	
Title of Piece:	
Line Count/Word Count:	

Individual Entry – For entries submitted by one Veteran

Veteran Name:			
Veteran E-mail:			
Veteran Phone Number:			
Veteran gives permission for the entry to be included in a booklet if the entry wins first place at the national level of the competition:			Veteran Initials

Group Entry – For an entry submitted by a group of Veterans into the Special Recognition category

Group Name:			
Number of Veterans in Group:			
Veterans give permission for the entry to be included in a booklet if the entry wins first place at the national level of the competition:			Staff confirms the Veterans provided approval

Group Members:

First Name	Last Name	Email	Phone Number

File Name: Files uploaded to the new Arts4Vets App will automatically be renamed to coordinate with the entry data. For local competition purposes, it is suggested to name the files in a way that works best for the local staff contact person(s). Suggestion: Division-Cat.#-Title of piece-vet initials

Veterans: By submitting entries into the competition, you are confirming the following statements:

- I/we confirm this piece was completed entirely by me/us after October 1, 2021. I/we have read all the rules for the division in which I/we am/are entering.
- If this entry wins first place at the national level of the competition, I/we give permission for this writing piece to be printed in a compilation booklet and distributed at the at the National Veterans Creative Arts Festival in April of 2023.

All COMPLETE submissions and entry forms are due ELECTRONICALLY by Friday, August 12, 2022 by 4:00 pm to Catherine.demasi@va.gov.

EACH VETERAN MUST SIGN FORM 10-3203 TO COMPETE IN THE LOCAL AND NATIONAL LEVEL CREATIVE ARTS COMPETITIONS.



Department of Veterans Affairs

CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA

NAME OF INDIVIDUAL WHOSE STATEMENT, LIKENESS, OR VOICE IS REQUESTED

NOTE: The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance that number of parties involved, and **the Veteran's VA facility and the Dept. of VA Office of National Veterans Sports Programs & Special Events.**

The photograph, digital image, and/or video or audio recording will be produced while I am (describe the activity or situation) ***(To Be Completed by the Department of Veteran Affairs, if applicable)***

A participant in an adaptive sport or creative arts therapy program sponsored by the Veteran's VA facility and the Office of National Veterans Sports Programs and Special Events (NVSP&SE) and the American Legion Auxiliary.

Check at least one of the following (to be completed by VA)

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and/or the Veteran's VA facility to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

I hereby voluntarily and without compensation authorize Department of Veterans Affairs NVSP&SE and/or the Veteran's VA facility to obtain or use a verbal or written statement from me (or the of the above named individual if the individual is legally unable to give consent).

I consent to allowing VA to record and use a verbal or written statement, or produce and use photographs, digital images, and video or audio recording for the purpose(s) identified below:

This product will be used: (NOTE: At least one of these boxes must be checked as well as a purpose described below) (to be completed by VA)

Internally (stay within VA) Externally (shared outside VA)

Please check the applicable purpose(s) (to be completed by VA)

Promotional Efforts:

Internal Publication (only VA) External publication (publicly available)

Other (Specify): Newspapers, radio stations, television stations, participant profiles, souvenir program booklet and DVD, and other media outlets. In addition, VA may release this information to sponsor organizations of the National Veterans Sports Programs and Special Events in the form of other media products to promote the positive aspects of creative arts therapy.

Research Activities: Study

Education Purposes:

Presentation Conference Publication in a Journal Training Other (Specify):

VA ONLY Use:

Performance Improvement Quality Improvement Health Care Operations

Other (Specify):

All of the Above

NOTE: Do not sign this form unless one or more of the boxes above has been checked.


I have read and understand the foregoing, and I consent to the use of a verbal or written statement from me, and/or of my likeness and/or voice as specified for the above-described purpose(s). I understand that no royalty, fee, or other compensation of any kind will be made to me by the United States for such use. I understand that consent to obtain, produce, and/or use a verbal or written statement, photograph, digital image, and video or audio recording containing my likeness or voice is voluntary, and my refusal will not adversely affect my access to any present or future VA benefits for which I am eligible. I further understand that I may, at any time, rescind my consent prior to or during production of a photograph, digital image, or video or audio recording. I also understand that I may rescind my consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance, and the number of parties involved.

Print Veteran Full Name (First and Last Name)	Veteran Signature	Date
<i>Permission Obtained By (TO BE COMPLETED BY VA)</i> Print VA Employee Full Name	Title	Date
<i>Signature of Person Obtaining Consent (TO BE COMPLETED BY VA)</i> Print VA Employee Full Name	VA Employee Signature	Date

IMPORTANT: If VA is providing or releasing any patient health or demographic information with the verbal or written statement, photograph, digital image, or video or audio recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, is required prior to the release of such data to any source outside VA.

VETERANS MUST SIGN FORM 10-5345 IF ENTERING CATEGORIES THAT REQUIRE A WRITE-UP:

- Military and Combat Experience
- Special Recognition categories

 Department of Veterans Affairs	REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION
<p>PRIVACY ACT AND PAPERWORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.</p> <p>The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.</p>	
<p>TO: DEPARTMENT OF VETERANS AFFAIRS 810 Vermont Ave., NW Washington, DC 20420</p>	
<p>LAST NAME-FIRST NAME-MIDDLE NAME</p>	<p>DATE OF BIRTH</p>
<p>PATIENT'S MAILING ADDRESS <i>(include City, State, Zip Code)</i></p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED:</p> <p>Newspapers, radio stations, television stations, participant profiles, souvenir program booklet and DVD, and other media outlets. In addition, VA may release this information to sponsor organizations of the National Veterans Sports Programs and Special Events in the form of other media products to promote the positive aspects of creative arts therapy.</p>	
<p>PURPOSE(S) OR NEED: Information is to be used by the requestor for:</p> <p><input checked="" type="checkbox"/> OTHER To promote awareness of VA's National Programs and the positive impact of creative arts therapy.</p>	
<p>INFORMATION REQUESTED: (Check applicable box(es) and state the extent or nature of the information to be provided:</p> <p><input checked="" type="checkbox"/> OTHER <i>(Describe)</i> General diagnosis or disability</p>	
<p>LAST NAME-FIRST NAME-MIDDLE NAME</p>	<p>DATE OF BIRTH</p>

SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.

I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.

Unnecessary to provide this information for entering 2022 NVCA competition

- DRUG ABUSE ALCOHOLISM OR ALCOHOL ABUSE SICKLE CELL ANEMIA
 HUMAN IMMUNODEFICIENCY VIRUS (HIV)

I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked unless I indicate by checking the box below that I do not want this information released for this specific disclosure.

I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.

I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

EXPIRATION: Without my express revocation, the authorization will automatically expire (*select one of the following*):

AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED

ON (*mm/dd/yyyy*) **May 1, 2023**

UNDER THE FOLLOWING CONDITIONS: _____

PATIENT SIGNATURE (<i>Sign in ink</i>)	DATE (<i>mm/dd/yyyy</i>)
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LEGAL REPRESENTATIVE SIGNATURE (<i>if applicable</i>) (<i>Sign in ink</i>)	DATE (<i>mm/dd/yyyy</i>)
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PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT
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FOR VA USE ONLY

TYPE AND EXTENT OF MATERIAL RELEASED

DATE RELEASED (<i>mm/dd/yyyy</i>)	RELEASED BY:
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