



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

NOTICE OF PUBLIC HEARING

SUBJECT: Effectiveness of Programs to Assist Disabled Veterans

PURPOSE: To explore public awareness and effectiveness of state and local programs for disabled veterans.

Tuesday
November 17, 2026
10:00 a.m.
Hearing Room C
Legislative Office Building
Albany, NY 12210

ORAL TESTIMONY WILL BE BY INVITATION ONLY

According to the United States Department of Veterans Affairs, more than 130,000 veterans in New York State receive disability benefits. Statistics from the United States Census Bureau indicate that between 2008 and 2022 the percentage of veterans with service-connected disabilities nationwide increased from 15% to 30%. In recognition of the increasing numbers of disabled veterans and the ongoing challenges such veterans face, New York State and local governments have established a variety of financial, employment, educational, health, and housing assistance programs. The purpose of this hearing is to assess public awareness and effectiveness of existing state and local programs serving disabled veterans and receive feedback from stakeholders on ways to make these critically important resources more impactful.

Persons invited to present pertinent testimony to the Committees and Subcommittee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten minutes' duration. In preparing the order of witnesses, the Committees and Subcommittee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committees and Subcommittees request advance receipt of prepared statements. Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Steve Stern
Member of Assembly
Chair
Committee on Veterans' Affairs**

**Michaelle C. Solages
Member of Assembly
Chair
Committee on Local Governments**

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

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the Effectiveness of Programs to Assist Disabled Veterans are requested to complete this reply form as soon as possible and mail, email, or fax it to:

Joey Creamer
Analyst
Assembly Committee on Local Governments
Room 520 – Capitol
Albany, New York 12248
Email:creamerrj@nyassembly.gov
Phone: (518) 455-4363
Fax: (518) 455-5182

- ☐ I plan to attend the following public hearing on the Effectiveness of Programs to Assist Disabled Veterans to be conducted by the Assembly Committees on Veterans' Affairs and Local Governments and the Subcommittee on Women Veterans on November 17, 2026.
- ☐ I have been invited to make a public statement at the hearing. My statement will be limited to ten minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.
- ☐ I will address my remarks to the following subjects:

- ☐ I do not plan to attend the above hearing.
- ☐ I would like to be added to the Committee mailing list for notices and reports.
- ☐ I would like to be removed from the Committee mailing list.
- ☐ I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____