

Checklist 2 - Pension

Healthy Veteran - Unhealthy Non-Veteran Spouse in a Facility or Home Care

Please complete the forms and supply the documents below as part of the application process. This checklist will help you prepare a fully developed claim for faster processing. Although your spouse is unhealthy and you will be making a claim for benefits based on your spouse's needs, you, the veteran, are still the claimant.

Name _____ Contact Information: _____

Application for Pension with the Aid and Attendance Allowance

- VBA Form 21P-527EZ – APPLICATION FOR PENSION**
Use the attached instructions to complete this form in its entirety. The veteran must sign page 14. If there are mistakes, an accredited individual can help correct them prior to submitting the application
- VBA Form 21P-0969 – INCOME AND ASSET STATEMENT**
Use the attached instructions to complete this form in its entirety. The veteran should only complete this form if she/he answers YES to questions in section IX of the 21P-527EZ Application. To substantiate assets, income, interest/dividends, you may be required to supply financial statements

The Veteran Completes or Provides the Following Documentation

- Original Discharge or Copy of Original Discharge (DD 214 or equivalent)**
- VBA 21-22a – APPOINTMENT OF INDIVIDUAL AS CLAIMANT'S REPRESENTATIVE**
OPTIONAL - The veteran should fill out this form as directed and sign it. An accredited individual will sign the form to serve as the claimant's representative
- VBA 21-0845 - PERSONAL INFORMATION TO A THIRD PARTY**
OPTIONAL - The veteran should fill out this form as directed and sign it. You may list one individual to act as the authorized 3rd party in Section III
- Marriage Certificate for current marriage (photocopy)**

Documents to Be Completed by the Spouse's Physician

- VBA 21-2680 - DOCTOR'S EXAMINATION FOR A RATING**
This form is filled out and signed by the spouse's physician. The spouse will appear as the claimant

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Documents to Be Completed by the Spouse's Care Provider(s)

Complete the following if the spouse is in a nursing home

- VBA Form 21P-527EZ – APPLICATION FOR PENSION, Page 16 WORKSHEET**
The Care Provider must complete/sign this WORKSHEET
- VBA Form 21-0779 – Request for Nursing Home Information**
A Nursing Home Administrator must complete/sign this form. The spouse will appear as the claimant

Complete if spouse is using assisted living, adult day services, or similar facility

- VBA Form 21P-527EZ – APPLICATION FOR PENSION, Page 16 WORKSHEET**
The Care Provider must complete/sign this WORKSHEET
- Proof of Payment**
Include a bank statement showing payment or an official paid receipt from the care provider

Complete if spouse is using in-home care or private in-home attendant

- VBA Form 21P-527EZ – APPLICATION FOR PENSION and the Page 16 WORKSHEET**
The Care Provider must complete/sign this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES
- Proof of Payment**
Include a bank statement showing payment or an official paid receipt from the care provider

Complete if spouse is in independent living & contracting for 3rd party care

- VBA Form 21P-527EZ – APPLICATION FOR PENSION, Page 17 WORKSHEET**
The 3rd Party Care Provider must complete/sign this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES
- Independent Living Certification of Services (Form FV-22)**
A Community Administrator from the Independent Living Facility must complete/sign this document.
- Proof of Payment**
Include a bank statement showing payment or an official paid receipt from the care provider
- DOCTOR'S STATEMENT – This statement must be written on the physician's letterhead**

“I, the signing medical practitioner, certify that _____ (unhealthy spouse) must reside in _____ (the Independent Living Community) to receive _____'s (the Contracted 3rd Party Care Provider) assistance with their Activities of Daily Living (ADLs) and custodial care. I prescribe the care outlined in the claimant's application that the 3rd Party Care Provider will offer the in that facility.”