

INDEPENDENT LIVING COMMUNITY CERTIFICATION OF SERVICES IN CONJUNCTION WITH A CLAIM FOR VETERANS BENEFITS (FORM FV22)

Instructions for Filling out Form FV22

A community administrator from the independent living facility will fill out and sign this document. VA will likely contact this individual to verify this information.

Purpose of This Form

The purpose of this form is to provide the Department of Veterans Affairs (VA) with detailed information about the types of services you (the independent living community) are currently providing the claimant (i.e. a veteran, the veteran's unhealthy spouse, or the surviving spouse of a veteran who is applying for a VA Benefit). Please complete this form in its entirety.

Many residents of independent living communities hire additional 3rd party care services to meet all of their daily personal care needs. Along with this form, the claimant will obtain (1) a statement from their physician certifying that the claimant must reside in your community to separately contract for needed custodial care with a third-party care provider and (2) a certification of services from the 3rd party care provider. With this information, VA will deduct room and board paid to your facility and will also deduct the cost of care obtained from the third-party care provider.

For pension applicants residing in other than nursing homes and assisted living facilities, the following procedures are used to determine if unreimbursed fees for room and board are a deductible medical expense under 38 C.F.R. § 3.272(g):

STEP	ACTION
1.	Is the claimant rated for pension at the A&A or housebound rate? <ul style="list-style-type: none">• If no, go to step 2.• If yes, go to step 3
2.	Has a physician stated in writing that the claimant needs to be in a protected environment? <ul style="list-style-type: none">• If yes, go to step 3.• If no, VA will not deduct as a UME the cost of room and board based on custodial care.
3.	Does the residential facility provide the individual assistance with two or more ADLs? <ul style="list-style-type: none">• If yes, VA will deduct as a UME the cost of room and board based on custodial care.• If no, go to step 4.
4.	Does a third-party contractor provide the individual assistance with two or more ADLs in the residential facility? <ul style="list-style-type: none">• If yes, is there a statement of record from the individual's physician that the individual must reside in that facility to receive the contractor's assistance with ADLs?<ul style="list-style-type: none">• If yes, VA will deduct as a UME the cost of room and board based on custodial care.• If no, VA will not deduct as a UME the cost of room and board based on custodial care.

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1. Name of Claimant for Certification below:	2. Name of Veteran – if Different from #1:	3. Veteran Social Security Number or VA Case Number:	
4. Address of Claimant for Certification below:	5. City:	6. State:	7. Zip:
8. Phone:	9. Name of Independent Living Community:		
10. Address and Phone Number of Independent Living Community			

The claimant identified above requires assistance with the following services provided by the Independent Living Community identified above:

- Room and Board
- Medication reminders
- Transportation for doctor visits and other vital medical purposes
- Nutritious meals as the patient can no longer safely or reliably prepare proper meals
- Room checks due to risk of falling, especially when bathing or using bathroom
- Proper disposal of bed pads, adult diapers, wound dressings, etc.
- Medical alert and/or emergency call system resulting in immediate response from trained staff
- Housekeeping services, as patient would be unable to complete such tasks unaided
- Assistance with personal laundry, as patient would be unable to complete such tasks unaided
- Standby support for ambulation
- Physical security such as locked and/or monitored exterior doors
- Supervision to reduce risk of leaving stove on, water running, etc., which would be unfeasible at home
- Availability of support from independent living staff when needed, which would be unfeasible at home
- Providing activities and an environment for necessary social stimulation that the resident would not receive at home
- Strategies to prevent wandering, which would be unfeasible at home
- Help answering the phone or making phone calls, which the resident cannot do unaided

Certification of Independent Living Facility Management:

Monthly Rent: _____ **Resident Since:** _____

Name of Supervisor/Administrator: _____ **Title:** _____

I certify that the above named independent living community is providing the services listed above and that the above information is correct and true to the best of my knowledge and belief.

Signature of Supervisor/Administrator: _____ **Date:** _____