

## Checklist 1 - Pension Unhealthy Veteran - 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. You, the veteran, are the claimant. Instructions on how to fill out each form are included with each form.

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 or questions, a VA Accredited individual can help correct them prior to submitting. To substantiate costs shown in Section X, you may include Bank, Income, Financial Statements, etc...
- 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 Certified 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. A VA 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 under #13a & #13b
- Marriage Certificate for current marriage (copy) – if applicable**

### *Documents to Be Completed by the Veteran's Physician*

- VBA 21-2680 - DOCTOR'S EXAMINATION FOR A RATING**  
This form is filled out and signed by the veteran's physician. If you are also claiming expenses for your spouse, please complete a separate 21-2680 Exam for him or her
- FV12 - DOCTOR'S REPORT ADDENDUM (OPTIONAL)**  
This optional form is filled out and signed by the veteran's physician

Continue to the next page....

## ***Documents to Be Completed by the Veteran's Care Provider(s)***

### ***Complete the following if the veteran lives 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 Official must complete/sign this form

### ***Complete if 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
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**  
The Care Provider must complete/sign this document. The veteran must also sign

### ***Complete the following if using in-home care or a private in-home attendant***

- VBA Form 21P-527EZ – APPLICATION FOR PENSION, Page 17 WORKSHEET**  
The Care Provider must complete/sign this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**  
The Care Provider must complete/sign this document. The veteran must also sign

### ***Complete if living in independent living & contracting for 3rd party care***

- FV22 - CARE PROVIDER CERTIFICATION OF SERVICE**  
A Community Administrator from the Independent Living Facility must complete/sign this document
- VBA Form 21P-527EZ – APPLICATION FOR PENSION, Page 16 WORKSHEET**  
The Care Provider must complete/sign this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**  
The 3rd Party Care Provider must complete/sign this document. The veteran must also sign
- DOCTOR'S STATEMENT - This statement must be written on the physician's letterhead**

*“I, the signing medical practitioner, certify that \_\_\_\_\_ (claimant) 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 claimant in that facility.”*