

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, a VA 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 X 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 (photo copy)**

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
- FV12 - DOCTOR'S REPORT ADDENDUM**
This form is filled out and signed by the spouse's physician

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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
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**
A Nursing Home Official must complete/sign this document. The veteran must also sign

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
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**
The Supervisor or Facility Administrator must complete/sign this document. The veteran must also sign

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

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

- VBA Form 21P-527EZ – APPLICATION FOR PENSION, Page 17 WORKSHEET**
The Care Provider must complete/sign this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES
- FV22 - INDEPENDENT LIVING COMMUNITY CERTIFICATION OF SERVICES**
A Community Administrator from the Independent Living Facility must complete/sign this document.
- 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 _____ (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.”