

## Checklist 3 – Survivors (Death) Pension Application Surviving Spouse - 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. The surviving spouse of the veteran is the claimant (no exceptions). Instructions on how to fill out each form below are included with each form.

Name \_\_\_\_\_ Contact Information: \_\_\_\_\_

### ***Application for Death Pension with the Aid & Attendance Allowance***

- VBA Form 21P-534EZ – APPLICATION FOR DIC, DEATH PENSION, &/OR ACCRUED BENEFIT**  
Use the attached instructions to complete this form in its entirety. The surviving spouse must sign pg 18. 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 surviving spouse should only complete this form if she/he answers YES to questions in Section X of the 21P-534EZ Application. To substantiate assets, interest/dividends, you may be required to supply financial statements

### ***The Spouse 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 surviving spouse should fill out this form as directed and sign it. An Accredited VA Individual will sign the form to serve as the claimant’s representative.
- VBA 21-0845 - PERSONAL INFORMATION TO A THIRD PARTY**  
OPTIONAL - The surviving spouse should fill out this form as directed in the instructions and sign it. You may list one individual to act as the authorized 3rd party under #13a & #13b.
- Marriage Certificate for marriage to veteran** (photo copy)
- Death Certificate of the Veteran** (photo copy)  
This certificate must show the veteran’s cause of death and marital status at the time of death.

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

Continue to the next page....

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

### ***Complete the following if the surviving spouse lives in a nursing home***

- VBA Form 21P-534EZ – APPLICATION FOR SURVIVORS PENSION, Page 19 WORKSHEET**
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**  
A Nursing Home Official must complete/sign this document. The spouse must also sign

### ***Complete if using assisted living, adult day services or a similar facility***

- VBA Form 21P-534EZ – APPLICATION FOR SURVIVORS PENSION, Page 19 WORKSHEET**  
A Supervisor or Facility Administrator must complete/sign this WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR A SIMILAR FACILITY
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**  
The Supervisor or Facility Administrator must complete/sign this document. The spouse must also sign

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

- VBA Form 21P-534EZ – APPLICATION FOR SURVIVORS PENSION, Page 20 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 spouse must also sign

### ***Complete if living in independent living & contracting for 3<sup>rd</sup> party care***

- FV22 - INDEPENDENT LIVING COMMUNITY CERTIFICATION OF SERVICES**  
A Community Administrator from the Independent Living Facility must complete/sign this document.
- VBA Form 21P-534EZ – APPLICATION FOR SURVIVORS PENSION, Page 20 WORKSHEET**  
A Supervisor or Facility Administrator must complete/sign this WORKSHEET FOR AN ASSISTED LIVING, ADULT DAY CARE, OR A SIMILAR FACILITY
- FV13 - CARE PROVIDER CERTIFICATION OF SERVICES**  
The 3rd Party Care Provider must complete/sign this document. The spouse 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.”*