

**Veteran no spouse:** Must have countable income of less than \$19,736.00.

**NOTICE!!! PER YEAR**

**Veteran and Spouse:** Must have countable income of less than \$23,396.00.

AFTER ALL OUT-OF-

**Surviving spouse:** Must have countable income of less than \$12,681.00.

POCKET MEDICAL

**Spouse / dependent:** Must have countable income of less than

EXPENSES HAVE BEEN

➤ Surviving spouse: \$7,993.00

➤ Housebound: \$9,696.00

PAID

**Applying for the Aid & Attendance Benefit:**

• **Documents Needed:**

	Discharge/separation papers (DD Form 214). If you need to request your military separation document, visit <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a> Or call your local VSO office
	Copy of Marriage Certificate (if filing as surviving spouse or married couple).
	Copy of Death Certificate (if filing as surviving spouse).
	Copy of current Social Security Award Letter (this letter is sent out by Social Security the first of the year stating what your monthly income will be). Copy of Pension Statement
	Net worth information: <i>(A good way to get this information is from the prior year tax return)</i> <ul style="list-style-type: none"> <li>• Checking Account</li> <li>• Saving Account</li> <li>• CD's</li> <li>• Trust</li> <li>• Stocks and Bonds</li> <li>• Annuities</li> <li>• IRA's</li> <li>• Mutual funds</li> </ul>
	Copy of court order (if you are a court-appointed guardian of the veteran/surviving spouse). <b><u>Department of Veterans Affairs does not recognize Power of Attorneys).</u></b>
	Proof of unreimbursed medical expenses that have been <b>paid</b> : <i>Please see Allowable Medical Expenses Table below.</i>
	Physician statement that includes diagnosis/care needs. <b>VA Form 21-2680</b>
	Employment History (does not apply if over the age of 65)

• **Allowable Medical Expenses:**

	Medicare Part B Premiums
	Medicare deductibles
	Supplemental Health Insurance (monthly cost).
	Co-Pays for: Prescriptions/Doctor Visits <i>(if no insurance then total cost of Doctor Visits and cost of medications/prescriptions).</i>
	Eye exams/Glasses
	Over the counter medical expense. Supplements, Walkers, Canes, Adult Depends, Bandages, etc.
	Hearing Aids
	Medical Bills. Hospital Stays, Physical Therapy, Medical Equipment, Ambulance Services, etc.
	Mileage from Home to Doctor (Round Trip)
	Cost of nursing home/assisted living. <b>VA Form 21-0779</b>
	Cost of In-Home Care. <b>Attendant Affidavit Form</b> <i>GET FROM THE LOCAL VA OFFICE</i>

**Note:** All these expenses must be out-of-pocket expenses which are unreimbursed by insurance or by Medicaid/Medicare.