

### PLACER COUNTY

RICK BUCKMAN Veterans Service Officer

## **VETERANS SERVICE OFFICE**

1000 SUNSET BLVD. SUITE 115 ROCKLIN, CA 95765 (916) 780-3290 FAX: (916) 780-3299

Thank you for your interest in the Department of Veterans Affairs Pension Program. Enclosed are the forms you will need to begin the process to submit a claim to the VA. Please take a moment to familiarize yourself with this information before getting started. Additional information and copies of this application may be found at <a href="https://www.placer.ca.gov/departments/veteran/pension.aspx">www.placer.ca.gov/departments/veteran/pension.aspx</a>. This is an application for:

#### SINGLE VETERAN WITH NO DEPENDENTS

#### YOU NEED TO COMPLETE AND SUBMIT THE FOLLOWING

- Application for Aid & Attendance (2 page form)
- Statement in Support of Claim (Informal Claim) completed and signed by the Veteran
- Care Expense Statement for each care provider (2 page form)
- Physicians Report with supplement (Examination for Housebound Status (3 page form)
- Military Discharge Documents
  - o Report of Separation for WWII Veterans
  - o DD-214 for Veterans who served after 1950

All documents requiring a signature MUST be signed by the Veteran. VA does not recognize Powers of Attorney; therefore an agent's signature is not acceptable. Court appointed conservator or guardian may sign. Please include a copy of your letters of conservatorship. If the Veteran is unable to sign, contact this office for instructions.

Once you have completed the application, send forms and documents by fax (916) 780-3299, e-mail (veterans@placer.ca.gov) or regular mail to the address above. You will receive signature pages by e-mail or regular mail that need to be signed by the Veteran. If you have not received the signature pages in 10 business days, please contact our office. Signature pages must be returned by regular mail as the VA requires that we submit an original signature.

If you have any questions please call 916-780-3290 for assistance.

PLACER COUNTY VETERANS SERVICES

# SINGLE VETERAN WITH NO DEPENDENTS **APPLICATION FOR AID & ATTENDANCE** (PLEASE COMPLETE ALL PERTINENT INFORMATION)

SECTION I: INFORMATION FOR THE VETERAN						
NAME (Last, First Middle)			SOCIAL SECURITY NUMBER			
DATE OF BIRTH PLACE OF BIRT			RTH (City, State)			
DATE OF DEATH PLACE OF D		DEATH (City, State)				
DOES THE VETERAN RECEIVE MONEY FROM THE VA? YES NO IF YES, HOW MUCH?						
HAVE YOU EVER BEEN MARRIED? YES NO			HOW DID THE MARRIGE END? DIVORCE DEATH			
SECTION II: WHERE DO WE SEND CORRESPONDENCE?						
NAME		HOME PHONE			CELL PHONE	
ADDRESS				CITY/STATE/ZIP		
EMAIL ADDRESS			RELATIONSHIP			
SECTION V: INFORMATION ON MILITARY SERVICE						
DATE OF ENTRY			DATE OF SEPARATION			
ARMY NAVY AIR FORCE MARINE COAST GUARD MERCHANT OTHER						
SERIAL NUMBER	IS ORIGINAL OR CERTIFIED COPY OF DISCHARGE AVAILABLE? YES NO					
REMARKS						

#### SECTION VI: GROSS MONTHLY INCOME PLEASE PROVIDE GROSS INCOME. THAT IS THE AMOUNT BEFORE ANY DEDUCTIONS ARE TAKEN OUT **SOURCE VETERAN** ${\bf SOCIAL\ SECURITY\ (Before\ Medicare\ Deduction)}$ Social Security \$ PENSION \$ PENSION \$ CIVIL SERVICE RETIREMENT Civil Service \$ MILITARY RETIREMENT **DFAS** VA DISABILITY VA \$ INTEREST/DIVIDENDS (ANNUAL) \$ IRA MIMINUM DISTRIBUTION (ANNUAL) \$ RENTAL INCOME \$ **OTHER** \$ SECTION VII: MEDICAL EXPENSES PLEASE PROVIDE THE MONTHLY AMOUNT THAT IS NOT REIMBURSED BY ANY SOURCE **SOURCE VETERAN MEDICARE** Social Security \$ HEALTH INSURANCE \$ HEALTH INSURANCE DENTAL INSURANCE \$ VISION INSURANCE \$ LONG TERM CARE INSURANCE **SECTION VIII: ASSETS VETERAN** CHECKING \$ SAVINGS/CD'S \$ STOCKS/BONDS/MUTUAL FUNDS \$ IRA \$ ANNUITY \$ RENTAL PROPERTY \$ OTHER ASSETS REMARKS: