

From: _____ County Department of Social Services, North Carolina

To: US Department of Veterans Affairs (USDVA)

Date: _____

Fax No. 215-381-3191

Attn: Gary Hodge

We are determining eligibility for public assistance. Please verify the amount of the VA benefits the claimant is receiving or entitled to and return this form by fax to worker listed below.

VA Claimant Name: _____ Veteran's Name (if different): _____

VA Claim Number: _____ Claimant Social Security #: _____

I hereby grant permission and authorize the U.S. Dept. of Veterans Affairs to disclose to the above county department of social services information that will be solely used for determining eligibility for Medicaid.

Signature of claimant

date

If you (USDVA) have questions about completing this verification form, please contact worker _____ at: Phone: _____ Fax: _____

Information to be completed by Department of Veterans Affairs:

VA Claim Number (if not supplied above) _____

Benefit Type:

- Old Pension Law (Protected Pension Program)
- Improved Pension
- Reduced Improved Pension (up to \$90 payment)[P.L. 102-568]
- Compensation
- Apportionment
- Other _____

TOTAL VA Gross Monthly Benefit Amount: \$ _____ effective _____.

Does it include?

- Aid & Attendance (A&A) Amount: \$ _____
- Homebound/Housebound (HB) Amount: \$ _____
- Educational Benefits Amount: \$ _____
- None of the above

Unusual Medical Expenses (UME)

Is VA benefit for this individual based on continued unreimbursed Unusual Medical Expenses Yes No

Amount of benefit received due to UME \$ _____

Has claimant received any lump sum payments? Yes No

If yes, is lump sum for Retroactive Benefits Unusual Medical Expenses

Date received _____ and amount _____

Verified by: _____ **Phone Number:** _____

Title: _____ **Date:** _____

For County DSS Use Only

<u>ABD</u>		<u>F&C</u>	
Gross Benefit Amount	_____	Gross Benefit Amount	_____
Minus A&A/Homebound/Housebound amount	_____	Minus educational benefit	_____
Minus amount received due to UME	_____	Equals countable benefit	_____
Minus educational benefit	_____		
Equals countable benefit amount	_____		