

NOTICE OF OBLIGATION TO APPLY FOR VETERAN’S BENEFITS

[County Letterhead]
Date

Dear _____:

You have been identified as someone who may be entitled to veteran’s benefits through the Veteran’s Administration. Medicaid applicants and recipients are required by federal law to apply for all benefits to which they may be entitled. If you sign the enclosed VA form 21-22 appointing the North Carolina Division of Veterans of Affairs (NCDVA) as your authorized representative, NCDVA will assist you in applying for all the veteran’s benefits to which you may be entitled. NCDVA provides this service at no cost to you.

You must provide proof to your caseworker that you have applied for veteran’s benefits by _____.

If you have any questions about this letter, you can contact your caseworker at the number below.

Signature of Caseworker

Telephone