



**Navigating VA Community Care Network:**

# **A Comprehensive Guide to Free In-Home Care for Veterans**

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*Home*Helpers® Home Care  
Bradenton, FL

This guide is free to download at:

<https://www.homehelpershomecare.com/bradenton/resources/free-guides/va-ccn-guide-free-in-home-care-for-veterans/>

*This guide is dedicated to all Veterans whose dedication and sacrifices have safeguarded our nation. In recognition of your service, this resource aims to empower Veterans with the knowledge and tools to navigate the VA Community Care Network, ensuring that every deserving individual can access the in-home care they need and deserve. Our gratitude knows no bounds, and we remain committed to supporting you on this journey to enhanced well-being and quality of life.*



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# Purpose of this Guide

Dear Veterans and Families,

Welcome to this comprehensive guide designed to empower Veterans with valuable insights into the in-home care services available through the VA Community Care Network (VA CCN). We extend our gratitude for your service and dedication.

## **Navigating the Guide:**

This e-book is structured to guide you through the various aspects of the VA CCN program, allowing you to access quality in-home care services tailored to your unique needs. Whether you're seeking an introduction to the program, understanding eligibility criteria, or looking to initiate services, each section is crafted to offer clear and actionable information.

## **Honoring Your Service:**

This guide is dedicated to all Veterans, recognizing and honoring your commitment to our country. We believe that every Veteran deserves the best care possible, and this guide is here to help you navigate the VA CCN program effectively to receive in-home care services.

## **Your Questions Are Welcome:**

If you have any questions or need additional assistance, please don't hesitate to reach out. Our mission is to support you in accessing the care you deserve.

Your well-being is our priority, and we hope this guide serves as a valuable resource.

With respect and gratitude,

Jonathan Marsh, Owner of Home Helpers Home Care of Bradenton

# Introduction to VA CCN In-Home Care Services

## At a Glance: VA CCN In-Home Care Services

The VA Community Care Network, or VA CCN, is a nationwide initiative designed to provide eligible Veterans with high-quality healthcare services outside the VA healthcare system. Unfortunately, it's a program that's often underutilized, with many Veterans unaware of the valuable resources it offers.



Established by the VA MISSION Act on June 6, 2019, the Veterans Community Care Program (VCCP) authorizes care for eligible Veterans to receive services in the community through the VA Community Care Network.

The VA CCN is a vast network of healthcare providers, including doctors, hospitals, and other professionals. This network collaborates with the Department of Veterans Affairs to ensure that Veterans receive high-quality, timely, and accessible healthcare services.

In the realm of home care, the VA does not directly offer in-home care services. Instead, they authorize community providers to deliver these essential services directly to Veterans in their homes, ensuring personalized care and support. As part of VA CCN, these services are referred to as homemaker, home health aide, and respite services.

The VA Community Care Network can be a great option for in-home care for Veterans of all ages who qualify, regardless of whether they have a service-connected or non-service-connected disability. To receive these valuable in-home care services, Veterans must be enrolled in the VA health care system and have been evaluated by the VA to determine their in-home care needs. The number of hours a Veteran is awarded is solely based on need and not on financial standing. Veterans are assigned between 6 to 20 hours of care per week, but there's no maximum limit. In some cases, the VA may even authorize care for 24 hours a day to ensure that the Veteran is properly taken care of.

Through the VA CCN program, Veterans have the freedom to choose the agency that provides in-home care as long as the agency is credentialed. This benefit can also be combined with another VA benefit called Aid and Attendance to receive even more care.

## VA CCN In-Home Care Services vs. VA Aid & Attendance Pension Benefit

It's important to note that in-home care services received through VA CCN are entirely separate from the VA Aid & Attendance Pension Benefit. The following table shows a high-level comparison of the two benefits.



- With VA CCN, the services are for Veterans of any age, and the number of hours a Veteran is awarded is solely based on need and not on financial standing. The VA reimburses the VA CCN providers directly.
- VA Aid & Attendance has a different set of criteria, including the Veteran’s financial situation (income and assets). For that program, the VA provides direct financial assistance to the Veteran or surviving spouse to be used towards in-home care, assisted living, or skilled nursing.

**IMPORTANT:** It is possible for a veteran to be eligible for BOTH in-home care services through VA CCN as well as the VA Aid and Attendance Pension benefit.

### Comparison Table: VA CCN vs. VA Aid & Attendance

Program	Purpose	Eligibility	Services	Reimbursements
<b>VA Community Care Network (VA CCN)</b>	Provides eligible Veterans with access to healthcare services outside of the VA healthcare system.	Must be enrolled in VA health care and meet specific eligibility criteria based on distance, wait time, or medical needs.	Primary care, specialty care, home health, mental health care, and other healthcare services.  In-home care services include Homemaker, Home Health Aide, and Respite benefits.	VA reimburses CCN providers directly.
<b>VA Aid &amp; Attendance</b>	Provides financial assistance to eligible wartime Veterans and their surviving spouses who need help with daily living activities.	Must have served at least 90 days of active military service, with at least one day served during a wartime period, and meet specific income and asset limits.	Assistance with daily living activities, such as bathing, dressing, and light housekeeping.  For in-home care, assisted living residence, or nursing home.	Direct financial assistance is provided to the Veteran or surviving spouse.

## Understanding VA CCN Eligibility Criteria

### At a Glance: Eligibility Criteria

Eligibility for in-home care through VA CCN boils down to 2 areas:

**1. Administrative Eligibility**

-AND-

**2. Clinical Eligibility**

An easy-to-print “cheat sheet” is located in the appendix of this guide. The cheat sheet can be used as a simple way to track progress as the Veteran works through the process of receiving in-home care through VA CCN from start to finish.

## Administrative Eligibility

With Administrative Eligibility, ALL of the following criteria must be met.

### The Veteran Must Be Enrolled in the VA Health Care System

To enroll in the VA Health Care System:

1. The Veteran must meet the statutory definition of a “veteran,” meaning an “individual who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.” Therefore, your discharge can be anything except dishonorable.

-AND-

2. The Veteran must meet the statutory definition of “active duty,” meaning full-time duty in the Armed Forces, other than active duty for training. *Note: National Guard alone will not apply. However, the duty does not need to have been combat or wartime.*

-AND-

3. The Veteran must have served a minimum period of 24 months of continuous active duty. *Note: The minimum period of 24 months may not apply if the Veteran was discharged due to a service-connected disability, hardship, or served prior to September 7, 1980.*

If the Veteran meets these 3 criteria, they can enroll using what’s called the 10-10EZ form or by calling the VA Enrollment Office.

Further information on eligibility for the VA Health Care system can be found here on the VA.gov website: <https://www.va.gov/health-care/eligibility/>

Further information on how to apply to enroll in the VA Health Care system can be found here on the VA.gov website: <https://www.va.gov/health-care/apply/application/introduction>

### The Veteran Must Be Eligible for the Veterans Community Care Program

Eligibility for the Veterans Community Care Program (VCCP) is based on 6 criteria. The Veteran only needs to meet one of the 6 criteria. Typically, the Veteran will meet at least one of these.

1. The Veteran needs a service that is not available at the Veteran’s regular VA medical facility.
2. The Veteran resides in a U.S. state or territory that does not have a full-service VA medical facility (i.e., Alaska, Hawaii, New Hampshire, and the U.S. territories of Guam, American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands).





3. The Veteran was eligible under the distance criteria mandated by the Veterans Choice Program (VCP) on the day before the VA MISSION Act was enacted into law (June 6, 2018), continues to meet the distance criteria, and either lives in one of the five states with the lowest population (i.e., North Dakota, South Dakota, Montana, Alaska, and Wyoming) or received care between June 6, 2017, and June 6, 2018, and requires care before June 6, 2020.
4. The Veteran meets specific access standards for average drive time or appointment wait times, as follows.
  - i. Average drive time to a specific VA medical facility:
    - a. 30-minute average drive time for primary care, mental health care, and noninstitutional extended care services (including adult day health care).
    - b. 60-minute average drive time for specialty care.
  - ii. Appointment wait time at a specific VA medical facility:
    - a. 20 days for primary care, mental health care, and noninstitutional extended care services, unless the Veteran agrees to a later date in consultation with a VA health care provider.
    - b. 28 days for specialty care from the date of request, unless the Veteran agrees to later date in consultation with a VA health care provider.
5. The clinician agrees that it is in the Veteran's best medical interest to be referred to a community provider.
6. The Veteran needs care from a VA medical service line that VA determines is not provider care that complies with VA's quality standards.

More information on VCCP eligibility can be found on the VA.gov website in the following fact sheet: [https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/VA-FS\\_CC-Eligibility.pdf](https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/VA-FS_CC-Eligibility.pdf)

## In-Home Care Services Must Be Ordered by a VA or VA-Paid Provider

Based on an evaluation by the Veteran's assigned Patient Aligned Care Team (PACT), the Social Worker will typically order the in-home care services. This is frequently referred to as "Entering an HHA consult."

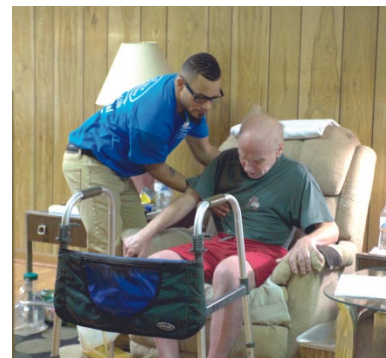
The Veteran's Patient Aligned Care Team (PACT) includes a Medical Doctor (also known as the PCP), a Social Worker, and a Registered Nurse.

## Clinical Eligibility

A clinical coordinator for the homemaker and home health aide program, also known as an HHA Clinical Coordinator, will determine Clinical Eligibility.

With Clinical Eligibility, one of the following must be met:

1. The Veteran has three (3) or more Activity of Daily Living (ADL) dependencies. *Note: The VA's definition of ADLs includes Eating (Feeding Oneself), Bathing, Getting dressed, Transferring (they are talking about mobility here. For example, moving from a bed to a chair), and Toileting (using the bathroom and continence).*



-OR-

2. The Veteran has significant cognitive impairment as evidenced by a deficit in executive decision-making or memory.

-OR-

3. The Veteran has a need for homemaker/home health aide services as adjunct care to community hospice services.

-OR-

4. The Veteran has two (2) ADL dependencies and two (2) or more of the following conditions:
  - i. Has dependency in three (3) or more Instrumental Activities of Daily Living (IADLs).  
*Note: The VA's definition of IADLs includes Shopping, Food preparation, Housekeeping, Laundering, Handling medications, Using the telephone, and Transportation.*
  - ii. Has been discharged recently from a nursing facility or has an upcoming nursing home discharge plan contingent on receipt of home and community-based care services.
  - iii. Is seventy-five years old, or older.
  - iv. Has had high use of medical services defined as three (3) or more hospitalizations in the past year or has utilized outpatient clinics or emergency evaluation units twelve (12) or more times in the past year.
  - v. Has been diagnosed with clinical depression.
  - vi. Lives alone in the community.

If the Veteran does not meet any of the above criteria, he or she may still be eligible if the Veteran is determined by the HHA Clinical Care Team to need in-home care services, and the clinical justification is documented in the electronic medical record.

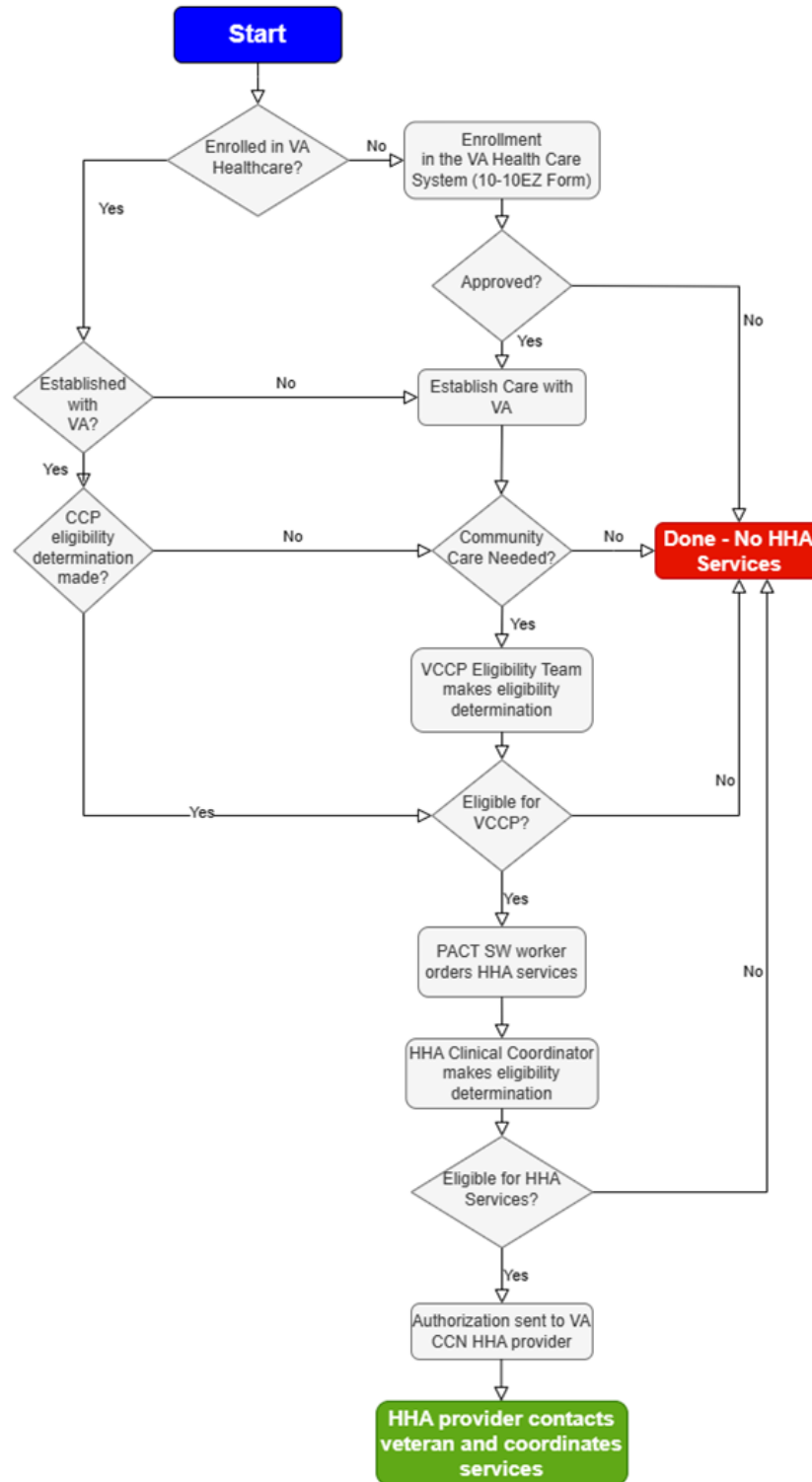
## The Journey to In-Home Care: How to Get Started with VA CCN Services

We created the process flow document below based on our years of experience and discussions with individuals from our local VA health care system.

### Note:

- If you are a veteran and you go through the process, it should be very similar to what is described, though there may be slight variations depending on where you are in the country, as the VA Health Care systems can be different.
- If you're a veteran who is already enrolled in the VA Health Care system and has established care with the VA, you'll find that there are steps in this process that are already complete!

# Process Flow: How to Get Started with VA CCN Services



## Enrollment in the VA Health Care System

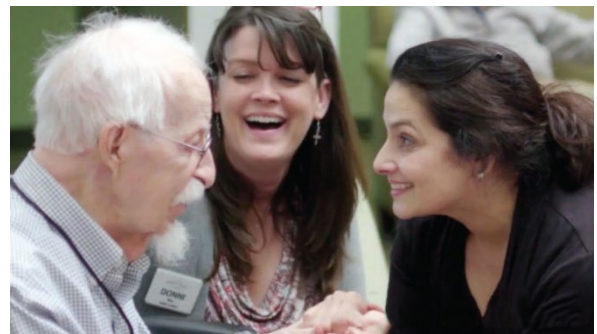
First off, is the Veteran enrolled in the VA Health Care system? If not, the Veteran will need to apply for enrollment. The Veteran may apply for enrollment at any time by submitting an enrollment application, the 10-10EZ form. That form can be submitted online, in person, by mail, or by telephone to a VA health care facility. Eligibility requirements, documentation & information needed, and how to apply can be found on VA.gov website here: <https://www.va.gov/health-care/eligibility/>

The 10-10EZ form takes approximately 30 minutes to complete. Processing takes approximately 1 week. Veterans will receive a letter when approved, as well as a call to assist them in establishing care.

Once you complete this step, you can check off the “The Veteran Must Be Enrolled in the VA Health Care System” of the Administrative Eligibility in our checklist.

## Establish Care with the VA

Next, the Veteran needs to establish care with the VA. This simply means the Veteran has been assigned a Primary Care Physician at the VA. So, when the Veteran goes in for their first appointment, they will be seen by their assigned Patient Aligned Care Team (PACT). This includes a Medical Doctor (also known as the PCP), a Social Worker, and a Registered Nurse.



The Social Worker will assist in determining the areas of need for the Veteran and will help with moving forward in those areas. The needs may include in-home care services or, in other words, the homemaker and home health aide services of the VA CCN. *Note: For purposes of the remainder of this document, we refer to the services as HHA services, which makes it easier for the reader to understand when individuals who are part of the related HHA services program are mentioned.*

**Quick Tip for the Veteran:** Do not downplay your need for care. Advocate for the level of care that best supports your well-being. There’s no shame in expressing that you require assistance. If you downplay your needs, that may impact your ability to receive in-home care services and, if you do get them, impact the number of allocated hours, potentially leaving you with less care than you truly need.

## VCCP Eligibility Department Makes Eligibility Determination

Next, the Eligibility Department of the Veterans Community Care Program (VCCP) comes into play. They are completely separate from the Veteran’s assigned Patient Aligned Care Team. They’ll determine whether a veteran’s disability (if any) is or is not service-connected. They’ll also determine if the Veteran is eligible for community care programs. A veteran is eligible as long as they fall into one of 6 categories that are mentioned in the “Administrative Eligibility” section of this document.

**Remember:** HHA services are available to all Veterans who are eligible for community care, regardless of whether they have a service-connected or non-service-connected disability.

Once you complete this step, you can check off the “The Veteran Must Be Eligible for the Veterans Community Care Program” of the Administrative Eligibility in our checklist.

## PACT Social Worker Orders Homemaker/Home Health Aide Services

Next, the PACT Social Worker will order HHA services. This is frequently referred to as “Entering an HHA consult.” At this point, a clinical coordinator for the homemaker and home health aide program, also known as an HHA Clinical Coordinator, will take over and will follow the Veteran through the remainder of the process of receiving the HHA services.

**IMPORTANT:** Neither the PACT Medical Doctor nor the PACT Social Worker determines clinical eligibility for HHA services. That responsibility falls on the HHA Clinical Coordinator.

Once you complete this step, you can check off the “In-Home Care Services Must Be Ordered by a VA or VA-Paid Provider” of the Administrative Eligibility in our checklist.

## HHA Clinical Coordinator Makes HHA Eligibility Determination

Now, the HHA Clinical Coordinator will determine and assess if the Veteran is appropriate for HHA Services. The HHA Clinical Coordinator will make a decision based on set criteria for the program. The HHA Clinical Coordinator will conduct an assessment as well as use a national case mix tool, which determines how many hours of care a veteran qualifies for.

During the assessment, the HHA Clinical Coordinator will ask the Veteran if they have a specific agency they prefer.

When complete, the HHA Clinical Coordinator sends the results of the assessment to a Program Support Assistant.

Once you complete this step, you can check off the “HHA Clinical Coordinator Must Approve Veteran for HHA Services” of the Clinical Eligibility section in our checklist.

## Authorization Sent to VA CCN HHA Provider

The HHA Program Support Assistant will now place the Veteran with a credentialed HHA provider and send that provider an authorization to provide the HHA services to the Veteran.

## HHA Provider Contacts Veteran and Coordinates Services



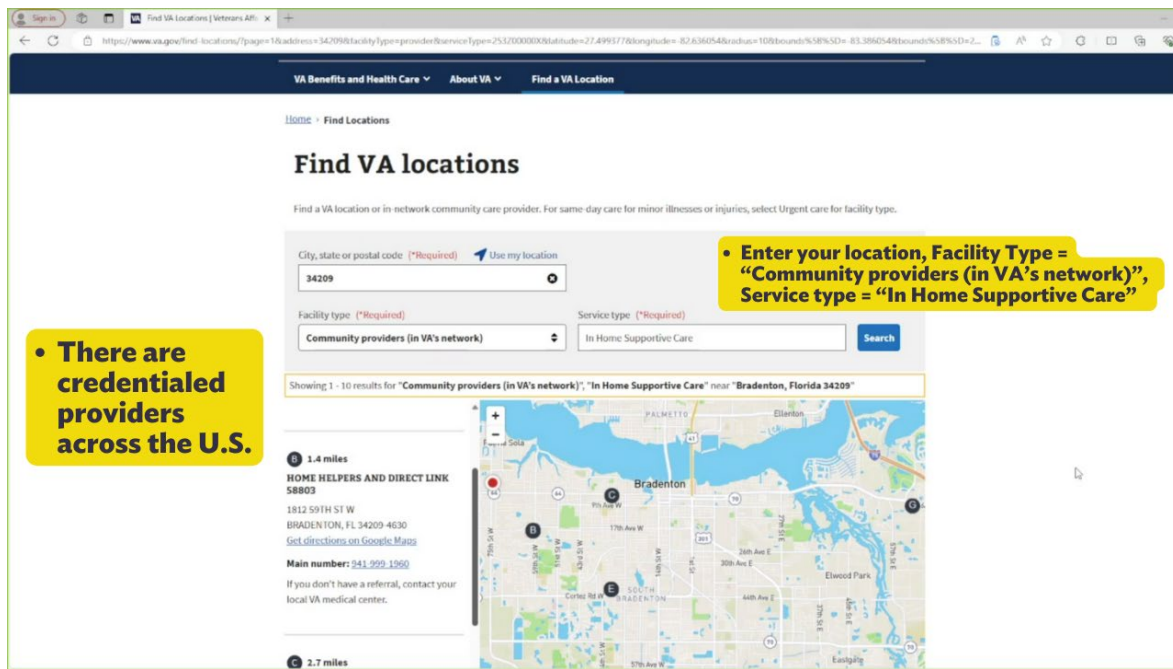
The credentialed HHA provider will then reach out to the Veteran to coordinate the schedule for when HHA services will be provided.



# Finding a VA CCN In-Home Care Provider in Your Area

Home Helpers Home Care of Bradenton is a VA CCN provider that is credentialed to provide in-home care services in Manatee County, FL. If you are not in the Manatee County area, there are credentialed providers all across the United States. Use the link below to find the page on the VA website that allows you to search for In-Network VA CCN Providers across the country.

In-Network VA CCN Provider Search: <https://www.va.gov/find-locations/>



## Choosing Home Helpers Home Care of Bradenton as Your Provider (Manatee County, FL)

At Home Helpers Home Care of Bradenton, we are committed to serving Veterans in Manatee County, FL. If you're a veteran in need of a homemaker, home health aide, and respite services, we would be honored to serve you as your in-home care provider. We have been serving Veterans in Manatee County since 2017, prior to the inception of the VA CCN program, when there was another program that VA CCN has now replaced.





In the VA CCN program, we are listed with the following information. Use this information to choose Home Helpers Home Care of Bradenton as your provider. This information will need to be provided to the HHA Clinical Coordinator or HHA Program Support Assistant.

- Name: “Home Helpers and Direct Link 58803”
- NPI (National Provider Identifier): 1225417231
- License Number: 299994455

To learn more, speak to a member of our team at (941) 999-1960 or visit our website at [homehelpershomecare.com/Bradenton](http://homehelpershomecare.com/Bradenton) and find other detailed information about the VA Community Care Network. Simply Navigate to Services, Specialized Care, VA Community Care Network (VA CCN).

## Conclusion

As we conclude this guide, we want to express our deepest appreciation for your service and dedication to our nation. Your sacrifices have not gone unnoticed, and it is our privilege to support you in accessing the care you deserve through the VA Community Care Network (VA CCN).

## Recap of Key Information

**Introduction to VA CCN In-Home Care Services:** We’ve provided an overview of the VA CCN program and how in-home care services tie into the program.

**Understanding VA CCN Eligibility Criteria:** Gain insights into the eligibility criteria for VA CCN services, ensuring you have the necessary information to understand if in-home care through this program is a great option for you.

**How to Get Started with VA CCN Services:** Follow step-by-step to initiate the process of receiving homemaker, home health aide, and respite services through the VA CCN program. From enrollment to evaluation, this section outlines the essential steps for Veterans.

## Your Next Steps

We encourage you to take the information provided in this guide and use it as a resource to enhance your in-home care journey. Remember, you have the power to choose the care that best suits your needs.

## Thank You for Your Service

Once again, thank you for your service to our country. It has been an honor to guide you through the VA CCN program to receive in-home care services, and we wish you continued health and well-being.



## About the Author Jonathan Marsh, Owner of Home Helpers Home Care of Bradenton

Jonathan Marsh is an impassioned, compassionate professional with a vision of service and community. He now stands at the forefront of a company that is changing the very course of home care services.

After graduating from Florida State University, Jonathan built a career spanning 16 years. During those years, he consulted with some of the most recognizable Fortune 500 companies but also began to take stock of his personal journey. While his work had been deemed a success by industry standards, it left him feeling empty and often at odds with his own values and personal goals.

It was during this period of re-evaluation that Jonathan began to consider his best destiny. He reflected on the life of his grandmother, a strong and formative influence in his life. He remembers that during her life of 97 years, there were times when she needed regular care in her home but had no family or resources locally to provide that. Jonathan witnessed firsthand the sheer devastation that this can bring upon families in this situation. This realization, along with some deep consideration, extensive conversation and encouragement from friends inspired Jonathan to consider a new direction.

In January of 2015, with the formation of Home Helpers of Bradenton, Jonathan embarked on a lifelong dream of fulfilling his best destiny. With the formation of his home care agency, Jonathan now provides a resource to give compassionate, complete, and empowering care to the community. Through the use of technology and sincere, personal involvement, his company stands to set the benchmark for total, personal care.

Jonathan is a Certified Nursing Assistant and holds a degree from Florida State University, College of Business. He has traveled extensively and enjoys sports and healthy living. His greatest desire is to give back to the community through helping others while creating jobs and providing exceptional service.



# Appendix

## VA CCN In-Home Care Services Eligibility Checklist

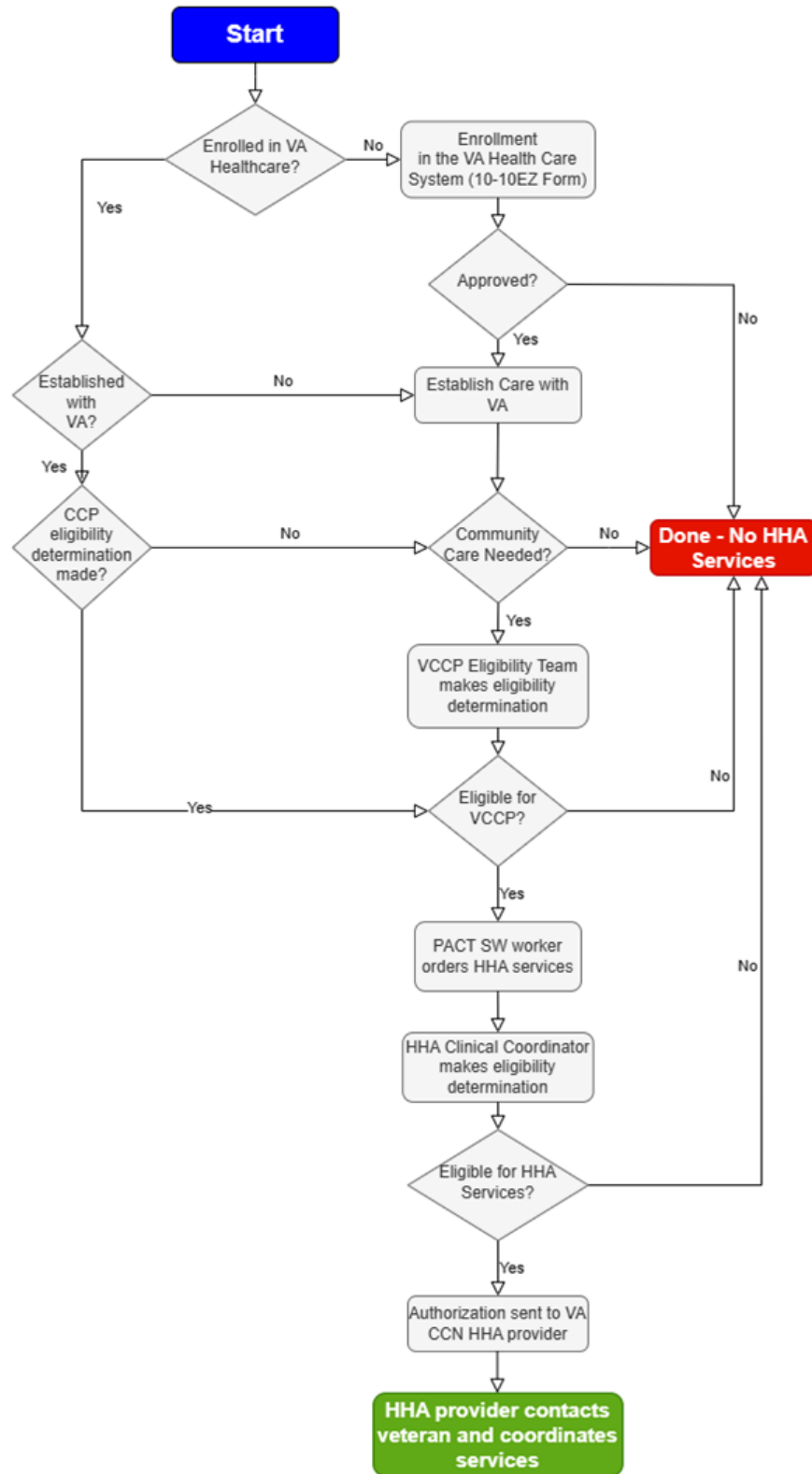
### Administrative Eligibility

- The Veteran Must Be Enrolled in the VA Health Care System
- The Veteran Must Be Eligible for the Veterans Community Care Program
- In-Home Care Services Must Be Ordered by a VA or VA-Paid Provider

### Clinical Eligibility

- HHA Clinical Coordinator Must Approve Veteran for HHA Services

# Process Flow: How to Get Started with VA CCN Services



**Please Read Before You Start . . . What is VA Form 10-10EZ used for?**

For Veterans to apply for enrollment in the VA health care system. The information provided on this form will be used by VA to determine your eligibility for medical benefits and on average will take 30 minutes to complete. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

**Where can I get help filling out the form and if I have questions?**

You may use ANY of the following to request assistance:

- Ask VA to help you fill out the form by calling us at 1-877-222-VETS (8387).
- Go to [www.va.gov/health-care](http://www.va.gov/health-care) for information about VA health benefits.
- Contact the Enrollment Coordinator at your local VA health care facility.
- Contact a National or State Veterans Service Organization.

**Definitions of terms used on this form:**

- **SERVICE-CONNECTED (SC):** A VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.
- **COMPENSABLE:** A VA determination that a service-connected disability is severe enough to warrant monetary compensation.
- **NONCOMPENSABLE:** A VA determination that a service-connected disability is not severe enough to warrant monetary compensation.
- **NONSERVICE-CONNECTED (NSC):** A Veteran who does not have a VA determined service-related condition.

**Getting Started: ALL VETERANS MUST COMPLETE SECTIONS I - III.**

**Directions for Sections I - III:**

**Section I - General Information:** Answer all questions.

**Type of Benefit Applying For:**

- **Enrollment** - Veterans applying for enrollment for the Full Medical Benefits Package provide in 38 C.F.R. 17.38 must meet the eligibility requirements of 38 C.F.R. 17.36.
- **Registration** - For Registrations, only complete Sections I, II, and III. Enrollment not required - Veterans requesting an eligibility assessment, clinical evaluation, care or treatment pursuant to a special treatment authority provided in 38 C.F.R. 17.37:
  - Care for a Veteran with a VA service connected disability rating of 50% or greater
  - Care for a VA rated service connected disability
  - Care for psychosis or other mental illness
  - Care for Military Sexual Trauma treatment (MST)
  - Catastrophically Disabled Examination
  - A veteran who was discharged or released from active military service for a disability incurred or aggravated in the line of duty can receive VA care for the 12-month period following discharge or release
  - Care for a Veteran participating in VA's vocational rehabilitation program under 38 U.S.C. 31

**Section II - Military Service Information:** If you are not currently receiving benefits from VA, you may attach a copy of your discharge or separation papers from the military (such as DD-214 or, for WWII Veterans, a "WD" Form), with your signed application to expedite processing of your application. If you are currently receiving benefits from VA, we will cross-reference your information with VA data.

**Section III - Insurance Information:** Include information for all health insurance companies that cover you, this includes coverage provided through a spouse or significant other. Bring your insurance cards, Medicare and/or Medicaid card with you to each health care appointment.



## Directions for Sections IV-IX:

### Section IV - Dependent Information: Include the following:

- Your spouse even if you did not live together, as long as you contributed support last calendar year.
- Your biological children, adopted children, and stepchildren who are unmarried and under the age of 18, or at least 18 but under 23 and attending high school, college or vocational school (full or part-time), or became permanently unable to support themselves before age 18.
- Child support contributions. Contributions can include tuition or clothing payments or payments of medical bills.

### Section V - Employment Information:

- Veterans Employment Status
- Date of Retirement
- Company Name
- Company Address
- Company Phone Number

### Section VI - Financial Disclosure: ONLY NSC AND 0% NONCOMPENSABLE SC VETERANS MUST COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR VA HEALTH CARE ENROLLMENT AND/OR CARE OR SERVICES.

#### Financial Disclosure Requirements Do Not Apply To:

- a former Prisoner of War; or
- those in receipt of a Purple Heart; or
- a recently discharged Combat Veteran; or
- those discharged for a disability incurred or aggravated in the line of duty; or
- those receiving VA SC disability compensation; or
- those receiving VA pension; or
- those in receipt of Medicaid benefits; or
- those who served in an Agent Orange exposure location; or
- those who served in SW Asia during the Gulf War between August 2, 1990 and November 11, 1998; or
- those who served at least 30 days at Camp Lejeune between August 1, 1953 and December 31, 1987.

You are not required to disclose your financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have other qualifying eligibility factors. If a financial assessment is not used to determine your priority for enrollment you may choose not to disclose your information. However, if a financial assessment is used to determine your eligibility for cost-free medication, travel assistance or waiver of the travel deductible, and you do not disclose your financial information, you will not be eligible for these benefits.

### Section VII - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children Report:

- Gross annual income from employment, except for income from your farm, ranch, property or business. Include your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.
- Net income from your farm, ranch, property, or business.
- Other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

#### Do Not Report:

Donations from public or private relief, welfare or charitable organizations; Supplemental Security Income (SSI) and need-based payments from a government agency; profit from the occasional sale of property; income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs); scholarships and grants for school attendance; disaster relief payments; reimbursement for casualty loss; loans; Radiation Compensation Exposure Act payments; Agent Orange settlement payments; Alaska Native Claims Settlement Acts Income, payments to foster parent; amounts in joint accounts in banks and similar institutions acquired by reason of death of the other joint owner; Japanese ancestry restitution under Public Law 100-383; cash surrender value of life insurance; lump-sum proceeds of life insurance policy on a Veteran; and payments received under the Medicare transitional assistance program.

### Section VIII - Previous Calendar Year Deductible Expenses

Report non-reimbursed medical expenses paid by you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources. Report last illness and burial expenses, e.g., prepaid burial, paid by the Veteran for spouse or dependent(s).

### Section IX - Consent to Copays and to Receive Communications

By submitting this application, you are agreeing to pay the applicable VA copayments for care or services (including urgent care) as required by law. You also agree to receive communications from VA to your supplied email, home phone number, or mobile number. However, providing your email, home phone number, or mobile number is voluntary.



### Submitting Your Application

1. You or an individual to whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", 2 people you know must witness you as you sign. They must sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete.
2. Attach any continuation sheets, a copy of supporting materials and your Power of Attorney documents to your application.


#### Where do I send my application?

Mail the original application and supporting materials to the Health Eligibility Center, 2957 Clairmont Road, Suite 200, Atlanta, GA 30329.

### PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

**The Paperwork Reduction Act** of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

**Privacy Act Information:** VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified from initial submission forward through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

 <b>Department of Veterans Affairs</b>		<b>VA DATE STAMP</b> <i>(For VHA Use Only)</i>		
<b>APPLICATION FOR HEALTH BENEFITS</b>				
<b>SECTION I - GENERAL INFORMATION</b>				
Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)				
TYPE OF BENEFIT(S) APPLYING FOR: <input type="checkbox"/> <b>ENROLLMENT</b> - VA Medical Benefits Package (Veteran meets and agrees to the enrollment eligibility criteria specified at 38 CFR 17.36) <input type="checkbox"/> <b>REGISTRATION</b> <i>(Complete Sections I, II, and III)</i> - VA Health Services (Veterans meets the "Enrollment not required" eligibility criteria specified at 38 CFR 17.37)				
1A. VETERAN'S NAME <i>(Last, First, Middle Name)</i>		1B. PREFERRED NAME	2. MOTHER'S MAIDEN NAME	
3A. BIRTH SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3B. SELF-IDENTIFIED GENDER IDENTITY <input type="checkbox"/> MAN <input type="checkbox"/> WOMAN <input type="checkbox"/> TRANSGENDER MAN <input type="checkbox"/> TRANSGENDER WOMAN <input type="checkbox"/> NON-BINARY <input type="checkbox"/> PREFER NOT TO ANSWER <input type="checkbox"/> A GENDER NOT LISTED HERE		4. ARE YOU HISPANIC OR LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. WHAT IS YOUR RACE? <i>(You may check more than one. Information is required for statistical purposes only.)</i> <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> WHITE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> CHOOSE NOT TO ANSWER			6. SOCIAL SECURITY NO.	
7A. DATE OF BIRTH <i>(mm/dd/yyyy)</i>	7B. PLACE OF BIRTH <i>(City and State)</i>	8. PREFERRED LANGUAGE	9. RELIGION	
10A. MAILING ADDRESS <i>(Street)</i>	10B. CITY	10C. STATE	10D. ZIP CODE	10E. COUNTY
10F. HOME TELEPHONE NO. <i>(optional)</i> <i>(Include Area Code)</i>	10G. MOBILE TELEPHONE NO. <i>(optional)</i> <i>(Include Area Code)</i>	10H. E-MAIL ADDRESS <i>(optional)</i>		
11A. HOME ADDRESS <i>(Street)</i>	11B. CITY	11C. STATE	11D. ZIP CODE	11E. COUNTY
12. CURRENT MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED				
13A. NEXT OF KIN NAME		13B. NEXT OF KIN ADDRESS		13C. NEXT OF KIN RELATIONSHIP
13D. NEXT OF KIN TELEPHONE NO. <i>(Include Area Code)</i>		14A. EMERGENCY CONTACT NAME		14B. EMERGENCY CONTACT TELEPHONE NO. <i>(Include Area Code)</i>
15. DESIGNEE - INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH <i>(Note: This does not constitute a will or transfer of title)</i>				
16. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? <i>(for listing of facilities visit <a href="http://www.va.gov/find-locations">www.va.gov/find-locations</a>)</i>		17. WOULD YOU LIKE FOR VA TO CONTACT YOU TO SCHEDULE YOUR FIRST APPOINTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>APPLICATION FOR HEALTH BENEFITS</b> <i>Continued</i>		VETERAN'S NAME <i>(Last, First, Middle)</i>		SOCIAL SECURITY NUMBER			
<b>SECTION II - MILITARY SERVICE INFORMATION</b>							
1A. LAST BRANCH OF SERVICE		1B. LAST ENTRY DATE <i>(mm/dd/yyyy)</i>	1C. FUTURE DISCHARGE DATE <i>(mm/dd/yyyy)</i>	1D. LAST DISCHARGE DATE <i>(mm/dd/yyyy)</i>			
1E. DISCHARGE TYPE				1F. MILITARY SERVICE NUMBER			
2. MILITARY HISTORY <i>(Check yes or no)</i>		YES	NO		YES	NO	
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?		<input type="checkbox"/>	<input type="checkbox"/>	F. DO YOU HAVE A VA SERVICE-CONNECTED RATING?		<input type="checkbox"/>	<input type="checkbox"/>
B. ARE YOU A FORMER PRISONER OF WAR?		<input type="checkbox"/>	<input type="checkbox"/>	G. DID YOU SERVE IN AN AGENT ORANGE LOCATION BETWEEN JANUARY 9, 1962 AND JULY 31, 1980?		<input type="checkbox"/>	<input type="checkbox"/>
C. DID YOU SERVE IN A COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?		<input type="checkbox"/>	<input type="checkbox"/>	H. DID YOU SERVE IN AN IONIZING RADIATION LOCATION AND PARTICIPATE IN ANY NUCLEAR TESTING, TREATMENTS, OR CLEAN UP?		<input type="checkbox"/>	<input type="checkbox"/>
D. WERE YOU DISCHARGED OR RETIRED FROM MILITARY FOR A DISABILITY INCURRED IN THE LINE OF DUTY?		<input type="checkbox"/>	<input type="checkbox"/>	I. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?		<input type="checkbox"/>	<input type="checkbox"/>
E. DID YOU SERVE IN SW ASIA DURING THE GULF WAR BETWEEN AUGUST 2, 1990 AND NOVEMBER 11, 1998?		<input type="checkbox"/>	<input type="checkbox"/>	J. DID YOU SERVE ON ACTIVE DUTY AT LEAST 30 DAYS AT CAMP LEJEUNE FROM AUGUST 1, 1953 THROUGH DECEMBER 31, 1987?		<input type="checkbox"/>	<input type="checkbox"/>
<b>SECTION III - INSURANCE INFORMATION <i>(Use a separate sheet for additional information)</i></b>							
1. ENTER YOUR HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER <i>(include coverage through spouse or other person)</i>							
2. NAME OF POLICY HOLDER			3. POLICY NUMBER		4. GROUP CODE		
5. ARE YOU ELIGIBLE FOR MEDICAID? <i>(Federal health insurance for low income adults)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		6A. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? <input type="checkbox"/> YES <input type="checkbox"/> NO		6B. EFFECTIVE DATE <i>(mm/dd/yyyy)</i>	6C. MEDICARE NUMBER:		
<b>SECTION IV - DEPENDENT INFORMATION <i>(Use a separate sheet for additional dependents)</i></b>							
1. SPOUSE'S NAME <i>(Last, First, Middle Name)</i>			2. CHILD'S NAME <i>(Last, First, Middle Name)</i>				
1A. SPOUSE'S SOCIAL SECURITY NUMBER			2A. CHILD'S DATE OF BIRTH <i>(mm/dd/yyyy)</i>	2B. CHILD'S SOCIAL SECURITY NO.			
1B. SPOUSE'S DATE OF BIRTH <i>(mm/dd/yyyy)</i>			2C. DATE CHILD BECAME YOUR DEPENDENT <i>(mm/dd/yyyy)</i>				
1C. SPOUSE'S SELF-IDENTIFIED GENDER IDENTITY <input type="checkbox"/> MAN <input type="checkbox"/> WOMAN <input type="checkbox"/> TRANSGENDER MAN <input type="checkbox"/> TRANSGENDER WOMAN <input type="checkbox"/> NON-BINARY <input type="checkbox"/> PREFER NOT TO ANSWER <input type="checkbox"/> A GENDER NOT LISTED HERE			2D. CHILD'S RELATIONSHIP TO YOU <i>(Check one)</i> <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> STEPSON <input type="checkbox"/> STEPDAUGHTER				
1D. DATE OF MARRIAGE <i>(mm/dd/yyyy)</i>			2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO				
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER <i>(Street, City, State, ZIP if different from Veteran's)</i>			2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR, DID YOU PROVIDE SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO			2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING <i>(e.g., tuition, books, materials)</i>				
<b>SECTION V - EMPLOYMENT INFORMATION</b>							
1A. VETERAN'S EMPLOYMENT STATUS <i>(Check one)</i> . <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> RETIRED				1B. DATE OF RETIREMENT <i>(mm/dd/yyyy)</i>			
1C. COMPANY NAME <i>(Complete if employed or retired)</i>		1D. COMPANY ADDRESS <i>(Complete if employed or retired - Street, City, State, ZIP)</i>		1E. COMPANY PHONE NUMBER <i>(Complete if employed or retired)</i> <i>(Include area code)</i>			

**APPLICATION FOR HEALTH BENEFITS**VETERAN'S NAME *(Last, First, Middle)*

SOCIAL SECURITY NUMBER

*Continued***SECTION VI - FINANCIAL DISCLOSURE**

Disclosure allows VA to accurately determine whether certain Veterans will be charged copays for care and medications, their eligibility for other services and enrollment priority. Veterans are not required to disclose their financial information. Veterans who choose not to disclose financial information may not be eligible for enrollment or may be responsible for any applicable VA copayments, if they are enrolled. **Recent Combat Veterans (e.g., OEF/OIF/OND)** may answer YES in Section VI and complete Sections VII and VIII to have their priority for enrollment and financial eligibility for travel assistance, cost-free medications and/or medical care for services unrelated to military experience.

- No, I do not wish to provide financial information in Sections VII through VIII.** If I am enrolled, I agree to pay applicable VA copayments. Sign and date the form in the Assignment of Benefits section.
- Yes, I will provide my household financial information for last calendar year.** Complete applicable Sections VII and VIII. Sign and date the form in the Assignment of Benefits section.

**SECTION VII - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN***(Use a separate sheet for additional dependents)*

	VETERAN	SPOUSE	CHILD 1
1. GROSS ANNUAL INCOME FROM EMPLOYMENT <i>(wages, bonuses, tips, etc.)</i> EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	\$ _____	\$ _____	\$ _____
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	\$ _____	\$ _____	\$ _____
3. LIST OTHER INCOME AMOUNTS <i>(e.g., Social Security, compensation, pension, interest, dividends)</i> EXCLUDING WELFARE.	\$ _____	\$ _____	\$ _____

**SECTION VIII - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES**

1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE <i>(e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home)</i> VA will calculate a deductible and the net medical expenses you may claim.	\$ _____
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES (INCLUDING PREPAID BURIAL EXPENSES) FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD <i>(Also enter spouse or child's information in Section VI.)</i>	\$ _____
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES <i>(e.g., tuition, books, fees, materials)</i> DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.	\$ _____

**SECTION IX - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS**

By submitting this application, you are agreeing to pay the applicable VA copayments for care or services (including urgent care) as required by law. You also agree to receive communications from VA to your supplied email, home phone number, or mobile number. However, providing your email, home phone number, or mobile number is voluntary.

**ASSIGNMENT OF BENEFITS**

I understand that pursuant to 38 U.S.C. Section 1729 and 42 U.S.C. 2651, the Department of Veterans Affairs (VA) is authorized to recover or collect from my health plan (HP) or any other legally responsible third party for the reasonable charges of nonservice-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse. Furthermore, I hereby assign to the VA any claim I may have against any person or entity who is or may be legally responsible for the payment of the cost of medical services provided to me by the VA. I understand that this assignment shall not limit or prejudice my right to recover for my own benefit any amount in excess of the cost of medical services provided to me by the VA or any other amount to which I may be entitled. I hereby appoint the Attorney General of the United States and the Secretary of Veterans' Affairs and their designees as my Attorneys-in-fact to take all necessary and appropriate actions in order to recover and receive all or part of the amount herein assigned. I hereby authorize the VA to disclose, to my attorney and to any third party or administrative agency who may be responsible for payment of the cost of medical services provided to me, information from my medical records as necessary to verify my claim. Further, I hereby authorize any such third party or administrative agency to disclose to the VA any information regarding my claim.

**ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS WHICH DEFINE WHO CAN SIGN ON BEHALF OF THE VETERAN.**

**SIGNATURE OF APPLICANT***(Sign in ink)***DATE (mm/dd/yyyy)**

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