NON-SERVICE CONNECTED PENSION FOR VETERANS AND/OR SPOUSE

This is not the actual application, <u>IT IS ONLY A WORKSHEET</u>. After it is completed, please return this worksheet to the Sheboygan County Veterans Service Office and request an appointment so the claim can be submitted. You may fax (920) 459-3055 or email <u>veterans.services@SheboyganCounty.com</u> the completed form.

Veteran's fu	ıll name (includi	ng maiden name, if applicable	le):		
Veteran's da	ate of birth:	Veteran's S	SN:		
Veteran's M	lilitary Service (Branch/Dates)			
Spouse's ful	ll name (includin	ng maiden name, if applicable	e):		
Spouse's da	te of birth:	Spouse's S	SSN:		
dates, you m	nust provide at le ng documentati	tion: This information is not east the month and year of proon is usually required with	evious marria	ges and their er	nding dates.
Veteran's m	arriages (includ	ing current marriage):			
Date of Marriage	Place of Marriage	To Whom Married (First, MI, Last name)	Date Ended	Place Ended	How Ended
Spouse's ma	arriages (includi	ng current marriage):			
Date of Marriage	Place of Marriage	To Whom Married (First, MI, Last name)	Date Ended	Place Ended	How Ended

NET WORTH from all sources:

Source	Veteran	Spouse
Cash, Non-interest Bearing		_
Bank Accounts		
Interest Bearing Bank Accounts,		
Certificates of Deposit (CDs)		
Retirement Accounts		
(IRAs, Keogh Plans, etc.)		
Stocks, Bonds and Mutual Funds		
Value of Business Assets		
Real Property (not your home as long as you are living in it)		

INCOME INFORMATION: This is *gross household income from all sources*. If you receive Social Security, <u>include the amount you pay for Medicare</u> even though it's taken out before you receive your Social Security.

Sources of Recurring		
Monthly Income	Veteran	Spouse
Social Security		
U.S. Civil Service / Railroad		
Black Lung Benefits		
Military Retired Pay		
Other (interest, dividends,		
Pension, etc.)		
Source:		
Other (interest, dividends,		
Pension, etc.)		
Source:		

EXPECTED INCOME for the next 12 months (**put the annual amount**, not the monthly amount):

Gross wages and salary (from	
employment)	
Total interest and dividends (if you	
have interest bearing assets, you	
must put an amount here)	
Other expected income	
Source:	

Direct deposit	t information:		
☐ Checking	☐ Savings	Account number:	
Financial inst	itution:		
Routing numb	er.		

MEDICAL EXPENSES: To determine eligibility for this pension benefit the VA looks at your gross household income from all sources and they only adjust it for the medical expenses you pay out-of-pocket that they can *reasonably presume will recur every month*. These are things like Medicare and supplementary health insurance. Co-pays for doctor visits and medications are generally not accepted because payments like that change from month-to-month. If you would still like to claim expenses like that, you must furnish a complete description of the expense and the reason you feel it should be allowed. Please combine dollar amounts as long as the information in the shaded columns remains the same. You need a new row if any one of the three "shaded columns" information changes (see example below the "for whom paid" changed).

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Amount Paid	D (D) 1	D.	Name of	E WI D'I
By You	Date Paid	Purpose	Provider	For Whom Paid
	01/1/2015-	Example:		
\$	12/31/2015	Medicare	Social Security	Self
	01/1/2015-	Example:		
\$	12/31/2015	Medicare	Social Security	Spouse
L	1	2 64		

Amount Paid			Name of	
By You	Date Paid	Purpose	Provider	For Whom Paid

If you feel you're eligible for a higher pension rating based on the fact you're <u>housebound</u> or in need of regular <u>aid and attendance</u>, ensure you have your doctor fill out a **VA Form 21-2680**.

If you have someone coming to your home to assist you with basic daily needs such as bathing, eating, dressing and undressing, etc., your home healthcare provider must complete an **Attendant Affidavit**.

If you are in an assisted living or nursing home the fee you pay each month may also be an allowable expense. However the amount you list as a medical expense must coincide with the amount on **VA Form 21-0779** the nursing home/assisted living fills out and signs on your behalf.

You may obtain the above-mentioned forms on the VA website www.va.gov or from the County Veterans Service Office. For any questions please contact the office at (920) 459-3053.