

VERIFICATION OF VETERANS BENEFITS

All shaded areas are to be completed by the local, county, or tribal agency. Email completed form using [encryption](mailto:PMCPCTC.VBAMIW@va.gov) to: PMCPCTC.VBAMIW@va.gov.

Applicant Name:	Veteran Name:
Applicant SSN:	Veteran File Number or SSN:
CARES Case Number:	Date of Request:

The following sections are to be completed by the Department of Veterans Affairs.

Once completed, please return this form to:

Centralized Document Processing Unit - CDPU
PO BOX 5234
Janesville, WI 53547-5234
Fax: 1-855-293-1822

What is the benefit type? <input type="checkbox"/> Pension <input type="checkbox"/> Compensation <input type="checkbox"/> Education	What is the relationship of the applicant to the veteran? <input type="checkbox"/> Self <input type="checkbox"/> Widow(er) <input type="checkbox"/> Surviving Child <input type="checkbox"/> Other
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In what month and year did the beneficiary begin receiving benefits?

Enter the amounts received by the beneficiary for each of the months listed below. If no months are listed, use the last three months. If applicable, enter Aid and Attendance (A&A) or housebound allowances and any incremental benefit amounts allocated for the beneficiary's spouse or children. Use the Additional Comments field to provide amounts if there are more than two children.

Month Received	A&A or Housebound Allowance	Spouse Increment	First Child Increment	Second Child Increment	Total Benefits Received
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Did the VA consider unreimbursed medical expenses (UME) when determining the benefit amount? Yes No
If yes, what is the annual UME amount the VA considered? \$

Does the benefit include amounts apportioned out to a dependent as a separate check? Yes No
If yes, use the Additional Comments field to provide the amount and recipient of the apportioned benefits.

Are any of the benefits being withheld for any reason? Yes No
If yes, use the Additional Comments field to provide the amounts being withheld and for which months.

Additional Comments:

SIGNATURE – Person Providing Information	Date Signed
Print Name	Title
Telephone Number	