

## What Is VA Pension?

Pension is a benefit paid to wartime veterans with limited income, and who are permanently and totally disabled or age 65 or older.

## Who Is Eligible?

You may be eligible if:

- you were discharged from service under other than dishonorable conditions, **AND**
- you served 90 days or more of active duty with at least 1 day during a period of war time\*, **AND**
- your countable family income is below a yearly limit set by law, **AND**
- you are permanently and totally disabled, **OR**
- you are age 65 or older.

**\*Note:** Anyone who enlists after September 7, 1980, generally must have served at least 24 months or the full period for which called or ordered to active duty. Service from August 2, 1990 to present is considered to be a period of war (Gulf War) in addition to other periods of war such as World War II, Korea, and Vietnam.

| <b>FAMILY INCOME LIMITS (EFFECTIVE DECEMBER 1, 2007)</b>  |  |
|---|--|
| <i>If you are a...</i>  | <i>Your yearly income must be less than...</i> |
| <b>Veteran with no dependents</b>   | <b>\$11,181.00</b> (\$931.75 month)            |
| <b>Veteran with a spouse or a child</b><br>(Veterans with additional children: add \$1,909.00 to the limit for EACH child) (159.08 monthly)                                 | <b>\$14,643.00</b> \$1,220.25 monthly)         |
| <b>Housebound veteran with no dependents</b>  | <b>\$13,664.00</b> (\$1,138.66 monthly)        |
| <b>Housebound veteran with one dependent</b>  | <b>\$17,126.00</b> (\$1,427.16 monthly)        |
| <b>Veteran who needs aid and attendance and has no dependents</b>   | <b>\$18,654.00</b> (\$1,554.50 monthly)        |
| <b>Veteran who needs aid and attendance and has one dependent</b>   | <b>\$22,113.00</b> (\$1,842.75 monthly)        |
| <b>Note:</b> Some income is not counted toward the yearly limit (for example, welfare benefits, some wages earned by dependent children, and Supplemental Security Income.) |  |

**How Much Does VA Pay?\*** Assets cannot be greater than \$80,000.00, (excluding Your primary residence (Your Home)

VA pays you the difference between your countable family income and the yearly income limit that describes your situation (see chart above). This difference is generally paid in 12 equal monthly payments rounded down to the nearest dollar. Call the toll-free number below for details.

**Note:** Certain expenses (i.e., medical expenses, education expenses, or expenses related to the last illness or burial of a dependent) paid by you are taken into consideration when arriving at your countable family income.

## How Can You Apply?

You can apply by filling out VA Form 21-526, *Veteran's Application for Compensation and/or Pension*. If available, attach copies of dependency records (marriage & children's birth certificates) and current medical evidence (doctor & hospital reports). You can also apply online through our web site at <http://vabenefits.vba.va.gov/vonapp>.

## Related Benefits

Vocational Rehabilitation Program  
Medical Care

**For More Information, Call Toll-Free 1-800-827-1000  
or Visit Our Web Site at [www.va.gov](http://www.va.gov).**

**Please note: All amounts are monthly figures.**

**1. PENSION EXAMPLE:**

Veteran is 81 years old and a World War II veteran. His monthly income is only \$800 in Social Security benefits. He is still able to live alone in his home which is paid off. He has no savings or any other assets. He pays \$75.00 per month for a supplemental health insurance and \$75.00 per month for prescriptions.

| <b>Medical Expenses:</b> |              | <b>Income:</b>   |               | <b>Possible Benefit:</b> |               |
|--------------------------|--------------|------------------|---------------|--------------------------|---------------|
| Health insurance         | \$ 75.00     | Social Security  | \$800.00      | VA Income Limit          | \$931.00      |
| Prescriptions            | <u>75.00</u> | Less med exps    | <u>150.00</u> | Less countable inc       | <u>650.00</u> |
| Total med exps           | \$150.00     | Countable income | \$650.00      | VA benefit               | \$281.00      |

**2. PENSION WITH AID & ATTENDANCE EXAMPLE:**

Veteran is 70 years old and Korean War veteran. His monthly income consists of \$825.00 in Railroad Retirement and \$1,370.00 in State Teachers Retirement. His doctor stated that he could no longer live alone and it was a medical necessity to move into an assisted living facility but did not need full nursing home care. The monthly cost of the assisted living facility is \$2,500 per month and he pays \$100 each month for prescriptions.

| <b>Medical Expenses:</b> |               | <b>Income:</b>     |                 | <b>Possible Benefit:</b>        |            |
|--------------------------|---------------|--------------------|-----------------|---------------------------------|------------|
| Assisted Living          | \$2,500.00    | Railroad           | \$ 825.00       | VA Income Limit                 | \$1,554.00 |
| Prescriptions            | <u>100.00</u> | State Teachers     | <u>1,370.00</u> | Because the veteran's income is |            |
| Total med exps           | \$2,600.00    | Total income       | \$2,195.00      | less than his medical expenses, |            |
|                          |               | Less med exps      | <u>2,600.00</u> | his countable income is zero.   |            |
|                          |               | Countable income ( | -405.00)        | He would receive the full       |            |
|                          |               |                    |                 | benefit of \$1,554.00           |            |

**3. NURSING HOME EXAMPLE:**

The veteran in example #1 becomes ill and the doctors determine he must be placed into a nursing home. Medicaid begins to pay the cost of his care and he receives just a small portion of his Social Security benefit. The VA will reduce his monthly pension benefit to \$90 per month which can be used for his personal needs such as clothing, haircuts, etc.

**These examples can also be applied to the widow's pension but the income levels are lower.**

**It is very important that the claimant (and/or their representatives) understand that these pensions are income based benefits. Any change in income, expenses, or dependency must be reported as soon as possible to the Department of Veterans Affairs (VA) to avoid creating an overpayment of benefits. Any income reported to the IRS will be eventually reported to the VA.**

**DOCUMENTATION NEEDED TO FILE FOR VA NON SERVICE CONNECTED DISABILITY PENSION WITH AID AND ATTENDANCE:**

1. **DD 214/Separation Record** – The veteran must have a minimum of 90 days of active duty service with at least one day during a period of war.
2. **Marriage License** (if applicable)
3. **Proof of Income** – Social Security, pensions, monthly income from investments, etc.
4. **Assets** -Bank Statements for all accounts including stocks, bonds, mutual funds. Also information regarding any other assets with the exception of the home the veteran lives in.
5. **Listing of Medical Expenses (monthly costs and for last year) for veteran and spouse (if applicable)** – Health insurance premiums, doctors visits, prescriptions, monthly cost of nursing home or assisted living. Please also see enclosed list of possible medical expenses.
6. **Medical Statement (VDVA Form 10 enclosed)** – This form needs to be completed and signed by the veteran’s doctor.
7. **Request for Nursing Home Information (VA Form 21-0779 enclosed)** – This form needs to be completed and signed by the nursing home.
8. **Legal Paperwork** – Any Guardian Appointments or Power of Attorneys

Form used to file claim: VA Form 21-526

The average claim for pension takes a **minimum** of 90 days for the VA to process. Therefore, it is best to submit all pertinent documentation with the original claim application to expedite the process.



9. Is the claimant able to travel? Yes No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

10. Is the claimant able to leave home without assistance? Yes No  
*(If yes, how far can he/she go? List distance.)*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

11. Does the claimant require nursing home care? Yes No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

12. In your opinion, are there other pertinent facts which would show the claimant's need for aid and attendance of another person, or permanently housebound? Yes No

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Veteran requires the daily personal health care services of a skilled provider without which the veteran

**I HEREBY CERTIFY THAT**  Would require Hospital, nursing home or other institutional care  
 **OR** Daily skilled services not indicated  
**(CIRCLE ONLY ONE OPTION ABOVE)**

**\*\*If possible, please attach copies of office or hospital records concerning the claimant's recent medical history.**

**I certify that the above information is true and correct.**

\_\_\_\_\_ Date \_\_\_\_\_  
Examining Physician's Signature

Please print:

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Telephone number

**\*\*Billing information: All expenses incurred as a result of this exam are the responsibility of the veteran/claimant. Direct billing to the Department of Veterans Affairs is not authorized.**



**REQUEST FOR NURSING HOME INFORMATION IN CONNECTION WITH CLAIM FOR AID AND ATTENDANCE**

VA DATE STAMP  
 (Do Not Write In This Space)

INSTRUCTIONS: The claimant named in Item 3 has filed a claim for aid and attendance benefits and has stated that he/she is in a nursing home. In order to arrive at a fair decision in this case, we need the information requested below. Please complete Section II and return to VA at the address shown in Item 2. Please be sure to sign and date this form in Items 13A and 13B. For free help in completing this form, call VA toll-free at 1-800-827-1000. (Hearing Impaired TDD line 1-800-829-4833.)

**Section I - IDENTIFICATION INFORMATION (To be completed by VA)**

|   |                             |
|---|-----------------------------|
| 1A. NAME OF NURSING HOME                              | 1B. ADDRESS OF NURSING HOME |
| 2. ADDRESS OF VA REGIONAL OFFICE                      |                             |
| 3. FIRST NAME - MIDDLE INITIAL- LAST NAME OF CLAIMANT |                             |
| 4. SOCIAL SECURITY NUMBER                             | 5. VA FILE NUMBER           |

**SECTION II - NURSING HOME INFORMATION (To be completed by a Nursing Home Official)**

|   |   |
|---|---|
| 6. DATE ADMITTED TO NURSING HOME (Month, Day, Year)   | 7. DATE MEDICAID BEGAN (Month, Day, Year)                               |
| 8. AMOUNT PATIENT IS RESPONSIBLE FOR OUT OF POCKET<br><br>\$  |   |
| 9. I CERTIFY THAT THE CLAIMANT IS A PATIENT IN THIS FACILITY BECAUSE OF MENTAL OR PHYSICAL DISABILITY AND IS RECEIVING:<br><br><input type="checkbox"/> SKILLED NURSING CARE <input type="checkbox"/> INTERMEDIATE NURSING CARE |   |
| 10. NURSING HOME OFFICIAL'S NAME (First & Last) (Please print)  |   |
| 11. NURSING HOME OFFICIAL'S TITLE (Please print)  | 12. NURSING HOME OFFICIAL'S OFFICE TELEPHONE NUMBER (Include Area Code) |
| 13A. SIGNATURE OF NURSING HOME OFFICIAL   | 13B. DATE SIGNED  |

PRIVACY ACT NOTICE: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22 Compensation, Pension, Education, and Rehabilitation Records - VA, and published in the Federal Register. While you are not required to respond, your cooperation in providing this relevant and necessary information will help us determine the claimant's maximum benefit entitlement under the law. Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining the claimant's eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of the claimant's participation in any benefit program administered by the Department of Veterans Affairs.

IMPORTANT NOTICE ABOUT INFORMATION COLLECTION: We need this information to determine eligibility for benefits and the proper rate of payment (38 U.S.C. 5503, 38 U.S.C. 1115 (1)(E)), 38 U.S.C. 1311(c), 38 U.S.C. 1315(h)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.whitehouse.gov/library/omb/OMBINVC.html#VA](http://www.whitehouse.gov/library/omb/OMBINVC.html#VA). If you desire, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.





# Listing of Possible Medical Expenses

Abdominal supports  
Acupuncture service  
Ambulance hire  
Anesthetist  
Arch supports  
Artificial limbs and teeth  
Back supports  
Braces  
Cardiographs  
Chiropodist  
Chiropractor  
Convalescent home (for medical treatment only)  
Crutches  
Dental service (e.g., cleaning, x-ray, filling teeth)  
Dentures  
Dermatologist  
Eyeglasses  
Food or beverages specially prescribed by a physician (for treatment of illness, and in addition to, not as a substitute for, regular diet – physicians statement needed)  
Gynecologist  
Hearing aids and batteries  
Home health services  
Hospital expenses  
Insulin treatment  
Insurance premiums (for medical insurance only)  
Invalid chair  
Lab tests  
Lip reading lessons (designed to overcome a disability)  
Neurologist  
Nursing services (for medical care, including nurse's board paid by claimant)  
Occupational therapist  
Ophthalmologist  
Optician  
Optometrist  
Oral surgery  
Osteopath, licensed  
Pediatrician  
Physical examinations

Physician  
Physical therapy  
Podiatrist  
Prescriptions and drugs  
Psychiatrist  
Psychoanalyst  
Psychologist  
Psychotherapy  
Radium Therapy  
Sacroiliac belt  
Seeing-eye dog and maintenance  
Speech therapist  
Splints  
Supplementary medical insurance (Part B) under Medicare  
Surgeon  
Telephone/teletype special communications for the deaf  
Transportation expense for medical purposes (20 cents a mile plus parking and  
and tolls or actual fares for taxis, buses, etc.)  
Vaccines  
Vitamins prescribed by a doctor (but not as a food supplement or to preserve  
general health )  
Wheelchairs  
Whirlpool baths for medical purposes  
X rays

ALSO:

HOME HEALTH AIDS AND ASSISTED LIVING CHARGES (IF A DOCTOR  
STATES THESE ARE MEDICALLY NECESSARY)