

V.A. COMPENSATION CHECKLIST

When completing a V.A. request for benefits package, the following items will be required to facilitate the completion of this process. (This in no way guarantees benefits) However we will do everything we can to help you apply for benefits.

1. Discharge forms (DD2-14 or NGB 22's)
2. Bank information for future deposits (routing number, account type and account number and name of bank (or a voided check, this will have all of the required information)
3. Bring information on divorces or dates of spouse death if applicable
4. Any service medical records when active duty, private medical records relating to disabilities if applicable
5. Current amount of monies in NON-INTEREST savings or checking accounts
6. Current amount of monies in INTEREST bearing accounts, savings or checking accounts, CD's ect.
7. Current amount of monies in an IRA, KEOGH, etc.
8. Current value of any stocks, bonds, or mutual funds (all separate amounts)
9. Current value of business assets, real property (excluding primary residence) and all other owned properties (all separate amounts)
10. All income: social security (before deductions), civil service retirement, railroad retirements, military retired pay, black lung benefits and any other sources of income
11. Gross wages, interest, dividends, workers compensation, unemployment, other military benefits, oil or gas rights, or other amounts
12. Medical expenses out of pocket for the current year (not covered by Medicare) **DO NOT INCLUDE MEDICATIONS** unless they are life sustaining/maintaining then you will need notes from the doctor about these medications

This list is required for benefit submission. However many things on this list may not apply to you , go through the list and bring the items that you do have. We can discuss these items line by line if we need to. Contact me with any questions so I can help you complete the process or you can go to <http://www.va.gov/> .

There are three forms that need to be filled out in their entirety when submitting benefits package. I have included these forms in this packet.

13. VA form **10-10EZ**: To be completed by veteran/family
14. VA form **21-2680**: To be completed by veteran/family **AND** doctor
15. VA **Care and Expense Form**: To be completed by facility administrator **AND** then signed by the veteran/family

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