

**Town of North Branford
Office of Social Service
Luisa Breen**

*Department of Veterans
Affairs
Skilled Nursing Home Pension Benefits*

Department of Veterans Affairs

Requirements for Skilled Nursing Home Pension Benefits

Necessary Documents if the Veteran is applying:

- Veteran's Discharge

Necessary Documents if the Surviving Spouse is applying:

- Veteran's Discharge (DD-214) showing he served at least 90 days and at least one day during war time.
- Marriage License
- Veteran's Death Certificate

Basic Eligibility for the Veteran:

- Veteran must have served 90 days and at least one day during war time
- Permanently and totally disabled or over 65 years of age
- Honorably Discharged

Basic Eligibility for the Surviving Spouse:

- Must have been married to veteran at least one year prior to the time of his death. (Note: If the marriage was dissolved due to divorce the surviving spouse is not eligible.)

Basic Eligibility for Both applying parties:

- Any of the applying parties must be single or widowers
- Both parties need to be on Title 19 - Medicaid)

Note: No veteran and/or Widow will be considered for this benefit if the Veteran was Dishonorably Discharged or given a Bad Conduct Discharge due to a court martial

Once you have gathered all the required documents listed above, please call me and I will assist you in filling out the application form and file all the paperwork with the Federal VA. I will follow up on all claims that I have filed on behalf of the veteran and/or surviving spouses.

Eric Trinidad-Perez, Veterans Service Officer
State of Connecticut, Department of Veterans Affairs
487-B Campbell Avenue
West Haven, CT 06516
Phone: 203-931-0460
Fax: 203-931-0504



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 \$			
9. I CERTIFY THAT THE CLAIMANT IS A PATIENT IN THIS FACILITY BECAUSE OF MENTAL OR PHYSICAL DISABILITY AND IS RECEIVING: (Check one) <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.

RESPONDENT BURDEN: 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. If you desire, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.