Homemaker & Home Health Aide Care Guide

Updated for 2026 • In-Home Care Edition

A practical resource to help Veterans understand and access the VA Homemaker & Home Health Aide benefit.

COMFORT KEEPERS®
Proud National VA Provider

Prepared by:
Comfort Keepers of Central and Southern New Jersey

Elevating the Human Spirit® through comfort, compassion, and care.

This guide was developed to support Veterans in navigating the Homemaker & Home Health Aide benefit and understanding how it can help provide in-home care.

Comfort Keepers®

Dear Veterans and families,

Thank you for your service, sacrifice, and commitment to our nation. At Comfort Keepers, we are honored to serve those who have served us. We recognize that navigating the Department of Veterans Affairs (VA) system—especially when it comes to healthcare benefits such as the Homemaker & Home Health Aide (H/HHA) program—can feel confusing and overwhelming.

This booklet was created to provide a clear, step-by-step overview of what the H/HHA program is, who may qualify, and how this benefit can help support in-home care. Our goal is to support you in remaining safe, independent, and comfortable in your own home, with the personal care and assistance you deserve.

This guide is for educational purposes only. It does not replace legal, tax, or financial advice, and it does not substitute for the guidance of a VA-accredited representative. However, it can help you understand your options and prepare for conversations with the VA, your healthcare providers, and your care team.

With respect and gratitude,

The Comfort Keepers® Team

Table of Contents

1. What Is VA Homemaker & Home Health Aide?

Understanding this important in-home care benefit.

Homemaker and Home Health Aide (H/HHA) care is a VA health care benefit that provides in-home assistance to Veterans who need help with daily activities due to medical, physical, or cognitive limitations. This service helps Veterans of any age remain safe and independent in their own homes.

H/HHA is not a cash benefit. Services are authorized by the VA as part of the Veteran's health care plan. Homemakers and Home Health Aides are trained caregivers who provide personal care and daily support. They are not nurses, but they work under the supervision of a registered nurse who helps assess the Veteran's needs.

Homemaker and Home Health Aide services can be used for:

- Personal care (bathing, dressing, grooming, toileting)
- Mobility and transfer assistance
- Meal preparation
- Medication reminders
- Supervision and safety monitoring
- Memory loss and dementia-related care
- Light housekeeping and companionship
- Respite care to relieve family caregivers

This program is for Veterans who need assistance with activities of daily living, are isolated, or whose caregiver is experiencing strain. Services may be used as an alternative to nursing home care and can be combined with other VA Home and Community Based Services when available.

You do *not* need a service-connected disability rating to qualify.

2. Who May Qualify?

Eligibility Requirements

To receive Homemaker and Home Health Aide services, the Veteran must be eligible for VA Community Care and have the service approved by their VA health care team.

Basic requirements:

- The Veteran is enrolled in or eligible for VA health care, AND
- The Veteran receives approval from their VA health care team before services begin

In addition, at least one of the following must apply:

- The VA does not provide the needed service at a VA facility
- The Veteran and VA provider agree that receiving care from a community provider is in the Veteran's best medical interest
- The VA cannot provide the service in a way that meets quality standards
- The VA cannot provide care within required drive time or appointment wait time standards
- The Veteran qualifies under certain distance or access criteria established by the VA

Once Community Care eligibility is established, a VA clinician must also determine that the Veteran has a medical or functional need for in-home assistance.

A copay for Homemaker and Home Health Aide services may be charged based on your VA service-connected disability status.

Comfort Keepers IN HOME CARE

3. Step-by-Step Application Guide

- Step 1 – **Be enrolled in VA health care.** The Veteran must be enrolled in VA health care. If not enrolled, apply first using VA Form 10-10EZ.

- Step 2 – **Request H/HHA through the VA care team.** The Veteran, family member, or caregiver should ask the VA Primary Care team for Homemaker and Home Health Aide services due to difficulty with daily activities.

- Step 3 – **Complete a VA clinical assessment.** A VA provider will assess the Veteran's need for help with personal care, mobility, safety, memory, or caregiver strain.

- Step 4 – **VA provider orders the service.** If medically appropriate, the VA adds H/HHA to the Veteran's care plan and determines the type and number of authorized hours.

- Step 5 – **VA determines how services will be provided.** Services are delivered either directly by the VA or through VA Community Care if approved.

- Step 6 – **Receive Community Care approval if required.** Community providers cannot start services until the VA approves Community Care. The VA will coordinate this step.

- Step 7 – **Services begin.** The VA or approved agency contacts the Veteran to schedule visits based on the authorized care plan.

- Step 8 – **Ongoing review.** The VA periodically reviews and adjusts services based on the Veteran's needs.

VA Form 10-10EZ

FEB 2025

Department of Veterans Affairs

INSTRUCTIONS FOR COMPLETING ENROLLMENT APPLICATION FOR HEALTH BENEFITS

Please Read Before You Start . . . What is VA Form 10-10EZ used for?

For Veteransto applyfor enrollment in the VA health care system. The information provided on this form will be used by VA to determine your eligibility for medical benefits and on average will take 30 minutes to complete. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Where can I get help filling out the form and if I have questions?

You may use ANYof the following to request assistance:

- Ask VA to help you fill out the form by calling us at 1-877-222-VETS (8387).
- Go to www.va.gov/health-care for information about VA health benefits.
- Contact the Enrollment Coordinator at your local VA health care facility.
- Contact a National or State Veterans Service Organization.

Definitions of terms used on this form:

- SERVICE-CONNECTED (SC):A VA determination that an illness or injury was incurred or aggravated in the line of duty, in the active military, naval or air service.
- COMPENSABLE: A VA determination that a service-connected disability is severe enough to warrant monetary compensation.
- NONCOMPENSABLE: A VA determination that a service-connected disability is not severe enough to warrant monetary compensation.
- TOXIC EXPOSURE RISK ACTIVITY (TERA): Veterans who were exposed to one or more of the following hazards or conditions during active duty, active duty for training, or inactive duty training (this is not an all-inclusive list): air pollutants, chemicals, occupational hazards, radiation, and warfare agents. For more information visit https://www.publichealth.va.gov/exposures/.
- NONSERVICE-CONNECTED (NSC): A Veteran who does not have a VA determined service-related condition.
- REPORTABLE INCOME: The minimum amount of gross income required to file a Federal income tax return according to the Internal Revenue Code of 1954 Section 6012(a).

Getting Started: **ALL VETERANS MUST COMPLETE SECTIONS I - III.**

Directions for Sections I - III:

Section I - GeneralInformation: Answerall questions.

Type of Benefit Applying For:

- **Enrollment -** Veterans applying for enrollment for the Full Medical Benefits Package provide in 38 C.F.R. 17.38 must meet the eligibility requirements of 38 C.F.R. 17.36.
- **Registration** - For Registrations, only complete Sections I, II, and III. Enrollment not required - Veterans requesting an eligibility assessment, clinical evaluation, care or treatment pursuant to a special treatment authority provided in 38 C.F.R. 17.37:
  - Care for a Veteran with a VA service connected disability rating of 50% or greater
  - Care for a VA rated service connected disability
  - Care for psychosis or other mental illness
  - Care for Military Sexual Trauma treatment (MST)
  - Catastrophically Disabled Examination
  - A veteran who was discharged or released from active military service for a disability incurred or aggravated in the line of duty can receive VA care for the 12-month period following discharge or release
  - Care for a Veteran participating in VA's vocational rehabilitation program under 38 U.S.C. 31

Section II - Military Service Information: If you are not currently receiving benefits from VA, you may attach a copy of your discharge or separation papers from the military (such as DD-214 or, for WWII Veterans, a "WD" Form), with your signed application to expedite processing of your application. If claiming a Military Exposure, you may provide us a written statement, or statements from people who witnessed your claimed exposure(s). If you are currently receiving benefits from VA, we will cross-reference your information with VA data.

Section III - Insurance Information: Include information for all health insurance companies that cover you, this includes coverage provided through a spouse or significant other. Bring your insurance cards, Medicare and/or Medicaid card with you to each health care appointment.

Directions for Sections IV-IX:

SectionIV - DependentInformation: Include the following:

• Your spouse even if you did not live together, as long as you contributed support last calendar year.

• Your biological children, adopted children, and stepchildren who are unmarried and under the age of 18, or at least 18 but under 23 and attending high school, college or vocational school (full or part-time), or became permanently unable to support themselves before age 18

• Child support contributions. Contributions can include tuition or clothing payments or payments of medical bills.

• **Section V - Employment Information:**

- Veterans EmploymentStatus
- Date of Retirement
- Company Name
- Company Address
- Company Phone Number

Section VI - Financial Disclosure: ONLY NSC AND 0% NONCOMPENSABLE SC VETERANS MUST COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR VA HEALTH CARE ENROLLMENT AND/OR CARE OR SERVICES.

Financial Disclosure Requirements Do Not Apply To:

- a former Prisoner of War; or
- those in receipt of a Purple Heart; or
- a recently discharged Combat Veteran; or
- those who served in a toxic exposure risk activity (TERA); or
- those discharged for a disability incurred or aggravated in the line of duty; or
- those receiving VA SC disability compensation; or
- those receiving VA pension; or
- those in receipt of Medicaid benefits; or
- those who served in an Agent Orange exposure location; or
- those who served in SW Asia during the Gulf War between August 2, 1990 and November 11, 1998; or
- those who served at least 30 days at Camp Lejeune between August 1, 1953 and December 31, 1987.

You are not required to disclose your financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have other qualifying eligibility factors. If a financial assessment is not used to determine your priority for enrollment you may choose not to disclose your information. However, if a financial assessment is used to determine your eligibility for cost-free medication, travel assistance or waiver of the travel deductible, and you do not disclose your financial information, you will not be eligible for these benefits.

Section VII - Previous Calendar Year Gross Annual Income of Veteran, Spouse and Dependent Children
Report:

- Gross annual income fromemployment,except for incomefrom your farm,ranch, propertyor business. Include your wages, bonuses, tips, severance pay and other accrued benefits and your child's income information if it could have been used to pay your household expenses.
- Net income from your farm, ranch, property, or business.
- Other income amounts, including retirement and pension income, Social Security Retirement and Social Security Disability income, compensation benefits such as VA disability, unemployment, Workers and black lung, cash gifts, interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

Do Not Report:

Donations frompublic or private relief, welfare or charitable organizations; Supplemental Security Income (SSI) and need-based payments from a government agency; profit from the occasional sale of property; income tax refunds, reinvested interest on Individual Retirement Accounts (IRAs); scholarships and grants for school attendance; disaster relief payments; reimbursement for casualty loss; loans; Radiation Compensation Exposure Act payments; Agent Orange settlement payments; Alaska Native Claims Settlement Acts Income, payments to foster parent; amounts in joint accounts in banks and similar institutions acquired by reason of death of the other joint owner; Japanese ancestry restitution under Public Law 100-383; cash surrender value of life insurance; lump-sum proceeds of life insurance policy on a Veteran; and payments received under the Medicare transitional assistance program.

Section VIII - Previous Calendar Year Deductible Expenses

Reportnon-reimbursed medical expenses paidby you or your spouse. Include expenses for medical and dental care, drugs, eyeglasses, Medicare, medical insurance premiums and other health care expenses paid by you for dependents and persons for whom you have a legal or moral obligation to support. Do not list expenses if you expect to receive reimbursement from insurance or other sources. Report last illness and burial expenses, e.g., prepaid burial, paid by the Veteran for spouse or dependent(s). **Section IX - Consent to Copays and to Receive Communications**

Bysubmittingthis application, you areagreeing topay the applicable VA copayments for care or services (including urgent care) as required by law. You also agree to receive communications from VA to your supplied email, home phone number, or mobile number. However, providing your email, home phone number, or mobile number is voluntary.

Submitting Your Application

1. Youor an individualto whom you have delegated your Power of Attorney must sign and date the form. If you sign with an "X", 2 people you know must witness you as you sign. They must sign the form and print their names. If the form is not signed and dated appropriately, VA will return it for you to complete.
2. Attach any continuation sheets, a copy of supporting materials and your Power of Attorney documents to your application.

Wheredo I sendmyapplication?

Mail the original application and supporting materials to the Health Eligibility Center, PO Box 5207, Janesville, WI 53547-5207.

PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0091, and it expires 07/31/2027. Public reporting burden for this collection of information is estimated to average 35 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to VA Reports Clearance Officer at vapra@va.gov. Please refer to OMB Control No. 2900-0091 in any correspondence. Do not send your completed VA Form 10-10EZ to this email address.

Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705,1710, 1712, and 1722 in order for VA to

determine your eligibility for medical benefits. Information you supply may be verified from initial submission forward through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

OMB Control No. 2900-0091
Estimated Burden Avg. 35 min.
Expiration Date: 07/31/2027

Department of Veterans Affairs

VA DATE STAMP
(For VHA Use Only)

APPLICATION FOR HEALTH BENEFITS

SECTION I - GENERALINFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

TYPE OF BENEFIT(S) APPLYING FOR:

☐ **ENROLLMENT** - VA Medical Benefits Package (Veteran meets and agrees to the enrollment eligibility criteria specified at 38 CFR 17.36)
☐ **REGISTRATION** ***(Complete Sections I, II, and III)*** - VA Health Services (Veterans meets the "Enrollment not required" eligibility criteria specified at 38 CFR 17.

1A. VETERAN'S NAME *(Last, First, Middle Name)*	1B. PREFERRED NAME	2. MOTHER'S MAIDEN NAME

3. SEX	4. WHAT IS YOUR RACE/ ETHNICITY? *(Checkallthatapply.Information is required for statistical purposes only.)*	5. SOCIAL SECURITY NO. *(999-99-9999)*
☐ MALE ☐ FEMALE	☐ ASIAN ☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ BLACK OR AFRICAN AMERICAN ☐ WHITE ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ HISPANIC or LATINO ☐ MIDDLE EASTERN or NORTH AFRICAN ☐ CHOOSE NOT TO ANSWER	

6A. DATE OF BIRTH *(MM/DD/YYYY)*	6B. PLACE OF BIRTH *(City and State)*	7. PREFERRED LANGUAGE	8. RELIGION

9A. MAILING ADDRESS *(Street)*	9B. CITY	9C. STATE	9D. ZIP CODE	9E.COUNTY

9F. HOME TELEPHONE NO. *(optional) ((999) 999-9999)*	9G. MOBILE TELEPHONE NO. *(optional) ((999) 999-9999)*	9H. E-MAIL ADDRESS *(optional)*

10A. HOME ADDRESS *(Street)*	10B. CITY	10C. STATE	10D. ZIP CODE	10E.COUNTY

11. CURRENT MARITAL STATUS
☐ MARRIED ☐ NEVER MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED

12A. NEXT OF KIN NAME	12B. NEXT OF KIN ADDRESS	12C. NEXT OF KIN RELATIONSHIP

12D. NEXT OF KIN TELEPHONE NO. *(Include AreaCode) ((999) 999-9999)*	13A. EMERGENCY CONTACT NAME	13B. EMERGENCY CONTACT TELEPHONE NO. *(Include Area Code) ((999) 999-9999)*

14. DESIGNEE - INDIVIDUAL TO RECEIVE POSSESSION OF YOUR PERSONAL PROPERTY LEFT ON PREMISES UNDER VA CONTROL AFTER YOUR DEPARTURE OR AT THE TIME OF DEATH (*Note: This does not constitute a will or transfer of title*)

15. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? *(for listing of facilities visit www.va.gov/find-locations)*	16. WOULD YOU LIKE FOR VA TO CONTACT YOU TO SCHEDULE YOUR FIRST APPOINTMENT? ☐ YES ☐ NO

SECTION II - MILITARY SERVICE INFORMATION

1A. LAST BRANCH OF SERVICE	1B. LAST ENTRY DATE *(MM/DD/YYYY)*	1C. FUTURE DISCHARGE DATE *(MM/DD/YYYY)*	1D. LAST DISCHARGE DATE *(MM/DD/YYYY)*

1E. DISCHARGE TYPE	1F. MILITARY SERVICE NUMBER

2. MILITARY HISTORY *(Check yes or no)*	YES	NO		YES	NO
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?	☐	☐	D. WERE YOU DISCHARGED OR RETIRED FROM MILITARY FOR A DISABILITY INCURRED IN THE LINE OF DUTY?	☐	☐
B. ARE YOU A FORMER PRISONER OF WAR?	☐	☐	E. DID YOU SERVE IN SW ASIA DURING THE GULF WAR BETWEEN AUGUST 2, 1990 AND NOVEMBER 11, 1998?	☐	☐
C. DID YOU SERVE IN A COMBAT THEATER OF OPERATIONS AFTER 11/11/1998?	☐	☐	F. DO YOU HAVE A VA SERVICE-CONNECTED RATING?	☐	☐

APPLICATION FOR HEALTH BENEFITS *Continued*	VETERAN'S NAME *(Last, First, Middle)*	SOCIAL SECURITY NO. *(999-99-9999)*

SECTION II - MILITARY SERVICE INFORMATION *(Continued)*

3. MILITARY EXPOSURE INFORMATION *(Check yes or no)*	YES	NO
A. DID YOU SERVE IN AN IONIZING RADIATION LOCATION AND PARTICIPATE IN ANY NUCLEAR TESTING, TREATMENTS, OR CLEAN UP? (*Hiroshimaand Nagasaki cleanup or EnewetakAtoll, cleanup of Air Force B-52 bomber carrying nuclear weapons off the coast of Palomares, Spain, response to the fire onboard an Air Force B-52 bomber carrying nuclear weapons near Thule Air Force Base in Greenland.)*	☐	☐
B. DID YOU SERVE IN ANY OF THE FOLLOWING GULF WAR HAZARD LOCATIONS? *(Iraq, Kuwait, Saudi Arabia,the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, Yemen, Lebanon, Somalia, Afghanistan, Israel, Egypt, Turkey, Syria, Jordan, Djibouti, Uzbekistan, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, and the Red Sea.)* WHEN DID YOU SERVE IN THESE LOCATIONS? ***NOTE:*** *Pleaseprovideanapproximatetime-frame (MM/YYYY)* FROM: TO:	☐	☐
C. WERE YOU DEPLOYED IN SUPPORT OF ANY OF THE FOLLOWING OPERATIONS? *(Enduring Freedom, Freedom'sSentinel,IraqiFreedom,New Dawn,Inherent Resolve, and Resolute Support Mission)*	☐	☐

	YES	NO
D. DID YOU SERVE IN ANY OF THE FOLLOWING HERBICIDE *(e.g. Agent Orange)* LOCATIONS? *(Republic of Vietnamto include 12 nautical mile territorialwaters; Thailand at any United States or Royal Thai base; Laos; Cambodia at Mimot or Krek; Kampong Cham Province; Guam or American Samoa; or in the territorial waters thereof; Johnston Atoll or a ship that called at Johnston Atoll; Korean demilitarized zone; aboard (to include repeated operations and maintenance with) a c-123 aircraft known to have been used to spray an herbicide agent (during service in the Air Force and Air Force Reserves.)* WHEN DID YOU SERVE IN THESE LOCATIONS? ***NOTE:*** *Please provide an approximate time-frame (MM/YYYY)* FROM: TO:	☐	☐

E. HAVE YOU BEEN EXPOSED TO ANY OF THE FOLLOWING? *(Check all that apply)*
VeteranscanlocateadditionalmilitaryexposurecategoriesonVA'sPublicHealthwebsite at: https://www.publichealth.va.gov/exposures/

- ☐ AIR POLLUTANTS *(burnpits,sand,oilwell/sulfur fires)*
- ☐ CHEMICALS *(pesticides,herbicides,contaminated water)*
- ☐ CONTAMINATED WATER AT CAMP LEJEUNE
- ☐ RADIATION ☐ SHAD *(ShipboardHazard and Defense)*
- ☐ OCCUPATIONAL HAZARDS *(jetfuel,industrial solvents, lead, firefighting foams)*
- ☐ ASBESTOS ☐ MUSTARD GAS
- ☐ WARFARE AGENTS *(nerveagents,chemicaland biological weapons)*
- ☐ OTHER *(Specify)*:

WHEN WERE YOU EXPOSED?
NOTE: *Please provide an approximate time-frame (MM/YYYY)*
FROM: TO:

SECTION III - INSURANCE INFORMATION *(Use a separate sheet for additional information)*

1. ENTER YOUR HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER *(include coverage through spouse or other person)*

2. NAME OF POLICY HOLDER	3. POLICY NUMBER	4. GROUP CODE

5. ARE YOU ELIGIBLE FOR MEDICAID? *(Federalhealthinsuranceforlowincome adults)*	6A. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A?	6B. EFFECTIVE DATE *(MM/DD/YYYY)*	6C. MEDICARE NUMBER
☐ YES ☐ NO	☐ YES ☐ NO		

SECTION IV - DEPENDENT INFORMATION *(Use a separate sheet for additional dependents)*

1. SPOUSE'S NAME *(Last, First, Middle Name)*

1A. SPOUSE'S SOCIAL SECURITY NUMBER

1B. SPOUSE'S DATE OF BIRTH *(MM/DD/YYYY)*

1C. SPOUSE'S SEX
☐ MALE ☐ FEMALE

1D. DATE OF MARRIAGE *(MM/DD/YYYY)*

1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER *(Street, City, State, ZIP if different from Veteran's)*

3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR, DID YOU PROVIDE SUPPORT?
☐ YES ☐ NO

2. CHILD'S NAME *(Last, First, Middle Name)*

2A. CHILD'S DATE OF BIRTH *(MM/DD/YYYY)*	2B. CHILD'S SOCIAL SECURITY NO. *(999-99-9999)*

2C. DATE CHILD BECAME YOUR DEPENDENT *(MM/DD/YYYY)*

2D. CHILD'S RELATIONSHIP TO YOU *(Check one)*
☐ SON ☐ DAUGHTER ☐ STEPSON ☐ STEPDAUGHTER

2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18?
☐ YES ☐ NO

2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR?
☐ YES ☐ NO

2G. EXPENSES PAID BY YOUR DEPENDENT CHILD WITH REPORTABLE INCOME FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING *(e.g., tuition, books, materials)*

APPLICATION FOR HEALTH BENEFITS *Continued*	VETERAN'S NAME *(Last, First, Middle)*	SOCIAL SECURITY NO. *(999-99-9999)*

SECTION V - EMPLOYMENT INFORMATION

1A. VETERAN'S EMPLOYMENT STATUS *(Check one)*.

☐ FULL TIME ☐ PART TIME ☐ NOT EMPLOYED ☐ RETIRED

1B. DATE OF RETIREMENT *(MM/DD/YYYY)*

1C. COMPANY NAME. *(Complete ifemployedorretired)*	1D. COMPANY ADDRESS *(Completeifemployedor retired - Street, City, State, ZIP)*	1E. COMPANY PHONE NUMBER *(Complete if employedorretired)(Includearea code) ((999) 999-9999)*

SECTION VI - FINANCIAL DISCLOSURE

Disclosure allows VA to accurately determine whether certain Veterans will be charged copays for care and medications, their eligibility for other services and enrollment priority. Veterans are not required to disclose their financial information. Veterans who choose not to disclose financial information may not be eligible for enrollment or may be responsible for any applicable VA copayments, if they are enrolled. **Recent Combat Veterans (e.g., OEF/OIF/OND)** may answer YES in Section VI and complete Sections VII and VIII to have their priority for enrollment and financial eligibility for travel assistance, cost-free medications and/or medical care for services unrelated to military experience.

☐ **No, I donotwishtoprovidefinancial information in Sections VII through VIII.** If I am enrolled, I agree to pay applicable VA copayments. Sign and date the form in the Assignment of Benefits section.

☐ **Yes, I willprovide my household financial information for last calendar year.** Complete applicable Sections VII and VIII. Sign and date the form in the Assignment of Benefits section.

SECTION VII - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN

(Use aseparate sheet for additional dependents)

INCOME CATEGORIES	VETERAN	SPOUSE	CHILD 1
1. GROSS ANNUAL INCOME FROM EMPLOYMENT *(wages, bonuses, tips, etc.)* EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS			
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS			
3. LIST OTHER INCOME AMOUNTS *(e.g., Social Security, compensation, pension, interest, dividends)* EXCLUDING WELFARE.			

SECTION VIII - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES

1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE *(e.g., payments for doctors, dentists, medications, Medicare,health insurance,hospitalandnursinghome)VAwillcalculateadeductible and the net medical expenses you may claim.*	$
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES (INCLUDING PREPAID BURIAL EXPENSES) FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD *(Also enter spouse or child's information in Section VI.)*	$
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES *(e.g., tuition, books, fees, materials) DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.*	$

SECTION IX - CONSENT TO COPAYS AND TO RECEIVE COMMUNICATIONS

By submitting this application, you are agreeing to pay the applicable VA copayments for care or services (including urgent care) as required by law. You also agree to receive communications from VA to your supplied email, home phone number, or mobile number. However, providing your email, home phone number, or mobile number is voluntary.

ASSIGNMENT OF BENEFITS

I understand that pursuant to 38 U.S.C. Section 1729 and 42 U.S.C. 2651, the Department of Veterans Affairs (VA) is authorized to recover or collect from my health plan (HP) or any other legally responsible third party for the reasonable charges of nonservice-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse. Furthermore, I hereby assign to the VA any claim I may have against any person or entity who is or may be legally responsible for the payment of the cost of medical services provided to me by the VA. I understand that this assignment shall not limit or prejudice my right to recover for my own benefit any amount in excess of the cost of medical services provided to me by the VA or any other amount to which I may be entitled. I hereby appoint the Attorney General of the United States and the Secretary of Veterans' Affairs and their designees as my Attorneys-in-fact to take all necessary and appropriate actions in order to recover and receive all or part of the amount herein assigned. I hereby authorize the VA to disclose, to my attorney and to any third party or administrative agency who may be responsible for payment of the cost of medical services provided to me, information from my medical records as necessary to verify my claim. Further, I hereby authorize any such third party or administrative agency to disclose to the VA any information regarding my claim.

ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS WHICH DEFINE WHO CAN SIGN ON BEHALF OF THE VETERAN.

SIGNATURE OF APPLICANT *(Sign in ink)* _____

DATE *(MM/DD/YYYY)* _____

4. How Comfort Keepers Supports Veterans

Comfort Keepers is proud to serve Veterans and surviving spouses by providing compassionate in-home care and practical support throughout the Homemaker & Home Health Aide journey. While we are not part of the VA and do not make eligibility decisions, as a National VA Provider we can:

- Offer a complimentary in-home consultation to discuss care needs and options.
- Develop a personalized care plan focused on safety, independence, and quality of life.
- Provide care documentation and visit summaries as required by the VA.
- Coordinate care once services are authorized through VA Community Care.
- Communicate, at your request, with VA care teams, accredited representatives, or Veterans Service Organizations.
- Adjust care schedules as needs change over time.

Comfort Keepers caregivers are carefully selected, trained, and supported to provide dignified, compassionate assistance that respects each Veteran's history, preferences, and goals.

5. Frequently Asked Questions

Do I need a service-connected disability rating to qualify for Homemaker and Home Health Aide care?
No. Homemaker and Home Health Aide services are based on enrollment in VA health care and medical or functional need. A service-connected disability rating is not required.

Is Homemaker and Home Health Aide a monthly payment like Aid and Attendance?
No. H/HHA is not a cash benefit. The VA authorizes and pays for the service directly through the VA or an approved community care provider.

Can I choose Comfort Keepers to provide Homemaker or Home Health Aide services?
Homemaker and Home Health Aide services must be provided by a VA-approved agency. Comfort Keepers is a national VA-approved provider and can provide care once services are authorized through VA Community Care.

Can services start before the VA approves Homemaker and Home Health Aide care?
Yes. A Veteran or family may choose to begin in home care services out of pocket while waiting for VA approval. However, Homemaker and Home Health Aide services must be approved by the VA before they can be covered by the VA. The VA does not provide retroactive payment or reimbursement for care provided prior to authorization.

Who can help me request Homemaker and Home Health Aide services?
Veterans and families can request services through the Veteran's VA Primary Care team. Assistance is also available from VA social workers, care coordinators, Veterans Service Officers, and community partners who help guide Veterans through the process.

6. Important Links & Disclaimers

Key VA and Support Resources

- VA main website: www.va.gov
- Homemaker and Home Health Aide overview: www.va.gov/GERIATRICS/pages/Homemaker_and_Home_Health_Aide_Care.asp
- Find VA forms: www.va.gov/find-forms
- Find a VA-accredited representative: www.va.gov/ogc/apps/accreditation

Disclaimer

This booklet is for general informational purposes only and is not legal, tax, medical, or financial advice. Comfort Keepers is a private home care provider and, while we are a National VA Provider, we are not affiliated with, endorsed by, or acting on behalf of the U.S. Department of Veterans Affairs. VA eligibility determinations, benefit amounts, and policies are governed solely by the VA and applicable law and are subject to change.

Veterans and surviving spouses are strongly encouraged to consult with a VA-accredited representative, Veteran Service Officer, Veterans Service Organization, or qualified professional when preparing and submitting claims.

Comfort Keepers®

Contact Us:
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