

10-10F (FINANCIAL WORKSHEET)

(This Form Is For Eligibility Determination)

(Eligibility is based on amount of household income)

NAME _____ SOCIAL SECURITY NUMBER _____
ADDRESS _____ PHONE _____

I wish to decline providing financial information and agree to pay the Means Test Copayment for medical care I receive.

Signature of Veteran

MARITAL STATUS (Section A)

Circle: Married Divorced Separated Widowed Never Married

- A-1. Date you were married _____ Did you live with your spouse last year? YES NO
A-2. If you did not live with your spouse, show amount you contributed to spouse's support last year. _____ (hospitalization is NOT reason to show lived apart)
A-3. What is your spouse's name? _____
A-4. What is your spouse's date of birth? _____
A-5. What is your spouse's social security number? _____

DEPENDENT CHILDREN (Section B)

Did any of your dependent children receive any income? ___Y ___N Did you access it? ___Y ___N
Amount \$ _____ What type of income was it? _____

<u>DEPENDENT CHILD'S NAME</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>DATE OF BIRTH</u>	<u>SEX</u>
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YOUR PREVIOUS YEAR GROSS INCOME (Section C)

	<u>Annual Amount</u>
C-1. Did you receive any Social Security Benefits? (not SSI)	\$ _____
C-2. Did you receive any U.S. Railroad retirement?	\$ _____
C-3. Did you receive any U.S. Civil Service Retirement?	\$ _____
C-4. Did you receive any Military Retirement?	\$ _____
C-5. Did you receive any Unemployment Compensation?	\$ _____
C-6. Did you receive any other retirements or pensions?	\$ _____
C-7. Did you receive any income from employment?	\$ _____
C-8. Did you receive income from any Interest, dividends, or annuities?	\$ _____
C-9. Did you receive Workman's Comp or Black lung benefits?	\$ _____
C-10. Did you receive any other income?	\$ _____

SPOUSE'S PREVIOUS YEAR GROSS INCOME

	<u>Annual Amount</u>
C-11. Did your spouse receive any Social Security Benefits? (not SSI)	\$ _____
C-12. Did your spouse receive any U.S. Railroad retirement?	\$ _____
C-13. Did your spouse receive any U.S. Civil Service Retirement?	\$ _____
C-14. Did your spouse receive any Military Retirement?	\$ _____
C-15. Did your spouse receive any Unemployment Compensation?	\$ _____
C-16. Did your spouse receive any other retirements or pensions?	\$ _____
C-17. Did your spouse receive any income from employment?	\$ _____
C-18. Did your spouse receive income from any Interest, dividends, or annuities?	\$ _____
C-19. Did your spouse receive Workman's Comp or Black lung benefits?	\$ _____
C-20. Did your spouse receive any other income?	\$ _____

DEDUCTIBLE EXPENSES (Section D)

	<u>Annual Amount</u>
D-1. Did you have any medical expenses that you paid last year? (Include Medicare, Insurance premiums, prescriptions, doctor and hospitalization costs)	\$ _____
D-2. Did you have any funeral or burial expenses for a spouse or a dependent child last year?	\$ _____
D-3. Did you have any educational expenses for yourself last year?	\$ _____

YOUR PREVIOUS YEAR NET WORTH (Section E)

	<u>Annual Amount</u>
E-1. Did you have any money in bank accounts? (checking, savings, IRA's, CD's or money market accounts)	\$ _____
E-2. Did you own any stocks or bonds?	\$ _____
E-3. Did you own any real property (other than where you are living) (market value of property minus amount owed on property)	\$ _____
E-4. Did you own any real property or assets not shown here?	\$ _____
E-5. Amount of your debts. (include any debts that will reduce the value of property listed in E4) (cannot exceed E4)	\$ _____

SPOUSE'S PREVIOUS YEAR NET WORTH

	<u>Annual Amount</u>
E-6. Did your spouse have any money in bank accounts? (checking, savings, IRA's CD's or money market accounts)	\$ _____
E-7. Did your spouse have any stocks or bonds?	\$ _____
E-8. Did your spouse have any real property? (other than where you are living)	\$ _____
E-9. Did your spouse have other property or assets not shown here?	\$ _____
E-10. Amount of your spouse's debts (cannot exceed E-9)	\$ _____

******THIS FORM MUST BE SIGNED******

Completion of this form with signature of veteran is certification that the veteran has received a copy of the Privacy Act Statement. The above information is correct to the best of my knowledge.

Signature of Veteran

Date

Veteran in category C must agree to pay the VA a deductible not to exceed the Medicare deductible plus a per diem for hospital and nursing home care. An outpatient visit deductible is required for category C veterans to receive outpatient care. The billing periods and rates are specified in 38 U.S.C. I agree to pay the deductible.

Signature of Veteran Agreeing to Pay the Deductible to the VA

Date

PRIVACY ACT NOTICE

The information requested on this form is solicited under authority of Title 38, U.S.C., Sections 1710, 1712, and 1722. It is being collected to enable us to determine your eligibility for medical benefits, identify your medical records, and provide basic data for your treatment. Additional information such as medical history, may be solicited during the course of your medical evaluation or treatment. The income and eligibility information you supply may be verified through a computer matching program at any time and information may be disclosed outside VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VCA136, Patient Medical Records - VA, published in the Federal Register in Accordance with the Privacy Act of 1974. These "routine uses" include disclosures: in response to court subpoenas; to epidemiological and other research facilities for research purposes; in connection with collections of amount owed to the United States; to the Department of Justice for use in litigation; to other Federal agencies in connection with their employment determinations, investigations, or issuance of licenses or benefits; to report apparent law violations to other Federal, State or local agencies charged with law enforcement responsibilities; in response to an official request from a criminal or civil law enforcement government agency charged with the protection of public health or safety; to the Internal Revenue Service to verify unearned income, collect amounts owed VA, and to report as income debts that are waived, compromised or otherwise forgiven; to the Social Security Administration to verify earned income and employment data; to notify state licensing boards and Federal agencies of the health care practices of health care providers; to non-VA health care providers or facilities when the patient is referred for medical care at VA expense; to private sector organizations for the purpose of obtaining accreditation or approval rating for the health care facility; to non-VA nursing homes for preadmissions screening; or, to contractors to perform the services covered by the contract. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 38, U.S.C., and is voluntary. Social Security Numbers will be used in the administration of veterans benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records may be used for other purposes where authorized by both Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 522a) or where required by another statute.