



VETERANS APPLICATION FOR ASSISTANCE In Acquiring Home Improvement and Structural Alterations

INSTRUCTIONS: SUBMIT THIS APPLICATION TO THE VA HEALTH CARE FACILITY NEAREST THE VETERANS HOME.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, U.S.C., "Veterans Benefits, and will be used to determine your eligibility/entitlement and reimbursement of individual claims for home improvement and structural alterations, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records' 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly 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.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

SECTION I - VETERANS APPLICATION *(To be completed by Veteran)*

HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS (HISA)

NO **YES** *If "Yes" give date and time* (mm/dd/yyyy)

1. NAME OF VETERAN <i>(Last, First, MI)</i> (This is a mandatory field.) <input style="width: 95%;" type="text"/>	2. VETERAN'S SOCIAL SECURITY NO. (This is a mandatory field.) <input style="width: 95%;" type="text"/>	3. VA FILE NUMBER <input style="width: 95%;" type="text"/>
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4. ADDRESS <i>(Number and Street or Rural Route, City or P.O., State and ZIP Code)</i> <input style="width: 95%; height: 40px;" type="text"/>	5. TELEPHONE NUMBER OF VETERAN <i>(Include Area Code)</i> <input style="width: 95%;" type="text"/>
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6. LOCATION OF VA REGIONAL OFFICE THAT HAS YOUR CLAIM FILE <input style="width: 95%;" type="text"/>
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7. BRANCH OF SERVICE <i>(Check)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> ARMY</td> <td style="width: 33%;"><input type="checkbox"/> AIR FORCE</td> <td style="width: 33%;"><input type="checkbox"/> MARINE CORPS</td> </tr> <tr> <td><input type="checkbox"/> NAVY</td> <td><input type="checkbox"/> COAST GUARD</td> <td><input type="checkbox"/> OTHER (specify)</td> </tr> </table>	<input type="checkbox"/> ARMY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> NAVY	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> OTHER (specify)	8. SERVICE SERIAL NUMBER <input style="width: 95%;" type="text"/>	9. METHOD OF SEPARATION FROM SERVICE <i>(Check)</i> <input type="checkbox"/> DISCHARGED <input type="checkbox"/> RETIRED
<input type="checkbox"/> ARMY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS						
<input type="checkbox"/> NAVY	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> OTHER (specify)						

<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>
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NAME OF PERSON OR FIRM WITH WHOM I SATISFACTORILY BID FOR NECESSARY LABOR AND MATERIALS *(Attach a signed copy of bid and include plans and specifications for work to be done.)*

CERTIFICATION

I am applying for assistance in acquiring home improvement and structural alterations.

- * I understand that there are medical and economic features yet to be considered before I am eligible for this benefit, and that I will soon be notified of the action taken on this application.
- * I also understand that cost limitations for improvements and structural alternation apply in the aggregate as a one lifetime benefit. Entitlements to this benefit terminates when the cost limit is reached. Limitations cannot be exceeded either for one project or for any accumulation of projects.
- * When the anticipated total cost of a necessary or appropriate home improvement or structural alteration exceeds the remaining balance of my allowable benefit, I agree to pay the difference or the benefit will not be authorized.
- * I acknowledge that the VA assumes no responsibility for maintenance, repair or replacement of requested improvement, alteration or installation; assumes no product liability for, and extends no warranties, expressed or implied, including merchantability, as to equipment or devices installed; and assumes no liability for damage caused by such equipment or devices or for their removal.
- * I understand that this benefit can only be used within each of the several States, Territories, and Possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

11. SIGNATURE OF VETERAN <i>(Sign Full Name)</i> <input style="width: 95%; height: 30px;" type="text"/>	12. DATE SIGNED (mm/dd/yyyy) <input style="width: 95%; height: 30px;" type="text"/>
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The law provides severe penalties including fine or imprisonment, or both, for willful submission of any false statement or evidence of material fact.

VETERANS APPLICATION FOR ASSISTANCE IN ACQUIRING HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS, CONTINUED

SECTION II - (FOR VA USE ONLY) HISA COMMITTEE ACTION

HOME IMPROVEMENT AND STRUCTURAL ALTERATION IS NECESSARY:

TO ASSURE THE CONTINUATION OF TREATMENT OF APPLICANT'S DISABILITY *(Specify the disability for which the home improvement or structural alteration is necessary or appropriate)*

TO PROVIDE ACCESS TO THE HOME OR TO ESSENTIAL LAVATORY AND SANITARY FACILITIES FOR TREATMENT OF:

- A SERVICE-CONNECTED DISABILITY
- A NONSERVICE-CONNECTED DISABILITY OF A VETERAN RECEIVING AUTHORIZED POST-HOSPITAL CARE TREATMENT
- A NONSERVICE-CONNECTED DISABILITY OF A VETERAN WITH SERVICE CONNECTED DISABILITIES RATED 50% OR MORE
- A NONSERVICE-CONNECTED DISABILITY OF A VETERAN OF WORLD WAR I OR THE MEXICAN BORDER PERIOD
- A VETERAN IN RECEIPT OF AID AND ATTENDANCE OR HOUSEBOUND BENEFITS

THE WORK TO BE PERFORMED IS:

ROUTINE, MINOR WORK THAT DOES NOT CONSTITUTE A STRUCTURAL ALTERATION OR HOME IMPROVEMENT AND IS NOT CHARGEABLE AGAINST COST LIMITATION.

A HOME IMPROVEMENT OR STRUCTURAL NECESSARY OR APPROPRIATE FOR EFFECTIVE AND ECONOMICAL TREATMENT OF A DISABILITY.

COST LIMITATION

TOTAL LIFETIME BENEFIT: \$	
AMOUNT APPROVED \$	
TOTAL PAID TO DATE \$	
TOTAL REMAINING \$	

NOTE; These figures exclude therapeutic devices
VA G.C. opinion OP, G. C. 22-75, June 10, 1975
published November 20, 1975

ASSISTANCE IN THE AMOUNT OF \$ APPROVED. *(Letter of approval will state this amount, subject to amendment for inclusion of acceptable costs omitted in this application or found to be unnecessary.)*

APPLICATION DISAPPROVED,

REMARKS:

SIGNATURE OF CHAIRMAN, HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS COMMITTEE

DATE (mm/dd/yyyy)