

VAA Benefits Group

Date \_\_\_\_\_

Herb Cohen

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Veteran/Surviving Spouse \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Facility \_\_\_\_\_

### Veterans Application Checklist

- 2 Page Application Worksheet with signed Statement in Support of Claim
- Medical Statement from Physician with original signature from an MD or DO
- Care Expense Statement signed by claimant and Facility
- Signed Appointment of Veterans Service Organization as Claimants Representative VA 21-22
- Signed Medical Expense Report VA 21-8416
- Signed Declaration of Status of Dependents VA 21-686c
- Signed Statement in Support of Claim VA 21 4138
- Authorization to Disclose Personal Information signed and filled out VA 210845
- Signed and filled out Direct Deposit Enrollment VA 21-0296
- Sign Fully Developed Claim Certification
- Signed Consent to Release Information VA 21-4142
- Signed and filled out VA 21 527EZ for Veterans or VA21-534EZ for Surviving Spouses

### Documents Required

Copy of Military Discharge/Separation Papers or DD214

Copy of all Marriage Certificates

Copies of Current Social Security Benefits Letter and Divorce

Copies of all Spouses Death Certificates

Proof of Income from pensions, retirement and

Decrees

Interest income on investments

Proof of medical expenses

Asset information including bank and brokerage statements