

VERIFICATION OF VETERANS BENEFITS

All shaded areas to be completed by the local county or tribal agency. Once the shaded areas are completed, mail or fax this form to:

Department of Veteran Affairs
5400 West National
Milwaukee, WI 53214

Or, by fax to 414-902-9470

Applicant Name	Veteran Name
Applicant Social Security Number	Veteran Social Security Number or Veteran File Number
CARES Case Number	Date of Request

The following sections are to be completed by Veterans Affairs. Once completed, please return this form to the local agency at:

Type of benefits veteran is receiving? Compensation Pension Education

Is any portion of this benefit apportioned out to a dependent? Yes No

If yes, what is the amount apportioned? \$ _____

Enter the amount of benefit received for each of the months listed below. If no months are listed, use the last three months.

Month Received	Aid and Attendance (A & A)	Housebound Allowance	Unusual Medical Expense	Total of all Benefits
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Are any of the Veterans benefits withheld for any reason? Yes No

What is the month and year the veteran began receiving benefits?

Since the last yearly increase, has there been a change in Veterans benefits? Yes No

If yes, in which month and year was the change? _____

What is the reason for this change? _____

Additional Comments

SIGNATURE – Person Providing Information	Title
Telephone Number	Date Signed