Purpose of This Form
This form is used by the Department of Veterans Affairs to determine whether a veteran or the surviving spouse of a veteran can qualify for a special income supplement program called "pension." This benefit can pay an additional income up to

- $1,949 a month to a qualifying veteran couple,
- $1,644 a month to a qualifying single veteran and
- $1,056 a month to a qualifying surviving spouse of a veteran.

The purpose of this form is to give VA enough information to make an evaluation whether a veteran or surviving spouse of a veteran needs a "rating." A rating for either "housebound" or "aid and attendance" is necessary for most applications for receipt of a veteran's pension benefit. The medical criteria that VA is looking for are listed below in the form of the regulation that determines what a rating for "housebound" or "aid and attendance" means.

What Is a Rating?
As a general rule, most veterans will receive a rating for "aid and attendance." In a nutshell, the need for aid and attendance means

"... helplessness or being so nearly helpless as to require the regular aid and attendance of another person."

The definition of "regular" in the quote above means the recipient for this pension benefit requires aid and attendance on an ongoing basis. It does not mean that care services need to be 24/7.

Importance of Filling out Question #27 Correctly
Question #27 is used by VA to determine whether the veteran needs a fiduciary or not. A fiduciary is a person that VA appoints to receive the monthly pension income from VA on behalf of the veteran. This process is very complicated and can take many months to complete. Appointing a fiduciary will prevent the veteran or surviving spouse from receiving the retroactive monetary benefit until the process is complete. If you as the physician answer "no" to question #27, this will initiate the appointment of a fiduciary.

In most cases, it is not necessary for VA to appoint its own fiduciary. Most of your patients, who are unable to handle their own financial affairs, are having their money managed by a spouse or a child. If you know this to be the case and you know that the money is being managed prudently on behalf of your patient, we recommend you to answer "yes" to question #27.
Criteria for Aid and Attendance or Housebound
Here are the criteria that the Department of Veterans Affairs is looking for to determine whether your patient or client has a regular need for "aid and attendance" or is "housebound." The regular need for aid and attendance does not require constant attention but does require an ongoing or chronic need for care as opposed to a temporary or acute need for care.

38 CFR § 3.351 Special monthly dependency and indemnity compensation, death pension

(b) **Aid and attendance; need.** Need for aid and attendance means helplessness or being so nearly helpless as to require the regular aid and attendance of another person. The criteria set forth in paragraph (c) of this section will be applied in determining whether such need exists.

(c) **Aid and attendance; criteria.** The veteran, spouse, surviving spouse or parent will be considered in need of regular aid and attendance if he or she:

1. Is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; or

2. Is a patient in a nursing home because of mental or physical incapacity; or

3. Establishes a factual need for aid and attendance under the criteria set forth in 38 CFR §3.352(a).

(Authority: 38 U.S.C. 1502(b))

(e) if, in addition to having a single permanent disability rated 100 percent disabling under the Schedule for Rating Disabilities (not including ratings based upon unemployability under §4.17 of this chapter) the veteran:

1. Has additional disability or disabilities independently ratable at 60 percent or more, separate and distinct from the permanent disability rated as 100 percent disabling and involving different anatomical segments or bodily systems, or

2. Is “permanently housebound” by reason of disability or disabilities. This requirement is met when the veteran is substantially confined to his or her dwelling and the immediate premises or, if institutionalized, to the ward or clinical area, and it is reasonably certain that the disability or disabilities and resultant confinement will continue throughout his or her lifetime.

(Authority: 38 U.S.C. 1502(c), 1521(e))

(f) **Housebound; improved pension; death.** The annual rate of death pension payable to a surviving spouse who does not qualify for an annual rate of death pension payable under §3.23(a)(6) based on need for aid and attendance shall be as set forth in §3.23(a)(7) if the surviving spouse is permanently housebound by reason of disability. The “permanently housebound” requirement is met when the surviving spouse is substantially confined to his or her home (ward or clinical areas, if institutionalized) or immediate premises by reason of disability or disabilities which it is reasonably certain will remain throughout the surviving spouse's lifetime.

(Authority: 38 U.S.C. 1541(e))

[44 FR 45939, Aug. 6, 1979]
(a) Basic criteria for regular aid and attendance and permanently bedridden. The following will be accorded consideration in determining the need for regular aid and attendance (§3.351(c)(3):

- inability of claimant to dress or undress himself (herself), or to keep himself (herself) ordinarily clean and presentable;
- frequent need of adjustment of any special prosthetic or orthopedic appliances which by reason of the particular disability cannot be done without aid (this will not include the adjustment of appliances which normal persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.);
- inability of claimant to feed himself (herself) through loss of coordination of upper extremities or through extreme weakness;
- inability to attend to the wants of nature;
- or incapacity, physical or mental, which requires care or assistance on a regular basis to protect the claimant from hazards or dangers incident to his or her daily environment.

“Bedridden” will be a proper basis for the determination (need for aid and attendance). For the purpose of this paragraph “bedridden” will be that condition which, through its essential character, actually requires that the claimant remain in bed. The fact that claimant has voluntarily taken to bed or that a physician has prescribed rest in bed for the greater or lesser part of the day to promote convalescence or cure will not suffice.

It is not required that all of the disabling conditions enumerated in this paragraph be found to exist before a favorable rating may be made. The particular personal functions which the veteran is unable to perform should be considered in connection with his or her condition as a whole. It is only necessary that the evidence establish that the veteran is so helpless as to need regular aid and attendance, not that there be a constant need.

Determinations that the veteran is so helpless, as to be in need of regular aid and attendance will not be based solely upon an opinion that the claimant’s condition is such as would require him or her to be in bed. They must be based on the actual requirement of personal assistance from others.
**EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE**

1. **FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN**
2. **FIRST NAME - MIDDLE NAME - LAST NAME OF CLAIMANT**
3. **RELATIONSHIP OF CLAIMANT TO VETERAN**

4A. **VETERAN'S SOCIAL SECURITY NUMBER**
4B. **CLAIMANT'S SOCIAL SECURITY NUMBER**
5. **CLAIM NUMBER**

6. **DATE OF EXAMINATION**
7. **HOME ADDRESS**

8A. **IS CLAIMANT HOSPITALIZED?**
8B. **DATE ADMITTED**
9. **NAME AND ADDRESS OF HOSPITAL**

**NOTE: EXAMINER PLEASE READ CAREFULLY**

The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person.

The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability: to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable.

Findings should be recorded to show whether the claimant is blind or bedridden.

Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.

10. **COMPLETE DIAGNOSIS** *(Diagnosis needs to equate to the level of assistance described in questions 20 through 34)*

11A. **AGE**
11B. **SEX**
12. **WEIGHT**
ACTUAL: LBS.
ESTIMATED: LBS.
13. **HEIGHT**
FEET:
INCHES:
14. **NUTRITION**
15. **GAIT**

16. **BLOOD PRESSURE**
17. **PULSE RATE**
18. **RESPIRATORY RATE**
19. **WHAT DISABILITIES RESTRICT THE LISTED ACTIVITIES/FUNCTIONS?**

20. **IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED**
From 9 PM To 9 AM:
From 9 AM To 9 PM:

21. **IS THE CLAIMANT ABLE TO FEED HIM/HERSELF? (If "No," provide explanation)**

22. **IS CLAIMANT ABLE TO PREPARE OWN MEALS? (If "Yes," provide explanation)**

23. **DOES THE CLAIMANT NEED ASSISTANCE IN BATHING AND TENDING TO OTHER HYGIENE NEEDS? (If "Yes," provide explanation)**

24A. **IS THE CLAIMANT LEGALLY BLIND? (If "Yes," provide explanation)**

24B. **CORRECTED VISION**
LEFT EYE
RIGHT EYE

25. **DOES THE CLAIMANT REQUIRE NURSING HOME CARE? (If "Yes," provide explanation)**

26. **DOES CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanation)**

27. **DOES THE CLAIMANT HAVE THE ABILITY TO MANAGE HIS/HER OWN FINANCIAL AFFAIRS? (If "No," provide explanation)**
28. POSTURE AND GENERAL APPEARANCE (Attach a separate sheet of paper if additional space is needed)

29. DESCRIBE RESTRICTIONS OF EACH UPPER EXTREMITY WITH PARTICULAR REFERENCE TO GRIP, FINE MOVEMENTS, AND ABILITY TO FEED HIM/HERSELF, TO BUTTON CLOTHING, SHAVE AND ATTEND TO THE NEEDS OF NATURE (Attach a separate sheet of paper if additional space is needed)

30. DESCRIBE RESTRICTIONS OF EACH LOWER EXTREMITY WITH PARTICULAR REFERENCE TO THE EXTENT OF LIMITATION OF MOTION, ATROPHY, AND CONTRACTURES OR OTHER INTERFERENCE. IF INDICATED, COMMENT SPECIFICALLY ON WEIGHT BEARING, BALANCE AND PROPULSION OF EACH LOWER EXTREMITY.

31. DESCRIBE RESTRICTION OF THE SPINE, TRUNK AND NECK

32. SET FORTH ALL OTHER PATHOLOGY INCLUDING THE LOSS OF BOWEL OR BLADDER CONTROL OR THE EFFECTS OF ADVANCING AGE, SUCH AS DIZZINESS, LOSS OF MEMORY OR POOR BALANCE, THAT AFFECTS CLAIMANT'S ABILITY TO PERFORM SELF-CARE, AMBULATE OR TRAVEL BEYOND THE PREMISES OF THE HOME, OR, IF HOSPITALIZED, BEYOND THE WARD OR CLINICAL AREA. DESCRIBE WHERE THE CLAIMANT GOES AND WHAT HE OR SHE DOES DURING A TYPICAL DAY.

33. DESCRIBE HOW OFTEN PER DAY OR WEEK AND UNDER WHAT CIRCUMSTANCES THE CLAIMANT IS ABLE TO LEAVE THE HOME OR IMMEDIATE PREMISES

34. ARE AIDS SUCH AS CANES, BRACES, CRUTCHES, OR THE ASSISTANCE OF ANOTHER PERSON REQUIRED FOR LOCOMOTION? (If so, specify and describe effectiveness in terms of distance that can be traveled, as in Item 32 above)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>(If “YES,” give distance) (Check applicable box or specify distance)</td>
<td>1 BLOCK</td>
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<td>(Specify distance)</td>
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35A. PRINTED NAME OF EXAMINING PHYSICIAN | 35B. SIGNATURE AND TITLE OF EXAMINING PHYSICIAN | 35C. DATE SIGNED

36A. NAME AND ADDRESS OF MEDICAL FACILITY | 36B. TELEPHONE NUMBER OF MEDICAL FACILITY (Include Area Code)

**PRIVACY ACT NOTICE:** The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA2/22/28, Compensation, Pension, Education and Vocational Rehabilitation Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5701(c) (1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

**RESPONDENT BURDEN:** We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (e), 1115 (1)(c), 1311(c) and (d), 1315 (h), 1122, 1541 (d) (e), and 1502(b) and (c) allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet page at [www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA](http://www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.