

INSTRUCTIONS

ASSISTANCE TO NEEDY VETERANS GRANT APPLICATION (HEALTH CARE)

Please submit this application if you are applying for assistance with Dental, Hearing and Vision care.

- If you are the veteran completing this application, please complete the “Veteran’s Name” section.
- If you are the spouse or dependent of the veteran completing this application:
 - For yourself, please complete the “Veteran’s Name” **and** “Applicant’s Name” sections.
 - On behalf of the veteran, please complete the “Applicant’s Name” **and** “Patient’s Name” sections.

There is a lifetime maximum of \$7,500 for all Assistance to Needy Veterans Grant types combined (Health Care Aid and Subsistence Aid).

To be eligible, an applicant must meet the following requirements:

- Household income at or below 180 percent of the federal poverty guidelines in effect at the time the application is received by the department. Unless the applicant is the spouse or dependent of an activated or deployed member of the U.S. Armed Forces or Wisconsin National Guard. Current federal poverty guidelines can be found here: <https://aspe.hhs.gov/poverty-guidelines>.
- Does not have household liquid assets in excess of \$1,000. The amount of liquid assets does not include the first \$50,000 of cash surrender value of any life insurance policy.

Required Documentation:

- Complete Application For Assistance to Needy Veterans Grant (**Form WDVA 2450**).
- Declaration of Aid (**Form WDVA 2451**) signed by County Agent, CVSO or economic assistance consortium.
- Notice of Decision letter (NOD) from local consortium that indicates the applicant has applied for Food Share and Medicaid or Badger Care.
- Any additional documentation or verification requested by the department.

***NOTICE:** Application will be terminated if requested documentation and/or verification is not received at the department’s central office within 30 days of notification for additional documentation and/or verification.

A provider may request a one-time extension 90-day extension by faxing or mailing a written statement to WDVA which must be received during the week before the expiration date on the Description of Benefits (DOB) certifying that 1) care has begun, and 2) additional time is needed to complete care. Veterans must reapply for benefits if additional time is needed after the extension has expired.

Wis. Stats. Chapter 45

ASSISTANCE TO NEEDY VETERANS GRANT APPLICATION (HEALTH CARE)

Personal Information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

The provision of your social security number is voluntary. Failure to provide your social security number may result in an information processing delay.

Base File #

County

County Contact

Veteran's Name (To be completed by veteran or if the veteran's spouse/dependent is applying for benefits) Mr. Ms.

First Name Middle Name Last Name Suffix

Address City State Zip Code

Date of Birth Social Security Number

Applicant's Name (To be completed only if veteran is **not** completing the application) Mr. Ms.

Relationship to Veteran Unremarried Spouse/Dependent of veteran killed in action or line of duty
 Spouse/Dependent of activated or deployed veteran

First Name Middle Name Last Name Suffix

Address Middle Name Last Name Suffix

Applicant's Date of Birth Applicant's Social Security Number

Patient's Name (Veteran's information if veteran is **not** completing the application) Mr. Ms.

Relationship to Veteran Spouse/Widow(er) Dependent

First Name Middle Name Last Name Suffix

Address Middle Name Last Name Suffix

Patient/Veteran's Date of Birth Patient/Veteran's Social Security Number

Applicant's Marital Status Unremarried (includes widowed and divorced) Married Separated

Select Desired Benefit (Lifetime maximum of \$7,500)

- Dental Care: → Qualifying Care up to \$500 per consecutive 12 month period
 Upper Denture up to \$1,875 per consecutive 48 month period
 Lower Denture up to \$1,875 per consecutive 48 month period

- Hearing Care: → Qualifying Care up to \$200 per consecutive 12 month period
 Left Hearing Aid up to \$1,875 per consecutive 48 month period
 Right hearing aid up to \$1,875 per consecutive 48 month period

- Vision Care: → Vision care and a prescription for lens and frame for up to \$400 per consecutive 12 month period

A Description of Benefits (DOB) – 2 pages – authorizing care for a 90-day period will be posted for approved applications. It is to be printed by the CVSO for delivery to the provider who will complete page 2, "Request for Payment" section, of the DOB and submit to WDVA for payment. Care must be completed before the "Expiration" date on the DOB. If an outstanding DOB exists, binding quotes from a provider are necessary in order to have an additional DOB issued.

- Living Arrangements** Own Home Mobile Home Live with Roommates VA Facility
 Rent Homeless Live with Relatives VAP Facility

Spouse and Legal Dependents Living with Applicant

First Name	Last Name	Birth Date	Relationship to Veteran
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
_____	_____	_____	<input type="checkbox"/> Spouse <input type="checkbox"/> Dependent

Health Insurance

- I do not have health insurance that covers dental, vision, or hearing care
 I have health insurance that covers all or a portion of Dental Hearing Vision

VA Health Care System (Wisconsin law requires use of all available resources and agencies [Wis. Admin. Code § VA 2.01(2)(a)])

Date veteran applied to Federal VA health care system _____

Has veteran been enrolled into the system? No Yes If yes, Date enrolled _____

Does the veteran have a service-connected disability? No Yes If yes, Disability rating _____ %

Veteran's Name: _____

Base File #: _____

Income – Verification Required (Veteran, Spouse or any Dependent)

Recipient 1 _____

Current Income \$ _____ Frequency Monthly Annually Semi-Annually Quarterly
 Semi-Monthly Bi-Weekly Weekly

- Income Type
- | | |
|---|---|
| <input type="checkbox"/> Wages – Employer \$ | <input type="checkbox"/> Aid to Families with Dependent Children |
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Food Share (formerly called Food Stamps) |
| <input type="checkbox"/> Bonuses | <input type="checkbox"/> Rental (Income) |
| <input type="checkbox"/> Commissions | <input type="checkbox"/> National Guard/Reserve |
| <input type="checkbox"/> Sick/Disability Pay (from employer or insurance) | <input type="checkbox"/> Compensation - VA |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Compensation – Unemployment Insurance |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Compensation - Workers |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Pension – Other than Federal VA |
| <input type="checkbox"/> Retirement (pay) | <input type="checkbox"/> Pension – Federal VA |
| <input type="checkbox"/> Social Security - Regular | <input type="checkbox"/> Student Financial Aid (all types) |
| <input type="checkbox"/> Social Security - Disability | <input type="checkbox"/> Federal GI Bill |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> State or Federal Voc Rehab |
| <input type="checkbox"/> Other | |

Recipient 2 _____

Current Income \$ _____ Frequency Monthly Annually Semi-Annually Quarterly
 Semi-Monthly Bi-Weekly Weekly

- Income Type
- | | |
|---|---|
| <input type="checkbox"/> Wages – Employer \$ | <input type="checkbox"/> Aid to Families with Dependent Children |
| <input type="checkbox"/> Overtime | <input type="checkbox"/> Food Share (formerly called Food Stamps) |
| <input type="checkbox"/> Bonuses | <input type="checkbox"/> Rental (Income) |
| <input type="checkbox"/> Commissions | <input type="checkbox"/> National Guard/Reserve |
| <input type="checkbox"/> Sick/Disability Pay (from employer or insurance) | <input type="checkbox"/> Compensation - VA |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Compensation – Unemployment Insurance |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Compensation - Workers |
| <input type="checkbox"/> Interest | <input type="checkbox"/> Pension – Other than Federal VA |
| <input type="checkbox"/> Retirement (pay) | <input type="checkbox"/> Pension – Federal VA |
| <input type="checkbox"/> Social Security - Regular | <input type="checkbox"/> Student Financial Aid (all types) |
| <input type="checkbox"/> Social Security - Disability | <input type="checkbox"/> Federal GI Bill |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> State or Federal Voc Rehab |
| <input type="checkbox"/> Other | |

Veteran' Name: _____
 Base File #: _____

Liquid Assets (In Veteran, Spouse, or any Dependent's Name)

Owner 1 _____ I have no assets

<u>Asset Type</u>	<u>Value</u>	<u>Asset Type</u>	<u>Value</u>
<input type="checkbox"/> Checking Account	\$ _____	<input type="checkbox"/> Stocks (or stock accounts)	\$ _____
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Bonds (or bond accounts)	\$ _____
<input type="checkbox"/> Money Market	\$ _____	<input type="checkbox"/> Custodial Accounts (Children or Grandchildren)	\$ _____
<input type="checkbox"/> Certificate of Deposit	\$ _____	<input type="checkbox"/> Gambling Winnings	\$ _____
<input type="checkbox"/> Cash on Hand	\$ _____	<input type="checkbox"/> Tax Refunds	\$ _____
<input type="checkbox"/> Cash Value of Life Insurance	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> 401K Plan	\$ _____	<input type="checkbox"/> IRA (Roth and Regular)	\$ _____
<input type="checkbox"/> 401B Plan	\$ _____	<input type="checkbox"/> Other	\$ _____

Owner 2 _____ I have no assets

<u>Asset Type</u>	<u>Value</u>	<u>Asset Type</u>	<u>Value</u>
<input type="checkbox"/> Checking Account	\$ _____	<input type="checkbox"/> Stocks (or stock accounts)	\$ _____
<input type="checkbox"/> Savings Account	\$ _____	<input type="checkbox"/> Bonds (or bond accounts)	\$ _____
<input type="checkbox"/> Money Market	\$ _____	<input type="checkbox"/> Custodial Accounts (Children or Grandchildren)	\$ _____
<input type="checkbox"/> Certificate of Deposit	\$ _____	<input type="checkbox"/> Gambling Winnings	\$ _____
<input type="checkbox"/> Cash on Hand	\$ _____	<input type="checkbox"/> Tax Refunds	\$ _____
<input type="checkbox"/> Cash Value of Life Insurance	\$ _____	<input type="checkbox"/> Company Pension/Retirement Plan	\$ _____
<input type="checkbox"/> 401K Plan	\$ _____	<input type="checkbox"/> IRA (Roth and Regular)	\$ _____
<input type="checkbox"/> 401B Plan	\$ _____	<input type="checkbox"/> Other	\$ _____

I certify that I have read, or have had read to me, all questions from this application and this paragraph and that my answers are true and complete to the best of my knowledge, and that I will promptly notify WDVA of any changes. I have applied for and accepted all benefits available from other agencies or organizations. If I receive, or am eligible to receive, money from another source which duplicates aid I received from this program, I will repay WDVA as soon as possible. I understand that I must provide the Wisconsin Department of Veterans Affairs, either personally or through my County Veterans Service Officer, with any information requested by the department within 30 days of the date of the request or I may be denied any benefit. I authorize the department and any of its employees to request and review any county, state or federal records relating to this application. I consent to the release by the Federal Department of Veterans Affairs (VA), Social Security Administration, Wisconsin Department of Revenue (DOR), and the County Veterans Service Office (CVSO) of all information necessary to process this grant application.

Phone () _____ Signature _____ Date _____

WARNING: If you knowingly make any false statement or submit fraudulent evidence in connection with this application, you are subject to severe penalties provided by law including fine, imprisonment or both and suspension of all veterans benefits from WDVA.