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Aid and Attendance or Housebound Examination
Comprehensive Version

Name: _____ SSN: _____

Date of Exam: _____ C-number: _____

Place of Exam: _____

Narrative: Once the existence of at least one disability rated at 100% has been established, additional benefits may be payable if the veteran requires:

1. The regular assistance of another person in attending to the ordinary activities of daily living;
2. Assistance of another in protecting himself or herself from the ordinary hazards of his or her daily environment, and/or;
3. If the veteran is restricted to his or her home or the immediate vicinity thereof, including the ward or immediate clinical area, if hospitalized.

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

1. State whether the veteran is restricted to his or her home or its immediate vicinity. If hospitalized, state whether the veteran is restricted to the ward or immediate clinical area.
2. Indicate whether or not the veteran required an attendant in reporting for this examination, and if so, identify the type of attendant (nurse, nurse's aide, family member, friend, etc.) accompanying the veteran and the mode of travel employed.
3. Indicate whether or not the veteran is hospitalized, and if so, state where and the date of admission.
4. State whether or not the veteran is permanently bedridden.
5. State whether or not the veteran uses an orthopedic or prosthetic appliance. If yes, describe what, if any, assistance is required to adjust it and how frequent the need is. (This does not include the adjustment of appliances such as supports, belts, or lacing at the back that anyone would have difficulty adjusting without aid.)
6. Capacity to protect oneself from the hazards/dangers of daily environment:
 - a. Describe briefly any dizziness, loss of memory, or poor balance that affects the ability of the veteran to ambulate. Describe any other pathological processes that lessen the ability of the veteran to protect self from the hazards of the daily environment. State the frequency of these effects.

- b. Describe where the veteran goes and what he or she does during a typical day.
7. Describe any self-care skills that the veteran is unable to perform (self-feeding, dressing and undressing, bathing, grooming, toileting).

C. Physical Examination (Objective Findings):

Comment on:

1. General appearance.
2. Height and weight (including maximum and minimum weight for past year).
3. Build and posture.
4. State of nutrition.
5. Gait.
6. Temperature, pulse, respiration.
7. Blood pressure.
8. Upper extremities (reporting each upper extremity separately):
 - a. Describe functional restrictions with reference to strength and coordination
 - b. If amputated, indicate level of amputation (or length of stump and state whether or not use of a prosthesis is feasible).
9. Lower extremities (reporting each lower extremity separately):
 - a. Describe functional restrictions with reference to extent of limitation of motion, muscle atrophy, contractures, weakness or paralysis, lack of coordination, or other interference.
 - b. Indicate any deficits of weight bearing, balance, and propulsion.
 - c. If amputated, indicate level of amputation (or length of stump and state whether use of a prosthesis is feasible).
10. Spine, trunk and neck:

Describe any limitation of motion or deformity of thoracolumbar and cervical spine.
11. Note if deformity of thoracolumbar spine interferes with breathing.
12. Ambulation:
 - a. Indicate whether the veteran is able to walk without the assistance of another person and give the maximum distance.
 - b. Indicate any mechanical aid used or recommended by the examiner for ambulation.
 - c. Indicate the frequency, and under what circumstances, the veteran is able to leave the home or immediate premises.
13. Except as to amputations and other anatomical losses, indicate if any restrictions noted in the examination are permanent.
14. Indicate whether or not the veteran's best corrected vision is 5/200 or worse in both eyes.
15. Describe any self-care skills that that veteran is unable to perform (self-feeding, dressing and undressing, bathing, grooming, toileting).

D. Diagnostic and Clinical Tests:

1. No specific diagnostic testing required unless required to evaluate the veteran as required above.
2. Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

1. Diagnosis
2. **Capacity to handle financial affairs.** Mental competency, for VA benefits purposes, refers only to the ability of the veteran to manage VA benefit payments in his or her own best interest, and not to any other subject. Mental incompetency, for VA benefits purposes, means that the veteran, because of injury or disease, is not capable of managing benefit payments in his or her best interest. In order to assist raters in making a legal determination as to competency, please address the following:

What is the impact of injury or disease on the veteran's ability to manage his or her financial affairs, including consideration of such things as knowing the amount of his or her VA benefit payment, knowing the amounts and types of bills owed monthly, and handling the payment prudently? Does the veteran handle the money and pay the bills himself or herself?

Based on your examination, do you believe that the veteran is capable of managing his or her financial affairs? Please provide examples to support your conclusion.

If you believe a Social Work Service assessment is needed before you can give your opinion on the veteran's ability to manage his or her financial affairs, please explain why.

Signature:

Date: