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Veterans-For-Change

Veterans-For-Change is a A 501(c)(3) Non-Profit Organizaton
Tax ID #27-3820181
CA Incorporation ID #3340400
CA Dept. of Charities ID #: CT-0190794

If Veteran's don't help Veteran's, who will?

We appreciate all donations to continue to provide information and services to Veterans and their families.

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MEANS TEST, GEOGRAPHIC-BASED MEANS TEST AND PENSION THRESHOLDS FOR CALENDAR YEAR 2013

	Veterans w/ 0 Dependents	Veterans w/1 Dependents	Veterans w/ 2 Dependents	Veterans w/ 3 Dependents	Veterans w/4 Dependents	Veterans w/ 5 Dependents	
Below MT Threshold	\$30,978	\$37,175	\$39,304	\$41,433	\$43,562	\$45,691	
Above MT Threshold	\$30,979	\$37,176	\$39,305	\$41,434	\$43,563	\$45,692	
Above MT Threshold by 10 % or Less	\$34,076	\$40,893	\$43,235	\$45,577	\$47,919	\$50,261	
Above MT Threshold by more than 10%	\$34,077	\$40,894	\$43,236	\$45,578	\$47,920	\$50,262	
Above GMT Threshold by more or less than 10 Percent:	Calculate using GMT Threshold at GMT Web site (http://www.va.gov/healthbenefits/cost/income_thresholds.asp)						

Dependent Threshold Amount Increase (above two dependents):	\$2,129
Child Income Exclusion:	\$10,000
Medicare Deductible: This is used to compute the hospital care copayment	\$1,184
Income and/or Asset Threshold for Net Worth Development:	\$80,000
Maximum Annual Rate of Pension: (Utilized for determination of eligibility for beneficiary travel and medication and extended care copayment exemption)	
Note: Extended Care copayments exemption is based on single Veteran amount only. No dependents: One dependent: Each additional dependent:	\$12,465 \$16,324 \$2,129
Maximum Annual Rate of Pension: For a Veteran in receipt of Aid and Attendance (A&A): (Utilized for determination of eligibility for beneficiary travel and medication copayment exemption) No dependents: One dependent: Each additional dependent:	\$20,795 \$24,652 \$2,129
Maximum Annual Rate of Pension: For a Veteran in receipt of Housebound Benefits (HB): (Utilized for determination of eligibility for beneficiary travel and medication copayment exemption) No dependents: One dependent: Each additional dependent:	\$15,233 \$19,093
Each additional dependent:	\$2,129

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