



APPLICATION FOR ADAPTIVE EQUIPMENT MOTOR VEHICLE

PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, U.S.C., Veterans Benefits, and will be used to determine your eligibility/entitlement and reimbursement of individual claims for automotive adaptive equipment, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

PART I - (To be completed by applicant-If more space is needed, attach a separate sheet and identify by item number.)

1. VETERAN'S NAME AND ADDRESS (This is a mandatory field.) _____ _____ _____	2. CLAIM NUMBER C- _____	3. SOCIAL SECURITY NUMBER (This is a mandatory field.) _____
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4. DRIVER'S LICENSE VERIFICATION (Check applicable block) <input type="checkbox"/> VALID LICENSE OR PERMIT IN POSSESSION <input type="checkbox"/> NOT LICENSED	5. YEAR YOU RECEIVED GRANT FOR VEHICLE (If prior to January 11, 1971) _____ (mm/dd/yyyy)	6. DATE OF VA CERTIFICATE OF ELIGIBILITY (If January 11, 1971 or after) _____ (mm/dd/yyyy)
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7. DISABILITIES - Check applicable box(es)				8. DESCRIPTION OF VEHICLE FOR WHICH ADAPTIVE EQUIPMENT IS REQUIRED						
EXTREMITY AND LEVEL	AMPUTATION		ANKYLOSIS		LOSS OF USE		8A. DATE PURCHASED	8B. YEAR	8C. MAKE	8D. MODEL
	LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT	_____	_____	_____	_____
A. ARM AE							8E. VEHICLE IDENTIFICATION NUMBER			
B. ARM BE							_____			
C. LEG AK (hip)							9. LAST VEHICLE FOR WHICH ADAPTIVE EQUIPMENT WAS PROVIDED	9A. YEAR	9B. MAKE	9C. MODEL
D. LEG BK (knee)							_____	_____	_____	_____
E. OTHER DISABILITIES AFFECTING DRIVING				9D. VEHICLE IDENTIFICATION NUMBER		9E. DATE ADAPTIVE EQUIPMENT PROVIDED (mm/dd/yyyy)				
_____				_____		_____				

10. LIST OF ADAPTIVE EQUIPMENT REQUESTED (Check items required)

***NOTE: ALL VAN MODIFICATIONS REQUIRE PRIOR AUTHORIZATION BEFORE PURCHASE**

X	DESCRIPTION	ESTIMATED COST	X	DESCRIPTION	ESTIMATED COST
	A. AUTOMATIC TRANSMISSION	\$ _____		K. TRANSFER OF CONTROLS	\$ _____
	B. POWER BRAKES	_____		L. HAND CONTROLS--ACCELERATOR & BRAKE	_____
	C. POWER STEERING	_____		M. *SENSITIZED/LOW EFFORT BRAKE	_____
	D. POWER SEAT (6 way/2 way)	_____		N. *SENSITIZED/LOW EFFORT STEERING	_____
	E. POWER WINDOWS	_____		O. *DROP FLOOR	_____
	F. TILT STEERING WHEEL	_____		P. *RAISED ROOF	_____
	G. CRUISE CONTROL	_____		O. *POWER DOOR OPENERS	_____
	H. REAR WINDOW DEFROSTER	_____		R. *VAN LIFT	_____
	I. FOOT/HAND OPERATED PARKING BRAKE	_____		S. *POWER TRANSFER SEAT	_____
	J. AIR CONDITIONER	_____		T. *OTHER (Describe)	_____

U. JUSTIFICATION (Include full description and estimated cost of item T, if applicable)

11. MAKE PAYMENT TO THE FOLLOWING (Check appropriate box(es) and attach a certified invoice:) <input type="checkbox"/> A. AUTOMOTIVE DEALER <input type="checkbox"/> B. ADAPTIVE EQUIPMENT SUPPLIER <input type="checkbox"/> C. PERSONAL REIMBURSEMENT	AMOUNT TO BE PAID \$ _____ _____ _____
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D. FULL NAME AND ADDRESS WHERE PAYMENT SHOULD BE MADE _____ _____	E. FULL NAME AND ADDRESS WHERE PAYMENT SHOULD BE MADE _____ _____
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12. STATUS OF APPLICANT (Check one) <input type="checkbox"/> VETERAN <input type="checkbox"/> MEMBER OF ARMED FORCES	13. SIGNATURE OF APPLICANT _____	14. DATE (mm/dd/yyyy) _____
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PART II - ELIGIBILITY (To be completed by Eligibility Clerk or Designee)

15. APPLICANT IS ELIGIBLE UNDER (Check one) INELIGIBLE PUB. L. 91-666 (VAF 4-4502) PUB. L. 96-466	PUB. L. 97-66 OTHER (Specify) _____	16. SIGNATURE AND TITLE OF ELIGIBILITY CLERK OR DESIGNEE _____	17. DATE _____
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PART III - APPROVAL AND AUTHORIZATION (TO BE COMPLETED BY PROSTHETIC REPRESENTATIVE)


18. The following adaptic equipment is approved for inclusion with or installation on the specific vehicle described in item 8 on the front of this form. Costs including installation, unless authorized separately, will not exceed the total amount indicated for each item.

ITEMS AUTHORIZED	MAXIMUM COST	ITEMS AUTHORIZED	MAXIMUM COST
_____	\$ _____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. REIMBURSEMENT OR PAYMENT TO THE VENDOR(S) OR INDIVIDUAL(S) NAMED BELOW, IN THE TOTAL AMOUNTS SPECIFIED FOR EACH, IS AUTHORIZED AS A PROPER CHARGE FOR ADAPTIVE EQUIPMENT PREVIOUSLY PURCHASED BY THE APPLICANT UNDER AUTHORITY OF CFR 3.808:

19A. NAME AND ADDRESS OF PAYEE _____	19B. AMOUNT \$ _____	19C. NAME AND ADDRESS OF PAYEE _____	19D. AMOUNT \$ _____
20. NAME AND ADDRESS OF VA FIELD FACILITY _____	21. SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL _____		22. DATE (mm/dd/yyyy) _____

PART IV - CERTIFICATION OF RECEIPT (TO BE COMPLETED BY APPLICANT)


 I CERTIFY THAT I have received the items or services authorized in item 18 above.	23. SIGNATURE OF APPLICANT _____	24. DATE (mm/dd/yyyy) _____
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INSTRUCTIONS TO VETERAN OR SERVICEPERSON

- Contact should be made with the Prosthetics Service at your local VA medical center or outpatient clinic prior to any purchase of equipment.
- Complete all item in Part I of this form in duplicate and sign the form.
- If you are requesting adaptive equipment or services, VA will determine your eligibility and complete Part II.
- After approval, you may give the original of this form to the seller/vendor of your choice, who will deliver the equipment or services authorized (see also paragraphs 3 and 4 below).
- In the event you must obtain some of the equipment on a mail-order basis, or cannot use this authorization for any other reason, you may pay for an authorized item or service and apply for reimbursement from VA. In such cases, you must present a paid invoice properly certified (see paragraph 2 below).
- After receipt of the items or services authorized, sign and date the receipt in items 23 and 24, and direct the seller/vendor's attention to the instructions below. This certification signifies that the adaptive equipment, installation, or service is satisfactory, the servicing information on the invoice has been verified to the best of your ability and the charges appear to be reasonable.

INSTRUCTIONS TO SELLER/VENDOR

- This is to inform you that if Part II and III of this form have been completed and signed by VA, the individual who is designated in this form as the applicant has been authorized the services listed in the attached VA Form 10-2421 (for repairs) or the services listed in Item 18 of this form. Note that the applicant is not entitled to services that exceed the maximum costs, specified on VA Form 10-2421 or item 18 of this form.
- After you and the applicant have entered into an agreement for the repair on the attached VA Form 10-2421 or the services listed in item 18, and you have completed those repairs or services, you may use the following reimbursement procedures. For repairs, complete all copies of the VA Form 10-2421 (if attached), and attach the original and copy 2 to the original of this form. For other items or services, or if no VA Form 10-2421 is attached, prepare your own invoice, itemizing each separate item or service provided with the cost of each. Identify the make, model, and year of the automobile or other conveyance and include the following certification specimen on either VA Form 10-2421 or your own invoice, as appropriate:

 "I certify that the amounts billed hereon do not exceed the usual and customary costs for the items or services furnished."

Signature of Company Official _____

- Attach 2 copies of VA Form 10-2421 or 1 copy of your certified invoice to the original of this form and mail to the VA Office shown in item 20.
- Ensure that the applicant has signed in items 13 and 23 for receipt of the items or services.
- VA expressly disavows any intent to enter into a contract with the seller; any agreement as to repairs or other services is between the seller/vendor and the applicant.