



## Request for Hardship Determination

The Request for Hardship Determination form is used to determine whether the veteran's projected income for the current year will be substantially below the VA means test threshold due to a loss of income or increase in allowable deductible expenses. Veterans determined to have a financial hardship will be exempt from payment of hospital and medical care copays and qualify for enrollment in Priority Group 5, unless otherwise eligible for enrollment in a higher priority, from the date of request through the last day of the same calendar year.

### GENERAL INFORMATION

1. VETERAN'S NAME (Last, First, Middle Name)		2. SOCIAL SECURITY NUMBER	
3. PERMANENT ADDRESS (Street)	3A. CITY	3B. STATE	3C. ZIP CODE (9 digits)
3D. COUNTY	3E. HOME TELEPHONE NUMBER (Include area code)	3F. CELLULAR TELEPHONE NUMBER (Include area code)	

### REASON/CIRCUMSTANCE FOR HARDSHIP REQUEST (Check all that apply and add explanation as needed below)

<input type="checkbox"/>	Reduction of household income	<input type="checkbox"/>	Paid out of pocket medical expenses	<input type="checkbox"/>	Increase in number of dependents
<input type="checkbox"/>	Moved to a higher cost of living area	<input type="checkbox"/>	Other - explain below		

Provide explanation, as needed, and attach documentation supporting your request.

### PROJECTED HOUSEHOLD INCOME, DEDUCTIBLE EXPENSES & NET WORTH FOR THE CURRENT CALENDAR YEAR

	Veteran	Spouse	Children
1. HOUSEHOLD INCOME (Includes gross income from employment, net income from farm or ranch, and other income amounts.)	\$	\$	\$
2. DEDUCTIBLE EXPENSES (Includes non-reimbursed medical expenses paid by you or your spouse, funeral and burial expenses and expenses for the veteran's education.)	\$		
3. NET WORTH (Includes cash in banks, market value of lands and buildings minus mortgages and liens.)	\$	\$	\$

### PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

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.

**Privacy Act Information:** VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

### SIGNATURE AND DATE

I certify that the statements on this form are true and correct to the best of my knowledge and belief. By signing this form, I agree that VA may attempt to verify this information by computer matching agreement with other federal agencies.

VETERAN'S SIGNATURE	DATE
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**PENALTY:** The law provides severe penalties which include fine or imprisonment or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

**Request for Hardship Determination, Continued**

**HARDSHIP DETERMINATION (to be completed by VA)**

**Hardship Granted:** (circle one)

**YES Hardship is granted**

Note: The exemption is effective from the date the veteran submitted the request until the last day of the calendar year in which the request was made.

**NO State reason not granted in comments.**

**Date veteran's electronic record updated in VA's information systems:**

**VHA Staff Signature:**

**Date:**

**COMMENTS**

Document and/or attach any pertinent information impacting on the final decision.

**VETERAN NOTIFICATION**

**Date Veteran Notified:**

If hardship not granted, provide veteran with VA Form 4107VHA, YOUR RIGHTS TO APPEAL OUR DECISION.