



APPLICATION FOR ANNUAL CLOTHING ALLOWANCE (Under 38 U.S.C. 1162)

PRIVACY ACT INFORMATION: No benefits may be granted unless this form is completed fully as required by law (38 C.F.R. 3.810). Responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 24VA136 "Patient Medical Record - VA", published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Your obligation to respond is voluntary. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-877-222-8387 for mailing information on where to send your comments.

IMPORTANT: Please read the instructions below carefully, before completing the form.

1. FIRST NAME, MIDDLE NAME, LAST NAME OF VETERAN	2. LAST FOUR DIGITS OF VETERAN'S SSN.
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3. ADDRESS OF VETERAN (No. and Street or Rural Route, City or P.O., State and Zip Code) If new address check box.	4. DISABILITY REQUIRING USE OF THE APPLIANCE OR MEDICATION 5. IS THIS DISABILITY SERVICE CONNECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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6. TYPE OF APPLIANCE OR NAME OF MEDICATION (Artificial leg, metal brace, wheelchair, etc.)	7. NAME AND LOCATION OF VA MEDICAL CENTER OR OTHER INSTITUTION WHICH ISSUED APPLIANCE OR MEDICATION AND PHONE NUMBER IF IT IS NOT A VA FACILITY.
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8. MONTH AND YEAR VETERAN WAS ISSUED APPLIANCE/MEDICATION

9. DO YOU HAVE A POWER OF ATTORNEY? (If "Yes", please identify name and/or Organization) YES NO

CERTIFICATION: I hereby apply for annual clothing allowance under 38 U.S.C. 1162. In doing so I certify that, because of my service-connected disability, I regularly wear or use the prosthetic or orthopedic appliance described above, which tends to wear out or tear my clothing or that, for my service-connected skin condition, I regularly use the medication described above, which causes irreparable damage to my outer clothing.

10. SIGNATURE OF VETERAN	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, or for the fraudulent acceptance of any payment to which you are not entitled.

FOR VA USE ONLY

11. CHECK OFF BOXES: <div style="display: flex; justify-content: space-around;"> STATIC NON-STATIC NOT ENTITLED </div>	12. EXAMINATION/EVALUATION DATE (If applicable)
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13. PROCESSED BY:	DATE
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14. AUTHORIZED/APPROVED BY:	DATE
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SUPERSEDES VA FORM 21-8678, MARCH 2006,
WHICH WILL NOT BE USED.

**INFORMATION AND INSTRUCTIONS COVERING APPLICATION FOR
ANNUAL CLOTHING ALLOWANCE**

WHO IS ENTITLED TO AN ANNUAL CLOTHING ALLOWANCE? Veterans, who because of a service-connected disability, wear or use a prosthetic or orthopedic appliance (*including a wheelchair*) which tends to wear out or tear clothing, and veterans, who because of a service-connected skin condition use a medication that causes irreparable damage to outer garments, are eligible for payment of an annual clothing allowance. To qualify for annual payment, eligibility must be established as of August 1 of the year for which payment is claimed. If you have not submitted a claim for disability compensation, VA Form 21-526 must be completed and sent to the VA Regional Office nearest your home. You can also apply for disability compensation on our website at <http://www.vba.va.gov>.

WHAT APPLIANCES ARE INCLUDED? Appliances such as an artificial limb, rigid extremity brace, rigid spinal or cervical brace, wheelchair, crutches or other appliance prescribed for the claimant's service-connected disability. Soft and flexible devices, such as an elastic stocking are not included.

WHAT MEDICATIONS ARE INCLUDED? Any medication, prescribed by a physician for a service-connected skin condition, that causes permanent stains or otherwise damages the veteran's outer garments.

WHERE TO FILE A CLAIM? If you have previously submitted a claim for disability compensation, send this application (VA Form 10-8678) to the Prosthetic and Sensory Aids Service (121), at your local VA Medical Center. If you have not made application for disability compensation, send that form (VA Form 21-526) to the VA regional office nearest your home.

WHEN SHOULD I EXPECT PAYMENT OF THE CLOTHING ALLOWANCE? Applications are collected throughout the year and held until the closing date of August 1st. They are then processed and veterans will receive payments between September 1st and October 31st. This is an annual payment and will only be made during this time frame. If you have not received your payment by October 31st, you should contact your Prosthetics and Sensory Aids Service.