

VA REGIONAL OFFICE	<b>Department of Veterans Affairs</b>
PAYEE ADDRESS	<b>DIC PARENT'S ELIGIBILITY VERIFICATION REPORT</b> <span style="float: right;">4</span>
	VA FILE NUMBER - PAYEE NUMBER -STUB NAME
	VA REGIONAL OFFICE RETURN ADDRESS
<b>IF YOU DO NOT RETURN THE COMPLETED FORM TO VA BY _____ YOUR BENEFITS WILL BE DISCONTINUED.</b>	
<b>IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.</b>	
1A. YOUR SOCIAL SECURITY NUMBER (Enter correct number if wrong or missing)	1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER (Enter correct number if wrong or missing)
1C. ARE THE SOCIAL SECURITY NUMBERS SHOWN ABOVE CORRECT?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO," enter correct Social Security Numbers in Items 1A and/or 1B)	1D. YOUR DATE OF BIRTH (Mo., day, yr.)
	1E. YOUR SPOUSE'S DATE OF BIRTH (Mo., day, yr.)
<b>2. MARITAL STATUS (Check only one box)</b> (1) <input type="checkbox"/> MARRIED -LIVING WITH OTHER PARENT OF VETERAN (You are currently married and live with the veteran's other parent or you live apart only for medical reasons.) (2) <input type="checkbox"/> MARRIED -LIVING WITH SPOUSE WHO IS NOT OTHER PARENT OF VETERAN (You are currently married to a person who is not the veteran's other parent and you live together or live apart only for medical reasons.) (3) <input type="checkbox"/> SEPARATED FROM SPOUSE (You are married but estranged from your spouse.) If you separated in _____, show the date of separation. (4) <input type="checkbox"/> NOT NOW MARRIED (You have never married or are now divorced or widowed.) If your most recent marriage ended in _____, enter the date of divorce or the date of your spouse's death. Date of divorce _____ Date of spouse's death _____	
<b>3. IS THE OTHER PARENT OF THE VETERAN LIVING?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
4A. ARE YOU A PATIENT IN A NURSING HOME?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," complete Items 4B and 4C. If "NO," go to Item 5)	4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF NURSING HOME (Please include ZIP Code)
4B. SHOW THE DATE YOU ENTERED THE NURSING HOME	
<b>5. DID YOU OR YOUR SPOUSE RECEIVE ANY WAGES AT ANY TIME DURING _____ ?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE ?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES," write in the VA file number of the other benefit) _____	

**7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR Instructions)**

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.)

SOURCE	YOU	YOUR SPOUSE
SOCIAL SECURITY (See NOTE below)	\$	\$
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
BLACK LUNG BENEFITS		
MILITARY RETIREMENT		
OTHER (Show Source)		
OTHER (Show Source)		

NOTE: If an amount is preprinted in one or both of the Social Security blocks above and the amount is correct, you are not required to make any entry in that Social Security block. Read Paragraph 3 of the EVR Instructions.

**7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)**

If no income was received from a particular source, write "0" or "none." DO NOT LEAVE ANY ITEMS BLANK.

SOURCE	YOU		YOUR SPOUSE	
GROSS WAGES FROM ALL EMPLOYMENT	\$	\$	\$	\$
TOTAL INTEREST AND DIVIDENDS				
ALL OTHER (Show Source)				
ALL OTHER (Show Source)				

7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING \_\_\_\_\_ ? (Answer "NO" if there were no income changes or if the only change was a Social Security/VA cost-of-living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income.)

YES  NO (If "YES," complete Items 7D through 7F. If "NO," go to Item 8.)

7D. WHAT INCOME CHANGED? (Show what income changed, for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)

**8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)**

A. Our records show that during \_\_\_\_\_ you and your spouse paid unreimbursed medical expenses in the amount of \$ \_\_\_\_\_ (MAKE NO ENTRY ON THIS LINE. GO DIRECTLY TO 8D IF \$0 APPEARS IN 8A, OTHERWISE GO TO 8B.)

B. ENTER THE AMOUNT OF UNREIMBURSED MEDICAL EXPENSES YOU PAID DURING \_\_\_\_\_ \$

C. ENTER THE AMOUNT OF UNREIMBURSED MEDICAL EXPENSES YOU WILL PAY DURING \_\_\_\_\_ \$

D. If an amount greater than \$0 is printed in 8A and you entered amounts in 8B and 8C which are substantially the same as the amount printed in 8A, you do not have to complete the VA Form 21-8416 that was sent to you with this EVR. However, you may be required to complete VA Form 21-8416 and furnish proof of payments at a later date. If \$0 is printed in Item 8A or if an amount is printed in 8A but it is not substantially the same as the amounts you entered in 8B and 8C, you must submit VA Form 21-8416 with this EVR in order to claim a medical expense deduction or continue an existing deduction.

9A. SIGNATURE OF PARENT (Read Paragraph 9 of the EVR Instructions before signing) \_\_\_\_\_ 9B. DATE SIGNED \_\_\_\_\_

**9C. TELEPHONE NUMBERS (Include Area Code)**

DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_

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 is false, or fraudulent acceptance of any payment to which you are not entitled.