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| FIRST, MIDDLE, LAST NAME OF VETERAN |  Department of Veterans Affairs |
| VETERAN'S SOCIAL SECURITY NUMBER | DIC PARENT'S ELIGIBILITY VERIFICATION REPORT |
| FIRST, MIDDLE, LAST NAME OF PARENT | 4 |
| COMPLETE ADDRESS OF PARENT | VA FILE NUMBER - PAYEE NUMBER - STUB NAME |
| COMPLETE ADDRESS OF PARENT | VA REGIONAL OFFICE RETURN ADDRESS |
| IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form. | |
| 1A. YOUR SOCIAL SECURITY NUMBER | 1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER |
| 1C. YOUR DATE OF BIRTH (<i>Mo., day, year</i>) | 1D. YOUR SPOUSE'S DATE OF BIRTH (<i>Mo., day, year</i>) |
| 2. MARITAL STATUS (<i>Check only one box</i>) (1) <input type="checkbox"/> MARRIED - LIVING WITH OTHER PARENT OF VETERAN (<i>You are currently married and live with the veteran's other parent or you live apart only for medical reasons.</i>) (2) <input type="checkbox"/> MARRIED - LIVING WITH SPOUSE WHO IS NOT OTHER PARENT OF VETERAN (<i>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.</i>) (3) <input type="checkbox"/> SEPARATED FROM SPOUSE (<i>You are married but estranged from your spouse.</i>) If you are separated within the last 12 months, show the date of separation _____ (4) <input type="checkbox"/> NOT NOW MARRIED (<i>You have never married or are now divorced or widowed.</i>) If your most recent marriage ended during the last 12 months, enter the date of divorce or the date of your spouse's death. Date of divorce _____ Date of spouse's death _____ | |
| 3. IS THE OTHER PARENT OF THE VETERAN LIVING? <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 (<i>If "Yes," complete Items 4B and 4C. If "No," go to Item 5</i>) | 4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF THE NURSING HOME (<i>Please include ZIP Code</i>) |
| 4B. SHOW THE DATE YOU ENTERED THE NURSING HOME | |
| 5. WERE YOU OR YOUR SPOUSE EMPLOYED AT ANY TIME DURING THE 12 MONTH PERIOD PRECEDING THE DATE YOU SIGNED THE FORM? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes," write in the VA file number of the other benefit</i>) _____ | |

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." VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0.")

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

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." VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0."

| SOURCE | YOU | | YOUR SPOUSE | |
|---------------------------------|----------------|----------------|----------------|----------------|
| | FROM: THRU: | FROM: THRU: | FROM: THRU: | FROM: THRU: |
| 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 THE PAST 12 MONTHS? (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) |
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8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21P-8416, Medical Expense Report, to report your medical expenses. If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, you will have an opportunity to report your medical expenses at the end of the year.

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| 9A. SIGNATURE OF PARENT (Read paragraph 9 of the EVR Instructions before signing) | 9B. DATE SIGNED |
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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.