

**Medical Expense Report, VA Form 21P-8416**  
**OMB 2900-0161**

**Substantive Revisions of 2900-0161**

- Inserted Item 21 “IN HOME ATTENDANT EXPENSES” at the top of page 3
  - 21A – NAME OF PROVIDER
  - 21B – HOURLY RATE/NUMBER OF HOURS
  - 21C – AMOUNT PAID
  - 21D – DATE PAID
  - 21E – FOR WHOM PAID
- Inserted “WORKSHEET: EXPENSES FOR CARE IN A FACILITY OTHER THAN A NURSING HOME” on page 5
- Inserted “WORKSHEET: EXPENSES FOR IN-HOME ATTENDANT CARE” on page 6

**Non-Substantive Revisions of 2900-0161**

- Page 1, “IMPORTANT NOTES” bullet 4 modified for clarity
- Page 2, modified instructions under item 20 for clarity
- Page 3, modified instructions under item 22 for clarity