



**APPLICATION FOR ADAPTIVE EQUIPMENT
 AUTOMOBILE OR OTHER CONVEYANCE**

PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, U.S.C., Veterans Benefits, and will be used to determine your eligibility/entitlement and reimbursement of individual claims for automotive adaptive equipment, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.

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.

PART I - (To be completed by Veteran or Servicemember, if more space is needed, attach a separate sheet and identify by item number.)

1. NAME OF VETERAN/SERVICE MEMBER (LAST NAME, FIRST NAME, MI)		2. VETERAN/SERVICEMEMBER SSN	
3. MAILING ADDRESS OF VETERAN/SERVICEMEMBER (No. and Street or Rural Route, City or P.O., State and Zip Code)		4. TELEPHONE NUMBER (INCLUDE AREA CODE)	
5. DO YOU HAVE A VALID DRIVER'S LICENSE OR PERMIT IN POSSESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		6. DATE OF VA CERTIFICATE OF ELIGIBILITY (VA 21-4502) (If available, please attach a copy to this application)	

7. LIST SERVICE CONNECTED DISABILITY(IES) REQUIRING USE OF AUTOMOBILE ADAPTIVE EQUIPMENT

8. VEHICLE(S) FOR WHICH ADAPTIVE EQUIPMENT IS REQUIRED						
8A. TYPE OF AUTOMOBILE OR CONVEYANCE (e.g., automobile, station wagon, van, truck, SUV, other)	8B. PURCHASED WITH VA AUTOMOBILE ALLOWANCE? (Y/N) NOTE: If yes, reimbursement for non-standard equipment may be approved.	8C. YEAR	8D. MAKE	8E. MODEL	8F. VEHICLE IDENTIFICATION NUMBER	8G. DATE ADAPTIVE EQUIPMENT PROVIDED (mm/dd/yyyy) NOTE: Complete if applying for repairs, replacement or reinstallations

9. VEHICLE(S) FOR WHICH ADAPTIVE EQUIPMENT WAS PROVIDED OR ALREADY ON RECORD 38 USC§3903(c)(1)(3)						
9A. TYPE OF AUTOMOBILE OR CONVEYANCE (e.g., automobile, station wagon, van, truck, SUV, other)	9B. PURCHASED WITH VA AUTOMOBILE ALLOWANCE? (Y/N)	9C. YEAR	9D. MAKE	9E. MODEL	9F. VEHICLE IDENTIFICATION NUMBER	9G. DATE ADAPTIVE EQUIPMENT PROVIDED (mm/dd/yyyy)

I have provided an itemized estimate of charges to include installation fees for automobile adaptive equipment, age of automobile adaptive equipment and submitted the estimated cost to my local VHA Prosthetic and Sensory Aids Service for authorization. I understand that VA is not responsible for any reimbursement or payment until Part II has been completed.

10. SIGNATURE OF VETERAN/SERVICEMEMBER	14. DATE (mm/dd/yyyy)
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RETURN TO YOUR PROSTHETIC REPRESENTATIVE

PART II - ELIGIBILITY AND AUTHORIZATION FOR REIMBURSEMENT OR PAYMENT
(To be completed by Prosthetic Representative)

ITEMS AUTHORIZED	AMOUNT TO BE PAID	ITEMS AUTHORIZED	AMOUNT TO BE PAID

REIMBURSEMENT AND/OR PAYMENT TO:

<input type="checkbox"/> VETERAN/SERVICEMEMBER (For all standard items) AMOUNT AUTHORIZED TO BE REIMBURSED OR PAID	\$
<input type="checkbox"/> QUALIFIED MODIFIER (For all non standard and customized items) AMOUNT AUTHORIZED TO BE REIMBURESED OR PAID Provide full name and address where payment should be made: _____	\$
<input type="checkbox"/> NOT ENTITLED FOR REASONS: _____	

AUTHORIZING OFFICIAL NAME AND TITLE (Please Print)	NAME AND ADDRESS OF VA FACILITY
SIGNATURE OF AUTHORIZING OFFICIAL	DATE (mm/dd/yyyy)

PART III - Certification of Receipt

I certify that I have received and satisfied with the items and services authorized in Part II.	SIGNATURE OF VETERAN/SERVICEMEMBER	DATE (mm/dd/yyyy)
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I certify that I meet the definition of modifier and my registration is current in the National Modifiers Database with the National Highway and Transportation Safety Administration (NHTSA).

I certify the items or services authorized in Part II of this form are compliant with all applicable NHTSA and Federal Motor Vehicle Safety Standards (49 CFR 595.6), state and local authorities. Attached to this form is a certified invoice to include itemized prices including labor/installation charges not to exceed the amount in the Automobile Adaptive Equipment Schedule.

SIGNATURE OF QUALIFIED MODIFIER	DATE (mm/dd/yyyy)
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INSTRUCTIONS TO VETERAN/SERVICEMEMBER & QUALIFIED MODIFIER

1. The Veteran/Servicemember should contact their local Prosthetics Service at the local VA medical center prior to any purchase, installation, or repair of AAE.
2. The Veteran/Servicemember will complete all items in Part I of this form and sign Item #10.
3. Once Part I and Item #10 has been signed, the Veteran/Servicemember will provide Prosthetics Service a copy of the itemized estimate before Part II is completed.
4. After Part II is completed and the Veteran/Service member will be notified by Prosthetics on their eligibility for AAE items and services in Part II.
5. After Part II has been approved, the Veteran/Servicemember will provide the original of this form to the qualified modifier that may provide AAE equipment and/or perform services as authorized for the specified amount in Part II on the form.
6. After AAE items and services have been completed, the Veteran/Servicemember will sign Part III. For standard equipment, only the Veteran/ Servicemember is required to certify Part III. For qualified modifier, requesting reimbursement of payment, all of part III must be certified.