We need some information before you can start your application

This will help us fit the application to your specific needs. Please fill out the form below. Then we'll take you to the VA health care application (10-10EZ).

Want to skip this step? Sign in to start your application. First name (*Required) Last name (*Required) Date of birth (*Required) Month **\$** Social Security number (*Required)

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Step 1 of 6: Veteran Information You aren't required to fill in all fields, but we can review your application $faster\ if\ you\ provide\ more\ information.$ Your first name (*Required) Your middle name Your last name (*Required) Doe Suffix **\$** Mother's maiden name Continue » « Back

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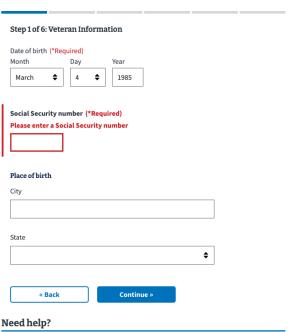
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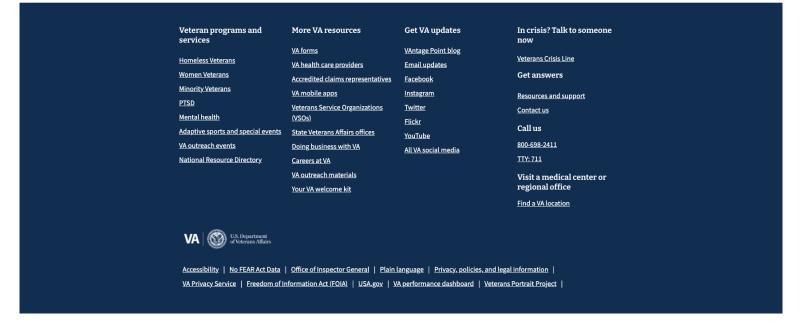
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Gender (*Required)			
		\$	
Marital status (*Required)			
		\$	
Which categories best describe yo	u?		
You may check more than one.			
Spanish, Hispanic, or Latino			
American Indian or Alaskan Nat	ive		
Black or African American			
Native Hawaiian or Other Pacifi	c Islander		
Asian			
White			
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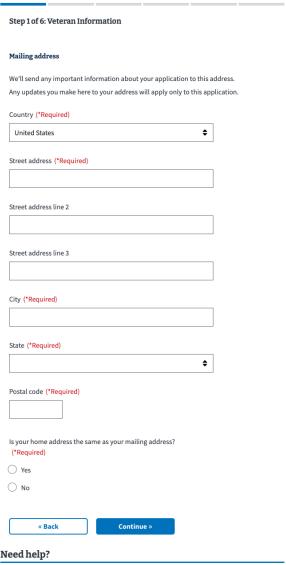


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mail address				
e-enter email address				
Home telephone number				
Mobile telephone number				
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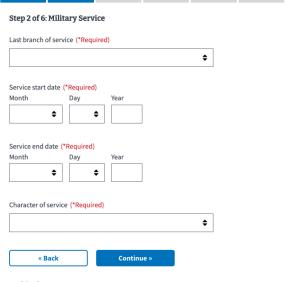
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Service history
Check all that apply to you.
Purple Heart award recipient
Former Prisoner of War
Served in combat theater of operations after November 11, 1998
Discharged or retired from the military for a disability incurred in the line of duty
Served in Southwest Asia during the Gulf War between August 2, 1990, and Nov 11, 1998
Served in Vietnam between January 9, 1962, and May 7, 1975
Exposed to radiation while in the military
Received nose/throat radium treatments while in the military
Served on active duty at least 30 days at Camp Lejeune from January 1, 1953, through December 31, 1987
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Step 2 of 6: Military Service

Upload your discharge papers

Please upload a copy of your military discharge papers (like your DD214, DD256, DD257, NGB22, or other separation documents). If you have more than one discharge document, please upload the one with the highest character of discharge. If you don't have your discharge papers, you can upload a copy of other official military documents (like proof of military awards or your disability rating letter).

You don't have to upload these documents. But it can help us verify your military service and may speed up your application process.

Tips for uploading:

- Upload documents as one of these file types: .jpg, .png, .pdf, .doc, .rtf
- Upload one or more files that add up to no more than 10 MB total.
- If you don't have a digital copy of a document, you can scan or take a photo of it and then upload the image from your computer or phone.

Upload a document

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Step 3 of 6: VA Benefits **Current compensation** Which type of VA compensation do you currently receive? \bigcirc Service-connected disability pay for a 10%, 20%, 30%, or 40% disability rating $\bigcirc \ \, \mathsf{Service}\text{-}\mathsf{connected}\,\,\mathsf{disability}\,\mathsf{pay}\,\mathsf{for}\,\mathsf{a}\,\mathsf{50\%}\,\mathsf{or}\,\mathsf{higher}\,\mathsf{disability}\,\mathsf{rating}$ O VA pension O I don't receive any VA pay Continue » « Back Need help?

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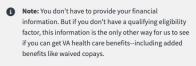
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Step 4 of 6: Household Information

Financial disclosure

Next, we'll ask you to provide your financial information from the most recent tax year, which we'll verify with the IRS. We use this information to figure out if you:

- 1. Are eligible for health care even if you don't have one of the qualifying factors
- 2. Are eligible for added benefits, like reimbusement for travel costs or cost-free medications
- 3. Should be charged for copays or medication



Qualifying factors:

- Former Prisoner of War
- Received a Purple Heart
- Recently discharged combat Veteran
- Discharged for a disability that resulted from your service or got worse in
- Getting VA service-connected disability compensation
- Getting a VA pension
- Served in Vietnam between January 9, 1962, and May 7, 1975
- Served in Southwest Asia during the Gulf War between August 2, 1990, and November 11, 1998
- Served at least 30 days at Camp Lejeune between August 1, 1953, and

Learn more about our income thresholds (also called income limits) and

Do you want to provide your financial information? (*Required)

O Yes

O No

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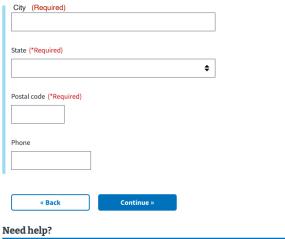
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Spouse's information
Please fill this out to the best of your knowledge. The more accurate your
responses, the faster we can process your application.
Spouse's first name (*Required)
Spouse's middle name
Spouse's last name (*Required)
Spouse's suffix
\$
Spouse's Social Security number (*Required)
Spouse's date of birth (*Required)
Month Day Year

Date of marriage (*Required) Month Day Year
+ +
Did your spouse live with you last year?
○ Yes
No
NO
w
If your spouse did not live with you last year, did you provide financial support?
Yes
○ No
Do you have the same address as your spouse? (*Required)
Yes
● No
Spouse's address and telephone number
Country (*Required)
United States
Street address (*Dequired)
Street address (*Required)
Street address line 2
Secretary and East an
Street address line 3
outeet address lifte 3

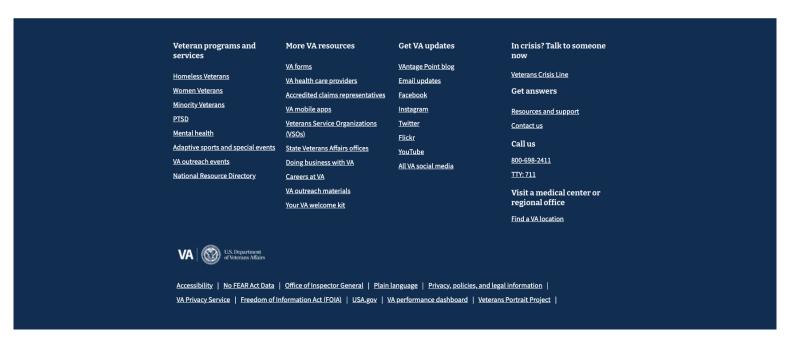


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Do you have any dependents to report? (*Required)
○ Yes
○ No
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Do you have any dependents to report? (*Required)
Yes
○ No
Dependent's first name (*Required)
Dependent's middle name
Dependent's last name (*Required)
Dependent's suffix
*
What's your dependent's relationship to you? (*Required)
+
Dependent's Social Security number (*Required)
Dependent's date of birth (*Required) Month Day Year
\$ \$\displaystyle{\pi}\$
When did they become your dependent? (*Required) Month Day Year
+ +
Was your dependent permanently and totally disabled before the
age of 18? (*Required)
○ Yes
○ No
If your dependent is between 18 and 23 years of age, did they attend school during the last calendar year?
Yes
○ No
Expenses your dependent paid for college, vocational rehabilitation, or training (e.g., tuition, books, materials) (*Required)
\$
Did your dependent live with you last year? (*Required)
Yes
○ No
Add another Dependent

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Step 4 of 6: Household Information

Annual income

Please fill this section out to the best of your knowledge. Provide the previous calendar year's gross annual income for you, your spouse, and your

Gross annual income: This income is from employment only, and doesn't include income from your farm, ranch, property, or business. When you calculate your gross annual income, include your wages, bonuses, tips, severance pay, and other accrued benefits. Include your dependent's income information if it could have been used to pay your household expenses.

Net income: This is the income from your farm, ranch, property, or business.

Other income: This includes retirement and pension income; Social Security Retirement and Social Security Disability income; compensation benefits such as VA disability, unemployment, Workers, and black lung; cash gifts; interest and dividends, including tax exempt earnings and distributions from Individual Retirement Accounts (IRAs) or annuities.

Veteran's gross annual income from employment (*Required)

Veteran's net income from your farm, ranch, property or business (*Required)

Veteran's other income amount (*Required)

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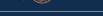
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Step 4 of 6: Household Information Previous Calendar Year's Deductible Expenses Tell us a bit about your expenses this past calendar year. Enter information for any expenses that apply to you. What if my expenses are higher than my annual income? ^ We understand in some cases your expenses might be higher than your income. If your expenses exceed your income, we'll adjust them to be equal to your income. This won't affect your application or benefits. Amount you or your spouse paid in non-reimbursable medical expenses this past year. (*Required) Amount you paid in funeral or burial expenses for a deceased spouse or child this past year. (*Required) Amount you paid for anything related to your own education (college or vocational) this past year. Do not list your dependents' educational expenses. (*Required)

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Step 5 of 6: Insurance Information
Are you eligible for Medicaid? (*Required)
Learn more about Medicaid. Y
○ Yes
○ No
Are you enrolled in Medicare Part A (hospital insurance)? (*Required)
Learn more about Medicare Part A insurance. 🗡
○ Yes
○ No
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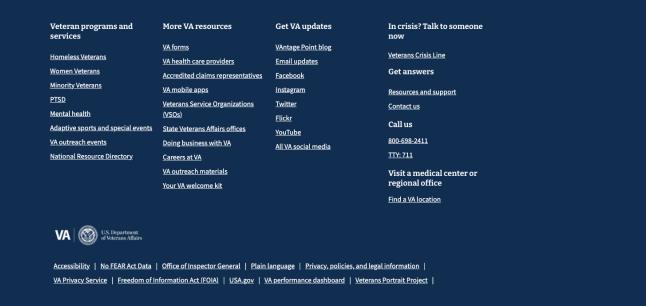
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Other coverage
Are you covered by health insurance? (Including coverage through a spouse or another person) (*Required)
Yes
○ No
Name of provider (*Required)
Name of policyholder (*Required)
Policy number (either this or the group code is required) (*Required)
Group code (either this or policy number is required) (*Required)
Add another Insurance Policy
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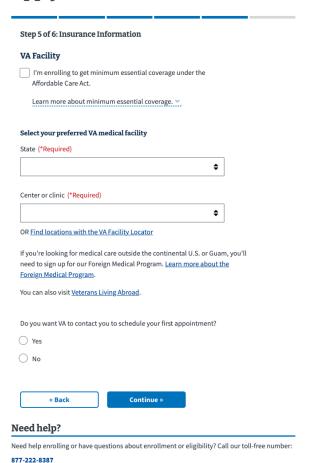


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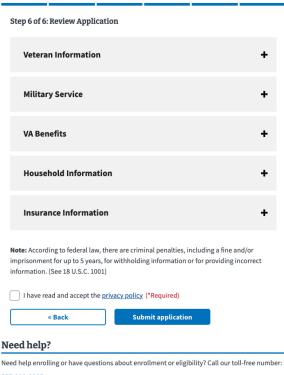
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