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 Day Year

Social Security number (*Required)

Continue to the Application »

Apply for health care Form 10-10EZ

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)

Jane

Your middle name

Your last name (*Required)

Doe

Suffix

Mother's maiden name

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Apply for health care Form 10-10EZ

Step 1 of 6: Veteran Information

Date of birth (*Required)

Month: March | Day: 4 | Year: 1985

Social Security number (*Required)

Please enter a Social Security number

Place of birth

City

State

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Apply for health care Form 10-10EZ

Step 1 of 6: Veteran Information

Gender (*Required)

Marital status (*Required)

Which categories best describe you?

You may check more than one.

- [ ] Spanish, Hispanic, or Latino
- [ ] American Indian or Alaskan Native
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Asian
- [ ] White

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Step 1 of 6: Veteran Information

Mailing address

We'll send any important information about your application to this address.
Any updates you make here to your address will apply only to this application.

Country (*Required)

United States

Street address (*Required)

Street address line 2

Street address line 3

City (*Required)

State (*Required)

Postal code (*Required)

Is your home address the same as your mailing address? (*Required)

- Yes
- No

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Step 1 of 6: Veteran Information

Home address

Any updates you make here to your address will apply only to this application.

Country (*Required)

United States

Street address (*Required)

Street address line 2

Street address line 3

City (*Required)

State (*Required)

Postal code (*Required)

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Step 1 of 6: Veteran Information

Email address

Re-enter email address

Home telephone number

Mobile telephone number

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Step 2 of 6: Military Service

Last branch of service (*Required)

Service start date (*Required)

Month Day Year

Service end date (*Required)

Month Day Year

Character of service (*Required)

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Step 2 of 6: Military Service

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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Apply for health care Form 10-10EZ

Step 3 of 6: VA Benefits

Current compensation

Which type of VA compensation do you currently receive?
(*Required)

- ◯ Service-connected disability pay for a 10%, 20%, 30%, or 40% disability rating
- ◯ Service-connected disability pay for a 50% or higher disability rating
- ◯ VA pension
- ◯ I don't receive any VA pay

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Apply for health care Form 10-10EZ

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

Note: You don't have to provide your financial information. But if you don't have a qualifying eligibility factor, this information is the only other way for us to see if you can get VA health care benefits--including added benefits like waived copays.

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 the line of duty
- Getting VA service-connected disability compensation
- Getting a VA pension
- Receiving Medicaid benefits
- 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 December 31, 1987

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

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

- ◯ Yes
- ◯ No

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Apply for health care Form 10-10EZ

Step 4 of 6: Household Information

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

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 (*Required)

Street address line 2

Street address line 3

City (Required)

State (*Required)

Postal code (*Required)

Phone

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Step 4 of 6: Household Information

Do you have any dependents to report? (*Required)

- ◯ Yes
- ◯ No

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Apply for health care Form 10-10EZ

Step 4 of 6: Household Information

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

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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Apply for health care Form 10-10EZ

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 dependents.

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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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.

- ○ 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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Step 5 of 6: Insurance Information

Other coverage

Are you covered by health insurance? (Including coverage through a spouse or another person) (*Required)

- ◯ Yes
- ◯ No

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Apply for health care Form 10-10EZ

Step 5 of 6: Insurance Information

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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Step 5 of 6: Insurance Information

VA Facility

☐ I'm enrolling to get minimum essential coverage under the Affordable Care Act.

Learn more about minimum essential coverage.

Select your preferred VA medical facility

State (*Required)

Center or clinic (*Required)

OR Find locations with the VA Facility Locator

If you're looking for medical care outside the continental U.S. or Guam, you'll need to sign up for our Foreign Medical Program. Learn more about the Foreign Medical Program.

You can also visit Veterans Living Abroad.

Do you want VA to contact you to schedule your first appointment?

○ Yes

○ No

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Apply for health care Form 10-10EZ

Step 6 of 6: Review Application

- Veteran Information +
- Military Service +
- VA Benefits +
- Household Information +
- Insurance Information +

Note: According to federal law, there are criminal penalties, including a fine and/or imprisonment for up to 5 years, for withholding information or for providing incorrect information. (See 18 U.S.C. 1001)

☐ I have read and accept the privacy policy (*Required)

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