



APPLICATION FOR ADAPTIVE EQUIPMENT AUTOMOBILE OR OTHER CONVEYANCE

Who is eligible for adaptive equipment? A Servicemember or Veteran who meets the criteria as stated in 38 USC Chapter 39 and 38 CFR §§17.156-17.158; and because of a service connected disability or disabilities is required to obtain equipment to operate, enter and exit an automobile or other conveyance.

Who determines eligibility for adaptive equipment? The Veterans Benefits Administration (VBA) will review and certify whether a Veteran or Servicemember meets the criteria. An eligible person will receive a certified form 21-4502 annotating an eligibility decision.

Where can I find a copy of my 21-4502? At your local VBA Regional Office or by registering and logging on at: <https://www.ebenefits.va.gov/ebenefits/homepage>

Who determines entitlement for adaptive equipment? The Veterans Health Administration will review medical documentation and other pertinent information to assist with the selection of medically appropriate adaptive equipment for operating, and/or entering and exiting your automobile or other conveyance.

What type(s) of automobiles or other conveyances are considered? Automobiles, Minivans, Trucks, Sports Utility Vehicles (SUV), etc. If you are unsure whether your selection of vehicle or personally owned vehicle can receive the appropriate adaptive equipment, please contact your local VHA Drivers Rehabilitation Specialist or Prosthetic Representative.

Who is eligible for a payment? A registered provider (manufacturer, modifier, and alterer) who is registered with the National Highway Traffic Safety Administration (NHTSA) as stated in 38 CFR 17.157.

Who is eligible for a reimbursement? A Veteran or Servicemember.

Where can I find the amounts for payment or reimbursement? The "VA Adaptive Equipment Schedule for Automobile and Other Conveyance" can be found at: www.prosthetics.va.gov.

What type(s) of documentation is needed? For payments to a registered provider, an eligible person or registered provider must submit an itemized estimate and final itemized invoice. For reimbursements to an eligible person who purchased adaptive equipment from a registered provider, the eligible person must submit an itemized estimate and final itemized invoice, paid receipt or bill of sale. For reimbursements to an eligible person who purchased adaptive equipment from an unregistered provider, the eligible person must submit a final itemized invoice, paid receipt or bill of sale.

Where do I submit my application? Complete all items of Part I and submit to the Prosthetic and Sensory Aids Services at your nearest VA Medical Center.

PART I (To be completed by the Veteran/Servicemember as described in 38 CFR 17.157)

1. Name of Veteran/Servicemember (Last Name, First Name, MI)	2. Veteran/Servicemember SSN
3. Mailing Address of Veteran/Servicemember (Number and Street or Rural Route, City or PO., State and Zip Code)	4. Telephone Number (Including Area Code)
5. Do you have a valid Driver's License or Permit in possession? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, only entitled to ingress / egress equipment)	6. Do you have a VA Certificate of Eligibility (VA Form 21-4502) <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Vehicle(s) for which adaptive equipment is prescribed; requesting payment to a registered provided; reimbursement to an eligible person; or both?

7A. Type of Automobile or Conveyance (e.g., automobile, van, truck, SUV, other)	7B. Purchased with VA Automobile Allowance? (Y/N) Note: If yes, reimbursement for some adaptive equipment may not be approved by VA.	7C. Year of Vehicle Automobile or Conveyance (YYYY)	7D. Make	7E. Model	7F. Vehicle Identification Number (VIN)	7G. Date of Adaptive Equipment Provided (MM/DD/YYYY). Note: Complete if applying for repairs, replacement or reinstallations.
	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

CERTIFICATION: I hereby apply for adaptive equipment for the automobile(s) or other conveyance(s) in Item 7 above required for my service-connected disability (ies). I understand that payments will be remitted only to a registered provider and reimbursements will be remitted to the eligible persons and will not exceed the amounts listed in the "VA Adaptive Equipment Schedule for Automobile and Other Conveyance." I agree to provide all documentation for payments and reimbursements before VA will authorize payment or reimbursement. I understand that VA is not responsible for any payment or reimbursement until all requirements of 38 USC Chapter 39 and 38 CFR §§17.156-17.158 have been met.

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 to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

8. Signature of Veteran/Servicemember	9. Date (MM/DD/YYYY)
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PART II - ENTITLEMENT FOR PAYMENT / REIMBURSEMENT (To be completed by VHA)	
10. All documentation for payment and reimbursement has been received? (NOTE: Attach all documentation when forwarding to VBA for processing). <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Date Received (MM/DD/YYYY)
12. Are you approving payment? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please send 8-point decision letter along with VA Form 20-0998 with explanation for disapproval)	
13. Amount requested for payment	14. Total amount to be paid to registered provider
15. Remit payment to registered provider Name: Address:	
16. Are you approving reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please send 8-point decision letter along with VA Form 20-0998 with explanation for disapproval)	
17. Amount requested for reimbursement	18. Total amount to be reimbursed to Veteran/Servicemember
19. Approving Office Name and Title	20. VHA Station Code
21. Signature of Approving Official	22. Date (MM/DD/YYYY)
PART III - PROCESSING PAYMENT / REIMBURSEMENT (To be completed by VBA)	
AUTHORIZATION FOR AUTOMOBILE ADAPTIVE EQUIPMENT: The named applicant in Part I is eligible under 38 U.S.C. 3901-3904 for payment/ or reimbursement for prescribed adaptive equipment, subject to certain payment limitations.	
<input type="checkbox"/> I CERTIFY THAT the Veteran, Servicemember, will be reimbursed and/or the registered provider will be paid according to the payment limitations as listed in Part II of this application	
23. Authorizing Office Name and Title	24. VBA Regional Office Code
25. Signature of Authorizing Official	26. Date (MM/DD/YYYY)

VA BURDEN STATEMENT: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0188, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0188 in any correspondence. Do not send your completed VA Form 10-1394 to this email address.

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.