

Veterans Angels Inc.

"Our tribute to those who have gone before, and our service to those who carry on"

BOARD OF DIRECTORS

Stephen B. Stone, BA
Chairman & CEO
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Patricia J. Gates, BS
Author & Educator
Director

A Nevada based
501(c)(3)
Tax-Exempt
Public Charity

EIN Number
27-0204290

Veterans Angels, Inc. is a 501 (c) (3) tax-exempt public charity and **our service is provided free of charge.** This life changing information is provided to thousands of families throughout the United States and *we have no funding other than donations.* So all donations are greatly appreciated.

If you feel our service is of value, please consider making a donation by check, or online with a credit card at our website, www.vetangels.org. Thank you!

Our mission is to provide the information to assist you in preparing your claim for the Non-service improved disability pension or the Surviving Spouse Death benefit. These benefits are administered by the Department of Veterans Affairs.

The attached forms need to be completed and submitted with the required supporting documents to the Department of Veterans Affairs. The address and location for your area to mail your claim is included in this packet.

Want your claim processed faster? The forms included in this packet are to help you submit a **Fully Developed Claim (FDC)**. This is the fastest way to get your claim processed and there is no risk to participate! But you must READ THE INSTRUCTIONS and submit your claim in accordance the "FDC Criteria".

The **Fully Developed Claim** means that every piece of information and evidence that the VA needs to make a determination arrives at one time in one packet.

If you submit additional information or evidence after you submit your "fully developed" claim, then the VA will remove your claim from the FDC Program and process it in the Standard Claim process. This can mean a difference of months in processing time. So, let's get it right the first time.

Should you have questions before filing, you may contact Veterans Angels, Inc. via email at support@vetangels.org, or you may call toll-free 1-888-319-1117. We will be glad to assist you via phone and email.

It is our honor to assist you and your family.

Respectfully,
Veterans Angels, Inc.

MAIL ONLY

TIPS FOR STAYING SANE WHILE PREPARING A VA CLAIM!

This is not "brain surgery", but it is tedious! You know how to eat an elephant? One bite at a time!

1. If there are any questions as to the claimant's assets being a factor, please contact us before mailing the claim to the VA. You can email us at www.support@vetangels.org or call our toll-free number, 1-888-319-1117. We will be glad to help you stay sane!

2. When you first print your packet, paper clip all the forms that go together. VA Form numbers are in the bottom left corner. Ex. 21-2680 (2 pages), 21-22a (2 pages), Care Expense Statement (4 pages) etc. You will see there are only 6-7 actual forms for you to complete. One goes to the doctor for completion and one goes to the caregiver or the facility.

3. Gather all required Supporting Documents. This will be the most time consuming normally, but most all the information needed to complete the forms will come from the Supporting Documents.

4. **READ THE INSTRUCTIONS!** Use an address on forms that will insure any letters from the VA will be received and responded to in a timely manner.

5. **Who is the Claimant?** The veteran or the un-remarried surviving spouse is always the claimant. Another person may help with completing the forms but they are not the claimant. Neither is a Power of Attorney (POA). The VA does not accept the signature of a POA. If the Claimant cannot sign their name, they can make an "x" with two witnesses.

6. There is no VA file number until the VA receives the claim and assigns a VA file number.

7. Immediately order a Certified Copy of the Military Separation Papers or DD214. You can do this online at www.archives.gov/veterans/military-service-records/ OR use the Form 180 in the packet and mail to the National Personnel Records Center in St. Louis (address in packet). They will send two Certified Copies, one you will send to the VA and keep one in your file. OR, if you have the Original and wish to send it, you may do so. The VA does return the Original but it may take awhile.

8. When listing Unreimbursed Medical Expenses (UME), list the monthly COST of CARE and other UME BOTH in the application (21-527EZ or the 21-534EZ) and the Medical Expense Report (21P-8416). The VA does not count any expenses prior to the date the claim is received by the VA. Initially, they are looking for recurring, predictable, unreimbursed medical expenses, i.e. Medicare Part B premiums, supplemental health insurance premiums, prescription drug premiums (not co-pays), Dental insurance premiums, Long term care premiums, Cost of care paid to an Assisted Living, Group home, Adult Day Care, In Home Care Agency, OR a family member if serving as a caregiver AND being paid for Caregiver Services. Final Burial Expenses for the Veteran can also be listed on the claim with a copy of an invoice. This will help qualify the surviving spouse during the first year.

9. Remember, to determine the amount of benefit, the VA looks at the Gross Family Income MINUS the UME. To receive the maximum benefit, the Gross Family Income has to be offset to zero with UME. Example: Gross income is \$2000/mo. *MINUS* \$2,000 in UME is ZERO income for VA purposes.

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Veterans Angels, Inc. a 501 (c) (3) Public Charity
I _____, on _____, (date), state

that I have requested information and assistance from Veterans Angels, Inc., regarding the non-service connected pension benefit("the benefit") or the death benefit currently available for Veterans and their widows(ers) from the Department of Veterans Affairs.

By signing below, I indicate that I wish to proceed with the application process.

I also indicate that the individual assisting me in applying for "the benefit" is not an employee of the Department of Veterans Affairs.

I also affirm that I have not paid the person for this service.

I give permission to the staff associated with Linda Stone, accredited claims agent with the Department of Veterans Affairs to assist in the preparation of my application.

I further acknowledge that I am aware that this process may have an impact on any future application for benefits from Medicaid.

I further acknowledge that neither the individual assisting me nor any affiliations of that individual can guarantee the "the benefit" will be received.

I realize that there are income and asset qualifications, and that there may be tax consequences. I understand that I may consult with my own attorney, accountant, or other professionals in regard to the application.

By signing below, I hereby agree to hold harmless and release from all liability the individual assisting me as well as any of their affiliations.

I agree to notify Veterans Angels, Inc. of any correspondence, phone calls, or requests for additional information from the Department of Veterans Affairs.

Applicant or Contact person

Date

Individual assisting (Counselor)

Date

MAIL ONLY

Veterans Angels, Inc.

Confidential Information

The following information needs to be completed as accurately as possible. All information is held confidential by Veterans Angels, Inc.

Countable Monthly Income

	<u>Claimant</u>	<u>Spouse</u>
Social Security (Gross)(Provide statement, if possible)	[]	[]
Pensions (Government)	[]	[]
Pensions (Military)	[]	[]
Pensions (Corporate)	[]	[]
Long Term Care Insurance	[]	[]
401 K's, 457	[]	[]
403 B's, IRA (withdrawals)	[]	[]

Countable Assets (Provide current statements)

All Checking Accounts	[]	[]
All Savings Accounts	[]	[]
CD's, Money Market	[]	[]
Real Estate (other than Residence)	[]	[]
IRA's, 401 K's, etc...	[]	[]
Annuities(non-qualified)	[]	[]
Stock, Bonds, Mutual Funds	[]	[]
Life Insurance Cash Value	[]	[]

Countable Monthly Expenses for Health or Medical (Paid by You)

Medicare Part B	[]	[]
Supplemental Health Ins. Premiums	[]	[]
Long Term Care Premiums	[]	[]
Medicare (Part D)	[]	[]
Assisted Living or Group Home Cost	[]	[]
Home Caregiver Cost	[]	[]
Incontinence products, Oxygen, Insulin	[]	[]
Prescription co-pays (verified by doctor)	[]	[]

I/we declare, under the state laws where I reside, that the foregoing information regarding Income, Assets, and Expenses are accurate to the best of my knowledge.

Signature of Claimant or Responsible Party

Date _____

CONFIDENTIAL INFORMATION

MAKE COPIES! OF ALL FORMS & SUPPORTING DOCUMENTS
BEFORE MAILING TO VETERANS ANGELS, INC.

DO NOT SEND PACKET UNLESS COMPLETE WITH SUPPORTING DOCUMENTS

Mail completed packet to:
Veterans Angels, Inc.
10170 W. Tropicana Ave., # 156-440
Las Vegas, NV 89147

Contact Information:

Name: _____

Address: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Relationship to Claimant: _____

Any questions, please contact Veterans Angels, Inc. via Email at www.support@vetangels.org
OR call our toll-free number, 1-888-319-1117.

FINAL CHECKLIST FOR SUBMISSION for VETERAN

PLEASE USE THIS CHECKLIST TO VERIFY ALL FORMS AND DOCUMENTS ARE INCLUDED.

21-527EZ - Fully Developed Claim form-**Veteran must sign. POA signature is not accepted by DVA. An "x" with witnesses is acceptable.**

21-0845- Authorization to Disclose Personal Information to a Third Party-**Veteran must sign.** This will allow a family member or authorized person to obtain status information directly from the DVA.

21-22a-Appointment of Individual as Claimant's Representative-**Veteran must sign.** This appoints Linda R. Stone as an authorized claims agent regarding the claim. Allows the VA to give status info.

21-4138-Statement in Support of Claim-**Veteran must sign.** This is where the claimant can state the reasons Aid and Attendance are needed.

21P-8416-Medical Expense Report-**Veteran must sign.** Medical expenses are to be reported for "one month". **The VA will only count medical expenses from the date the claim is received.** Health and medical expenses should be recurring, predictable, and unreimbursed. **Example:** Medicare Part B, D, supplemental health, dental, or drug premiums (not co-pays), costs for care (assisted living, group home, home care agencies, Adult Day Care, or family members that are being paid as caregivers), incontinence supplies, oxygen, insulin, equipment rental, etc. **Expenses must also be listed on Form 21-527EZ.**

21-4142-Authorization to Release Information-**Veteran must sign.** Use one form for each physician submitting a 21-2680. If married, the Spouse must also include a form 21-2680.

These are mandatory!! Medical records must be included for both veteran and spouse!

21-2680-Examination for Housebound Status or Permanent Need for Regular Aid and Attendance-**Must be completed and signed by a Physician, not a PA or RN.** A 21-2680 must be included for the spouse if spouse's medical expenses are to be included in the claim.

21-0779-Request for Nursing Home Information-Use only if facility is providing skilled or intermediate nursing services. **Nursing Home official must sign.**

Care Expense Statement-**Veteran must sign and also Official from Care Facility or Care Provider (assisted living, group home, Home Care Agency, Adult Day Care, or family member if serving as a caregiver AND being paid for Caregiver services).** Family members providing care (other than spouse) do not have to be licensed. They must be paid for the VA to count the cost as an expense.

FINAL CHECKLIST FOR SUPPORTING DOCUMENTS

Original or Certified Copy of Military Separation Papers (DD214). DVA will return originals. You can obtain a Certified Copy online at: www.archives.gov/veterans/military-service-records or by mailing the form included with this packet titled "Request Pertaining to Military Records" to the National Personnel Records Center address. Two certified copies will be sent. Send one with the claim to DVA.

Copy of previous marriage(s) death certificate or divorce decree. **This applies only if the veteran is currently married.** If you do not have documents, you must furnish at least the month and year of marriage, place of marriage, date marriage ended (death or divorce) and place.

Medical Records- **These are mandatory!!!** Copy of most recent medical record from physician most familiar with claimant's medical history. You don't need to send a book but enough to substantiate the need for help from another person.

Copy of Legal Guardianship papers (if applicable)

Voided Check - on account where the benefit should be deposited.

Copy of sources of income for your household as reported on 21-527EZ, Page 7, Section VIII.

Copy of Bank Statement(s) (most recent)

Copy of Statement for assets reported on 21-527EZ, Page 7, Section VII

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Your generous, tax-deductible donations enable us to continue our mission of helping thousands of senior Veterans and their families.
We do not charge fees for our services and receive NO Government funding.

Our average donation is \$100.

Recurring donations of any amount are greatly appreciated.

You may send a check or credit card information to:

Veterans Angels, Inc.
10170 W. Tropicana Ave. # 156-440
Las Vegas, NV 89147-8465

OR

Make a donation online at www.vetangels.org

Please select the level of donation you wish to make and Thank You!

- US \$50.00
- US \$100.00
- US \$150.00
- US \$250.00
- _____ Other Contribution Amount

- US \$21.00 I wish to make this amount a monthly recurring donation.

Please complete, if paying by credit card.

Cardholder's Name _____
Card Number _____
Card Type _____ Expiration Date _____
Billing address: _____
City _____ State _____ ZIP Code _____
Email Address _____ Phone # _____

Donor Information (if different from Credit Card Information)

First Name _____ Last Name _____
Address _____
City _____ State _____
Company (optional) _____

To Honor the following: Honoree's Name: _____

MAIL ONLY

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WE NEED YOUR SUPPORT!

First, from all of us at Veterans Angels, Inc., we would like to thank you for your continued monetary support.

In appreciation for your support, we are offering a special gift to honor your veteran or loved one.

We will send a personalized, beautifully engraved 4" x 8" Donor Brick with a felt backing and stand. *This is a lasting tribute that is sure to be treasured and passed on to future generations.*

You can support our mission by making:

- **A donation of \$252.00. (The equivalent of \$21 x 12 months) Please complete the "Brick" info form.**

OR

- **To make a pledge or donation, please complete the enclosed Donation page.**
- **Our average donation is \$100.00.**

Your donations will allow us to continue providing this much needed information and assistance to Veterans and their families. **All our services are provided free of charge!** Donations cover the cost of postage, printing, telephones, website, public seminars and staffing support throughout the application process and beyond.

Thousands, from all over the United States, depend upon Veterans Angels, Inc. to answer questions and provide assistance in obtaining the non-service connected pension benefit.

We hope you will accept our gift of a personalized tribute for a tax deductible donation of \$252.00 or use the Donation page for whatever donation your heart deems is appropriate.

Respectfully,
Stephen B. Stone
President & CEO

Linda R. Stone
Accredited Claims Agent

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10170 W. TROPICANA AVE., # 156-440 • LAS VEGAS, NV 89147-8465 • TOLL FREE 888-319-1117 • FAX 702-450-2259
VETANGELS@COX.NET • WWW.VETANGELS.ORG



CREATE A LASTING TRIBUTE TO YOUR LOVED ONE

Honor your Veteran with a lasting tribute for their service to their country. **A tax deductible gift of \$252.00** will provide a personalized, beautifully engraved, 4 X 8 Donor Brick with a felt backing and stand. This lasting tribute is sure to be treasured and passed on to future generations.

Your tax deductible donation will assist Veterans Angels, Inc., a 501 (c)(3) public charity, to continue our mission of informing and assisting Veterans and their families to obtain little known benefits to help with the cost of long term care.

Veterans Angels, Inc. provides all services *free of charge* to Veterans and their families. Our only funding comes from patriots like you.



Yes, we'd like to create a lasting tribute. Please engrave our brick as follows:
 (We recommend engraving with all capital letters. Please print carefully.)

**ANY SYMBOL IS CONSIDERED ONE SPACE (PERIOD, COMMA, DASH)
 ALL TEXT IS CENTERED UNLESS OTHERWISE NOTED
 Maximum number of characters per line, including periods or commas is 21**

4 x 8 Brick

EXAMPLE

S	T	E	P	H	E	N		B	.		S	T	O	N	E		U	S	M	C
1	s	t		M	A	R	I	N	E		D	I	V	I	S	I	O	N		
1	9	6	1	-	1	9	6	5												

PLEASE RETURN FORMS AND YOUR DONATION PAYABLE TO:
ORDER SHEET ON BACK.
 Veterans Angels, Inc.
 10170 W. Tropicana Ave., # 156-440
 Las Vegas, NV 89147
 EIN # 27-0204290

Date Order Received: _____ Date Shipped: _____

Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Donation amount: \$252.00

Or enter your Credit Card Payment Information: for Visa - MasterCard - American Express - Discover

Card Number: _____ *(enter number without spaces or dashes)

Expiration Date: _____ *(mmyy)

Billing Information:

First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal Code: _____

Country _____

Email: _____

Phone: _____ Fax: _____

Shipping Information: Check box to ship to the Billing Information Address

Alternate Shipping Address:

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Please allow 4-6 weeks for delivery

If you have any questions, please call Linda Stone at (888) 319-1117.

YOU CAN ALSO ORDER ON OUR WEBSITE: www.vetangels.org