

# 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  
Director  
Registered Investment Advisor  
United States Marine

Linda R. Stone, M.Ed.  
Executive Vice President  
Director  
Accredited Claims Agent  
Department of Veterans Affairs

Swannie Swenson, Jr., D.Ed.  
Col. USA Ret  
Director

Ronald Swenson, BBA  
Entrepreneur  
Director  
United States Marine

Patricia J. Gates, BS  
Author & Educator  
Director

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.

Our mission is to provide you with the information to assist you in preparing your claim for the Non-service improved disability pension or the Death benefit. This benefit is administered through the Department of Veterans Affairs.

The attached forms need to be completed and submitted with the required documents to Veterans Angels, Inc.

The more complete the application, the faster the DVA processing time and possible approval.

Should you have questions before filing, you may contact Veterans Angels, Inc. via email at [support@vetangels.org](mailto:support@vetangels.org), or you may call toll-free 1 (888) 319-1117.

It is our honor to assist you and your family.

**MAKE COPIES FOR YOUR FILE OF EVERYTHING BEFORE MAILING.**

MAIL ONLY

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

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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**

**Claimant**

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**

## FINAL CHECKLIST FOR SUBMISSION for VETERAN

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

MAIL TO: Veterans Angels, Inc.  
10170 W. TROPICANA AVE, # 156-440  
LAS VEGAS, NV 89147

### FORMS TO BE INCLUDED:

Veterans Angels, Inc. Disclosure - **Veteran or responsible party must sign.**

Veterans Angels, Inc. Confidential Information page- **Veteran or responsible party must sign.**

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.

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, 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.

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 21-4142 if a form 21-2680 is being submitted for the 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 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).**

## FINAL CHECKLIST FOR SUPPORTING DOCUMENTS

### SUPPORTING DOCUMENTS TO BE INCLUDED:

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](http://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.

Copy of previous marriage(s) death certificate or divorce decree. This applies only if the veteran is currently married. You must furnish at least the month and year of marriage and death or divorce and places.

Medical Records- 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

**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](mailto:www.support@vetangels.org)  
OR call our toll-free number, 1-888-319-1117.

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## Tribute 21

The number 21 is one of utmost significance in military history. The 21 gun salute is the highest honor that can be bestowed on a deceased veteran. You can continue this time-honored tradition by making your tax-deductible donation of \$21.00 or more. Veterans Angels, Inc. is a non-profit, public charity and relies on your generous support to accomplish our mission of helping senior veterans and spouses obtain tax-free money from the Department of Veterans Affairs to help defray the cost of long term care. Thank you for your support.

**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 on our website: [www.vetangels.org](http://www.vetangels.org).

### Please fill in the following information.

Donation Amount: \$ \_\_\_\_\_

I would like to make this a recurring monthly donation.

### Donor Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company (Optional) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

### Please fill in the following information if paying by credit card

Cardholder's Name \_\_\_\_\_ Card Type \_\_\_\_\_

Card Number \_\_\_\_\_ Card Expiration \_\_\_\_\_

### If billing information differs from donor information, please enter the information below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

### To make your gift in honor of or in memory of an individual, family, etc. please complete the following section.

Honor Of  Memory Of Honoree: \_\_\_\_\_

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VETANGELS@COX.NET • WWW.VETANGELS.ORG





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](http://www.vetangels.org)