



Department of
Veterans Services

VA Special Claims and Benefits

Welcome

WebEx Orientation

Connection options Computer/phone

Camera

Microphone (mute)

Chat box for questions

Unmute and state your name and organization

Certificate of Attendance

TDVS Benefits Bulletin 24-8 Highlights

- **TDVS Benefits Bulletin August Highlights**

1 Big Thing: Honor Vote Program

Dedicate Your Vote: Tennesseans can honor service members by dedicating their vote to them.

How to Participate: Submit your Honor Vote online with the Tennessee Secretary of State's office to receive a commemorative button.

TDVS Updates

Economic Impact Tool: Now available on TDVS's website, this interactive map showcases Veterans' economic contributions across Tennessee, enhancing outreach and engagement.

Claims Management System RFP: TDVS is replacing VetraSpec; the RFP process is ongoing with updates available online.

Upcoming Events

Annual Conference 2024: Join us from September 30th to October 2nd in Chattanooga. Don't miss the Awards Banquet and an optional visit to the Coolidge National Medal of Honor Heritage Center.

Lunch & Learn: Mark your calendars for the September 11th update on the Annual Training Conference.

VA and Veteran Benefit Updates

Claims Status Tool: VA has updated its tool for easier, real-time claim status tracking.

Simpler Online Sign-In: By 2025, VA will streamline sign-in options to Login.gov and ID.me, ensuring smooth transitions for all Veterans.

Practice Like a Pro

Decision Timelines: Updated information on average processing times for claims and appeals to better assist your clients.

Advocate Spotlight

New Representatives: Welcome to the newest TDVS-accredited representatives from various Tennessee counties!

The bulletin contains 2,112 words and will take just over 8 minutes to read.

Mark Your Calendars

- September – Lunch & Learn, Wednesday, September 11th, 11:30 a.m. to 12:30 p.m. CST – 2024 Annual Training Conference Update
- Annual Conference / Awards Banquet / Advocacy Summit – Monday, September 30 - Wednesday, October 2
- October Initial Accreditation Training, Monday, October 21, 2024 – Friday, October 25, 2024
- Annual Examination – Friday, November 15th **OR** Monday, November 18th - Virtual

Mark Your Calendars

2024 Annual Awards Banquet

Please join Commissioner Tommy Baker and other distinguished guests for an awards banquet to recognize the work of Tennessee Department of Veterans Services employees and county veteran service officers.

Tuesday, October 1, 2024
6:00 PM – 8:00 PM EST
Chattanooga Marriott Downtown
2 Carter Plaza
Chattanooga, TN 37402

Attire: Business Casual
Please RSVP by September 15th



[Please RSVP by September 15th](#)

Don't Forget

- Don't forget: Tickets are now available for the [Coolidge National Medal of Honor Heritage Center](#). The Center will be providing a unique opportunity for conference attendees to visit on Monday, September 30, 2024, from 5 – 8 p.m. EST.
- Get your [tickets](#) now. *This is an optional opportunity and not a required portion of the TDVS training conference.*

Agenda

- Automobile Allowance and Adaptive Equipment
- Disability Housing Grants for Veterans
 - Specially Adapted Housing (SAH) Grant
 - Veterans' Mortgage Life Insurance (VMLI)
 - Special Home Adaptation (SHA) Grant
 - Temporary Residence Adaptation (TRA) Grant
 - Home Improvements/Structural Alterations (HISA)
- Birth defects linked to Agent Orange
- Replacing damaged clothing

Overview

During this presentation we will explore various special compensation claim options and application process that may be available to our service-connected veterans including those listed here. A service-connected disability is an illness or injury caused or made worse by active-duty service.

References

Electronic Code of Federal Regulations (eCFR) Title 38 Chapter 1

M21-1, Adjudication Procedures Manual

Veterans Benefits Administration Fact Sheets

Note: We will discuss a wide verity of claim forms. It is important to know what form is being completed and where they need to go to be processed efficiently and granted timely.

VA Form 10- Series is Veterans Health Administration (VHA)

References

[PRINT NOTICE: INFORMATION AND INSTRUCTIONS](#)

OMB Control No. 2900-0067
Respondent Burden: 15 Minutes
Expiration Date: 07/31/2024

VA DATE STAMP
DO NOT WRITE IN THIS SPACE

 Department of Veterans Affairs			
APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)			
INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent on page 3. Use this form to apply for automobile or other conveyance and adaptive equipment allowance (38 U.S.C. Chapter 39). For more information, contact us at https://iris.custhelp.va.gov/ or call us toll-free at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal relay number is 711. VA forms are available at www.va.gov/vaforms. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI, 53547-4444.			
SECTION I - VETERAN/SERVICEMEMBER IDENTIFICATION INFORMATION			
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable circle to help expedite processing of the form.			
1. VETERAN/SERVICEMEMBER'S NAME (First, Middle Initial, Last) Mickey Mouse			
2. SOCIAL SECURITY NUMBER 789-56-1234		3. VA FILE NUMBER (if applicable) 	
4. DATE OF BIRTH 11/18/1928		5. VETERAN'S SERVICE NUMBER (if applicable) 	
6. TELEPHONE NUMBER (Include Area Code) (407) 939-5277 Enter International Phone Number (if applicable)		7. E-MAIL ADDRESS mickymouse@dw.com ☐ I agree to receive electronic correspondence from VA in regards to my claim.	
NOTE: A servicemember planning early release should give both present military address and planned address following release from active duty, in items 8A and 8B.			
8A. CURRENT ADDRESS (No. and Street or rural route, City or P.O., State and Zip Code) No. & Street 105 Town Square Apt./Unit Number 22 City Disney Land State/Province FL Country Country ZIP Code/Postal Code 32837			
8B. SERVICEMEMBER'S PLANNED ADDRESS FOLLOWING RELEASE FROM ACTIVE DUTY (No. and Street or rural route, City or P.O., State and Zip Code) No. & Street Address Apt./Unit Number Apt. No. City City State/Province State Country Country ZIP Code/Postal Code ZIP Code/Postal Code			
SECTION II - APPLICATION INFORMATION			
9. BRANCH OF SERVICE AID MARINE COAST SPACE OTHER			10. ARE YOU ON ACTIVE DUTY?

TN

Department of
Veterans Services

Automobile Allowance and Adaptive Equipment

If a service-connected disability prevents a veteran from driving, find out if they can get money to help buy a specially equipped vehicle or make needed changes to your existing vehicle.

[§ 3.808 Automobiles or other conveyances and adaptive equipment; certification](#)

[§ 17.156 Eligibility for automobile adaptive equipment](#)

[§ 17.157 Definitions](#)

[§ 17.158 Limitations on assistance](#)

Automobile Allowance and Adaptive Equipment

- [M21-1, Part XIII, Subpart i, Chapter 2, Section A - Automobile and Adaptive Equipment Allowance Under 38 U.S.C. Chapter 39](#)

Topic	Topic Name
1	<u>Eligibility for Automobile and Adaptive Equipment Allowance</u>
2	<u>Application for Automobile and Adaptive Equipment Allowance</u>
3	<u>Rating Claims for Automobile and Adaptive Equipment Allowance</u>
4	<u>Notifying Claimants of Automobile and Adaptive Equipment Allowance Eligibility</u>
5	<u>Processing Claims for Automobile and Adaptive Equipment Allowance</u>
6	<u>Processing and Paying Eligibility Requests and Certificates of Eligibility</u>
7	<u>Processing Disagreements with Decisions on Automobile and Adaptive Equipment Allowance Claims</u>

Automobile Allowance and Adaptive Equipment

Entitlement. A certificate of eligibility for financial assistance in the purchase of one automobile or other conveyance in an amount not exceeding the amount specified in 38 U.S.C. 3902 (including all State, local, and other taxes where such are applicable and included in the purchase price) and of basic entitlement to necessary adaptive equipment will be provided to—

- (1) A veteran who is entitled to compensation under chapter 11 of title 38, United States Code, for a disability described in paragraph (b) of this section; or
- (2) A member of the Armed Forces serving on active duty who has a disability described in paragraph (b) of this section that is the result of an injury or disability incurred or disease contracted in or aggravated by active military, naval, air, or space service.

Automobile Allowance and Adaptive Equipment

Veteran may be eligible for VA automobile allowance or adaptive-equipment benefits if they have a disability that's related to service and that includes at least one of these conditions.

At least one of these must be true for you:

- loss or permanent loss of use of one or both feet, or
- loss or permanent loss of use of one or both hands, or
- permanent impairment of vision in both eyes with a
- central visual acuity of 20/200 or less in the better eye with corrective glasses, or
- central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field has an angular distance no greater than 20 degrees in the better eye, or
- Severe burn injury: Deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities or the trunk and preclude effective operation of an automobile, or
- amyotrophic lateral sclerosis (ALS).

Automobile Allowance and Adaptive Equipment

A one-time payment to help buy a specially equipped vehicle (called automobile allowance), **or**

In some situations, one or more adaptive-equipment grants to change a vehicle, so it has features like power steering, brakes, seats, windows, or lift equipment to help you get into and out of the vehicle

Current rates

Automobile allowance

Effective October 1, 2023

If you have a service-connected disability that prevents you from driving, we may pay **up to \$25,603.02** toward a specially equipped vehicle for you.

Note: The eligible veteran cannot buy a vehicle or adaptive equipment first, then file a claim. The seller of the specially equipped vehicle needs to submit a claim to VA. Then they pay them directly.

Automobile Allowance and Adaptive Equipment

Claim for conveyance and certification for adaptive equipment.

- A specific application for financial assistance in purchasing a conveyance is required which must contain a certification by the claimant that the conveyance will be operated only by persons properly licensed.
- The application will also be considered as an application for the adaptive equipment to ensure that the claimant will be able to operate the conveyance in a manner consistent with safety and to satisfy the applicable standards of licensure of the proper licensing authorities.
- Simultaneously with the certification provided pursuant to the introductory text of this section, a claimant for financial assistance in the purchase of an automobile will be furnished a certificate of eligibility for financial assistance in the purchase of such adaptive equipment as may be appropriate to the claimant's losses unless the need for such equipment is contraindicated by a physical or legal inability to operate the vehicle.
- There is no time limitation in which to apply. An application by a claimant on active duty will be deemed to have been filed with VA on the date it is shown to have been placed in the hands of military authority for transmittal.

Automobile Allowance and Adaptive Equipment

Effective January 5, 2023, *PL 117-333, Veterans Auto and Education Improvement Act of 2022*, further amended **38 U.S.C. 3903(a)** to change the general limitation on automobile allowance grants that previously restricted this to a once-in-a-lifetime benefit. As of the date of enactment of *PL 117-333*, VA may provide or assist in providing an *additional* automobile or other conveyance if *more than 30 years* have passed since the Veteran or service member most recently received VA financial assistance to purchase an automobile or other conveyance. The amount paid is limited by law.

(1) Except as provided in paragraphs (2) and (3), no eligible person shall be entitled to receive more than one automobile or other conveyance under the provisions of this chapter, and no payment shall be made under this chapter for the repair, maintenance, or replacement of an automobile or other conveyance.

(2) The Secretary may provide or assist in providing an eligible person with a second automobile or other conveyance under this chapter if—**(A)** the Secretary receives satisfactory evidence that the automobile or other conveyance previously purchased with assistance under this chapter was destroyed—**(i)** as a result of a natural or other disaster, as determined by the Secretary; and

(ii) through no fault of the eligible person; and

(B) the eligible person does not otherwise receive from a property insurer compensation for the loss.

(3) The Secretary may provide or assist in providing an eligible person with an additional automobile or other conveyance under this chapter—**(A)** if more than 30 years have elapsed since the eligible person most recently received an automobile or other conveyance under this chapter; or

(B) beginning on the day that is 10 years after date [1] of the enactment of the Veterans Auto and Education Improvement Act of 2022, if more than 10 years have elapsed since the eligible person most recently received an automobile or other conveyance under this chapter.

Automobile Allowance and Adaptive Equipment

What does this really mean?

- Under the new rules created by the AUTO Act, eligible active service members and veterans who have a service-connected disability that prevents them from driving may apply for a grant once every ten years to help buy a new vehicle that is specially adapted to their needs. Adaptations include power steering, specialized switches and pedals, brakes, seats, windows, or lifts.
- One caveat to this new benefit is that it has a phase-in period. First off, veterans who have never before used a VA vehicle grant are eligible immediately, and you may apply for a new grant every 10 years. The same applies to veterans who have used a VA vehicle grant, but not within the last 30 years. Only if you have used a VA vehicle grant, and it's been fewer than 30 years since it was granted, will you be ineligible for a new grant. If this applies to you, you must wait until 30 years have passed since your last grant before you can apply for a new one.

Automobile Allowance and Adaptive Equipment

 Department of Veterans Affairs		OMB Control No. 2900-0067 Respondent Burden: 15 Minutes Expiration Date: 07/31/2024
APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)		VA DATE STAMP (DO NOT WRITE IN THIS SPACE)
INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent on page 2. Use this form to apply for automobile or other conveyance and adaptive equipment allowance (38 U.S.C. Chapter 39). For more information, contact us at https://ask.va.gov/ or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms . After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.		
SECTION I - VETERAN/SERVICEMEMBER'S IDENTIFICATION INFORMATION		
NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable checkbox to help expedite processing of the form.		
1. VETERAN/SERVICE MEMBER'S NAME (First, Middle Initial, Last) 		
2. SOCIAL SECURITY NUMBER 	3. VA FILE NUMBER (If applicable) 	4. DATE OF BIRTH (MM/DD/YYYY)
5. VETERAN'S SERVICE NUMBER (If applicable) 	6. TELEPHONE NUMBER (Include Area Code) 	Enter International Phone Number (If applicable)
7. E-MAIL ADDRESS ☐ I agree to receive electronic correspondence from VA in regards to my claim. 		
NOTE: A service member planning early release should give both present military address and planned address following release from active duty, in Items 8A and 8B.		
8A. CURRENT ADDRESS (No. and Street or rural route, City or P.O., State and Zip Code) No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code		
8B. SERVICE MEMBER'S PLANNED ADDRESS FOLLOWING RELEASE FROM ACTIVE DUTY (No. and Street or rural route, City or P.O., State and Zip Code) No. & Street Apt./Unit Number City State/Province Country ZIP Code/Postal Code		

VA Form
21-4502

Automobile Allowance and Adaptive Equipment

SECTION II - APPLICATION INFORMATION		
9. BRANCH OF SERVICE ☐ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE ☐ NOAA ☐ USPHS		10. ARE YOU ON ACTIVE DUTY? ☐ YES ☐ NO
11A. PLACE OF ENTRY INTO ACTIVE DUTY 		11B. DATE OF ENTRY (MM/DD/YYYY) - -
11C. PLACE OF RELEASE FROM ACTIVE DUTY (If applicable) 		11D. DATE OF RELEASE (MM/DD/YYYY) - -
12A. HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? (If "Yes," specify name of place) ☐ YES ☐ NO	12B. DATE YOU APPLIED (MM/DD/YYYY) - -	13. LOCATION OF VA OFFICE THAT HAS YOUR FILE (If known)
14. TYPE OF CONVEYANCE APPLIED FOR (Check one) ☐ AUTOMOBILE ☐ STATION WAGON ☐ VAN ☐ TRUCK ☐ OTHER (Specify)		
15. HAVE YOU PREVIOUSLY APPLIED FOR AN AUTOMOBILE OR OTHER CONVEYANCE? ☐ YES ☐ NO (If "Yes," give date (mm/dd/yyyy) and place) - - Place:		
I HEREBY APPLY for the conveyance checked in Item 14 above and the equipment required because of my disability. I agree that before operating the vehicle I shall hereafter apply to the proper authority for the necessary license to operate it. If I am unable to qualify for a license, I certify that a person licensed to operate a similar vehicle in the state of my residence will operate the vehicle for me. I FURTHER CERTIFY that VA has not previously paid an automobile grant on my behalf or that either (1) the automobile previously purchased with assistance was destroyed as a result of a natural or other disaster, or (2) it has been 30 or more years since my most recent automobile grant. I understand that I must contact my local Veterans Health Administration (VHA) Prosthetic and Sensory Aids Service prior to obtaining any (new or used) adaptive equipment and that VA may deny claims for payment or reimbursements if eligibility has not been established or has been terminated.		
16. SIGNATURE OF VETERAN OR SERVICE MEMBER (REQUIRED)		17. DATE SIGNED (MM/DD/YYYY) - -

Automobile Allowance and Adaptive Equipment

SECTION III - CERTIFICATE OF ELIGIBILITY (To be completed by VA)			
QUALIFYING DISABILITIES (Check appropriate box(es))			
18A. LOSS OF FOOT ☐ RIGHT ☐ LEFT ☐ BOTH	18B. LOSS OF HAND ☐ RIGHT ☐ LEFT ☐ BOTH	18C. PERMANENT LOSS OF USE OF FOOT ☐ RIGHT ☐ LEFT ☐ BOTH	18D. PERMANENT LOSS OF USE OF HAND ☐ RIGHT ☐ LEFT ☐ BOTH
19. PERMANENT IMPAIRMENT OF VISION ☐ CENTRAL VISUAL ACUITY 20/200 OR LESS IN THE BETTER EYE WITH CORRECTIVE GLASSES ☐ CONTRACTION OF THE PERIPHERAL FIELD OF VISION TO 20 DEGREES OR LESS IN THE BETTER EYE		20. SEVERE BURN INJURY ☐ YES ☐ NO	21. AMYOTROPHIC LATERAL SCLEROSIS (ALS) ☐ YES ☐ NO
22. Authorization for Allowance for Automobile or Other Conveyance: The above-named applicant is eligible under 38 U.S.C. 3901-3904 to purchase the automobile or conveyance shown in Item 14, subject to certain payment limitations. VA cannot pay more than the rate in effect when VA receives the claim for payment from the seller. The allowance includes applicable taxes when included in the purchase price. The allowance does not include payment for any adaptive equipment specified for the qualifying disabilities. Adaptive Equipment: The cost of adaptive equipment and its installation may be reimbursed. Adaptive equipment is not provided if the claimant is blind, requires a driver, or does not have a valid State driver's license or learner's permit. See the attached list for the adaptive equipment that is authorized for the qualifying disabilities shown above. All additional add-on equipment must be approved by VA. If this is an additional automobile (the automobile previously purchased with assistance was destroyed as a result of a natural or other disaster, or 30 or more years since the most recent automobile grant), the veteran must contact their local VHA Prosthetic and Sensory Aids Service prior to obtaining any (new or used) adaptive equipment. VA may deny claims for payment or reimbursements if eligibility has not been established or has been terminated. ☐ I CERTIFY THAT the veteran has not previously received an allowance for automobile or other conveyance under 38 U.S.C. 3901-3904. If this is an additional automobile, I certify that either the automobile previously purchased with assistance was destroyed as a result of a natural or other disaster, or it has been 30 or more years since the most recent automobile grant.			
23. NAME AND LOCATION OF VA OFFICE	24A. SIGNATURE OF CERTIFYING OFFICIAL		24B. DATE SIGNED (MM/DD/YYYY)
	TITLE OF CERTIFYING OFFICIAL		

Automobile Allowance and Adaptive Equipment

SECTION IV - RECEIPT FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (To be completed by veteran or service member)		
25. MAKE AND MODEL 		26. YEAR (YYYY)
27. VEHICLE IDENTIFICATION NO. (VIN) 	28. TOTAL PURCHASE PRICE \$.	29. DATE OF SALE (MM/DD/YYYY) - -
30A. I WILL OPERATE THIS VEHICLE ☐ YES ☐ NO		30B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT ☐ YES ☐ NO
31. NAME OF SELLER 		32. ADDRESS OF SELLER
I hereby acknowledge receipt of the automobile or other conveyance with the adaptive equipment specified on attached invoice.		
33A. SIGNATURE OF VETERAN OR SERVICE MEMBER (REQUIRED)		33B. DATE OF RECEIPT (MM/DD/YYYY) - -
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. PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education and Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). RESPONDENT BURDEN: We need this information in order to determine eligibility for automobile or other conveyance and adaptive equipment allowance (38 U.S.C. Chapter 39). Title 38, United States Code, allows us to ask for this information if this number is not displayed. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete the form. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.		

Automobile Allowance and Adaptive Equipment

ADAPTIVE EQUIPMENT FOR AUTOMOBILES AND SIMILAR VEHICLES

IMPORTANT

Adaptive equipment for the operation of the vehicle cannot be provided if the veteran or service member is blind, requires a driver because of physical disability, or does not have a valid State driver's license or learner's permit. The list below shows the equipment that is authorized for the qualifying disabilities shown in Section II of VA Form 21-4502. Request approval from the nearest VA health care facility for any equipment not shown below, or if adaptive equipment is required for driver training and testing.

A. BASIC EQUIPMENT

DISABILITY

Loss of a foot (including loss of use).....
Loss of both feet (including loss of use).....
Loss of a hand (including loss of use).....
Loss of a hand and a foot (including loss of use).....

ADAPTIVE EQUIPMENT

Basic automatic transmission and power brakes
Basic automatic transmission, power steering and power brakes.
Basic automatic transmission and power steering.
Basic automatic transmission, power steering and power brakes.

B. ADDITIONAL EQUIPMENT - SINGLE DISABILITIES

LOSS OF LEFT FOOT (INCLUDING LOSS OF USE)

1. Hand-operated dimmer switch
2. Hand-operated parking brake
3. If standard transmission selected, bar welded to clutch pedal to prevent foot slipping down or off to side.

LOSS OF LEFT HAND (INCLUDING LOSS OF USE)

1. Steering wheel knob or ring.
2. Right-hand operated direction signals.
3. Right-hand or foot-operated parking brake.
4. Relocation of control switched, as needed.

LOSS OF RIGHT FOOT (INCLUDING LOSS OF USE)

1. Left foot-operated gas pedal.
2. Hand-operated dimmer switch.
3. Hand-operated parking brake.
4. Extension on brake pedal from left foot operation if not part of car.
5. If standard transmission selected, bar welded to clutch pedal so both clutch and brake pedals may be operated with the left foot.

LOSS OF RIGHT HAND (INCLUDING LOSS OF USE)

1. Steering wheel knob or ring.
2. Left hand-or foot-operated parking brake.
3. Relocation of control switches, as needed.
4. Left hand gear shift lever.

C. ADDITIONAL EQUIPMENT - MULTIPLE DISABILITIES

LOSS OF BOTH FEET (INCLUDING LOSS OF USE)

1. Hand-operated brake and gas pedal in combination.
2. Hand-operated parking brake.
3. Hand-operated dimmer switch.
4. Steering wheel knob or ring.
5. Two-way power seat.

LOSS OF BOTH HANDS, TRIPLE OR QUADRUPLE EXTREMITY LOSS (INCLUDING LOSS OF USE)

Any combination of hand/foot control which does not involve steering, and relocation of control switches or levers as required.

Adaptive Equipment

- A formal claim on a [VA Form 10-1394, Application for Adaptive Equipment – Motor Vehicle](#), is required if the Veteran or service member is entitled to adaptive equipment only.
- Typically, this form is provided by the outpatient clinic to the Veteran or service member for forwarding to the finance activity or submitted by the prosthetics department on the Veteran's or service member's behalf to the local finance activity.

A [VA Form 10-1394](#) is also required for approval of equipment not specified on the [VA Form 21-4502](#) for the Veteran's or service member's particular disability.

[illegible][illegible]

Adaptive Equipment

VA Department of Veterans Affairs

APPLICATION FOR ADAPTIVE EQUIPMENT AUTOMOBILE OR OTHER CONVEYANCE

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 2608-0189, and it expires 06/30/2027. 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 Report Clearance Office at VAO321@va.gov. Please refer to OMB Control No. 2608-0189 in any correspondence. Do not send your completed VA Form 10-1399 to this email address.

PRIVACY ACT INFORMATION: The information requested on this form is collected 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 adaptive equipment, and identify your medical records. Additional information may be collected 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 requested is 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.

Who is eligible for adaptive equipment? A Servicemember or Veteran who is entitled to compensation or benefits under 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 a vehicle or other conveyance.

Who determines eligibility for adaptive equipment? The Veterans Benefits Administration (VBA) will determine if a Veteran or Servicemember meets the criteria. An eligible person will receive a certified form 21-4502 annotating a disability rating.

Where can I find a copy of my 21-4502? At your local VBA Regional Office or by request to 21-4502@va.gov.

Who determines entitlement for adaptive equipment? The Veterans Benefits Administration (VBA) will determine if a Veteran or Servicemember is entitled to adaptive equipment for operating, and/or entering and exiting a vehicle or other conveyance.

What type(s) of automobiles or other conveyances are considered? Automobiles, Mini-vans, SUVs, and other vehicles. The VA Adaptive Equipment Schedule for Automobile and Other Conveyance (AESA) is located at www.va.gov/adaptiveequipment.

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, 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.

Who is eligible for a payment? A registered provider (manufacturer, modifier, and alterer) who is registered with the VA Adaptive Equipment Schedule (AESA) 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, 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? ☐ Yes ☐ No (If no, only entitled to ingress / egress equipment)		6. Do you have a VA Certificate of Eligibility (VA Form 21-4502)? ☐ Yes ☐ No	
7. Vehicle(s) for which adaptive equipment is prescribed; requesting payment to a registered provider; 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. ☐ Yes ☐ No	7C. Year of Vehicle Automobile or Conveyance (YYYY) ☐ Yes ☐ No	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 installations.

VA FORM 10-1394
JUN 2024

10P4R PAGE 1

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 restricted only to a registered provider and reimbursements will be restricted to the eligible person 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) _____

PART II - ENTITLEMENT FOR PAYMENT / REIMBURSEMENT (To be completed by VBA)

10. All documentation for payment and reimbursement has been received?
(NOTE: Attach all documentation when forwarding to VBA for processing).
☐ Yes ☐ No

11. Date Received (MM/DD/YYYY) _____

12. Are you approving payment?
☐ Yes ☐ 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: _____
City: _____ State: _____ Zip: _____
☐ Yes ☐ 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. VA Station Code _____ 20. VHA Station Code _____

21. Signature of Approving Official _____ 22. Date (MM/DD/YYYY) _____

PART III - AUTHORIZATION FOR PAYMENT / REIMBURSEMENT (To be completed by VBA)

AUTHORIZATION FOR ADAPTIVE EQUIPMENT
The Veteran/Servicemember is eligible for payment or reimbursement for prescribed adaptive equipment under 38 U.S.C. 3901-3904 for payment or reimbursement.

☐ I CERTIFY THAT the Veteran/Servicemember is eligible for payment or reimbursement to a 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. Regional Office Code _____

25. Signature of Authorizing Official _____ 26. Date (MM/DD/YYYY) _____

Disability Housing Grants for Veterans

- Specially Adapted Housing (SAH) grant
 - Veterans' Mortgage Life Insurance (VMLI)
- Special Home Adaptation (SHA) grant
- Temporary Residence Adaptation (TRA) grant
- Home Improvements/Structural Alterations (HISA)

Specially Adapted Housing (SAH) Grant

- § 3.809 Specially adapted housing under 38 U.S.C. 2101(a)(2)(A)(i).
- **M21-1, Part XIII, Subpart i, Chapter 2, Section B - Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) Grants** M21-1, Part XIII, Subpart i, Chapter 2, Section B - Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) Grants (va.gov)

In order for a certificate of eligibility for assistance in acquiring specially adapted housing under 38 U.S.C. 2101(a)(2)(A)(i) or 2101A(a) to be extended to a veteran or a member of the Armed Forces serving on active duty, the following requirements must be met:

General. A member of the Armed Forces serving on active duty must have a disability that was incurred or aggravated in line of duty in active military, naval, air, or space service and meets the requirements described in paragraph (b) of this section. A veteran must be entitled to compensation under chapter 11 of title 38, United States Code, for a service-connected disability that meets the requirements described in paragraph (b) of this section.

Specially Adapted Housing (SAH) Grant

Disability. The disability must be rated as one of the following:

- (1) A permanent and total disability due to the loss or loss of use of both lower extremities, such as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- (2) A permanent disability due to blindness in both eyes, having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens. For the purposes of this paragraph (b)(2), an eye with a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less.
- (3) A permanent and total disability due to the loss or loss of use of one lower extremity together with residuals of organic disease or injury which so affect the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.
- (4) A permanent and total disability due to the loss or loss of use of one lower extremity together with the loss or loss of use of one upper extremity which so affect the functions of balance or propulsion as to preclude locomotion without the aid of braces, crutches, canes, or a wheelchair.

Specially Adapted Housing (SAH) Grant

(5) A permanent and total disability due to the loss or loss of use of both upper extremities such as to preclude use of the arms at or above the elbow.

(6) A permanent and total disability due to full thickness or subdermal burns that have resulted in contractures with limitation of motion of two or more extremities or of at least one extremity and the trunk.

(c) ***Preclude locomotion.*** This term means the necessity for regular and constant use of a wheelchair, braces, crutches or canes as a normal mode of locomotion although occasional locomotion by other methods may be possible.

(d) ***Amyotrophic lateral sclerosis.*** VA considers § 3.809(b) satisfied if the veteran or member of the Armed Forces serving on active duty has service-connected amyotrophic lateral sclerosis rated 100 percent disabling under 38 CFR 4.124a, diagnostic code 8017.

Specially Adapted Housing (SAH) Grant

How much funding does an SAH grant offer?

- If you qualify for an SAH grant, you can get up to **\$117,014** for FY 2024. This is the current total maximum amount allowed for SAH grants.
- **Note:** Only 120 Veterans and service members each fiscal year (FY) can qualify for a grant based on the loss of one extremity after September 11, 2001, as set by Congress. A fiscal year runs from October 1 through September 30. If you qualify for a grant in the current fiscal year but you can't receive it because of the 120-grant limit, you may be able to receive this benefit in future years.

Veterans' Mortgage Life Insurance (VMLI)

Veterans' Mortgage Life Insurance (VMLI) offers mortgage protection insurance to the families of Veterans with severe service-connected disabilities who've adapted a home to fit their needs. Up to \$200,000 in mortgage life insurance—paid directly to the bank or other lender that holds your mortgage.

All of these must be true:

- You have a severe disability that we've concluded was caused—or made worse—by your service, **and**
- You received a Specially Adapted Housing (SAH) grant to buy, build, or make changes (like installing ramps or widening doorways) to a home so you can live more independently, **and**
- You have the title of the home, **and**
- You have a mortgage on the home, **and**
- You're under 70 years old

Veterans' Mortgage Life Insurance (VMLI)

Important details about VMLI:

- The money will be paid directly to the bank or other lender that holds your mortgage—not to a life insurance beneficiary (a person chosen to receive the money from a policy when the insured dies).
- The amount of coverage will equal the amount you still owe on your mortgage, but won't be more than \$200,000.
- VMLI is a decreasing-term insurance. This means your coverage amount goes down as your mortgage balance goes down. If you pay off your mortgage, your VMLI coverage will end.
- VMLI has no loan or cash value—and it doesn't pay dividends (cash payments made to policy holders when the company makes a profit).

Your VMLI premium will be based on all of these factors:

- Your age, **and**
- The current balance of your mortgage loan, **and**
- How many more mortgage payments you need to make to pay off your mortgage, **and**
- The amount of VMLI coverage you need

Complete Veterans' Mortgage Life Insurance Statement (VA Form 29-8636)

Veterans' Mortgage Life Insurance (VMLI)

Department of Veterans Affairs		VETERANS MORTGAGE LIFE INSURANCE STATEMENT		
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., use by VA employees and your authorized representatives in the maintenance of Government Insurance programs) identified in the VA system of records, 53VA00, Veterans Mortgage Life Insurance - VA, and published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. No insurance may be granted unless a completed application form has been received (38 U.S.C. 2106 and 38 CFR 8a3(e)). Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701).		OMB Control No. 2900-0212 Respondent Burden: 15 minutes Expiration Date: 06/30/2024		
RESPONDENT BURDEN: We need this information to determine, establish or verify your eligibility for VA Insurance benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain . If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.				
ANY QUESTIONS REGARDING VMLI, PLEASE CALL 1-800-669-8477				
PART A				
1. TELEPHONE NUMBER	2. VA POLICY NUMBER	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH (Month, day, year)	
5. VETERAN'S NAME (First, middle, last)		6. MAILING ADDRESS OF VETERAN (No. and street or rural route, city or P.O., State and ZIP Code)		
7. ADDRESS OF MORTGAGED PROPERTY (If different than Item 6 above)				
8. NAME, ADDRESS AND PHONE NUMBER (If known) OF COMPANY OR INDIVIDUAL TO WHOM MORTGAGE PAYMENTS ARE MADE (No. and street or rural route, city or P.O., State and ZIP Code) (If house is under construction, refer to note under Item 8 on Instruction Sheet (Page 2))				
MORTGAGE INFORMATION				
9. MORTGAGE ACCOUNT NUMBER	10. IS TITLE TO THE MORTGAGED PROPERTY HELD JOINTLY WITH ANYONE OTHER THAN YOUR SPOUSE? ☐ YES ☐ NO	11. AMOUNT OF MORTGAGE A. ORIGINAL AMOUNT \$ B. CURRENT BALANCE \$		
12. MONTHLY PAYMENT AMOUNT (Principal and Interest only) \$	13. RATE OF INTEREST %	14. MORTGAGE PAYMENT PERIOD A. FIRST PAYMENT DUE (Month, day, year) B. DURATION OF PAYMENTS (Months and years)		
15. HOME UNDER CONSTRUCTION A. IS YOUR HOME CURRENTLY UNDER CONSTRUCTION? ☐ YES ☐ NO B. DO YOU WANT VMLI COVERAGE TO BE EFFECTIVE WHILE THE HOME IS UNDER CONSTRUCTION? ☐ YES ☐ NO		16. COVERAGE INDICATE REQUESTED LEVEL OF COVERAGE NOT TO EXCEED \$200,000, OR CURRENT MORTGAGE BALANCE, WHICHEVER IS LESS.		
IMPORTANT NOTICE This is notice to you as required by the Right to Financial Privacy Act of 1978 that VA has a right to have access to your financial records (held by financial institutions) in connection with assisting you. Financial records involving your transaction will be available to VA without further notice or authorization but will not be disclosed or released to another Government Agency or Department without your consent except as required or permitted by law. I CERTIFY THAT the above information is accurate to the best of my knowledge. I authorize VA to withhold the required premium from my VA benefits for the purpose of paying for the mortgage protection life insurance.				
17. SIGNATURE OF VETERAN (Sign in ink)		18. DATE SIGNED		
FOR VA USE				
19. AMOUNT OF INSURANCE \$	20. EFFECTIVE DATE	21. AMOUNT OF PREMIUM \$	22. APPROVED BY	23. DATE APPROVED

VA FORM 29-8636
JUN 2021

SUPERSEDES VA FORM 29-8636, NOV 2017,
WHICH WILL NOT BE USED.

DETACH HERE

PART B - DECLINATION OF INSURANCE	
1. VETERAN'S NAME (First, middle, last)	2. VA POLICY NUMBER
3. I AM DECLINING THE MORTGAGE PROTECTION LIFE INSURANCE FOR THE REASON CHECKED BELOW: ☐ I DO NOT HAVE A MORTGAGE ☐ I DO NOT DESIRE THE INSURANCE ☐ I AM NOT ELIGIBLE BECAUSE OF AGE	
4. SIGNATURE OF VETERAN (Sign in ink)	5. DATE SIGNED

VA FORM 29-8636
JUN 2021

SUPERSEDES VA FORM 29-8636, NOV 2017,
WHICH WILL NOT BE USED.

PAGE 3

TN

Department of
Veterans Services

Special Home Adaptation (SHA) Grant

- § 3.809a Special home adaptation grants under 38 U.S.C. 2101(b).
- **M21-1, Part XIII, Subpart i, Chapter 2, Section B - Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) Grants** M21-1, Part XIII, Subpart i, Chapter 2, Section B - Specially Adapted Housing (SAH) or Special Home Adaptation (SHA) Grants (va.gov)

A certificate of eligibility for assistance in acquiring necessary special home adaptations, or, on or after October 28, 1986, for assistance in acquiring a residence already adapted with necessary special features, under 38 U.S.C. 2101(b) or 2101A(a) may be issued to a veteran who served after April 20, 1898, or to a member of the Armed Forces serving on active duty who is eligible for the benefit under this section on or after December 16, 2003, if the following requirements are met:

Special Home Adaptation (SHA) Grant

- The member of the Armed Forces serving on **active duty or veteran is not entitled** to a certificate of eligibility for assistance in acquiring specially adapted housing under § 3.809 nor had the member of the Armed Forces serving on active duty or veteran previously received assistance in acquiring specially adapted housing under 38 U.S.C. 2101(a). A member of the Armed Forces serving on active duty or veteran who first establishes entitlement under this section and who later becomes eligible for a certificate of eligibility under § 3.809 may be issued a certificate of eligibility under § 3.809.
- (b) A member of the Armed Forces serving on active duty must have a disability that was incurred or aggravated in line of duty in active military, naval, air, or space service and meets the requirements described in paragraph (c) of this section. A veteran must be entitled to compensation under chapter 11 of title 38, United States Code, for a disability that meets the requirements described in paragraph (c) of this section.

Special Home Adaptation (SHA) Grant

VA has rated the disability as permanently and totally disabling and it:

- (1) Includes the anatomical loss or loss of use of both hands;
- (2) Is due to deep partial thickness burns that have resulted in contracture(s) with limitation of motion of two or more extremities or of at least one extremity and the trunk;
- (3) Is due to full thickness or subdermal burns that have resulted in contracture(s) with limitation of motion of one or more extremities or the trunk; or
- (4) Is due to residuals of an inhalation injury (including, but not limited to, pulmonary fibrosis, asthma, and chronic obstructive pulmonary disease).

Note: You or a family member own or will own the home

Special Home Adaptation (SHA) Grant

How much funding does an SHA grant offer?

If qualified for an SHA grant, they can get up to **\$23,444** for FY 2024. This is the current total maximum amount allowed for SHA grants.

Do they have to use the total grant amount this year?

No. If eligible for an SAH or SHA grant, they can use money from the grant up to 6 different times over their lifetime.

Depending on the adaptations they need, and the bid from the builder, they can use as much or as little of the grant as they need this year. If they don't use the full amount, they can use more money from the grant in future years.

VA may adjust the total maximum amount each year based on the cost of construction. They may receive up to the current total maximum amount for the last year you use the grant.

SAH and SHA Grant Application

Department of Veterans Affairs		
APPLICATION IN ACQUIRING SPECIALLY ADAPTED HOUSING OR SPECIAL HOME ADAPTATION GRANT (Title 38 U.S.C. Section 2101(a) or 2101(b))		
PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, CFR 1.576 for routine uses (for example, Authorizing release of information to Congress when requested for statistical purposes) identified in the VA system of records, SSV-A26, Loan Guaranty Form, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendor Loan Applicant Records - VA, published in the Federal Register. Your response is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38, CFR 3.309. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. RESPONDENT BURDEN: 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 2900-0132, and it expires May 31, 2027. Public reporting burden for this collection of information is estimated to average 10 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 the burden, to VA Reports Clearance Officer at VA-OMB-ReportsClearance@va.gov. Please refer to OMB Control No. 2900-0132 in any correspondence. Do not send your completed VA Form 26-4555 to this email address.		
INSTRUCTIONS: This application should be submitted to the VA regional office where your claim file is located or this form can be completed online by visiting www.ebenefits.va.gov.		
1. FIRST NAME - MIDDLE INITIAL - LAST NAME	2. SOCIAL SECURITY NO.	3. VA FILE #/CLAIM NUMBER
4. DATE OF BIRTH (MM/DD/YYYY)	5. E-MAIL ADDRESS	
6. ADDRESS (Number and street or rural route, city or P.O., State and ZIP Code)		
7. TELEPHONE NUMBERS OF APPLICANT (Include Area Code)		
A. DAYTIME	B. EVENING	C. CELL
8. HAVE YOU MADE PREVIOUS APPLICATION FOR SPECIALLY ADAPTED HOUSING? ☐ YES ☐ NO (If "Yes," give date (MM/DD/YYYY) and place)		
9. HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATION GRANT? ☐ YES ☐ NO (If "Yes," give date (MM/DD/YYYY) and place)		
10. ARE YOU CONFINED TO A NURSING HOME OR MEDICAL CARE FACILITY? ☐ YES ☐ NO (If "Yes," give name and address of facility)		
11. REMARKS		
CERTIFICATION		
I am applying for assistance in acquiring specially adapted housing or special home adaptation grant because of the nature of my service-connected disability. I understand that there are medical and economic features yet to be considered before I am eligible for this benefit, and that I will be notified of the action taken on this application as soon as possible.		
12A. SIGNATURE OF APPLICANT (Sign full name in ink.)		12B. DATE SIGNED (MM/DD/YYYY)
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.		
VA FORM 26-4555 MAY 2024		
SUPERSEDES VA FORM 26-4555, JUN 2021, WHICH WILL NOT BE USED.		

Temporary Residence Adaptation (TRA) Grant

Can I get money to change a family member's home where I'm living?

You may be able to get a Temporary Residence Adaptation (TRA) grant if you meet both of these requirements.

Both of these must be true:

You qualify for an SAH or SHA grant, **and**

You're living temporarily in a family member's home that needs changes to meet your needs. (To use a TRA grant, you don't have to own the house.)

How much funding does a TRA grant offer?

If you qualify for an SAH grant, you can get up to **\$47,130** through the TRA grant program for FY 2024.

If you qualify for an SHA grant, you can get up to **\$8,415** through the TRA grant program for FY 2024.

Home Improvements/Structural Alterations (HISA)

This benefit provides medically necessary improvements and structural alterations to Veterans/Servicemembers' primary residence for the following purposes:

- Allowing entrance to or exit from the primary residence
- Use of essential lavatory and sanitary facilities (e.g. roll in showers)
- Allowing accessibility to kitchen or bathroom sinks or counters (e.g. lowering counters/sinks)
- Improving entrance paths or driveways in immediate area of the home to facilitate access to the home through construction of permanent ramping
- Improving plumbing or electrical systems made necessary due to installation of home medical equipment
- HISA will **not** pay for:
 - Walkways to exterior buildings
 - Spa, hot tub, or Jacuzzi
 - Exterior decking
 - New construction

Home Improvements/Structural Alterations (HISA)

Lifetime benefit for Veterans and Servicemembers.

\$6,800 will be approved to:

- Address a service-connected disability
- Address a compensable disability treated “as if” is a service-connected disability and for which the Veteran entitled to medical services under 38 USC 1710(a)(2)(c) (e.g., disability acquired through treatment or vocational rehabilitation provided by VA)
- Address a non-service- connected disability, if the beneficiary has a service-connected disability rated at least 50 percent disability (**no combining or combination of disability percentages is allowed**).

\$2,000 will be approved to:

- Address a disability that is not covered above

Note: All HISA projects must be medically justified for the service connected disability and/or non-service connected disability. Please contact your local Prosthetic and Sensory Aids Service to determine your available lifetime HISA benefits. VHA Directive 1173.14(1) - Home Improvements and Structural Alterations (HISA) Program

What does HISA exclude?

Some excluded HISA structural alterations are exterior decking; purchase or installation of spa/ hot tubs/ Jacuzzi type tubs; home security systems; removable equipment or appliances such as portable ramps; porch lifts, and stair glides; and routine repairs as part of regular home maintenance like replacements of roofs, furnaces, or air conditioners.

Home Improvements/Structural Alterations (HISA)

Applying for a HISA Benefit

- When applying for the HISA benefit, a completed HISA application package must include the following:
 - (1) A prescription written or approved by a VA physician which includes:
 - (a) The beneficiary's name, address and telephone number;
 - (b) A description of the prescribed project, including the area of the home to be improved or structurally altered; type of modification and all alternatives to the modifications; and items requiring installation.
 - (c) The diagnosis and medical justification for the prescribed improvement or structural alteration. The medical justification should demonstrate the project's clinical appropriateness, that is, the beneficiary's clinical needs should support the type of home improvement or structural alterations being prescribed.
 - (2) A completed and signed [VA Form 10-0103, VETERANS APPLICATION FOR ASSISTANCE](#) In Acquiring Home Improvement and Structural Alterations
 - If applying for an advanced payment, request on application
 - (3) FOR RENTERS: A signed and notarized statement from the owner authorizing the improvement or structural alteration
 - (4) A written itemized estimate of costs for labor, materials, permits, and inspections for the home improvement and structural alteration
 - (5) A color photograph of the unimproved area
- **NOTE:** An inspection of the site by VA may be warranted.

Home Improvements/Structural Alterations (HISA)

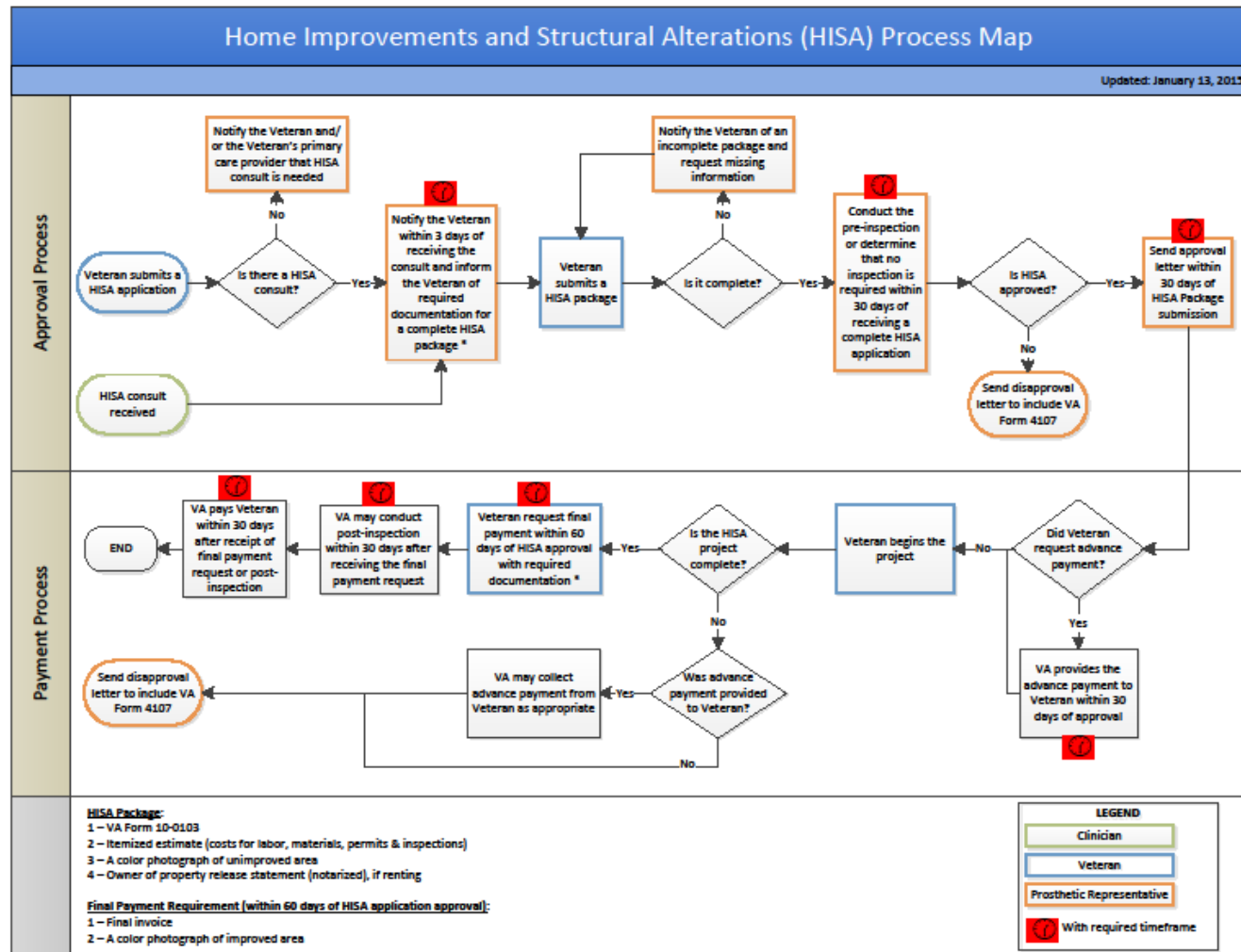
HISA Process Map

For a complete map of the HISA process, a copy can be [downloaded here](#).

Additional Information

Contact the local Prosthetic and Sensory Aids Service near you for individual inquiries and eligibility information. Information at the end of the presentation.

Home Improvements/Structural Alterations (HISA)



Birth defects linked to Agent Orange

If a veteran served in Vietnam or Thailand, or in or near the Korean Demilitarized Zone (DMZ)—and their child has spina bifida or certain other birth defects—the child may be eligible for VA disability compensation and other benefits.

Spina bifida is a spinal cord birth defect. A baby develops spina bifida while still in the womb. In some cases, a parent's past contact with specific chemicals causes this birth defect

[§ 3.815](#) Monetary allowance under [38 U.S.C. chapter 18](#) for an individual with disability from covered birth defects whose biological mother is or was a Vietnam veteran; identification of covered birth defects.

Birth defects linked to Agent Orange

One of these must be true:

- The child's biological mother served in the Republic of Vietnam or in Thailand for any length of time between January 9, 1962, and May 7, 1975, **or**
- The child's biological mother served in a unit in or near the DMZ for any length of time between September 1, 1967, and August 31, 1971

And both of these must be true:

- The child was diagnosed with a form of spina bifida **other than spina bifida occulta**, **and**
- The child was conceived after the parent first entered the Republic of Vietnam, Thailand, or the DMZ during the qualifying time periods listed above

Note: Character of discharge and length of service don't affect your child's eligibility for disability benefits relating to spina bifida.

- **Spina bifida occulta (SBO)** is a neural tube defect (NTD) that occurs when a baby's spine doesn't fully form during pregnancy, leaving a small gap in the bones of the spine. It's the mildest form of spina bifida and is also known as "hidden" spina bifida because it often goes undiscovered until late childhood or adulthood.

Birth defects linked to Agent Orange

Birth defects covered by VA

- Birth defects are abnormalities present at birth that result in mental or physical disabilities.
- VA recognizes a wide range of birth defects as associated with women Veterans' service in Vietnam. These diseases are not tied to herbicides, including Agent Orange, or dioxin exposure, but rather to the birth mother's service in Vietnam.

What kind of benefits can they receive?

- Health care
- Compensation (payments)
- Job training (called Veteran Readiness and Employment, or VR&E)

File your spina bifida claim by using an Application for Benefits for Certain Children with Disabilities Born of Vietnam and Certain Korea Service Veterans (VA Form 21-0304).

Birth defects linked to Agent Orange

For other birth defects

- A child may be eligible for disability benefits if they have a covered birth defect that caused a permanent physical or mental disability (a disability that doesn't go away) and they meet both of these requirements.

Both of these must be true:

- The child's biological mother served in Vietnam any time from January 9, 1962, through May 7, 1975, **and**
- The child was conceived after the mother first entered the Republic of Vietnam during the time period listed in the previous slide

Birth defects linked to Agent Orange

Covered birth defects include, **but are not limited to**, the following conditions:

- Achondroplasia
- Cleft lip and cleft palate
- Congenital heart disease
- Congenital talipes equinovarus (clubfoot)
- Esophageal and intestinal atresia
- Hallerman-Streiff syndrome
- Hip dysplasia
- Hirschprung's disease (congenital megacolon)
- Hydrocephalus due to aqueductal stenosis
- Hypospadias
- Imperforate anus
- Neural tube defects
- Poland syndrome
- Pyloric stenosis

- Syndactyly (fused digits)
- Tracheoesophageal fistula
- Undescended testicle
- Williams syndrome

Note: Conditions due to family disorders, birth-related injuries, or fetal or neonatal infirmities with well-established causes are **not covered**. If any of the birth defects listed above are determined to be a family disorder in a particular family, they are not covered birth defects.

Replacing Damaged Clothing

Clothing has been damaged by a prosthetic or orthopedic device (such as a wheelchair) or by the medicine taking for a skin condition, they may be able to get money each year to help buy new clothes. This is called an annual clothing allowance.

A Veteran may be eligible for a clothing allowance if they meet the requirements listed here.

- **One of these must be true:**
- Prosthetic or orthopedic device damages clothes, **or**
- Skin medicine causes damage to outer clothing (like pants or shirt) that can't be repaired
- **And this must be true:**
- Veteran needs this device or skin medicine because of an injury or illness related to military service (called a service-connected condition).

- Veteran may be able to get more than one annual payment (a payment you receive once a year) if they meet at least one of the requirements listed here.
- **At least one of these must be true:**
- They have more than one prosthetic or orthopedic device, **or**
- They have more than one skin medicine, **and/or**
- The device or skin medicine affects more than one type of clothing.

Replacing Damaged Clothing

Clothing allowance

Effective December 1, 2023

- If a skin medicine, prosthetic, or orthopedic device related to your service-connected disability damages your clothes, we may pay you **\$999.51** to replace the damaged clothes.
- Clothing such as shirts, blouses, pants, skirts, shorts and similar garments permanently damaged by qualifying appliances and/or skin medications are considered in clothing allowance decisions. Shoes, hats, scarves, underwear, socks, and similar garments are not included.
- This may be a one-time payment, or VA may pay this amount once a year.
- **Note:** This application should be submitted to the Prosthetic and Sensory Aids Service at your nearest VA Medical Center on or before August 1st of the benefit year for which you are applying. If they qualify, they will receive payment between September 1 and October 31. August 1, 2024, to get a clothing allowance for this year.

Replacing Damaged Clothing

Department of Veterans Affairs APPLICATION FOR ANNUAL CLOTHING ALLOWANCE

PRIVACY ACT INFORMATION: No benefits may be granted unless this form is completed fully as required by law (38 C.F.R. 3.810). Responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 24VA136 "Patient Medical Record - VA", published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-877-232-8387 for mailing information on where to send your comments.

ELIGIBILITY / ENTITLEMENT FOR AN ANNUAL CLOTHING ALLOWANCE: A Veteran who wears or uses a prescribed prosthetic, orthopedic appliance, and/or skin medication for a service connected disability may be eligible for an annual clothing allowance. To be entitled, the prosthetic, orthopedic appliance must cause wear / tear; skin medication must cause irreparable staining to your outer garments.

WHO IS ELIGIBLE FOR MORE THAN ONE ANNUAL CLOTHING ALLOWANCE? Effective December 16, 2011, Veterans who wear or use more than one qualifying prescribed prosthetic or orthopedic appliance and/or prescription medication for more than one service-connected disability or skin condition may be eligible for more than one clothing allowance. To be eligible for more than one clothing allowance, the qualifying appliances must wear or tear more than one type of article of the Veteran's clothing and/or medications must irreparably damage more than one type of the Veteran's clothing or outer garment.

WHAT TYPES OF CLOTHING ARE INCLUDED? Clothing such as shirts, blouses, pants, skirts, shorts and similar garments permanently damaged by qualifying appliances and/or skin medications are considered in clothing allowance decisions. Shoes, hats, scarves, underwear, socks, and similar garments are not included.

WHERE TO FILE A CLAIM? If you have previously submitted a claim for disability compensation, send this application (VA Form 10-8678) to the Prosthetic and Sensory Aids Service (121) at your local VA Medical Center. If you have not made an application for disability compensation, complete VA Form 21-526 and send to the VBA regional office nearest your home.

INSTRUCTIONS: This application should be submitted to the Prosthetic and Sensory Aids Service at your nearest VA Medical Center on or before August 1st of the benefit year for which you are applying. For example: If you are applying for the 2014 benefit, this application should be received on or before August 1, 2014.

1. LAST NAME, FIRST NAME, MIDDLE NAME OF VETERAN		2. VETERAN'S SSN	
3. MAILING ADDRESS OF VETERAN (No. and Street or Rural Route, City or P.O., State and Zip Code) If new address check box: ☐			
4. VETERAN'S DAYTIME TELEPHONE NUMBER (include area code)		4a. EVENING TELEPHONE NUMBER (include area code)	
4b. VETERAN'S EMAIL ADDRESS		5. CALENDAR YEAR FOR APPLICATION	
CERTIFICATION: I hereby apply for the annual clothing allowance benefit authorized under 38 USC §1162. In doing so I certify that because of my service-connected disability or disabilities, I regularly (1) wear or use the prosthetic or orthopedic appliance(s) listed in section 7 which tends to wear out or tear my clothing, or (2) use a skin medication(s) listed in section 7 which causes irreparable staining to my outer garments. Note: If I have multiple prostheses, orthopedic appliances, or skin medications as listed in section 7, the combination of these items causes me to replace my outer garments faster than if I used a single item.			
ACKNOWLEDGEMENT: I acknowledge that by applying or receiving more than one clothing allowance benefit, an application for the annual clothing allowance benefit requires a yearly submission to the nearest Prosthetic and Sensory Aids Office on or before August 1st of the calendar year.			
6. SIGNATURE OF VETERAN (Sign in ink)			DATE

VA FORM 10-8678
JAN 2025

Page 1 of 2

7. Type of Appliance or Name of Skin Medication (Artificial leg, metal brace, wheelchair, etc.)	8. List of Service-Connected Disability/Disabilities Requiring Use of Appliance(s) or Skin Medication(s)	9. Month and Year Appliance or Skin Medication was Issued (MM/YYYY)	10. Name and location of VA facility that issued appliance or skin medication (if not a VA facility include facility's phone number)	11. List all impacted location(s) (Chest, Back, Buttock, Left or Right Leg, Left or Right Arm)	FOR VA USE ONLY APPROVED?	
Example A	Prostheses	Missing Limb	01/2005	Tampa VA Medical Center	Left Arm	☒ Yes ☐ No
Example B	Steroid Cream	Skin Disorder	09/2009	Walter Reed Army MC 202-782-6866	Chest and Back	☒ Yes ☐ No
1.						☐ Yes ☐ No
2.						☐ Yes ☐ No
3.						☐ Yes ☐ No
4.						☐ Yes ☐ No
5.						☐ Yes ☐ No
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.						
FOR VA USE ONLY						
12. AMOUNT OF CLOTHING ALLOWANCES		# ELIGIBLE	# NOT ELIGIBLE	# UPPER Extremity (2 maximum)	# LOWER Extremity (2 maximum)	
13. EXAMINATION/EVALUATION DATE (if applicable)						
14. NOTES:						
15. GENERATED BY:						
DATE						
16. AUTHORIZED BY:						
DATE						
VA FORM 10-8678 JAN 2025						

Page 2 of 2

TN

Department of
Veterans Services

Prosthetic and Sensory Aids Service - VA Medical Centers

Murfreesboro: Alvin C York VAMC
ATTN: Prosthetics Dept
3400 Lebanon Rd.
Murfreesboro, TN 37129

Nashville: TN Valley Healthcare
ATTN: Prosthetics Dept
1310 24th Ave South
Nashville, TN 37212-2637

Memphis: Lt Col Luke Weathers, Jr VAMC
ATTN: Prosthetics Dept
116 N. Pauline St.
Memphis, TN 38105

Johnson City: James H Quillen VAMC
ATTN: Prosthetics Dept
Lamont St & Veterans Way
Johnson City, TN 37604

Open Discussion/Questions

