

FIRST, MIDDLE, LAST NAME OF VETERAN	<b>Department of Veterans Affairs</b>
VETERAN'S SOCIAL SECURITY NUMBER	<b>PARENT'S DIC ELIGIBILITY VERIFICATION REPORT</b>
FIRST, MIDDLE, LAST NAME OF PARENT	4
PARENT'S SOCIAL SECURITY NUMBER	VA FILE NUMBER - PAYEE NUMBER - STUB NAME
SOCIAL SECURITY NUMBER OF PARENT'S SPOUSE	VA REGIONAL OFFICE RETURN ADDRESS
ADDRESS OF PARENT <i>(Include number and street or rural route, city or P.O., State and ZIP Code)</i>	

**IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21-0510) prior to completing this form.**

**1. MARITAL STATUS** *(Check only one box)*

MARRIED - LIVING WITH OTHER PARENT OF VETERAN (You are currently married and live with the veteran's other parent or you live apart only for medical reasons)

MARRIED - LIVING WITH SPOUSE WHO IS NOT OTHER PARENT OF VETERAN (You are currently married to a person who is not the veteran's other parent and you live together or live apart only for medical reasons)

SEPARATED FROM SPOUSE (You are married but estranged from your spouse)  
If you separated within the last 12 months, show the date of separation \_\_\_\_\_

NOT NOW MARRIED (Never married, divorced, widowed. If your most recent marriage ended during the last 12 months, enter the date of divorce or the date of your spouse's death)

Date of divorce \_\_\_\_\_ Date of spouse's death \_\_\_\_\_

**2. IS THE OTHER PARENT OF THE VETERAN LIVING?**

YES  NO  UNKOWN

<p><b>3A. ARE YOU A PATIENT IN A NURSING HOME?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 3B and 3C)</i></p>	<p><b>3C. ENTER THE NAME AND ADDRESS OF THE NURSING HOME</b></p> <p><i>(Please include ZIP Code)</i></p>
<p><b>3B. SHOW THE DATE YOU ENTERED THE NURSING HOME</b></p>	
<p><b>4. WERE YOU OR YOUR SPOUSE EMPLOYED AT ANY TIME DURING THE 12 MONTH PERIOD PRECEDING THE DATE YOU SIGNED THE FORM?</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

**5. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?**

YES  NO *(If "Yes," write in the VA file number of the other benefit)* \_\_\_\_\_

**6A. MONTHLY INCOME** (Read Paragraphs 2 and 3 of the EVR instructions)

If no income was received from a particular source, write "0" or line thru. DO NOT LEAVE ANY ITEMS BLANK.

SOURCE	GROSS MONTHLY AMOUNTS		SOURCE	GROSS MONTHLY AMOUNTS	
	YOU	YOUR SPOUSE		YOU	YOUR SPOUSE
SOCIAL SECURITY			BLACK LUNG BENEFITS		
U.S. CIVIL SERVICE			OTHER MONTHLY INCOME		
U.S. RAILROAD RETIREMENT			OTHER MONTHLY INCOME		
MILITARY RETIRED PAY			OTHER MONTHLY INCOME		

**6B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)**

If no income was received from a particular source, write "0" or line through. DO NOT LEAVE ANY ITEMS BLANK.

SOURCE	YOU			YOUR SPOUSE		
	LAST YEAR	THIS YEAR	NEXT YEAR	LAST YEAR	THIS YEAR	NEXT YEAR
GROSS WAGES FROM ALL EMPLOYMENT						
TOTAL INTEREST AND DIVIDENDS						
ALL OTHER (Show Source)						
ALL OTHER (Show Source)						

**6C. DID ANY INCOME CHANGE (Increase/Decrease) SINCE JANUARY 1?** (Answer "NO" if there were no changes in income or if the only change was a Social Security/VA cost of living adjustment. Answer "YES" if there were any other income changes or if you received any NEW source of income or any ONE-TIME income)

(1)  YES    (2)  NO    (If you answered "Yes," to Item 6C, answer Items 6D, 6E, and 6F)

6D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	6E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	6F. HOW DID INCOME CHANGE? (Tell what happened; for example, quit work, got raise, received inheritance)

**FAMILY MEDICAL EXPENSES**

You may be able to reduce your income for VA purposes and increase your rate of VA benefits by reporting unreimbursed medical expenses paid by you or your spouse. Please see Paragraph 5 of the enclosed EVR Instructions.

Normally, medical expenses are reported at the end of the calendar year. If you are using this form as your annual Eligibility Verification Report and paragraph 5 of the EVR Instructions indicates that you should report medical expenses, request VA Form 21-8416, Medical Expense Report. This is the form you should use to report your medical expenses.

If you are using this form as a supplement to a pending claim, you do not need to report medical expenses. If entitlement is established, VA Form 21-8416 will automatically be sent to you at the end of the year.

**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 is false, or fraudulent acceptance of any payment to which you are not entitled.

7A. SIGNATURE OF PARENT (Read paragraph 6 of the EVR Instructions before signing)	7B. DATE	8. TELEPHONE NUMBER(S) (Include Area Code)	
		A. DAYTIME	B. EVENING