


FIRST, MIDDLE, LAST NAME OF VETERAN	 <b>Department of Veterans Affairs</b>
VETERAN'S SOCIAL SECURITY NUMBER	<b>DIC PARENT'S ELIGIBILITY          VERIFICATION REPORT</b>
FIRST, MIDDLE, LAST NAME OF PARENT	4
COMPLETE ADDRESS OF PARENT	VA FILE NUMBER - PAYEE NUMBER - STUB NAME
COMPLETE ADDRESS OF PARENT	VA REGIONAL OFFICE RETURN ADDRESS
<b>IMPORTANT - Please read the enclosed EVR Instructions (VA Form 21P-0510) prior to completing this form.</b>	
1A. YOUR SOCIAL SECURITY NUMBER	1B. YOUR SPOUSE'S SOCIAL SECURITY NUMBER
1C. YOUR DATE OF BIRTH ( <i>Mo., day, year</i> )	1D. YOUR SPOUSE'S DATE OF BIRTH ( <i>Mo., day, year</i> )
<b>2. MARITAL STATUS (<i>Check only one box</i>)</b>  (1) <input type="checkbox"/> MARRIED - LIVING WITH OTHER PARENT OF VETERAN ( <i>You are currently married and live with the veteran's other parent or you live apart only for medical reasons.</i> )  (2) <input type="checkbox"/> MARRIED - LIVING WITH SPOUSE WHO IS NOT OTHER PARENT OF VETERAN ( <i>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.</i> )  (3) <input type="checkbox"/> SEPARATED FROM SPOUSE ( <i>You are married but estranged from your spouse.</i> ) If you are separated within the last 12 months, show the date of separation _____  (4) <input type="checkbox"/> NOT NOW MARRIED ( <i>You have never married or are now divorced or widowed.</i> ) 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 _____	
<b>3. IS THE OTHER PARENT OF THE VETERAN LIVING?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
<b>4A. ARE YOU A PATIENT IN A NURSING HOME?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes," complete Items 4B and 4C. If "No," go to Item 5</i> )	<b>4C. ENTER THE NAME, COMPLETE ADDRESS, AND TELEPHONE NUMBER OF THE NURSING HOME (<i>Please include ZIP Code</i>)</b>
<b>4B. SHOW THE DATE YOU ENTERED THE NURSING HOME</b>	
<b>5. WERE YOU OR YOUR SPOUSE EMPLOYED AT ANY TIME DURING THE 12 MONTH PERIOD PRECEDING THE DATE YOU SIGNED THE FORM?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>6. DO YOU RECEIVE ANY OTHER VA BENEFITS AS A VETERAN, PARENT, OR SURVIVING SPOUSE?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>If "Yes," write in the VA file number of the other benefit</i> ) _____	

**7A. MONTHLY INCOME (Read Paragraphs 2 and 3 of the EVR instructions)**

GROSS MONTHLY AMOUNTS (If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0.")

SOURCE	YOU	YOUR SPOUSE
SOCIAL SECURITY	\$	\$
U.S. CIVIL SERVICE		
U.S. RAILROAD RETIREMENT		
BLACK LUNG BENEFITS		
MILITARY RETIREMENT		
OTHER (Show Source)		
OTHER (Show Source)		

**7B. ANNUAL INCOME (Read Paragraphs 2 and 4 of the EVR Instructions)**

If no income was received from a particular source, write "0" or "none." VA WILL INTERPRET A BLANK SPACE AS "NONE" or "0."

SOURCE	YOU		YOUR SPOUSE	
	FROM: THRU:	FROM: THRU:	FROM: THRU:	FROM: THRU:
GROSS WAGES FROM ALL EMPLOYMENT	\$		\$	
TOTAL INTEREST AND DIVIDENDS				
ALL OTHER (Show Source)				
ALL OTHER (Show Source)				

**7C. DID ANY INCOME CHANGE (Increase/Decrease) DURING THE PAST 12 MONTHS?** (Answer "NO" if there were no income changes 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)

YES  NO (If "Yes," complete Items 7D through 7F. If "No," go to Item 8)

7D. WHAT INCOME CHANGED? (Show what income changed; for example, wages, city pension, etc.)	7E. WHEN DID THE INCOME CHANGE? (Show the dates you received any new income or the date income changed)	7F. HOW DID INCOME CHANGE? (Explain what happened; for example, quit work, got raise, received inheritance)

**8. MEDICAL EXPENSES (Read Paragraph 6 of the EVR Instructions)**

Normally, medical expenses are reported at the end of the year. If you are using this form as your annual Eligibility Verification Report and Paragraph 6 of the EVR Instructions indicates that you should report medical expenses, use VA Form 21P-8416, Medical Expense Report, 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, you will have an opportunity to report your medical expenses at the end of the year.

9A. SIGNATURE OF PARENT (Read paragraph 9 of the EVR Instructions before signing)	9B. DATE SIGNED
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**9C. TELEPHONE NUMBERS (Include Area Code)**

DAYTIME	EVENING
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**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.