

I do not wish to provide my detailed financial information. I understand that I will be assessed the maximum copayment amount for extended care services and agree to pay the applicable VA copayment as required by law.

SIGNATURE	DATE
-----------	------

SECTION IV - FIXED ASSETS (VETERAN AND SPOUSE)		VETERAN	SPOUSE
1. Primary Residence (<i>Market value minus mortgages or liens. Exclude if veteran receiving only non-institutional extended care services or spouse or dependent residing in the community. If the veteran and spouse maintain separate residences, and the veteran is receiving institutional (inpatient) extended care services, include value of the veteran's primary residence.</i>)	\$		\$
2. Other Residences/Land/Farm or Ranch (<i>Market value minus mortgages or liens. This would include a second home, vacation home, rental property.</i>)	\$		\$
3. Vehicle(s) (<i>Value minus any outstanding lien. Exclude primary vehicle if veteran receiving only non-institutional extended care services or spouse or dependent residing in community. If the veteran and spouse maintain separate residences and vehicles, and the veteran is receiving institutional (inpatient) extended care services, include value of the veteran's primary vehicle.</i>)	\$		\$
SECTION V - LIQUID ASSETS (VETERAN AND SPOUSE)			
1. Cash, Amount in Bank Accounts (<i>e.g., checking and savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds.</i>)	\$		\$
2. Value of Other Liquid Assets (<i>e.g., art, rare coins, stamp collections, collectibles</i>) Minus the amount you owe on these items. <i>Exclude household effects, clothing, jewelry, and personal items if veteran receiving only non-institutional extended care services or spouse or dependent residing in the community.</i>	\$		\$
SUM OF ALL LINES FIXED AND LIQUID ASSETS	TOTAL ASSETS	\$	\$

SECTION VI - CURRENT GROSS INCOME OF VETERAN AND SPOUSE				
CATEGORY	VETERAN		SPOUSE	
	HOW MUCH	HOW OFTEN	HOW MUCH	HOW OFTEN
1. Gross annual income from employment (<i>e.g., wages, bonuses, tips, severances pay, accrued benefits</i>)	\$		\$	
2. Net income from your farm/ranch, property or business.	\$		\$	
3. List other income amounts (<i>e.g., social security, Retirement and pension, interest, dividends</i>) Refer to instructions.	\$		\$	

SECTION VII - DEDUCTIBLE EXPENSES	
ITEMS	AMOUNT
1. Educational expenses of veteran, spouse or dependent (<i>e.g., tuition, books, fees, material, etc.</i>)	\$
2. Funeral and Burial (<i>spouse or child, amount you paid for funeral and burial expenses, including prepaid arrangements</i>)	\$
3. Rent/Mortgage (<i>monthly amount or annual amount</i>)	\$
4. Utilities (<i>calculate by average monthly amounts over the past 12 months</i>)	\$
5. Car Payment for one vehicle only (<i>exclude gas, automobile insurance, parking fees, repairs</i>)	\$
6. Food (<i>for veteran, spouse and dependent</i>)	\$
7. Non-reimbursed medical expenses paid by you or spouse (<i>e.g., copayments for physicians, dentists, medications, Medicare, health insurance, hospital and nursing home expenses</i>)	\$
8. Court-ordered payments (<i>e.g., alimony, child support</i>)	\$
9. Insurance (<i>e.g., automobile insurance, homeowners insurance</i>) <i>Exclude Life Insurance</i>	\$
10. Taxes (<i>e.g., personal property for home, automobile</i>) <i>Include average monthly expense for taxes paid on income over the past 12 months.</i>	\$
TOTALS	\$

SECTION VIII - CONSENT FOR ASSIGNMENT OF BENEFITS

I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and treatment information from my medical records to the contractor of any health plan contract under which I am apparently eligible for medical care or payment of the expense of care or to any other party against whom liability is asserted. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. Without my express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement for my medical care has been completed. I authorize payment of medical benefits to VA for any services for which payment is accepted.

SIGNATURE	DATE
-----------	------