Department of Veterans Affairs

INSTRUCTIONS FOR COMPLETING APPLICATION FOR THE PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS

Please Read Before You Start...

What is VA Form 10-10CG used for?

This form is used to apply for VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC). VA will use the information on this form to assist in determining your eligibility. A Veteran, as defined herein, may appoint one (1) Primary Family Caregiver applicant and up to two (2) Secondary Family Caregiver applicants. On average, it will take 15 minutes to complete the application, including the time it will take you to read the instructions, gather the necessary facts and fill out the form. Each time a new Primary or Secondary Family Caregiver is requested, a new Form 10-10CG is required.

Where can I get help filling out the form and answers to questions?

You may use ANY of the following to request assistance:

- Ask VA to help you fill out the form by calling us at 1-855-488-8440.
- Access VA's website at http://www.va.gov and select "Contact Us".
- Locate and contact the Caregiver Support Coordinator at your nearest VA health care facility. A Caregiver Support Coordinator locator is available at http://www.caregiver.va.gov/.
- Contact the National Caregiver Support Line by calling 1-855-260-3274.
- Contact a Veterans Service Organization.

Definitions - For purposes of this form, the following apply:

Caregiver Support Coordinator (CSC):

A VA clinical professional who connects caregivers of Veterans with VA and community resources offering supportive programs and services. Caregiver Support Coordinators are located at every VA medical center and are designated specialists in caregiving issues.

Eligible Veteran:

Means a Veteran, as defined herein, who is found eligible under 38 CFR 71.20.

Family Caregiver:

An individual who is approved and designated by VA as a Primary Family Caregiver or Secondary Family Caregiver.

Personal Care Services:

Care or assistance of another person necessary in order to support the eligible Veteran's health and well-being, and perform personal functions required in everyday living ensuring the eligible Veteran remains safe from hazards or dangers incident to his or her daily environment.

Representative:

A person who, under applicable law, has authority to act on behalf of the Veteran or who is legally vested with the responsibility or care of the Veteran. Evidence must be submitted with this form to establish a person's legal status as Representative. Such evidence may be a valid power of attorney, legal guardianship order, or similar legal documentation or certification issued by an appropriate authority, including a Federal, State, local, or tribal law that establishes such authority. (Next-of-kin is therefore not automatically the Representative of the Veteran as this must be established under applicable law.)

Veteran:

An individual who meets the definition of Veteran in 38 U.S.C. 101(2), or a qualifying service member undergoing medical discharge from the Armed Forces for whom a date of medical discharge has been issued, who applies for or participates in PCAFC.

Who should apply for VA's Program of Comprehensive Assistance for Family Caregivers?

IF THE INDIVIDUAL IS A:	AND	AND	THEN
Veteran	Has a disability rating from VA of 70% or more (single or combined) for a service-connected disability incurred or aggravated in the line of duty on, before, or after a qualifying date, as set forth in 38 U.S.C. 1720G(a)(2)(B) and 38 C.F.R. 71.20(a)(2).	Requires at least 6 continuous months of personal care services that are provided by a family member of the Veteran or by a person who lives with the Veteran (or will do so if designated as a Family Caregiver).	The Veteran may meet the criteria for VA's Program of Comprehensive Assistance for Family Caregivers. Complete this form to apply.

This table does not represent all of the requirements for PCAFC eligibility. Your local Caregiver Support Coordinator is available to provide additional information on eligibility.

Veterans who do not meet the requirements for PCAFC may be eligible for other VA health benefits and other caregiver support services. To learn about other caregiver support services, contact the Caregiver Support Coordinator (CSC) at your local VA health care facility. To contact your local CSC, call the Caregiver Support Line at 1-855-260-3274 or go to http://www.caregiver.va.gov/ and use the Find Your Caregiver Support Coordinator option.

Getting Started:

Complete the fields on the form. Fields designated with an asterisk (*) must be completed or the application will be considered incomplete. If the Veteran applicant is not enrolled in VA's health care system or is currently a service member undergoing medical discharge, the Veteran can submit VA Form 10-10EZ "Application for Health Benefits" with this form. Enrolled Veterans may submit VA Form 10-10EZR "Health Benefits Update Form" with this form to provide information updates. Do NOT exceed the designated spaces (e.g., do NOT extend Last Name into First Name area). The Veteran's Representative may complete this application; however, supporting documentation must be provided with this application reflecting the Representative's authority to complete this form on behalf of the Veteran.

SECTION I – VETERAN

Directions for Section I - Veteran, or his/her Representative, please complete all fields (those designated with an asterisk (*) are required)**, sign and date.**

SECTION II – PRIMARY FAMILY CAREGIVER APPLICANT

Directions for Section II - Primary Family Caregiver applicant, please complete all fields (those designated with an asterisk (*) are required) including health care coverage information, **sign and date.** A Veteran or his/her Representative may appoint one Primary Family Caregiver applicant, but this is not required. If a Veteran or his/her Representative elects to only appoint a Primary Family Caregiver, only Sections I and II must be completed.

SECTION III – SECONDARY FAMILY CAREGIVER APPLICANT(S)

Directions for Section III - Secondary Family Caregiver applicant(s), please complete all fields (those designated with an asterisk (*) are required), **sign and date.** A Veteran or his/her Representative may appoint up to two Secondary Family Caregiver applicants, but this is not required. If a Veteran or his/her Representative elects to only appoint a Secondary Family Caregiver(s), only Sections I and III must be completed.

Submitting your application:

1. Read the Paperwork Reduction Act and Privacy Act Information.
2. Ensure all required fields are completed (those designated with an asterisk (*) are required), including signatures and dates.
3. Submit the completed form to the Health Eligibility Center using the address below or submit the form to your local VA Medical Center Caregiver Support Coordinator (CSC). To contact your local CSC, you can call the Caregiver Support Line at 1-855-260-3274 or go to https://www.caregiver.va.gov and use the Find Your Caregiver Support Coordinator feature. Individuals may also apply online at https://www.va.gov/family-member-benefits/comprehensive-assistance-for-family-caregivers.
4. Supporting documentation reflecting the Representative's authority to complete this form on behalf of the Veteran, if applicable, must be provided. VA Form 10-10EZ "Application for Health Benefits" or VA Form 10-10EZR "Health Benefits Update Form" can also be submitted with this form, if applicable.

Submit application to:

Program of Comprehensive Assistance for Family Caregivers
Health Eligibility Center
2957 Clairmont Road NE, Ste 200
Atlanta, GA 30329-1647

THE PAPERWORK REDUCTION ACT

This information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time to read instructions, gather necessary data, and fill out the form. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Completion of this form is mandatory for individuals who wish to participate in the Program of Comprehensive Assistance for Family Caregivers.

PRIVACY ACT INFORMATION

VA is asking you to provide the information on this form under 38 U.S.C. Sections 101, 5303A, 1705, 1710, 1720B, 1720G, 1725 and 1781 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records, “Patient Medical Records --VA” (24VA10P2), “Enrollment and Eligibility Records --VA” (147VA10NF1), and “Health Administration Center Civilian Health and Medical program Records--VA” (54VA10NB3) and in accordance with the VHA Notice of Privacy Practices. Providing the requested information, including Social Security Number, is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits, and their records, and for other purposes authorized or required by law.

Estimated Burden: 15 min.
OMB Number 2900-0768
Expiration Date: 09/30/2021

Department of Veterans Affairs

APPLICATION FOR THE PROGRAM OF COMPREHENSIVE ASSISTANCE FOR FAMILY CAREGIVERS

Attention: Complete the application (print or typewritten only) and mail it to **Program of Comprehensive Assistance for Family Caregivers, Health Eligibility Center, 2957 Clairmont Road NE, Ste 200, Atlanta, GA 30329-1647**. You may also mail or hand carry it to your local VA Medical Center Caregiver Support Coordinator (CSC) for processing. VA does not provide the Program of Comprehensive Assistance for Family Caregivers to individuals residing outside a State (i.e., each of the several States, Territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico).

SECTION I - VETERAN

*Last Name	*First Name	Middle Name
See add'l info page	See add'l info page	See add'l info page

Social Security Number/Tax Identification Number	*Date of Birth (MM/DD/YYYY)	Sex
789787893	07/03/1990	☒ Male ☐ Female

*Current Street Address
See add'l info page

*City	*State	*Zip Code
See add'l info page	WA	98101-1234

*Primary Telephone Number (Including Area Code)	Alternate Telephone Number (Including Area Code)
8887775541	8887775542

Email Address
See add'l info page

*Name of VA medical center or clinic where you receive or plan to receive health care services:
740 - Harlingen VA Clinic

Name of facility where you last received medical treatment: ☐ Hospital ☒ Clinic
See add'l info page

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious or fraudulent statements or claims.

I certify that I give consent to the individual(s) named in this application to perform personal care services for me (or if the Veteran's Representative, the Veteran) upon being approved as a Primary and/or Secondary Family Caregiver(s) in the Program of Comprehensive Assistance for Family Caregivers. I certify that the information provided in this form is correct and true to the best of my knowledge and belief.

*Veteran or Representative Signature	*Date

SECTION II - PRIMARY FAMILY CAREGIVER APPLICANT

*Last Name	*First Name	Middle Name
See add'l info page	See add'l info page	See add'l info page

Social Security Number/Tax Identification Number	*Date of Birth (MM/DD/YYYY)	Sex
202901412	07/03/1978	☒ Male ☐ Female

*Current Street Address
See add'l info page

*City	*State	*Zip Code
See add'l info page	WA	98101-1234

*Primary Telephone Number (Including Area Code)	Alternate Telephone Number (Including Area Code)
1112929933	9990239330
Email Address See add'l info page	*Relationship to Veteran (e.g., Spouse, Parent, Son, Daughter, Grandchild, Other) Spouse

*Do you have health care coverage (e.g., private insurance, CHAMPVA, Medicare, Medicaid or Tricare)? ☒ Yes ☐ No

Federal Laws (18 U.S.C. 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious or fraudulent statements or claims.

SECTION II - PRIMARY FAMILY CAREGIVER APPLICANT (continued)

I certify that I am at least 18 years of age.

Check one:

☐ *I certify that I am a member of the Veteran's family (including a parent, spouse, a son or daughter, a step-family member, or an extended family member).*

OR

☐ *I certify that I am not a member of the Veteran's family, and I reside with the Veteran full-time or will do so upon designation as the Veteran's Primary Family Caregiver.*

I agree to perform personal care services as the Primary Family Caregiver for the Veteran named on this application.

I understand that the Veteran or the Veteran's surrogate may request my discharge from the Program of Comprehensive Assistance for Family Caregivers (PCAFC) at any time and that my designation as a Primary Family Caregiver may be revoked or I may be discharged from PCAFC by the Secretary of Veterans Affairs (or designee) as set forth in 38 CFR 71.45.

I understand that participation in PCAFC does not create an employment relationship between me and the Department of Veterans Affairs.

I certify that the information provided in this form is correct and true to the best of my knowledge and belief.

*Primary Family Caregiver Applicant Signature	*Date

SECTION III - SECONDARY FAMILY CAREGIVER APPLICANT
(Complete if appointing a Secondary Family Caregiver Applicant)

*Last Name	*First Name	Middle Name
See add'l info page	See add'l info page	See add'l info page

Social Security Number/Tax Identification Number	*Date of Birth (MM/DD/YYYY)	Sex
994328445	03/29/1981	☐ Male ☒ Female

*Current Street Address

See add'l info page

*City	*State	*Zip Code
See add'l info page	WA	98101

*Primary Telephone Number (Including Area Code)	Alternate Telephone Number (Including Area Code)
1118293993	0002938484

Email Address	*Relationship to Veteran (e.g., Spouse, Parent, Son, Daughter, Grandchild, Other)
See add'l info page	Daughter

Federal Laws (18 U.S.C. 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious or fraudulent statements or claims.

I certify that I am at least 18 years of age.

Check one:

☐ *I certify that I am a member of the Veteran's family (including a parent, spouse, a son or daughter, a step-family member, or an extended family member).*

OR

☐ *I certify that I am not a member of the Veteran's family, and I reside with the Veteran full-time or will do so upon designation as the Veteran's Secondary Family Caregiver.*

I agree to perform personal care services as the Secondary Family Caregiver for the Veteran named on this application.

I understand that the Veteran or the Veteran's surrogate may request my discharge from the Program of Comprehensive Assistance for Family Caregivers (PCAFC) at any time and that my designation as a Secondary Family Caregiver may be revoked or I may be discharged from PCAFC by the Secretary of Veterans Affairs (or designee) as set forth in 38 CFR 71.45.

I understand that participation in the PCAFC does not create an employment relationship between me and the Department of Veterans Affairs.

I certify that the information provided in this form is correct and true to the best of my knowledge and belief.

*Secondary Family Caregiver Applicant Signature	*Date

SECTION III - SECONDARY FAMILY CAREGIVER APPLICANT *(Continued)*
(Complete if appointing more than one Secondary Family Caregiver Applicant)

*Last Name	*First Name	Middle Name
See add'l info page	See add'l info page	See add'l info page

Social Security Number/Tax Identification Number	*Date of Birth (MM/DD/YYYY)	Sex
091449494	09/06/1980	☐ Male ☒ Female

*Current Street Address
See add'l info page

*City	*State	*Zip Code
See add'l info page	WA	98101

*Primary Telephone Number (Including Area Code)	Alternate Telephone Number (Including Area Code)
8784844999	8788894300

Email Address	*Relationship to Veteran (e.g., Spouse, Parent, Son, Daughter, Grandchild, Other)
See add'l info page	Friend/Neighbor

Federal Laws (18 U.S.C. 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious or fraudulent statements or claims.

I certify that I am at least 18 years of age.

Check one:

☐ *I certify that I am a member of the Veteran's family (including a parent, spouse, a son or daughter, a step-family member, or an extended family member).*

OR

☐ *I certify that I am not a member of the Veteran's family, and I reside with the Veteran full-time or will do so upon designation as the Veteran's Secondary Family Caregiver.*

I agree to perform personal care services as the Secondary Family Caregiver for the Veteran named on this application.

I understand that the Veteran or the Veteran's surrogate may request my discharge from the Program of Comprehensive Assistance for Family Caregivers (PCAFC) at any time and that my designation as a Secondary Family Caregiver may be revoked or I may be discharged from PCAFC by the Secretary of Veterans Affairs (or designee) as set forth in 38 CFR 71.45.

I understand that participation in the PCAFC does not create an employment relationship between me and the Department of Veterans Affairs.

I certify that the information provided in this form is correct and true to the best of my knowledge and belief.

*Secondary Family Caregiver Applicant Signature	*Date