## **DEPARTMENT OF VETERANS AFFAIRS**



s you will need them. On the for possible use by another
marks or comments, use
OMB NO. 2900-0188 Estimated Burden: I min Expiration Date: 11/30/2
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This arenot required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all providers who must complete this form will average 1 minute. This includes the time to read instructions, gather the necessary facts and fill out the form. This collection of information is intended to identify prosthetic items which can be used by another individual and items that have exceeded their usefulness. Response to this letter is voluntary andfailure to respond will have no adverse effect on benefits to which you might otherwise be entitled. 1. HAVE/HAS THE ITEM(S) BEEN SATISFACTORY? 2. HOW OFTEN HAVE YOU USED IT/THEM? NO (if '' No'', explain on reverse) **NEVER** 2 OR 3 TIM ES AS OFTEN AS NEEDED 3. WHAT IS THE PRESENT CONDITION OF THE ITEM(S)? 4. DO YOU STILL NEED THE ITEM(S)? FAIR GOOD **EXCELLENT** YES NO 5. HOW MUCH LONGER DO YOU NEED THE ITEM(S)? (Complete only if you answered ' 'YES' ' to question 4.) 6 MONTHS 1 YEAR LONGER THAN 1 YEAR 6. IF YOU NO LONGER NEED THE ITEM(S), CAN YOU BRING OR SEND IT/THEM TO THE VA? YES NO (If "No", the VA will arrange to pickup the item(s) at your home.) SIGNATURE OF VETERAN DATE