

WORKSHEET FOR IN-HOME ATTENDANT EXPENSES

NOTE: Only complete this worksheet if you are claiming expenses for in-home care.

IMPORTANT: VA recognizes the following five activities as Activities of Daily Living (ADLs) for medical expense purposes:

- (1) Eating
- (2) Bathing/Showering
- (3) Dressing
- (4) Transferring (for example, from bed to chair)
- (5) Using the toilet

Custodial Care is regular -

- assistance with two or more ADLs, **or**
- supervision because a person with a mental disorder is unsafe if left alone due to the mental disorder

IMPORTANT: The following activities are examples of Instrumental Activities of Daily Living (IADLs) for VA purposes. VA generally **does not** recognize assistance with these activities as medical expenses: (1) Shopping; (2) Food Preparation; (3) Housekeeping; (4) Laundering; (5) Handling medications; (6) Using the telephone; (7) Transportation (except for medical purposes such as transportation to a doctor's appointment).

INSTRUCTIONS: Use this worksheet if you are claiming payments to a disabled person's in-home attendant as an unreimbursed medical expense.

Follow the steps below to determine whether or not:

- the attendant must be a health care provider for VA purposes **and**
- VA may deduct payment for assistance with IADLs as well as assistance with ADLs and custodial care

STEP 1. Are you (the claimant) the disabled person, a surviving spouse, or a Parents' DIC claimant?

YES NO (If "NO," skip to Step 4)

STEP 2. Did you claim special monthly pension on item 37?

YES NO (If "NO," payments to this in-home attendant for assistance with IADLs do not qualify as medical expenses. Please report separately in Items 45A - 45F applicable amounts you pay an in-home attendant for (1) health care services or assistance with ADLs provided by a health care provider, and (2) custodial care. Skip to Step 6)

STEP 3. Is the **primary responsibility** of the in-home attendant to provide you with health care or custodial care?

YES NO (If "YES," payments to this in-home attendant **may** qualify as medical expenses in Items 45A - 45F **if** VA rates you as eligible for special monthly pension. Please report separately in Item 45A - 45F amounts you pay an in-home attendant for (1) health-care services or assistance with ADLs provided by a health care provider, (2) assistance with IADLs, and (3) custodial care. Skip to Step 6.)

(If "NO," payments to this in-home attendant for assistance with IADLs **do not** qualify as medical expenses. Please report separately in Items 45A - 45F applicable amounts you pay an in-home attendant for : (1) health care services or assistance with ADLs provided by a health care provider and (2) custodial care. Skip to Step 6.)

STEP 4. Does the disabled person require the health care services or custodial care that the in-home attendant provides to him or her because of the disabled person's mental or physical disability?

YES NO (If "YES," you must submit a statement from a physician or physician assistant that (1) the disabled person requires the health care services or custodial care that the in-home attendant provides to him or her because of mental or physical disability, and (2) describes the mental or physical disability)

(If "NO," the attendant **must be a health care provider**. Only report payments to the in-home attendant for **health care services or assistance with ADLs** provided by the health care provider as medical expenses in Items 45A - 45F. Payments for assistance with IADLs do not qualify as medical expenses). Skip to Step 6

STEP 5. Is the **primary responsibility** of the in-home attendant to provide the disabled person with health care or custodial care?

YES NO (If "YES," payments to the in-home attendant qualify as medical expenses (even assistance with IADLs) and can be reported in Items 45A - 45F)

(If "NO," report payments to this in-home attendant for **health care and/or custodial care** as medical expenses in Items 45A - 45F. Payment for assistance with IADLs **do not** qualify as a medical expense)

STEP 6. Check all activities below with which the attendant assists the veteran or disabled person with:

ADLs: EATING BATHING/SHOWERING DRESSING TRANSFERRING USING THE TOILET

IADLs: SHOPPING FOOD PREPARATION HOUSEKEEPING LAUNDERING MANAGING FINANCES HANDLING MEDICATIONS

USING THE TELEPHONE TRANSPORTATION FOR NON-MEDICAL PURPOSES

STEP 7. In-Home Attendant Certification: Please submit a current breakdown of the time the attendant spends assisting the veteran or disabled person with health care services, ADLs and IADLs.

I CERTIFY that the information stated within this WORKSHEET FOR IN-HOME ATTENDANT EXPENSES is accurate and

reflects the current environment pertaining to _____
(Name of Person Requiring Care)

and his or her care from _____
(Name of Attendant)

(Name, Signature and Title of Certifying Official)

(Date Certified)