

**Georgia Department of Human Services  
Division Of Family and Children Services  
VA Communicator Form**

**Mail To:** Dept of Veteran's Affairs Atlanta Regional Office / P.O. Box 100021 / Decatur, GA. 30031-7021

Case Worker Name \_\_\_\_\_ Date \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email \_\_\_\_\_ FAX \_\_\_\_\_

**APPLICANT/RECIPIENT INFORMATION (to be completed by DFCS)**

Client Name \_\_\_\_\_ Case # \_\_\_\_\_

**VETERAN'S INFORMATION (to be completed by DFCS)**

Veteran's Name \_\_\_\_\_ Veteran's SSN \_\_\_\_\_  
 Veteran's Claim # \_\_\_\_\_

**TO BE COMPLETED BY DFCS CASE WORKER AND GIVEN TO VSO**

\_\_\_\_ Apply for VA Improved Pension and Aid & Attendance \_\_\_\_\_ Apply for Apportionment  
 \_\_\_\_ Apply for Dependent/Helpless Child Benefits \_\_\_\_\_ Apply for Widow's Pension  
 \_\_\_\_ Other \_\_\_\_\_

**BENEFITS/APPLICATIONS INFORMATION (TO BE COMPLETED BY VSO COUNSELOR)**

Applied for: \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Date Application mailed to VARO \_\_\_\_\_  
 Provide the following items: \_\_\_\_\_ Deadline to provide \_\_\_\_\_  
 1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

**Benefits Received**

\_\_\_\_ Pension, New & Improved \_\_\_\_\_ Pension, not New & Improved \_\_\_\_\_ Compensation \_\_\_\_\_ Education

**Income**

Month Received	Total Amount (Including A&A)	Amount of A&A Only	Amount of Household Allowance	Amount of UME/CME

Has a lump sum been issued? \_\_\_\_\_ Yes \_\_\_\_\_ No *If yes, please complete questions below.*

Amount	Date Issued	Month(s) Covered	Of total, how much was		
			A&A	UME	CME

Are Applicant's medical expenses computed prospectively? \_\_\_\_\_ Yes \_\_\_\_\_ No Date EVR mailed \_\_\_\_\_

Is any portion of Veteran's augmented payment attributable to a dependent claimant? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of dependent claimant \_\_\_\_\_ Amount \$ \_\_\_\_\_

Has applicant elected to receive once a year retrospective payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, month/year \_\_\_\_\_ Date EVR mailed/to be mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

Signature of VSO Counselor or Designee \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_