

To be completed by ALF

### Statement as to Level of Care and Cost of Care

Information is requested for the purpose of determining the medical level of care the veteran requires. The cost of that medical care is used by the VA to determine if expenses are allowed for maximum VA benefits.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SS# \_\_\_\_\_

Date of Admission: \_\_\_\_\_ A Claim No.: C/CSS- \_\_\_\_\_

Level of Care: (please circle one)

Level 1: room & board only

Level 2: with limited medical assistance (example - medications, incontinent, bathing, etc)

Level 3: requires nursing care

Explanation of level of care, if other than Level 1 (important to list medical needs):

**COST:**

Basic charges: (room and board) \$ \_\_\_\_\_ per day/month (circle one)

Other charges: (medical) \$ \_\_\_\_\_ per day/month (circle one)

It is important to breakout residence and medical costs, the VA will only use medical expenses to adjust the veterans income base. This is critical to list.

Is the Veteran considered a patient or a resident? Resident Patient (circle one)

Explanation of other charges (medical): \_\_\_\_\_

\*Use the back of this page for any additional comments. If additional comments are on the back circle here X

Name of living facility: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Administrator's name (please print): \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_