



Request for Information from U.S. Department of Veterans Affairs and Individual's Authorization

Form 1240-TSI October 2002-E

Name of Veteran, C or XC No., Date

Bureau of Veteran's Affairs Regional Office

Return to

I hereby grant permission for the U.S. Department of Veterans Affairs to disclose the information requested below to the Texas Health and Human Services Commission. I understand that this information may have a bearing on my eligibility for assistance. Signature - Veteran, Date

Please furnish the following information on benefits received by:

Name, Payee (if different), Claimant Institutionalized? (Yes/No), Address

Tax Sensitive Informaiton (Check appropriate box.)

- Yes, No

Comments: (up to 4 lines)

Thank you for taking the time to complete all of the information on page 2. Your help is greatly appreciated.

Signature - Eligibility Worker, Date, Area Code, Telephone No.

VA Representative - Please Complete and Return Page 2 ONLY

### Request for Information from Bureau of Veterans Affairs

Complete and return this page only.

To be completed by Bureau of Veteran's Affairs (please return to address indicated on Page 1.)

Name of Veteran	C or XC No.	Date
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Effective Date	Gross Amount	Pension		DIC		Compensation	Insurance
		Old Law	Improved Plan	Parents	Widows & Children		

Will Improved Pension payments for this claimant be capped at \$90?.....  Yes  No

If yes, in what month and year will he receive his first \$90 check?..... Month \_\_\_\_\_ Year (4 digits) \_\_\_\_\_

Has the check been augmented to include the needs of a dependent?.....  Yes  No

If yes, give the amount by which the claimant's check has been augmented for dependent..... \$ \_\_\_\_\_

Is full payment being received?.....  Yes  No

If no, why?  Recoupment of Overpayment  Suspension of Benefits  Other: \_\_\_\_\_

Does the check include an adjustment for out-of-pocket expenses?.....  Yes  No

If yes, amount of adjustment..... \$ \_\_\_\_\_

Does the check include aid and attendance or housebound benefits?.....  Yes  No

If yes, amount of aid and attendance. \$ \_\_\_\_\_ ; amount of housebound benefits: \$ \_\_\_\_\_

Telephone No. (include area code)

\_\_\_\_\_  
Signature – BVA Official

\_\_\_\_\_  
Date

Eligibility Specialist	Address	Telephone No.	Fax No.
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