



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Veteran's Name: Veteran's Last 4 SSN:	Veteran's Birthdate:
Caregiver's Name:	Relationship to Veteran:
Veteran's Residential Address:	Caregiver's Residential Address:

<p>Service Connected related injuries and/or mental health conditions which require Caregiving Assistance (excludes illness related conditions, such as; arthritis, heart conditions, stroke, cancer, diabetes, sleep apnea, etc.):</p> <p>*Include illness related conditions ONLY IF the condition is a RESIDUAL from a qualifying injury.</p>
<p>What type of treatment is the Veteran receiving for these conditions: <i>(Please list treatment and providers for each condition specified)</i></p> <p>*Is veteran seeing PCP or any specialist (example: psychologist for mental health), if so, note it.</p>
<p>Where is the Veteran receiving treatment for these conditions? <i>(If the Veteran receives care outside the VA, it is optional but recommended to provide relevant medical records or community provider form(s), including Vet Centers.)</i></p> <p>*Remember to include the VAMC</p>



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Does the Veteran REQUIRE hands-on assistance with any of the following:

EATING - This refers only to the process of eating, chewing and swallowing, **not** food preparation or reminders to eat - YES NO

*Note all aspects veteran requires assistance, this does not include meal preparation.

*A score of **1-minimal** should be given for prompting, curing, or supervision.

Explanation:

*Provide explanation as to **WHY** the veteran requires assistance with the task

What prevents the Veteran from completing this independently?

*Provide the **REASON/condition** which prohibits the veteran from completing the task.

Has adaptive equipment been recommended by a medical provider: YES NO - If Yes; What?

*Irrelevant question, note as such.

Is this equipment being used regularly to assist with this task: YES or NO

*Irrelevant question, note as such.

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

*Note how often veteran requires assistance with task

GROOMING - This refers to the physical process of completing personal hygiene tasks such as washing face and hands, hair care, shaving, or makeup, teeth and denture care, nail care of fingers or toes, **not** reminders to do so or preference - YES NO

*Note all aspects veteran requires assistance

*A score of **1-minimal** should be given for prompting, curing, or supervision.

Explanation:

*Provide explanation as to **WHY** the veteran requires assistance with the task



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

What prevents the Veteran from completing this independently?

***Provide the REASON/condition which prohibits the veteran from completing the task.**

Has adaptive equipment been recommended by a medical provider: YES NO - If Yes; What?

***Irrelevant question, note as such.**

Is this equipment being used regularly to assist with this task: YES or NO

***Irrelevant question, note as such.**

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance with task**

BATHING - This refers to the physical process of washing the entire body safely (bath or shower), **not** reminders to do so or preference - YES NO

***Note all aspects veteran requires assistance**

***A score of 1-minimal should be given for prompting, curing, or supervision.**

Explanation:

***Provide explanation as to WHY the veteran requires assistance with the task**

What prevents the Veteran from completing this independently?

***Provide the REASON/condition which prohibits the veteran from completing the task.**

Has adaptive equipment been recommended by a medical provider: YES NO - If Yes; What?

***Irrelevant question, note as such.**

Is this equipment being used regularly to assist with this task: YES or NO



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

***Irrelevant question, note as such.**

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance with task**

DRESSING - This refers to the physical process of dressing the entire body with or without dressing aids, **not** reminders to do so, preference, or selecting garments - YES NO

***Note all aspects veteran requires assistance**

***A score of 1-minimal should be given for prompting, curing, or supervision.**

Explanation:

***Provide explanation as to **WHY** the veteran requires assistance with the task**

What prevents the Veteran from completing this independently?

***Provide the REASON/condition which prohibits the veteran from completing the task.**

Has adaptive equipment been recommended by a medical provider: YES NO - If Yes; What?

***Irrelevant question, note as such.**

Is this equipment being used regularly to assist with this task: YES or NO

***Irrelevant question, note as such.**

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance with task**

TOILETING - This refers to maintaining perineal hygiene and adjust clothing before or after using the toilet or bedpan; or ability to manage an ostomy, includes cleaning area around stoma but not managing equipment; or ability to manage urinary catheter or urinal - YES NO

***Note all aspects veteran requires assistance**

***A score of 1-minimal should be given for prompting, curing, or supervision.**



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Explanation:

*Provide explanation as to **WHY** the veteran requires assistance with the task

What prevents the Veteran from completing this independently?

*Provide the **REASON/condition** which prohibits the veteran from completing the task.

Has adaptive equipment been recommended by a medical provider: YES NO - If Yes; What?

*Irrelevant question, note as such.

Is this equipment being used regularly to assist with this task: YES or NO

*Irrelevant question, note as such.

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

*Note how often veteran requires assistance with task

PROSTHETICS/ASSISTIVE DEVICES - This refers to need for Caregiver to adjust special prosthetic or orthopedic appliances - YES NO

*Note all aspects veteran requires assistance

*A score of **1-minimal** should be given for prompting, curing, or supervision.

Explanation:

*Provide explanation as to **WHY** the veteran requires assistance with the task

What prevents the Veteran from completing this independently?

*Provide the **REASON/condition** which prohibits the veteran from completing the task.

Has adaptive equipment been recommended by a medical provider: YES NO - If Yes; What?



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

***Irrelevant question, note as such.**

Is this equipment being used regularly to assist with this task: YES or NO

***Irrelevant question, note as such.**

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance with task**

MOBILITY - This refers to need for Caregiver to **hands-on** assist with transferring safely from bed to chair, chair to toilet, ability to turn and position self in bed, ability to walk safely on a variety of surfaces YES NO

***Note all aspects veteran requires assistance**

***A score of 1-minimal should be given for prompting, curing, or supervision.**

Explanation:

***Provide explanation as to **WHY** the veteran requires assistance with the task**

What prevents the Veteran from completing this independently?

***Provide the REASON/condition which prohibits the veteran from completing the task.**

Has adaptive equipment been recommended by a medical provider: YES NO - If Yes; What?

***Irrelevant question, note as such.**

Is this equipment being used regularly to assist with this task: YES or NO

***Irrelevant question, note as such.**

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance with task**

SEIZURES - Is the Veteran Service Connected for a seizure disorder? YES or NO



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

When did the Veteran last experience a seizure?

What type of seizure?

What was the outcome of the most recent seizure (i.e.- hospitalization, confusion, disorientation, injury, change in medication, etc...)?

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance**

MEDICATION MANAGEMENT - Is the Veteran able to manage his/her medications independently? YES NO

If NO, how does the Caregiver assist?

Does the Veteran have access to medications or are medications kept secure?

***Irrelevant question as not all veterans who are unable to properly manage medications require their medications to be kept secure.**

What prevents the Veteran from doing this independently?

Has Veteran been assessed for medication management adaptations? YES NO

***Irrelevant question, note as such.**

What recommendations were made to assist?

***Irrelevant question, note as such.**

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance**



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

APPOINTMENT MANAGEMENT: Does the Veteran attend appointments independently? YES NO

If NO, how is the Caregiver participating?

Does the Caregiver attend based upon Veteran preference or is Caregiver's presence requested by Veteran's medical team? Please explain:

*Poorly worded question; question infers if the veteran's provider does not specifically request the Caregiver to be present there is not a need for the Caregiver's presence. Most providers simply assume a veteran's caregiver will be present, especially when there are cognition issues.

Would you have concerns for the Veteran attending appointments independently? Please explain:

*Would the veteran have issues remembering details of the appointment? Is the veteran able to clearly and accurately articulate the issues the veteran is experiencing to the provider?

Are there concerns of safety when the Veteran is left home alone? YES NO

If YES, what are the safety concerns and how does the Caregiver assist?

*Note any concerns the caregiver would have with the veteran staying home alone. Example: does the veteran have safety concerns? Is the veteran a fall risk? Does the veteran have cognitive issues?

What is the maximum amount of time the Veteran can be left home alone without concerns for safety?

*Irrelevant question, simply because a veteran MAY be able to be left alone temporarily, does not mean there are not safety concerns.

Has there been an incident within the last 90 days which would suggest the Veteran is unsafe at home alone? Please describe:

*Irrelevant question; simply because an incident has not occurred, does not mean there is no potential for an incident to occur. Caregivers know the veteran better than anyone, if they have grounds for concern, those concerns should be understood.



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Have safety concerns been discussed with Veteran's treatment providers? YES NO
Please describe recommendations:

***Irrelevant question. Caregivers know the veteran better than anyone, if they have grounds for concern, those concerns should be understood whether or not this has been discussed with the providers.**

Veteran stays home alone: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance**

Are there concerns about the Veteran leaving the home alone? YES NO
If YES, what are the safety concerns and how does the Caregiver assist?

***Note any concerns the caregiver would have with the veteran leaving the home alone. Example: does the veteran wander? Is the veteran easily lost? Does the veteran have cognitive issues?**

What is the maximum amount of time the Veteran could spend outside of the home alone without concerns for safety?

***Irrelevant question, this has nothing to do with the veteran's need for assistance for safety or protection when outside the home.**

Has there been an incident within the last 90 days which would suggest the Veteran is unsafe outside of the home alone? Please describe:

***Irrelevant question; simply because an incident has not occurred, does not mean there is no potential for an incident to occur. Caregivers know the veteran better than anyone, if they have grounds for concern, those concerns should be understood.**

Have safety concerns been discussed with Veteran's treatment providers? YES NO
Please describe recommendations:

***Irrelevant question. Caregivers know the veteran better than anyone, if they have grounds for concern, those concerns should be understood whether or not this has been discussed with the providers.**

Veteran leaves home alone: 1-2 days per week 3-4 days per week Everyday Other:



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

***Note how often veteran requires assistance**

Does the Veteran hold a valid driver's license? YES NO

***Irrelevant question; the veteran holding a driver's license has NO barring on the potential need for assistance with completing various tasks or participating in the program. Many veterans use their driver's license as a form of ID, this is their legal right.**

If No, was Veteran's license removed via medical or legal requirement? Explain:

***Irrelevant question; this is operating outside the scope of the program.**

Does the Veteran drive? YES NO

*** Irrelevant question; this is operating outside the scope of the program.**

If No, please explain:

*** Irrelevant question; this is operating outside the scope of the program.**

How frequently does the Veteran drive independently?

*** Irrelevant question; this is operating outside the scope of the program.**

When was the last time the Veteran drove and approximate distance?

*** Irrelevant question; this is operating outside the scope of the program.**

Has there been any incidents within the past six months which would suggest the Veteran is unable to drive safely?

*** Irrelevant question; this is operating outside the scope of the program. This leaves the opening to discharge veterans from the program if there have NOT been any incidents within the last six months. However, if there have been incidents, it also opens the door for potential abuse of authority for CSP employees to contact DMV to revoke the veteran's license therefore operating outside their scope of practice.**



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Have safety concerns related to driving been discussed with treatment providers? YES NO

Please describe recommendations:

* Irrelevant question; this is operating outside the scope of the program.

Does the Veteran have a history of inpatient hospitalization within the past two years relating to mental health? YES NO

If Yes-

Date of most recent admission:

Length of admission:

Place of admission:

Was the admission voluntary or involuntary:

Please briefly describe the circumstances surrounding need for admission:

Was the Veteran assessed within the past 2 years and found to be a danger to self or others?

Within the past 6 months, has the Veteran expressed thoughts of self-harm? YES NO

Are there minor children in the home? YES NO

* Irrelevant question; the veteran's family/children are NOT being assessed for THEIR needs. Having minor children does NOT prohibit participation in the program.

How many?

* Irrelevant question.

Age(s)?

* Irrelevant question.

Is the Veteran able to be alone with his/her children?

* Irrelevant question; this is operating outside the scope of the program.

How frequently? 1-2 days per week 3-4 days per week Everyday Other:

*Note how often veteran requires assistance



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

What is the duration of time that the Veteran may be responsible (independently) for the care of the child/children? (example: 10 hours per day)

* Irrelevant question; this is operating outside the scope of the program.

Are there circumstances for which you would feel unsafe leaving the Veteran alone to care for the child/children? (Please provide details and example)

* Irrelevant question; this is operating outside the scope of the program. This is opening the door for potential misuse of authority by allowing the CSP employees to contact Child Protective Service for various reasons depending on their own personal opinions/agendas; this is a known tactic that has been previously used. Inferring and manipulating this question is a major issue. This question is too vague and leaving too much to self-interpretation by the staff; for example what if you have a veteran who is simply incapable for caring for self, is a fall risk, etc, there would be obvious concerns for feeling unsafe leaving a child with the veteran due to the fact the veteran would NOT be able to care for a child toddler age or younger since they cannot care for themselves.

Sleep Challenges: (Skip if Caregiving is not needed to assist with sleep)

*The question, per the law, is regarding Sleep Regulation which is vastly different than Sleep Challenges. Changing the wording is indicative of promoting an agenda to reflect a skewed perception.

What are the safety challenges experienced relating to sleep?

*Question should be: Does the veteran require assistance with sleep regulation; for example: does the veteran often wake due to nightmares? Does the veteran require waking during the night? Does the veteran require calming? Does the veteran require assistance with regulating bedtime?

What is the Caregiver's role, if any, in assisting?

Does the Veteran take medications (prescribed/over-the-counter/herbal) to assist with sleep?

YES NO

If YES, please list:



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Has the Veteran participated in treatment for sleep? YES NO

If YES, please explain: (what was the treatment, where was it provided, what year did treatment occur)

***Irrelevant question; this is opening the door for the CSP employees to DISCHARGE a veteran if the veteran is not participating in "treatment" for sleep. The reality is there is little to no treatment for sleep; not to mention veterans have very different struggles with sleep regulations than civilians.**

Frequency: 1-2 days per week 3-4 days per week Everyday Other:

***Note how often veteran requires assistance**

Does the Veteran experience delusions or hallucinations? YES NO

If YES, please describe symptoms with examples:

Has the Veteran been diagnosed with a psychotic disorder? YES NO

Please explain: (year of diagnosis, precipitating event, medications prescribed)

Is the Veteran receiving treatment specifically related to this issue? YES NO

Please explain: (What treatment, Where, When was last appointment)

Are there safety concerns relating to delusions or hallucinations? YES NO

If YES, please explain:



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Does the Veteran have difficulty with his/her mood, emotions and behavior to a degree which places him/her at risk for harming self or others? YES NO

***This is poorly worded in a way to receive a skewed perception. Question is relating to veteran's self-regulation. Does the veteran have outbursts? Is the veteran able to manage mood, anger, emotions, etc? Does the veteran behave in a socially acceptable way?**

IF YES, please provide an example within the last 30 days (provide date):

***Simply because a veteran does not have an example to provide (and date) within the last 30 days should not be interpreted by CSP staff to mean the veteran does not require assistance with self-regulation.**

Is the Veteran receiving the treatment for this issue? YES NO

If YES-

Location of treatment:

Provider name:

Frequency of appointments:

Date of last appointment:

***Irrelevant question; this is opening the door for the CSP employees to DISCHARGE a veteran if the veteran is not participating in "treatment" for self-regulation if the caregiver/veteran do not realize treatment such as counseling is considered treatment.**

Is the Veteran prescribed medications for treatment of this issue? YES NO

If YES-

Name of prescribing MD:

List medications:

Is Veteran taking medications as prescribed? YES NO

If NO, Please explain:



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Legal History:

Has the Veteran experienced any legal issues, such as assault, domestic violence, DUI, etc., within the past FIVE years? YES NO

If YES, please describe the situation, date of incident(s), legal response, treatment received:

**Poorly worded question which is worded in a way to be irrelevant.*

Veteran's Employment

****IRRELEVANT QUESTION! Per Dr. Elyse Kaplan on September 25, 2019, education and employment are NOT facts which are to be considered for participation in this program.***

Current Employer:

**Irrelevant question, operating outside the scope of the program and should be noted as such*

Current occupation or type of work:

**Irrelevant question, operating outside the scope of the program and should be noted as such*

How many hours per week?

**Irrelevant question, operating outside the scope of the program and should be noted as such*

When did the Veteran start this current job/position?

**Irrelevant question, operating outside the scope of the program and should be noted as such*

Does the Veteran receive any work accommodations because of disabilities? If so, please describe.

**Irrelevant question, operating outside the scope of the program and should be noted as such*

Has the Veteran been placed on a corrective action plan within the last year?

**Irrelevant question, operating outside the scope of the program and should be noted as such*

If unemployed, when was the last time the Veteran worked? Why did the Veteran stop working?

**Irrelevant question, operating outside the scope of the program and should be noted as such*



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Does the Veteran participate in any volunteering opportunities? YES NO

If YES, please provide details:

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Veteran's Education

Current college/university or vocational program:

***Irrelevant question, operating outside the scope of the program and should be noted as such**

When did the Veteran start attending?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

What is the Veteran studying?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Full time or part time? How many units?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Are classes on campus or online?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Does the Veteran receive any school accommodations because of disabilities? If so, please describe.

***Irrelevant question, operating outside the scope of the program and should be noted as such**



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

If not enrolled, when was the last time the Veteran attended school? Why did the Veteran stop attending?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Caregiver's Employment History

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Current Employer:

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Current occupation or type of work:

***Irrelevant question, operating outside the scope of the program and should be noted as such**

How many hours per week?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

When did the Caregiver start this current job/position?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Does the Caregiver receive any work accommodations because of Veteran's disabilities? If so, please describe.

***Irrelevant question, operating outside the scope of the program and should be noted as such**

If unemployed, when was the last time the Caregiver worked? Why did the Caregiver stop working?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Caregiver's Education

***Irrelevant question, operating outside the scope of the program and should be noted as such**



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

Current college/university or vocational program:

***Irrelevant question, operating outside the scope of the program and should be noted as such**

When did the Caregiver start attending?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

What is the Caregiver studying?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Full time or part time? How many units?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Are classes on campus or online?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Does the Caregiver receive any school accommodations because of Veteran's disabilities? If so, please describe.

***Irrelevant question, operating outside the scope of the program and should be noted as such**

If not enrolled, when was the last time the Caregiver attended school? Why did the Caregiver stop attending?

***Irrelevant question, operating outside the scope of the program and should be noted as such**

Additional Comments:

***While the email states this is an "formal government document" that is incorrect as there is not a VA form number associate with this document. It should also be noted that this worksheet is not in accordance with the law, rules, and regulations as there are many poorly worded questions which lead themselves to leave a lot of self interpretation, trap**



Self-Report Worksheet

This form is to be completed by the Veteran and/or Caregiver. Eligibility and tier level for the Caregiver Support Program will be determined based on the Veteran's medical record and any available relevant supporting documents, including this self-report worksheet if submitted.

the veteran and caregiver into answering a specific way without context, and this can all eventually be used against the veteran and caregiver to promote hidden agendas. Transparency is paramount when presenting documents such as these for a federal program; however, this is simply presenting an ambiguous document which requires inferring with a lot of implications.

This form was completed by- Print Name(s):

This document has been completed as a portion of the formal application process for the ECHCS Comprehensive Assistance for Family Caregivers Program and is considered an official statement.

This form will be scanned into the Veteran's electronic health record and Caregiver Application Tracker.

I certify that the information above is correct and true to the best of my knowledge and belief.

Caregiver Signature:

I certify that the information above is correct and true to the best of my knowledge and belief.

Veteran Signature: