



## **UPDATE AUGUST 2010:** **OFFICIAL INSTRUCTIONS FOR OBTAINING VA BENEFITS FOR YOUR SERVICE DOG!**

Remember to qualify for VA benefits relating to certain expenses for the care of your Service or Guide Dog your injury does **NOT** have to be directly service related. However, you must be enrolled or enroll in the VA health care system.

STEP 1- You must be enrolled in the VA system.

STEP 2- Make an appointment with your VA caseworker to start the application process. Remember that the application can only be filed by internal VA personnel.

STEP 3- Print a copy of the sample internal VA application to bring to your scheduled appointment. Bringing a reference copy of the exact form that needs to be filed to the appointment with your caseworker will save time and help avoid any confusion.

STEP 4- Go to your appointment and keep in mind that your caseworker may not have all the answers to your questions on whether or not you will qualify, because there is no set criteria and approval is conducted on a individual, case by case assessment by VA.

STEP 5- During you appointment make sure the entire form is filled out, signed and that any additional required documentation is officially requested on your behalf to your VA doctor/s. **Also remember to get a copy of your application.**

**A COMPLETED & PROPERLY FILLED OUT APPLICATION IS KEY TO MAKING SURE YOUR CLAIM IS FILED, PROCESSED AND YOU RECEIVE AN OFFICIAL RESPONSE WITHIN ABOUT 3 WEEKS.**

### **ANSWERS TO COMMON QUESTIONS:**

Q: What should I do if I file & get no response within 3 weeks?

**A:** First, contact your case manager to make sure they filed 2641 & sent it to prosthetics along with an electronic consult.

Second, if response is "yes" have your case worker contact the local prosthetics rep, then the VISN rep, and finally VHA Central Office of Prosthetics and Sensory Aids Services at 202.461.1800.

*Note- Veterans may contact their provider or prosthetic representative for a status update. The prosthetics representative contact information is available at [www.prosthetics.va.gov](http://www.prosthetics.va.gov).*

Q: If approved, what can I expect to receive?

**A:** Once you are approved you will receive information from VHA Prosthetic and Sensory Aides outlining your benefits and covered expenses. You will also receive an VA ID Card for your Service Dog to use as proof as being a covered VHA prosthetics device. Yes, your dog is considered a prosthetic device.



Department of Veterans Affairs

**AUTHORITY FOR ISSUANCE OF SPECIAL AND/OR EXPERIMENTAL APPLIANCES**

INSTRUCTIONS: Prepare this form, save a copy and e-mail a copy to (10FP).

**SECTION I - (To be completed by station)**

<b>TO</b>	VHA Chief Prosthetics and Clinical Logistics Office (10FP) Department of Veterans Affairs Central Office Washington, D.C. 20420	VETERAN'S NAME (Last, First, Middle)		VETERAN'S ADDRESS	
		LAST 4 DIGITS OF SSN	DATE OF REQUEST	VETERAN'S STATUS AND ELIGIBILITY <input type="checkbox"/> SC <input type="checkbox"/> NSC	

SPECIFIC DISABILITY REQUIRING SPECIAL ITEM AND ICD 9 CODE

FULL DESCRIPTION OF ITEM REQUESTED (Attach descriptive literature if available. ATTACHMENTS WILL NOT BE RETURNED.)

ITEM NAME	WEBSITE
MAKE	VENDOR
MANUFACTURER	COST
FDA APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	

FULL MEDICAL JUSTIFICATION FOR SPECIAL ITEM (Use reverse or attach additional sheets if necessary. ATTACHMENTS WILL NOT BE RETURNED.)

NAME, TITLE, AND MEDICAL SPECIALTY OF PRESCRIBING PHYSICIAN	CERTIFICATION: I certify that the requested item has been prescribed as medically necessary for treatment of the prosthetics disability listed, and that funds for procurement are available.
NAME AND LOCATION OF REQUESTING STATION	SIGNATURE OF PROTHETICS CHIEF

**SECTION II- (To be completed by Central Office)**

DATE RECEIVED	ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> DEFERRED PENDING FURTHER JUSTIFICATION	DATE OF ACTION
CONCURRENCES	REMARKS AND/OR INSTRUCTIONS/ REASON FOR DISAPPROVAL	
SYMBOL	INITIALS	

SIGNATURE AND TITLE

**SECTION III- (To be completed by Prosthetics Chief)**

IF APPROVED:	VENDOR
HCPCS	COST
NATIONAL ITEM FILE NUMBER	DATE PURCHASED