



Department of Veterans Affairs

APPLICATION FOR ANNUAL CLOTHING ALLOWANCE

PRIVACY ACT INFORMATION: No benefits may be granted unless this form is completed fully as required by law (38 C.F.R. 3.810). Responses you submit are considered confidential (38 U.S.C. 5701). They may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 24VA136 "Patient Medical Record - VA", published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor, and the respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-877-222-8387 for mailing information on where to send your comments.

ELIGIBILITY / ENTITLEMENT FOR AN ANNUAL CLOTHING ALLOWANCE: A Veteran who wears or uses a prescribed prosthetic, orthopedic appliance, and/or skin medication for a service connected disability may be eligible for an annual clothing allowance. To be entitled, the prosthetic, orthopedic appliance must cause wear / tear; skin medication must cause irreparable staining to your outergarments.

WHO IS ELIGIBLE FOR MORE THAN ONE ANNUAL CLOTHING ALLOWANCE? Effective December 16, 2011, Veterans who wear or use more than one qualifying prescribed prosthetic or orthopedic appliance and/or prescription medication for more than one service-connected disability or skin condition may be eligible for more than one clothing allowance. To be eligible for more than one clothing allowance, the qualifying appliances must wear or tear more than one type of article of the Veteran's clothing and/or medications must irreparably damage more than one type of the Veteran's clothing or outergarment.

WHAT TYPES OF CLOTHING ARE INCLUDED? Clothing such as shirts, blouses, pants, skirts, shorts and similar garments permanently damaged by qualifying appliances and/or skin medications are considered in clothing allowance decisions. Shoes, hats, scarves, underwear, socks, and similar garments are not included.

WHERE TO FILE A CLAIM? If you have previously submitted a claim for disability compensation, send this application (VA Form 10-8678) to the Prosthetic and Sensory Aids Service (121) at your local VA Medical Center. If you have not made an application for disability compensation, complete VA Form 21-526 and send to the VBA regional office nearest your home.

INSTRUCTIONS: This application should be submitted to the Prosthetic and Sensory Aids Service at your nearest VA Medical Center on or before August 1st of the benefit year for which you are applying. For example: if you are applying for the 2014 benefit, this application should be received on or before August 1, 2014.

1. LAST NAME, FIRST NAME, MIDDLE NAME OF VETERAN	2. VETERAN'S SSN
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3. MAILING ADDRESS OF VETERAN (No. and Street or Rural Route, City or P.O., State and Zip Code) If new address check box.

4. VETERAN'S DAYTIME TELEPHONE NUMBER (include area code)	4a. EVENING TELEPHONE NUMBER (include area code)
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4b. VETERAN'S EMAIL ADDRESS	5. CALENDAR YEAR FOR APPLICATION
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CERTIFICATION: I hereby apply for the annual clothing allowance benefit authorized under 38 USC §1162. In doing so I certify that because of my service-connected disability or disabilities, I regularly (1) wear or use the prosthetic or orthopedic appliance(s) listed in section 7 which tends to wear out or tear my clothing; or (2) use a skin medication(s) listed in section 7 which causes irreparable staining to my outergarments. Note: If I have multiple prostheses, orthopedic appliances, or skin medications as listed in section 7, the combination of these items causes me to replace my outergarments faster than if I used a single item.

ACKNOWLEDGEMENT: I acknowledge that by applying or receiving more than one clothing allowance benefit, an application for the annual clothing allowance benefit requires a yearly submission to the nearest Prosthetic and Sensory Aids Office on or before August 1st of the calendar year.

6. SIGNATURE OF VETERAN (Sign in Ink)	DATE
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7. Type of Appliance or Name of Skin Medication (Artificial leg, metal brace, wheelchair, etc.)		8. List of Service-Connected Disability/Disabilities Requiring Use of Appliance(s) or Skin Medication(s)	9. Month and Year Appliance or Skin Medication was issued (MM/YYYY)	10. Name and location of VA facility that issued appliance or skin medication (if not a VA facility include facility's phone number)	11. List all impacted location(s) (Chest, Back, Buttock, Left or Right Leg, Left or Right Arm)	FOR VA USE ONLY APPROVED?	
Example A	Prosthesis	Missing Limb	01/2005	Tampa VA Medical Center	Left Arm	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Example B	Steroid Cream	Skin Disorder	09/2009	Walter Reed Army MC 202-782-6866	Chest and Back	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.						<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.						<input type="checkbox"/> Yes	<input type="checkbox"/> No

PENALTY- The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.

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12. AMOUNT OF CLOTHING ALLOWANCES # ELIGIBLE # NOT ELIGIBLE # UPPER Extremity (2 maximum) # LOWER Extremity (2 maximum)

13. EXAMINATION/EVALUATION DATE (If applicable)

14. NOTES:

15. GENERATED BY: _____ DATE _____

16. AUTHORIZED BY: _____ DATE _____