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| IM-3121  Rev. 01-17 | | | | | | | | | | |
| **Veteran’s Administration-KDHE INFORMATION SYSTEM** | | | | | | | | | | |
| To: | | Kansas Regional Office of Veteran’s Affairs | | | | | | | | |
|  | | PO Box 4444 | | | | | | | | |
|  | | Jamesville, WI 53547 | | | | | | | | |
| I. TO BE COMPLETED BY KDHE STAFF | | | | | | | | | | |
| Client’s Name | | | | | | Name of Dependent(s)/Survivors(s) | | | | |
|  | | | | | |  | | | | |
| Veteran’s Name (If Different From Above) | | | | | |  | | | | |
| VA Claim Number | | | | | |  | | | | |
| Veteran’s Social Security Number | | | | | |  | | | | |
| Veteran’s Date of Birth | | | | | |  | | | | |
| The above-named veteran and/or dependent(s)/survivor(s) are clients of the Kansas Department of Health and Environment for medical assistance. | | | | | | | | | | |
| In determining eligibility and/or the correct amount of assistance, we must verify the amount of VA benefits the clients are receiving. Therefore, we would appreciate your providing the following information: | | | | | | | | | | |
|  |  | | Monthly benefit amount currently provided by the VA, including the aid and attendance and | | | | | | | |
| unusual medical expense amounts. | | | | | | | | | | |
|  |  | | Monthly benefit amount for the period | |  | | | to |  | |
| (Month/Year) (Month/Year) | | | | | | | | | | |
|  |  | | Total benefit amount which has been provided by the VA since | | | |  | | | |
|  | | | | | | | (Month/Year) | | | |
| KDHE Staff Signature | | | |  | | | | Date | |  |