

**Other Associated Benefits after SC Rating Decision**

Rev 22 Sep 2023

VETERAN \_\_\_\_\_ RATING \_\_\_\_\_ % EFFECTIVE DATE: \_\_\_\_\_

**SC DISABILITY RATING**

**PROPERTY TAX EXEMPTIONS**

\_\_\_\_\_ Retro Pay Rec'd \$ \_\_\_\_\_

\_\_\_\_\_ DFAS Audit Pending \_\_\_\_\_

\_\_\_\_\_ Increased Comp \_\_\_\_\_

\_\_\_\_\_ New SC Disability \_\_\_\_\_

\_\_\_\_\_ Decision Review (appeal/reopen claim) \_\_\_\_\_

\_\_\_\_\_ Vocational Rehabilitation-new ratings \_\_\_\_\_

\_\_\_\_\_ Add/Remove Dependent-30%/higher rating \_\_\_\_\_

\_\_\_\_\_ Periodic Request to Verify Your Dependents \_\_\_\_\_

\_\_\_\_\_ IU-Individual Unemployability \_\_\_\_\_

\_\_\_\_\_ Social Security Disability \_\_\_\_\_

\_\_\_\_\_ Temp 100% Re-eval date: \_\_\_\_\_

\_\_\_\_\_ Aid & Attendance (SC Dis rated 100%) \_\_\_\_\_

\_\_\_\_\_ Aid & Attendance for Spouse (30% or higher) \_\_\_\_\_

\_\_\_\_\_ ALL VA MONIES ARE TAX FREE \_\_\_\_\_

\_\_\_\_\_ Must keep address current w/ VBA \_\_\_\_\_

\_\_\_\_\_ 100% Rating/Permanent & Total (P&T) \_\_\_\_\_

\_\_\_\_\_ DOD ID Card- Vet & Dependents \_\_\_\_\_

\_\_\_\_\_ ChampVA for Dependents \_\_\_\_\_

**Appraisal District**

\_\_\_\_\_ 100% or IU: Total Homestead Exemption \_\_\_\_\_

\_\_\_\_\_ 10% to 100%: \$5,000 - \$12,000 off the \_\_\_\_\_

\_\_\_\_\_ Appraised value of any property. \_\_\_\_\_

\_\_\_\_\_ Once age 65- max value \$12,000 \_\_\_\_\_

\_\_\_\_\_ Does not own home or land \_\_\_\_\_

**VA HEALTH CARE ENROLLMENT/CHANGES**

**Eligibility Office: (830) 792-2512**

\_\_\_\_\_ Not enrolled-Apply: VHA Form 10-10EZ, w/ \_\_\_\_\_

\_\_\_\_\_ DD-214, Rating Letter, Copy-Health Cards \_\_\_\_\_

\_\_\_\_\_ VA Health ID Card (Access to Mil.Bases) \_\_\_\_\_

\_\_\_\_\_ Rated 30% or higher: travel pay all appts \_\_\_\_\_

\_\_\_\_\_ Rated 20% or less-travel pay for SC appts. \_\_\_\_\_

\_\_\_\_\_ Priority Group Enrollment: \_\_\_\_\_

\_\_\_\_\_ Verify copay requirements \_\_\_\_\_

\_\_\_\_\_ 100% or IU: Eligible for Dental care \_\_\_\_\_

\_\_\_\_\_ 70% or higher: eligible for Long Term Care \_\_\_\_\_

\_\_\_\_\_ at VA facility or contracted facility \_\_\_\_\_

\_\_\_\_\_ VA Health POA & Advance Directive \_\_\_\_\_

\_\_\_\_\_ Must keep address current w/ VHA \_\_\_\_\_

\_\_\_\_\_ 70% or higher: Family Caregiver Program \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**BURIAL BENEFITS**

**UPDATE to a NEW PRIORITY GROUP**

\_\_\_\_\_ Monetary benefits SC 10% or higher \_\_\_\_\_

\_\_\_\_\_ or if receiving Non-SC Pension \_\_\_\_\_

\_\_\_\_\_ Non-ServConnected death \_\_\_\_\_

\_\_\_\_\_ \$893. burial prep-funeral home exp. \_\_\_\_\_

\_\_\_\_\_ \$893. burial Exp-death at VA facility \_\_\_\_\_

\_\_\_\_\_ \$893. plot exp-death at VA facility \_\_\_\_\_

\_\_\_\_\_ \$893. plot expense \_\_\_\_\_

\_\_\_\_\_ Service Connected Death: \$2,000. \_\_\_\_\_

\_\_\_\_\_ Transportation Expenses: Reimbursed \_\_\_\_\_

\_\_\_\_\_ R/trip to closest Nat. Cemetery \_\_\_\_\_

\_\_\_\_\_ Memorial Markers (if not buried) \_\_\_\_\_

\_\_\_\_\_ Headstones & Markers-buried \_\_\_\_\_

\_\_\_\_\_ Military Honors \_\_\_\_\_

\_\_\_\_\_ Presidential Memorial Certificate \_\_\_\_\_

\_\_\_\_\_ National Cemetery: Pre Needs Appl. \_\_\_\_\_

\_\_\_\_\_ Both Vert & Spouse eligible for burial \_\_\_\_\_

\_\_\_\_\_ New Priority Group # \_\_\_\_\_

\_\_\_\_\_ Verify copay requirements for new rating. \_\_\_\_\_

\_\_\_\_\_ Update VA Health ID Card- SC (not for 0%) \_\_\_\_\_

\_\_\_\_\_ VA Health POA & Advance Directive \_\_\_\_\_

\_\_\_\_\_ 100% or IU: Eligible for Dental care \_\_\_\_\_

\_\_\_\_\_ 70% or higher: eligible for Long Term Care \_\_\_\_\_

\_\_\_\_\_ at VA facility or contracted facility \_\_\_\_\_

\_\_\_\_\_ 70% or higher: Family Caregiver Program \_\_\_\_\_

\_\_\_\_\_ Home Based Primary Care Team \_\_\_\_\_

**WITHIN 30 DAYS-DATE OF VA Letter**

**FILE CLAIMS, IF APPLICABLE, FOR:**

\_\_\_\_\_ Reimbursement of Prescription Copays \_\_\_\_\_

\_\_\_\_\_ to effective date of rating: \_\_\_\_\_

\_\_\_\_\_ Reimbursement for Travel Pay, back to \_\_\_\_\_

\_\_\_\_\_ Effective date of rating: \_\_\_\_\_

**Survivor Benefits**

\_\_\_\_\_ File with Funeral Home \_\_\_\_\_

\_\_\_\_\_ Survivor Benefits (Surv. Pension, DIC) \_\_\_\_\_

\_\_\_\_\_  
Veteran's Signature

\_\_\_\_\_  
Date