

Georgia War Veterans Home
2249 Vinson Highway
Milledgeville, GA 31061

DATE: _____

TO: Carl Vinson VAMC

SUBJECT: Authorization for Georgia War Veterans Home to Request Medications from VA

1. I authorize Georgia War Veterans Home officials to request VA to provide medications prescribed for me while I'm a resident of the home until such time as I cancel this authorization.

2. I am providing the following information to assist VA in determining my eligibility for medications:

Name: _____ Social Security #- _____
Print (LAST, First MI)

Signature of Veteran

Date

THIS BLOCK TO BE COMPLETED BY THE MILLEDGEVILLE VETERANS SERVICE OFFICE

The veteran named above is eligible for medications from VA for one of the following reasons:

Receiving increased compensation from VA due to being housebound or in need of regular aid and attendance as a result of a service-connected disability.

Receiving increased pension from VA as a veteran of a period of war because of being housebound or in need of regular aid and attendance.

Previously received increased pension from VA, but VA discontinued the pension because of income. The veteran's current annual income does not exceed the maximum annual income limitation by more than \$1,000.

VA determined the veteran is eligible for increased pension, but the veteran receives compensation as the greater benefit.

Date VA awarded increased compensation or pension: _____ (For being housebound or needing aid and attendance). A copy of this award letter IS/IS NOT attached (circle applicable item).

Date application for compensation or pension was submitted: _____

Signature of Milledgeville VSO Official

Date