OMB Control No. 2900-0721 Respondent Burden: 30 minutes Expiration Date: 09-30-2021

Department of Veterans Affairs

VA DATE STAMP DO NOT WRITE IN THIS SPACE

EXAMINATION FOR HOUSEBOUND STATUS OR PERMANENT NEED FOR REGULAR AID AND ATTENDANCE

		ION I: VETERAN'S IDE									
NOTE: You can <i>either</i> complete the form online or by hand. Please print the information requested in ink, neatly and legibly to help process the form.											
1. VETERAN/BENEFICARY NAME (First, Mi	dale Initial, Last)										
2. SOCIAL SECURITY NUMBER		3. VA FILE NUMBER (If applicable)	4. DATE OF BIRTH (MM/DD/YYYY) Month Day Year							
5. VETERAN'S SERVICE NUMBER (If applicable) 6. GENDER											
□ MALE □ FEMALE											
7. TELEPHONE NUMBER (Include Area Code)		8.	PREFERRED E-MAIL ADD	PRESS (Optional)							
9. PREFERRED MAILING ADDRESS (Number and street or rural route, P. O. Box, City, State, ZIP Code and Country)											
No. & Street											
Apt./Unit Number	City										
State/Province Country		ZIP Code/Postal Cod	le l								
SECTION II: CLAIM INFORMATION											
10. CLAIMANT'S NAME (First, Middle Initial, Last) 11. CLAIMANT'S SOCIAL SECURITY NUMBER 12. RELATIONSHIP OF CLAIMANT TO VETERAN											
13. BENEFIT YOU ARE APPLYING FOR (Choose One)											
Special Monthly Compensation (SMC) - Veterans and surviving spouses or parents who are eligible to receive VA compensation due to a service-related disability or death and require aid and attendance of another person to perform personal functions required in everyday living such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting oneself from the hazards of the daily environment may be eligible for Special Monthly Compensation. A Veteran or a deceased Veteran's surviving spouse may also be eligible for Special Monthly Compensation based on being housebound (substantially confined to the immediate premises because of permanent disability). For a Veteran, the disability causing the need for aid and attendance or housebound status must be related to service. These benefits are paid in addition to monthly compensation. They are not paid without eligibility to compensation.											
Special Monthly Pension (SMP) - Veterans and survivors who are eligible for Veteran's Pension and/or Survivors benefits and require the aid and attendance of another person in order to perform personal functions required in everyday living, such as bathing, feeding, dressing, attending to the wants of nature, adjusting prosthetic devices, or protecting him/her from the hazards of his/her daily environment, or are housebound (substantially confined to his/her immediate premises because of permanent disability), may be eligible for Special Monthly Pension (SMP). This benefit is an increased monthly amount paid to a Veteran or survivor who is eligible for Veterans Pension or Survivors benefits.											
SECTION III: INFORMATION OF EXAMINATION											
14. DATE OF EXAMINATION 15. HOME ADDRESS											
16A. IS CLAIMANT HOSPITALIZED?	•	16B. DATE ADMITTED	16C. NAME AN	D ADDRESS OF HOSPITAL							
YES NO (If "Yes," complete Items 16B and 16C)											

PATIENT/VETERAN'S SO	CIAL SECURITY NO.]-												
NOTE: EXAMINER PLEASE READ CAREFULLY The purpose of this examination is to record manifestations and findings pertinent to the question of whether the claimant is housebound (confined to the home or immediate premises) or in need of the regular aid and attendance of another person. The report should be in sufficient detail for the VA decision makers to determine the extent that disease or injury produces physical or mental impairment, that loss of coordination or enfeeblement affects the ability: to dress and undress; to feed him/herself; to attend to the wants of nature; or keep him/herself ordinarily clean and presentable. Findings should be recorded to show whether the claimant is blind or bedridden. Whether the claimant seeks housebound or aid and attendance benefits, the report should reflect how well he/she ambulates, where he/she goes, and what he/she is able to do during a typical day.															
17. COMPLETE DIAGNOSIS (Diagnosis needs to equate to the level of assistance described in questions 25 through 39)															
18A AGF 18B. WEIGHT 18C. HEIGHT															
18A. AGE				18C. HEIGHT											
	ГІМАТЕ	D: LB				FEET:	INCH	HES:							
19. NUTRITION								20. GAIT							
21. BLOOD PRESSURE	22. PULSE RATE	23. RE	SPIRA	TORY	RATE	24.	WHAT DIS	SABIL	ITIES RESTRIC	T THE LISTED A	ACTIVITIES/FUNCTIONS?				
25. IF THE CLAIMANT IS CONFINED TO BED, INDICATE THE NUMBER OF HOURS IN BED															
From 9 PM to 9 AM:	From 9 AM to	9 PM:													
26. IS THE CLAIMANT A	BLE TO FEED HIM/HERSEL	F? (If "No	o," prov	ide exp	lanation))									
☐ YES ☐ NO															
27. IS CLAIMANT ABLE TO PREPARE OWN MEALS? (If "No," provide explanation)															
☐ YES ☐ NO															
28. DOES THE CLAIMAN	NT NEED ASSISTANCE IN E	BATHING	AND TI	ENDIN	G TO O	THER	R HYGIENE	NEE	EDS? (If "Yes," pr	ovide explanation	ı)				
YES NO	☐ YES ☐ NO														
29A. IS THE CLAIMANT	LEGALLY BLIND? (If "Yes,"	provide ex	planatio	on)						CTED VISION					
☐ YES ☐ NO	YES NO							FT EY	E		RIGHT EYE				
30. DOES THE CLAIMAN	NT REQUIRE NURSING HO	ME CARE	? (If")	Yes," pr	ovide exp	olanati	ion)								
☐ YES ☐ NO															
31. DOES THE CLAIMANT REQUIRE MEDICATION MANAGEMENT? (If "Yes," provide explanation)															
YES NO															
32. IN YOUR JUDGMENT	Γ, DOES THE VETERAN/CL	AIMANT F	IAVE T	HE ME	ENTAL C	CAPA	CITY TO M	1ANA	GE HIS OR HER	BENEFIT PAYN	MENTS, OR IS HE OR SHE ABLE TO				
I	TO DO SO? (If "No," provide	examples a	nd ratio	onale to	support	your c	conclusion.)								
YES NO															

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PATIENT/VET	ERAN'S SOCIAL SECUR	RITY NO.]-			_]							
33. POSTUI	RE AND GENERAL APPE	ARANCE	E (Attacl	h a separ	ate shee	et of pap	er if i	addit	tional	space	e is ne	eded)								
	BE RESTRICTIONS OF E																D ABILI	TY TO FE	ED HIM/H	IERSELF, TO
	BE RESTRICTIONS OF I URESOR OTHER INTER '.																			
36. DESCRI	BE RESTRICTION OF TH	HE SPINE	E, TRUN	NK AND	NECK															
LOSS OF ME	RTH ALL OTHER PATHO EMORY OR POOR BALAI F HOSPITALIZED, BEYO	NCE, THA	AT AFF	ECTS C	LAIMA	NT'S A	BILIT	TY T	O PE	RFO	RM S	ELF-C	CARE, AN	/IBUL/	ATE OF	R TRAVE	L BEYC	ND THE	PREMISE	S OF THE
38. DESCRI	BE HOW OFTEN PER DA	AY OR W	/EEK Al	ND UND	ER WH	HAT CIF	RCUI	MST	ΓANC	ES T	HE C	LAIMA	ANT IS AE	BLE T	O LEA	VE THE H	HOME (OR IMMED	DIATE PR	EMISES
	S SUCH AS CANES, BRA						NCE	OF	ANC	OTHE	R PE	RSON	REQUIR	RED F	OR LO	COMOTI	ON? (I)	f so, specify	y and descr	ribe
YES NO	(If "YES," give distance) (applicable box or specify	(Check distance)] 1 B	LOCK			5 or	6 BL	OCKS	3	1	1 MILE	Ī	OTHER (Specif)	R v distanc	re)		
40A. PRINTI	ED NAME OF EXAMINING	G PHYSIC	CIAN	4	10B. S	IGNATI	JRE	ANE	D TIT	LE O	F EX	AMINI	NG PHYS	SICIAN	١			40C. D	ATE SIGN	NED
41A NAME	AND ADDRESS OF MED	ICAL EAG	CILITY											T	11R TI	ELEPHON	NE NI IN	ABER OF	MEDICAL	. FACILITY
4 IA. NAIVIE	AND ADDRESS OF MED	ICAL FAC	CILIT													le Area C		IDEIX OI	WILDIONE	TAGILITI
Title 38, co	ACT NOTICE: The VA	ns 1.576 t	for rout	ine use	s (i.e.,	civil or	crir	mina	al lav	v enf	orcen	nent, o	ongression	onal c	ommu	nications	s, epidei	miologica	ıl or resea	rch studies, the
benefits, ve	f money owed to the Un rification of identity and Rehabilitation and Emplo	status, a	and pers	sonnel a	dminis	tration)	as i	iden	itified	d in t	he V	A syst	em of re	cords.	. 58V <i>A</i>	121/22/28	8, Com	pensation,	, Pension,	Education and

Title 38, code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records. 58VA21/22/28, Compensation, Pension, Education and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your Social Security Number (SSN) account information is mandatory. Applicants are required to provide their SSN under Title 38, U.S.C. 5701(c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits provided under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information that you furnish may be utilized in computer matching programs with other Federal or state agencies for the purpose of determining your eligibility to receive VA benefits, as well as to collect any amount owed to the United States by virtue of your participation in any benefit program administered by the Department of Veterans Affairs.

RESPONDENT BURDEN: We need this information to determine your eligibility for aid and attendance or housebound benefits. Title 38, United States Code 1521 (d) and (e), 1115(1)(e), 1311(c) and (d), 1315(h), 1122, 1541(d)(e), and 1502 (b) and (c) allows us to ask for this information. We estimate that you will need an average of 30 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet pate at http://www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

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