



REQUEST FOR HARDSHIP DETERMINATION

The Request for Hardship Determination form is used to determine whether the veteran's projected income for the current year will be substantially below the VA means test threshold due to a loss of income or increase in allowable deductible expenses. Veterans determined to have a financial hardship will be exempt from payment of hospital and medical care copays and qualify for enrollment in Priority Group 5, unless otherwise eligible for enrollment in a higher priority, from the date of request through the last day of the same calendar year.

GENERAL INFORMATION

1. VETERAN'S NAME <i>(Last, First, Middle Name)</i>		2. SOCIAL SECURITY NUMBER	
3. PERMANENT ADDRESS <i>(Street)</i>	3A. CITY	3B. STATE	3C. ZIP CODE <i>(9 digits)</i>
3D. COUNTY	3E. HOME TELEPHONE NUMBER <i>(Include area code)</i>	3F. CELLULAR TELEPHONE NUMBER <i>(Include area code)</i>	

REASON/CIRCUMSTANCE FOR HARDSHIP REQUEST *(Check all that apply and add explanation as needed below)*

Reduction of household income
 Paid out of pocket medical expenses
 Increase in number of dependents
 Moved to a higher cost of living area
 Other - explain below

Provide explanation, as needed, and attach documentation supporting your request.

PROJECTED HOUSEHOLD INCOME AND DEDUCTIBLE EXPENSES FOR THE CURRENT CALENDAR YEAR

	Veteran	Spouse	Children
1. HOUSEHOLD INCOME <i>(Includes gross income from employment, net income from farm or ranch, and other income amounts.)</i>			
2. DEDUCTIBLE EXPENSES <i>(Includes non-reimbursed medical expenses paid by you or your spouse, funeral and burial expenses and expenses for the veteran's education.)</i>			

VA BURDEN STATEMENT AND PRIVACY ACT INFORMATION

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0091, and it expires 07/31/2024. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0091 in any correspondence. Do not send your completed VA Form 10-10HS to this email address.

Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records.

SIGNATURE AND DATE

VETERAN'S SIGNATURE	DATE <i>(MM/DD/YYYY)</i>
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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.

HARDSHIP DETERMINATION (to be completed by VA)

Hardship Granted: (check one)

YES - Hardship is granted

Note: The exemption is effective from the date the Veteran submitted the request until the last day of the calendar year in which the request was made.

NO. State reason not granted in comments.

Date Veteran's electronic record updated in VA's information system (MM/DD/YYYY): _____

VHA STAFF SIGNATURE

DATE (MM/DD/YYYY)

COMMENTS

Document and/or attach any pertinent information impacting on the final decision.

VETERAN NOTIFICATION

Date Veteran notified (MM/DD/YYYY): _____

If hardship not granted, provide Veteran with VA Form 10-0998, Your Rights To Seek Further Review Of Our Health Care Benefits Decision.