

FOR GRANT

OMB Control No. 2900-0188
Estimated Burden: 15 minutes
Expiration Date: 06/30/2027



Department of Veterans Affairs

**APPLICATION FOR ADAPTIVE EQUIPMENT
AUTOMOBILE OR OTHER CONVEYANCE**

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 2900-0188, and it expires 06/30/2027. 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 this burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0188 in any correspondence. Do not send your completed VA Form 10-1394 to this email address.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under authority of Title 38, U.S.C., Veterans Benefits, and will be used to determine your eligibility/entitlement and reimbursement of individual claims for automotive adaptive equipment, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply may also be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records" 24VA136, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the information will result in our inability to process your request promptly and serve your medical needs. Failure to furnish the information will have no adverse effect on any other benefits to which you may be entitled.

Who is eligible for adaptive equipment? A Servicemember or Veteran who meets the criteria as stated in 38 USC Chapter 39 and 38 CFR §§17.156-17.158; and because of a service connected disability or disabilities is required to obtain equipment to operate, enter and exit an automobile or other conveyance.

Who determines eligibility for adaptive equipment? The Veterans Benefits Administration (VBA) will review and certify whether a Veteran or Servicemember meets the criteria. An eligible person will receive a certified form 21-4502 annotating an eligibility decision.

Where can I find a copy of my 21-4502? At your local VBA Regional Office or by registering and logging on at: <https://www.ebenefits.va.gov/ebenefits/homepage>

Who determines entitlement for adaptive equipment? The Veterans Health Administration will review medical documentation and other pertinent information to assist with the selection of medically appropriate adaptive equipment for operating, and/or entering and exiting your automobile or other conveyance.

What type(s) of automobiles or other conveyances are considered? Automobiles, Minivans, Trucks, Sports Utility Vehicles (SUV), etc. If you are unsure whether your selection of vehicle or personally owned vehicle can receive the appropriate adaptive equipment, please contact your local VHA Drivers Rehabilitation Specialist or Prosthetic Representative.

Who is eligible for a payment? A registered provider (manufacturer, modifier, and alterer) who is registered with the National Highway Traffic Safety Administration (NHTSA) as stated in 38 CFR 17.157.

Who is eligible for a reimbursement? A Veteran or Servicemember.

Where can I find the amounts for payment or reimbursement? The "VA Adaptive Equipment Schedule for Automobile and Other Conveyance" can be found at: www.prosthetics.va.gov.

What type(s) of documentation is needed? For payments to a registered provider, an eligible person or registered provider must submit an itemized estimate and final itemized invoice. For reimbursements to an eligible person who purchased adaptive equipment from a registered provider, the eligible person must submit an itemized estimate and final itemized invoice, paid receipt or bill of sale. For reimbursements to an eligible person who purchased adaptive equipment from an unregistered provider, the eligible person must submit a final itemized invoice, paid receipt or bill of sale.

Where do I submit my application? Complete all items of Part I and submit to the Prosthetic and Sensory Aids Services at your nearest VA Medical Center.

PART I (To be completed by the Veteran/Servicemember as described in 38 CFR 17.157)

1. Name of Veteran/Servicemember (Last Name, First Name, MI) Doe, John A	2. Veteran/Servicemember SSN 111111111
3. Mailing Address of Veteran/Servicemember (Number and Street or Rural Route, City or PO., State and Zip Code) 123 Veteran Rd., Houston, TX 12345	4. Telephone Number (Including Area Code) (123) 456-7890
5. Do you have a valid Driver's License or Permit in possession? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, only entitled to ingress / egress equipment)	6. Do you have a VA Certificate of Eligibility (VA Form 21-4502) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. Vehicle(s) for which adaptive equipment is prescribed; requesting payment to a registered provider; reimbursement to an eligible person; or both?

7A. Type of Automobile or Conveyance (e.g., automobile, van, truck, SUV, other)	7B. Purchased with VA Automobile Allowance? (Y/N) Note: If yes, reimbursement for some adaptive equipment may not be approved by VA.	7C. Year of Vehicle Automobile or Conveyance (YYYY)	7D. Make	7E. Model	7F. Vehicle Identification Number (VIN)	7G. Date of Adaptive Equipment Provided (MM/DD/YYYY). Note: Complete if applying for repairs, replacement or reinstallations.
SUV	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2021	Chevy	Tahoe	Z123434B5432J3317	02/02/2025
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

CERTIFICATION: I hereby apply for adaptive equipment for the automobile(s) or other conveyance(s) in Item 7 above required for my service-connected disability (ies). I understand that payments will be remitted only to a registered provider and reimbursements will be remitted to the eligible persons and will not exceed the amounts listed in the "VA Adaptive Equipment Schedule for Automobile and Other Conveyance." I agree to provide all documentation for payments and reimbursements before VA will authorize payment or reimbursement. I understand that VA is not responsible for any payment or reimbursement until all requirements of 38 USC Chapter 39 and 38 CFR §§17.156-17.158 have been met.

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, or for the fraudulent acceptance of any payment to which you are not entitled.

8. Signature of Veteran/Service member

John A. Doe

9. Date (MM/DD/YYYY)

03/03/2025

PART II - ENTITLEMENT FOR PAYMENT / REIMBURSEMENT (To be completed by VHA)

10. All documentation for payment and reimbursement has been received?

(NOTE: Attach all documentation when forwarding to VBA for processing).

☐ Yes ☐ No

11. Date Received (MM/DD/YYYY)

12. Are you approving payment?

☐ Yes ☐ No (If no, please send 8-point decision letter along with VA Form 20-0998 with explanation for disapproval)

13. Amount requested for payment

14. Total amount to be paid to registered provider

15. Remit payment to registered provider

Name:

Address:

16. Are you approving reimbursement?

☐ Yes ☐ No (If no, please send 8-point decision letter along with VA Form 20-0998 with explanation for disapproval)

17. Amount requested for reimbursement

18. Total amount to be reimbursed to Veteran/Service member

19. Approving Office Name and Title

20. VHA Station Code

21. Signature of Approving Official

22. Date (MM/DD/YYYY)

PART III - PROCESSING PAYMENT / REIMBURSEMENT (To be completed by VBA)

AUTHORIZATION FOR AUTOMOBILE ADAPTIVE EQUIPMENT: The named applicant in Part I is eligible under 38 U.S.C. 3901-3904 for payment/ or reimbursement for prescribed adaptive equipment, subject to certain payment limitations.

☐ **I CERTIFY THAT** the Veteran, Service member, will be reimbursed and/or the registered provider will be paid according to the payment limitations as listed in Part II of this application

23. Authorizing Office Name and Title

24. VBA Regional Office Code

25. Signature of Authorizing Official

26. Date (MM/DD/YYYY)

FOR ONE-TIME PAYMENT

OMB Control No. 2900-0067
Respondent Burden: 15 Minutes
Expiration Date: 8/31/2027

Department of Veterans Affairs

VA DATE STAMP
(DO NOT WRITE IN THIS SPACE)APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE
AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)

INSTRUCTIONS: Before completing this form, read the Privacy Act and Respondent on page 2. Use this form to apply for automobile or other conveyance and adaptive equipment allowance (38 U.S.C. Chapter 39). For more information, contact us at <https://ask.va.gov/>, or call us toll-free at 1-800-827-1000 (TTY: 711). VA forms are available at www.va.gov/vaforms. After completing the form, mail to: Department of Veterans Affairs, Evidence Intake Center, P.O. Box 4444, Janesville, WI 53547-4444.

SECTION I - VETERAN/SERVICEMEMBER'S IDENTIFICATION INFORMATION

NOTE: You may complete the form online or by hand. If completed by hand, print the information requested in ink, neatly and legibly, insert one letter per box, and completely fill in each applicable checkbox to help expedite processing of the form.

1. VETERAN/SERVICE MEMBER'S NAME (First, Middle Initial, Last)

J o h n A D o e

2. SOCIAL SECURITY NUMBER

1 1 1 - 1 1 - 1 1 1 1

3. VA FILE NUMBER (If applicable)

4. DATE OF BIRTH (MM/DD/YYYY)

0 1 - 0 1 - 1 9 7 0

5. VETERAN'S SERVICE NUMBER (If applicable)

1 1 1 1 1 1 1 1 1

6. TELEPHONE NUMBER (Include Area Code)

1 2 3 - 4 5 6 - 7 8 9 0

Enter International Phone Number (If applicable)

7. E-MAIL ADDRESS ☒ I agree to receive electronic correspondence from VA in regards to my claim.

j o h n d o e @ g m a i l . c o m

NOTE: A service member planning early release should give both present military address and planned address following release from active duty, in Items 8A and 8B.

8A. CURRENT ADDRESS (No. and Street or rural route, City or P.O., State and Zip Code)

No. & Street 1 2 3 V e t e r a n R d

Apt./Unit Number City H o u s t o n

State/Province T X Country U S ZIP Code/Postal Code 1 2 3 4 5 -

8B. SERVICE MEMBER'S PLANNED ADDRESS FOLLOWING RELEASE FROM ACTIVE DUTY (No. and Street or rural route, City or P.O., State and Zip Code)

No. & Street

Apt./Unit Number City

State/Province Country ZIP Code/Postal Code -

SECTION II - APPLICATION INFORMATION

9. BRANCH OF SERVICE

☒ ARMY ☐ NAVY ☐ MARINE CORPS ☐ AIR FORCE ☐ COAST GUARD ☐ SPACE FORCE ☐ NOAA ☐ USPHS

10. ARE YOU ON ACTIVE DUTY?

☐ YES ☒ NO

11A. PLACE OF ENTRY INTO ACTIVE DUTY

Ft. Bragg, NC

11B. DATE OF ENTRY (MM/DD/YYYY)

0 1 - 0 1 - 1 9 9 2

11C. PLACE OF RELEASE FROM ACTIVE DUTY (If applicable)

Ft. Bragg, NC

11D. DATE OF RELEASE (MM/DD/YYYY)

0 1 - 0 1 - 2 0 1 5

12A. HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? (If "Yes," specify name of place)

☒ YES ☐ NO Houston, TX

12B. DATE YOU APPLIED (MM/DD/YYYY)

0 1 - 0 1 - 2 0 2 1

13. LOCATION OF VA OFFICE THAT HAS YOUR FILE (If known)

124 Bronson Street
Houston, TX 12345

14. TYPE OF CONVEYANCE APPLIED FOR (Check one)

☒ AUTOMOBILE ☐ STATION WAGON ☐ VAN ☐ TRUCK ☐ OTHER (Specify)

15. HAVE YOU PREVIOUSLY APPLIED FOR AN AUTOMOBILE OR OTHER CONVEYANCE?

☐ YES ☒ NO (If "Yes," give date (mm/dd/yyyy) and place)

I HEREBY APPLY for the conveyance checked in Item 14 above and the equipment required because of my disability. I agree that before operating the vehicle I shall hereafter apply to the proper authority for the necessary license to operate it. If I am unable to qualify for a license, I certify that a person licensed to operate a similar vehicle in the state of my residence will operate the vehicle for me. **I FURTHER CERTIFY** that VA has not previously paid an automobile grant on my behalf or that either (1) the automobile previously purchased with assistance was destroyed as a result of a natural or other disaster, or (2) it has been 30 or more years since my most recent automobile grant. I understand that I must contact my local Veterans Health Administration (VHA) Prosthetic and Sensory Aids Service prior to obtaining any (new or used) adaptive equipment and that VA may deny claims for payment or reimbursements if eligibility has not been established or has been terminated.

16. SIGNATURE OF VETERAN OR SERVICE MEMBER (REQUIRED)

John A. Doe

17. DATE SIGNED (MM/DD/YYYY)

0 3 - 0 5 - 2 0 2 5

1 1 1 - 1 1 - 1 1 1 1

SECTION III - CERTIFICATE OF ELIGIBILITY (To be completed by VA)**QUALIFYING DISABILITIES** (Check appropriate box(es))

18A. LOSS OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	18B. LOSS OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	18C. PERMANENT LOSS OF USE OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	18D. PERMANENT LOSS OF USE OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH
19. PERMANENT IMPAIRMENT OF VISION <input type="checkbox"/> CENTRAL VISUAL ACUITY 20/200 OR LESS IN THE BETTER EYE WITH CORRECTIVE GLASSES <input type="checkbox"/> CONTRACTION OF THE PERIPHERAL FIELD OF VISION TO 20 DEGREES OR LESS IN THE BETTER EYE		20. SEVERE BURN INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	21. AMYOTROPHIC LATERAL SCLEROSIS (ALS) <input type="checkbox"/> YES <input type="checkbox"/> NO

22. **Authorization for Allowance for Automobile or Other Conveyance:** The above-named applicant is eligible under 38 U.S.C. 3901-3904 to purchase the automobile or conveyance shown in Item 14, subject to certain payment limitations. VA cannot pay more than the rate in effect when VA receives the claim for payment from the seller. The allowance includes applicable taxes when included in the purchase price. The allowance does not include payment for any adaptive equipment specified for the qualifying disabilities.

Adaptive Equipment: The cost of adaptive equipment and its installation may be reimbursed. Adaptive equipment is not provided if the claimant is blind, requires a driver, or does not have a valid State driver's license or learner's permit. See the attached list for the adaptive equipment that is authorized for the qualifying disabilities shown above. All additional add-on equipment **must** be approved by VA. If this is an additional automobile (the automobile previously purchased with assistance was destroyed as a result of a natural or other disaster, or 30 or more years since the most recent automobile grant), the veteran must contact their local VHA Prosthetic and Sensory Aids Service prior to obtaining any (new or used) adaptive equipment. VA may deny claims for payment or reimbursements if eligibility has not been established or has been terminated.

☐ **I CERTIFY THAT** the veteran has not previously received an allowance for automobile or other conveyance under 38 U.S.C. 3901-3904. If this is an additional automobile, I certify that either the automobile previously purchased with assistance was destroyed as a result of a natural or other disaster, or it has been 30 or more years since the most recent automobile grant.

23. NAME AND LOCATION OF VA OFFICE	24A. SIGNATURE OF CERTIFYING OFFICIAL TITLE OF CERTIFYING OFFICIAL	24B. DATE SIGNED (MM/DD/YYYY)
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SECTION IV - RECEIPT FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (To be completed by veteran or service member)

25. MAKE AND MODEL		26. YEAR (YYYY) [][][][]
27. VEHICLE IDENTIFICATION NO. (VIN)	28. TOTAL PURCHASE PRICE \$ [][][] , [][][] . [][]	29. DATE OF SALE (MM/DD/YYYY) [][] - [][] - [][][][]
30A. I WILL OPERATE THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	30B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
31. NAME OF SELLER	32. ADDRESS OF SELLER	

I hereby acknowledge receipt of the automobile or other conveyance with the adaptive equipment specified on attached invoice.

33A. SIGNATURE OF VETERAN OR SERVICE MEMBER (REQUIRED)	33B. DATE OF RECEIPT (MM/DD/YYYY) [][] - [][] - [][][][]
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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, or for the fraudulent acceptance of any payment to which you are not entitled.

PRIVACY ACT INFORMATION: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or 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 Veteran Readiness and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. Giving us your SSN account information is mandatory. Applicants are required to provide their SSN under Title 38 USC 5101 (c)(1). The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN 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 under the law. The responses you submit are considered confidential (38 U.S.C. 5701).

RESPONDENT BURDEN: 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 2900-0067, and it expires August 31, 2027. 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. 2900-0067 in any correspondence. Do not send your completed VA Form 21-4502 to this email address.

INFORMATION AND INSTRUCTIONS

If you have questions about this form, how to fill it out, or about benefits, contact us online at <https://ask.va.gov/> or call us VA toll-free at 1-800-827-1000 (TTY: 711.)

A. What are automobile and adaptive equipment benefits and how does VA decide what I will or will not receive?

1. Allowance towards purchase of a vehicle - Veterans who are receiving compensation under 38 U.S.C. 1151 for any of the following disabilities are also eligible. Effective January 5, 2023, claimants may receive an additional vehicle or conveyance if more than 30 years have elapsed since the eligible person most recently received an automobile or other conveyance. The amount paid is limited by law. Contact <https://www.va.gov/disability/compensation-rates/special-benefit-allowance-rates/> for the current rate.

Additionally, VA may provide or assist in providing an eligible person with a second automobile or other conveyance if: VA receives satisfactory evidence that the automobile or other conveyance previously purchased with this assistance was destroyed as a result of a natural or other disaster, as determined by VA; and

- through no fault of the eligible person; and
- the eligible person does not otherwise receive from a property insurer compensation for the loss.

A veteran or service member must possess one of the following disabilities as a result of injury or disease incurred or aggravated during active military service:

- loss or permanent loss of use of one or both feet, or
- loss or permanent loss of use of one or both hands, or
- permanent impairment of vision in both eyes with a
 - central visual acuity of 20/200 or less in the better eye with corrective glasses, or
 - central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field has an angular distance no greater than 20 degrees in the better eye, or
- Severe burn injury: Deep partial thickness or full thickness burns resulting in scar formation that cause contractures and limit motion of one or more extremities or the trunk and preclude effective operation of an automobile, or
- amyotrophic lateral sclerosis (ALS).

Important: VA is required by law to pay the benefit to the seller of the vehicle. Payment cannot be made to the veteran or service member. Do not purchase a vehicle until authorized by VA.

2. Adaptive equipment

A veteran or service member who qualifies for the automobile allowance also qualifies for adaptive equipment. VA must approve all adaptive equipment as prescribed by a VHA provider. Contact <https://www.prosthetics.va.gov/psas/index.asp> for more information on how to receive adaptive equipment. Note:

Note: Adaptive equipment may be provided for no more than two vehicles in a four-year period. See Page 4 for more information about adaptive equipment.

Important: VA will not pay for the purchase of add-on adaptive equipment (equipment furnished by someone other than the automobile manufacturer) that is not approved by VA. Contact the nearest VA health care facility for more information on add-on equipment. The adaptive equipment benefit may be paid to either the seller or the veteran or service member.

3. Special drivers training is available for disabled veterans or service members, who should contact the nearest VA health care facility to request this training at https://www.rehab.va.gov/pmrs/Drivers_Rehabilitation_Program.asp.

B. What conveyance may be purchased?

You may purchase a new or used automobile, or other conveyance, if approved by VA.

VA recommends that you consult with a VA healthcare provider prior to selecting a vehicle or other conveyance to ensure your adaptive equipment is compatible with a specific vehicle make/model.

C. When should VA Form 21-4502 be submitted?

There is no time limit for filing a claim; however, the claim must be authorized by VA before you purchase the automobile or conveyance.

D. Instructions to veteran or service member

1. Complete all items of Section I and II and submit to VA. Send the form to your nearest VA regional office.
2. VA will determine your eligibility and, if eligibility exists, VA will complete Section III and return the form to you.
3. Purchase a vehicle. When you receive the vehicle and the adaptive equipment from the seller, complete Section IV. If you need adaptive equipment, contact the Prosthetic and Sensory Aids Service at: <https://www.prosthetics.va.gov/psas/index.asp>, for more information on how to receive adaptive equipment.
4. Give the original VA Form 21-4502 to the seller.

5. Submit any invoices for adaptive equipment and/or installation not included on the seller's invoice to the nearest VA health care facility. These invoices, identified with your full name and VA file number, must show the itemized net cost of any adaptive equipment and installation charges, any unpaid balance, and the make, year and model of the vehicle to which the equipment is added.

Reminder: VA must approve all adaptive equipment as prescribed by a VHA provider prior to purchase.

E. Instructions to seller

1. Make sure that Section III of VA Form 21-4502 is completed and signed by VA.
2. For initial automobile allowance grants, deliver the vehicle, including VA-approved adaptive equipment provided and/or installed by the seller.
3. Obtain the original copy of VA Form 21-4502 from the veteran or service member after he or she has completed Section IV.
4. Submit the original copy of VA Form 21-4502 and itemized invoice to the VA regional office shown in Item 23, Section III, Attention: Financial Division. The itemized invoice should include the following:
 - The net cost of any approved adaptive equipment and installation charges. If certain items of approved adaptive equipment (automatic transmission, power seats, etc.) are included in the purchase price, also submit a copy of the window sticker.
 - A list of which adaptive equipment is standard on the vehicle or other conveyance.
 - The unpaid balance due on the vehicle which is to be paid by VA.
 - A certification that the amounts billed do not exceed the usual and customary cost for the purchase and installation of the adaptive equipment.

ADAPTIVE EQUIPMENT FOR AUTOMOBILES AND SIMILAR VEHICLES

IMPORTANT

Adaptive equipment for the operation of the vehicle cannot be provided if the veteran or service member is blind, requires a driver because of physical disability, or does not have a valid State driver's license or learner's permit. The list below shows the equipment that is authorized for the qualifying disabilities shown in Section II of VA Form 21-4502. Request approval from the nearest VA health care facility for any equipment not shown below, or if adaptive equipment is required for driver training and testing.

A. BASIC EQUIPMENT

DISABILITY

- Loss of a foot (including loss of use).....
- Loss of both feet (including loss of use).....
- Loss of a hand (including loss of use).....
- Loss of a hand and a foot (including loss of use).....

ADAPTIVE EQUIPMENT

- Basic automatic transmission and power brakes
- Basic automatic transmission, power steering and power brakes.
- Basic automatic transmission and power steering.
- Basic automatic transmission, power steering and power brakes.

B. ADDITIONAL EQUIPMENT - SINGLE DISABILITIES

LOSS OF LEFT FOOT (INCLUDING LOSS OF USE)

1. Hand-operated dimmer switch
2. Hand-operated parking brake
3. If standard transmission selected, bar welded to clutch pedal to prevent foot slipping down or off to side.
4. Relocation of control switched, as needed.

LOSS OF RIGHT FOOT (INCLUDING LOSS OF USE)

1. Left foot-operated gas pedal.
2. Hand-operated dimmer switch.
3. Hand-operated parking brake.
4. Extension on brake pedal from left foot operation if not part of car.
5. If standard transmission selected, bar welded to clutch pedal so both clutch and brake pedals may be operated with the left foot.

C. ADDITIONAL EQUIPMENT - MULTIPLE DISABILITIES

LOSS OF BOTH FEET (INCLUDING LOSS OF USE)

1. Hand-operated brake and gas pedal in combination.
2. Hand-operated parking brake.
3. Hand-operated dimmer switch.
4. Steering wheel knob or ring.
5. Two-way power seat.

LOSS OF BOTH HANDS, TRIPLE OR QUADRUPLE EXTREMITY LOSS (INCLUDING LOSS OF USE)

Any combination of hand/foot control which does not involve steering, and relocation of control switches or levers as required.

CERTIFICATE OF UNIFORMED SERVICE

When completed, this form contains personally identifiable information and is protected in accordance with the Privacy Act of 1974, as amended, and DoD 5400.11-R, DoD Privacy Program.

1. NAME (Last, First, Middle) Doe, John A		2. BRANCH AND COMPONENT ARMY		3. DOD ID NUMBER 111111111	4. SERIAL NUMBER: 111111111	
5a. GRADE, RATE OR RANK E-7		b. PAY GRADE E-7		6. DATE OF BIRTH (YYYYMMDD) 19700101		
7a. MILITARY SERVICE OBLIGATION TERMINATION DATE (YYYYMMDD) 20150101	b. RESERVE STATUS FOR OBLIGATION (SELRES/IRR)		c. CONTACT PHONE NUMBER (Civilian) (123)456-7890		d. CONTACT EMAIL ADDRESS (Civilian) johndoe@gmail.com	
8a. PLACE OF ENTRY INTO ACTIVE DUTY HOUSTON, TX		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 123 Veteran Rd., Houston, TX 12345				
9a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 18th Airborne Corps			b. STATION WHERE SEPARATED Ft. Bragg, NC 45852			
10. COMMAND TO WHICH TRANSFERRED 88th Ready Reserve, Ft. McCoy, WI 45787					11. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
12. SPECIALITY (List number, title, and years and months in specialties involving periods of one or more years.) 11B INFANTRYMAN - 15 YRS 0 MOS//NOTHING FOLLOWS		13. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED TO AD THIS PERIOD		1992	10	01
		b. SEPARATION DATE THIS PERIOD		2015	09	03
		c. NET ACTIVE SERVICE THIS PERIOD		0023	00	00
		d. TOTAL PRIOR ACTIVE SERVICE		0000	00	00
		e. TOTAL ACTIVE SERVICE		0023	00	00
		f. TOTAL INACTIVE SERVICE		0000	00	00
		g. FOREIGN SERVICE		0000	00	00
		h. SEA SERVICE		0000	00	00
		i. INITIAL ENTRY TRAINING				
14. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) BRONZE STAR MEDAL//ARMY COMMENDATION MEDAL (2ND AWARD)//ARMY ACHIEVEMENT MEDAL (2ND AWARD)//NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD)//ARMED FORCES EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY//CONT IN BLOCK 18		15. UNIFORMED SERVICE EDUCATION (Course title, number of weeks, and month and year completed)				
16. DAYS ACCRUED LEAVE PAID		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
18. RETIREMENT SYSTEM OPTION <input type="checkbox"/> FINAL <input type="checkbox"/> HIGH-3 <input checked="" type="checkbox"/> REDUX <input type="checkbox"/> BRS		19. DD214-1 (Accompanies this DD214) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
20. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA/ SERVICE IN IRAQ 20100101-20110101// INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//CONT FROM BLOCK 13: MEDAL// GLOBAL WAR ON TERRORISM SERVICE MEDAL//ARMED FORCES SERVICE MEDAL (AFSM)//IRAQ CAMPAIGN MEDAL W/ CAMPAIGN STAR//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (2ND AWARD)//ARMED FORCES The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.						
21a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 123 Veteran Rd., Houston, TX 12345			21b. NEAREST RELATIVE (Name and address - include ZIP code) Mary Doe 123 Veteran Rd., Houston, Tx 12345			
22. MEMBER REQUESTS DATA SHARE WITH (Specify state/locality) OFFICE OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
23a. MEMBER SIGNATURE		b. DATE (YYYYMMDD)		24. OFFICIAL AUTHORIZED TO SIGN		
				a. NAME, GRADE AND TITLE		
				b. SIGNATURE		
				c. DATE (YYYYMMDD)		

**ADD MEDICAL
DOCUMENTS
HERE**

**REQUIREMENT
FOR
GRANT OPTION
SUBMISSION**

ITEMIZED ESTIMATE

FINAL INVOICE

**RECEIPT
OR
BILL OF SALE
[FROM REGISTERED PROVIDER]**