

*Dear Applicant,*

We have received a prescription for the Home Improvement and Structural Alterations (HISA) program. The HISA program provides for medically necessary improvements and structural alterations to a Veterans/Service members primary residence for the following purposes:

- Allow entrance to or exit from your primary residence
- Use of essential lavatory and sanitary facilities
- Allow accessibility to kitchen or bathroom sinks or counters
- Improve entrance paths or driveways in immediate area of the home to facilitate access to the home
- Improve plumbing or electrical systems made necessary due to installation of medical equipment in the home.

In order to continue with the HISA application process, we need the following items:

***(Please use this list as your checklist to ensure your application package is complete.)***

- A consult/prescription from your Primary Care Provider (PCP) saying what modification is needed.
- PCP Referral to Occupation Therapy for assessment to determine medical necessity.
- A completed and signed VA Form 10-0103, Veterans Application for Assistance in Acquiring Home Improvements and Structural Alterations
- Signed Veteran's Certification
- Signed request for advance payment, if required by vendor/contractor.
- Completed Owner of Property Release Form with a notarized statement from the owner authorizing the HISA project if you are not the owner. Please note that VA cannot pay for the Notary.
- A description of the job to be performed by the contractor with an itemized estimate of costs for labor, materials, permits and inspections. Note: it is in your best interest to get multiple estimates for your modification, but only submit the estimate from the contractor you selected to the VA.
- Color photograph(s) of the area to be improved as it appears now and upon completion.
- Direct Deposit Enrollment Form
- Mail all items to one of the following locations:**

**Jewell Clinic  
Prosthetics Dept.  
14400 E. Jewell Ave.  
Aurora CO 80012  
Attn: Carol**

**Rocky Mtn Regional VAMC  
Prosthetics Dept.  
1700 N. WHEELING ST.  
Aurora, CO 80045  
Attn: Tiffany**

**Do NOT give authorization to the contractor to start any work prior to receiving an approval letter from the VA.**

**PRE-AWARD INSPECTION OF SITE:** The beneficiary must allow VA to inspect the site of the proposed improvement or structural alteration if VA determines an inspection is needed.

**PAYMENT:** Due to new regulations (CFR 17.3127–17.3129) the VA must make HISA payments to you, the veteran or service member beneficiary directly. This will require you to provide banking information and to be entered into the VA’s vendor file for payment processing. We have provided VA Form 10091 and instructions on filling out the form as part of this application package.

Since all payments for any HISA modifications will be made to you, you are responsible for making the payment or payments to your selected contractor. In the event that you do not make the appropriate payments to your contractor, the VA may take action to collect the amount of any payment made to you. Additionally, if the contractor has performed work on your project and you have not made the appropriate payments to the contractor, the contractor may pursue legal means to collect a debt from you. The VA is not allowed to make payments to the contractor on your behalf and will not be responsible for any debt that you incur as the result of not making payments to your contractor.

**ADVANCE PAYMENT:** Because some contractors may require you to make an advance payment prior to commencing work, the new regulations also allow the VA to make an advance payment to you for up to one half of the total cost of your improvement. Any advance payment will be made to you no later than 30 days after your HISA application is approved.

If you receive an advance payment you need to submit a final payment request within 60 days.

VA will send you a reminder if we haven’t received your final payment request. If you fail to submit the final payment request or to provide a suitable update and explanation of the delay within 30 days of the notice, the VA will take appropriate action to collect the amount of the advance payment.

**FINAL PAYMENT:** If you did not receive an advance payment then you need to submit a final payment request within 60 days of the project approval. VA will send you a reminder if we haven’t received your final payment request. If you fail to submit the final payment request or to provide a suitable update and explanation of the delay within 30 days of the notice, the VA will close your HISA application and you will need to reapply to receive this benefit.

Prior to approving and remitting the final payment, the VA may inspect (within 30 days after receiving the final payment request) the beneficiary’s home to determine that the improvement or structural alteration was completed as indicated in the application. No payment will be made if the improvement or structural alteration has not been completed.

**FINAL PAYMENT REQUEST:** We will send you instructions for requesting final payment with the HISA Project approval letter. You should receive payment within 30 days of the final payment request.

#### **LIFETIME BENEFITS:**

##### \$ 6800.00

- If you are a veteran that has **service connected disabilities of 50% or greater**, or
- If you are a veteran that has a rated service-connected condition above 0% that affects your access, mobility or safety within your home, even if you are service connected below 50%
- A Service member who is undergoing medical discharge from the Armed Forces for a permanent disability that was incurred or aggravated in the line of duty in the active military. A Service member while hospitalized or receiving outpatient medical care, services, or treatment for such permanent disability

##### \$2000.00

- If you are a **non-service connected veteran with a disability rating of 0%**, or
- If you have a rated **service-connected condition below 50%** but you do not have a rated service connected disability that affects your access, mobility or safety within your home.

When prescribed, you **CAN** use HISA to...

- \* Build a wooden or concrete ramp to gain access to your home.
- \* Widen doorways for wheelchair access to your bedroom or bathroom.
- \* Lower your kitchen or bathroom counters or sinks.
- \* Improve the sidewalk or driveway close to your house to facilitate access to your home.
- \* Install railings deemed necessary to help you walk safely.
- \* Install a roll-in or walk-in shower.
- \* Move electrical outlets and wall switches.
- \* New or improved flooring to navigate inside your house.
- \* Other items which are deemed necessary to continue care or treatment.

You **CAN NOT** use HISA to...

- \* Build a porch or deck in excess of 8' X 8' to accommodate ramping.
- \* Widen your driveway in excess of 8' x 8' to accommodate wheelchair and van lifts.
- \* Purchase or install a spa, hot tub or Jacuzzi.
- \* Purchase or install a home security system.
- \* Perform routine repairs done as part of regular home maintenance, like replacing your roof; repairing a furnace or any other routine home maintenance.
- \* Duplicate projects provided by the VBA Specially Adapted Housing Grant.
- \* Remodel your existing bathroom (unless as stated above).
- \* Purchase medical equipment for home use to include, hospital beds, powered mobile floor based lifts, overhead ceiling lift that does not require structural alterations, stair glides, and room air conditioning only for the primary living quarters, porch lifts and modular/portable ramps.
- \* For new construction

**Please do not start any modifications/adaptations to your home until you have been notified by our office that the project has been approved.**

If you have any questions or issues about your HISA application, please contact the following Prosthetic Representatives at the following locations:

**Jewell Clinic**  
Carol: (303) 283-5305

**Rocky Mtn Regional VAMC**  
Tiffany: (720) 723-6723

### ***Veteran's Certification***

- I understand that it is my responsibility to make all payments, advance or final to my contractor and that the contractor will hold me legally responsible in the event that I do not pay according to the terms of my contract with the contractor.
- I understand that VA is not allowed to make payments to the contractor on my behalf and will not be responsible for any debt that I incur as the result of not making payments to my contractor.
- I understand that it is my responsibility to obtain any needed permission from the Property Owner or Home Owners Association.

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Veteran/Service Member Signature

Date

### ***Advance Payment***

- I DO NOT request advance payment.
- I request an advance payment of ½ of my approved modification amount for the sole purpose of making such payment to my HISA Contractor when required. I understand that if my modification is not completed as planned the VA will seek collection in the amount of this payment from me.

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Veteran/Service Member Signature

Date

**HOME IMPROVEMENTS & STRUCTURAL ALTERATIONS  
OWNER OF PROPERTY RELEASE FORM**

***Section I: Veteran/Service Member owns property***

I own the property at \_\_\_\_\_, I hereby approve and authorize that home improvements or structural alterations for accessibility be made to my property.

***Section II: Owner of property if other than Veteran/Service Member***

Veteran / Service Member Name: \_\_\_\_\_ resides on my property at \_\_\_\_\_ and has requested that the subject home improvements or structural alterations for accessibility be allowed. I hereby approve such improvements / alterations which may be permanent to my property.

***Section III: Applies to owner of property***

I agree/acknowledge that the Department of Veterans Affairs assumes no responsibility for maintenance, repair or replacement of requested improvement, structural alterations or installation; assumes no product liability for, and extends no warranties, expressed or implied, including merchantability, as to equipment or devices installed; and assumes no liability for damage caused by such equipment or device for their removal.

\_\_\_\_\_  
Veteran/Service Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner of Property Signature

\_\_\_\_\_  
Date

***Section IV: Notary required below if the homeowner is not the beneficiary.  
(VA cannot pay for the Notary)***



Department of Veterans Affairs  
 Eastern Colorado Healthcare System  
 1700 N Wheeling Street  
 Aurora, CO 80045  
**DIRECT DEPOSIT ENROLLMENT FORM**

Dear Veteran,

The U.S. Department of Treasury [EFT rule \(31 CFR Part 208\), published on December 21, 2010](#), requires Federal payments be made electronically. The information you provide on this form will be used by the Treasury to transmit payment data through electronic funds transfer (EFT) to your financial institution.

Complete all fields in the below Information Section and return the completed package to:

Jewell Clinic  
 Prosthetics Dept.  
 Attn: Carol Deskins  
 14400 E. Jewell Ave.  
 Aurora CO 80012

Rocky Mtn Regional VAMC  
 Prosthetics Dept.  
 Attn: Tiffany Watkins  
 1700 N Wheeling Street  
 Aurora CO 80045

**Please attach VOIDED check.**

<b>First &amp; Last Name</b> _____	<b>Social Security#</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Bank Name</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Routing Transit #</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Account #</b> _____
<small>(Routing Transit # Found on the bottom of your personal check, <u>must have 9 digits</u> and begin w/ "0", "1", "2" or "3")</small>	
<b>Circle Account Type:</b>	Checking      Savings
<b>Signature</b> _____	<b>Phone #</b> (      ) _____

For Questions concerning the EFT process, please contact Fiscal Services at (720) 723-4935

**A.B.A Routing Numbers Example**

John Q. Public  
 123 Main Street  
 Your Town, USA 12345-6789

101

Date \_\_\_\_\_

Pay to the order of \_\_\_\_\_

DOLLARS \_\_\_\_\_

Memo \_\_\_\_\_

⑆00006789⑆ 2315678⑆ 0101

Routing/Transit Number      Account Number



**Department of Veterans Affairs**

**VETERANS APPLICATION FOR ASSISTANCE**  
**In Acquiring Home Improvements and Structural Alterations**

**INSTRUCTIONS: SUBMIT THIS APPLICATION TO THE PROSTHETIC AND SENSORY AIDS SERVICE TO THE NEAREST VA MEDICAL CENTER**

**SECTION I - VETERAN/SERVICEMEMBER APPLICATION (To be completed by Veteran or Servicemember)**

HAVE YOU APPLIED OR RECEIVED HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS (HISA) IN THE PAST?

NO  YES *If "Yes" give*

(1) DATE \_\_\_\_\_ (MM/YYYY) AND ADDRESS OF PROPERTY \_\_\_\_\_

TYPE OF IMPROVEMENTS, ALTERATIONS, MODIFICATIONS \_\_\_\_\_

HAVE YOU APPLIED OR RECEIVED OTHER VA HOUSING BENEFITS (I.E., SPECIALLY ADAPTED HOUSING, SPECIAL HOME ADAPTATION GRANT, OR VOCATIONAL REHABILITATION AND EMPLOYMENT'S INDEPENDENT LIVING)?

NO  YES *If "Yes" give*

(1) DATE \_\_\_\_\_ (MM/YYYY) AND ADDRESS OF PROPERTY \_\_\_\_\_

TYPE OF IMPROVEMENTS, ALTERATIONS, MODIFICATIONS \_\_\_\_\_

1. NAME OF APPLICANT (LAST NAME, FIRST NAME, MI)	2. APPLICANT'S SOCIAL SECURITY NO.
3. APPLICANT'S ADDRESS <i>(Number and Street or Rural Route, City or P.O., State and ZIP Code)</i>	4. TELEPHONE NUMBER OF APPLICANT <i>(Include Area Code)</i>
	5. E-MAIL ADDRESS OF APPLICANT

6. WHAT TYPE OF IMPROVEMENTS, ALTERATIONS, MODIFICATIONS ARE YOU APPLYING FOR:

7. NAME OF PERSON OR COMPANY WITH WHOM I SATISFACTORILY REQUEST FOR NECESSARY LABOR AND MATERIALS

*(Attach a signed copy of estimate which includes plans and specification for work to be done by a licensed, bonded, and/or insured contractor).*

8. IN ORDER TO COMPLETE THE HISA APPLICATION ATTACH THE FOLLOWING TO THIS APPLICATION:

- FOR NON-HOME OWNERS - A NOTORIZED STATEMENT FROM THE OWNER OF THE PROPERTY AUTHORIZING THE IMPROVEMENT OR STRUCTURAL ALTERATION TO THE PROPERTY
- A WRITTEN ITEMIZED ESTIMATE OF COSTS FOR LABOR, MATERIALS, PERMITS, AND INSPECTIONS FOR THE HOME IMPROVEMENT AND STRUCTURAL ALTERATION
- A COLORED PHOTOGRAPH OF THE UNIMPROVED AREA

**CERTIFICATION**

I am applying for assistance in acquiring Home Improvements and Structural Alterations.

- \* I understand that there are medical and economic determinations yet to be considered before I am eligible for this benefit, and that I will soon be notified of the action taken on this application.
- \* I understand that cost limitations for improvements and structural alterations apply in the aggregate as a one lifetime benefit. Entitlements to this benefit terminates when the cost limit is reached. Limitations cannot be exceeded either for one project or for any accumulation of projects.
- \* When the anticipated total cost of a necessary or appropriate home improvements or structural alterations exceeds the remaining balance of my allowable benefit, I agree to pay the difference or the benefit will not be authorized.
- \* I acknowledge that the VA assumes no responsibility for maintenance, repair or replacement of requested improvements, alterations or installations; assumes no product liability for, and extends no warranties, expressed or implied, including merchantability, as to equipment or devices installed; and assumes no liability for damage caused by such equipment or devices or for their removal.
- \* I understand that this benefit can only be used within each of the several States, Territories, and Possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.
- \* **If approved for HISA benefits, are you requesting advance payment of HISA benefits? (VA may make an advance payment to the beneficiary equal to 50 percent of the total benefit authorized for the improvement of structural alteration).**  YES  NO

9. SIGNATURE OF APPLICANT <i>(Sign Full Name)</i>	10. DATE SIGNED (mm/dd/yyyy)
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***The law provides severe penalties including fine or imprisonment, or both, for willful submission of any false statement or evidence of material fact.***

# VETERANS APPLICATION FOR ASSISTANCE IN ACQUIRING HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS, CONTINUED

## SECTION II - (FOR VA USE ONLY) HISA COMMITTEE ACTION

HOME IMPROVEMENTS AND STRUCTURAL ALTERATIONS IS NECESSARY:

TO ASSURE THE CONTINUATION OF TREATMENT OF APPLICANT'S DISABILITY *(Specify the disability for which the home improvement or structural alteration is necessary or appropriate)*

TO PROVIDE ACCESS TO THE HOME OR TO ESSENTIAL LAVATORY AND SANITARY FACILITIES FOR TREATMENT OF:

A SERVICE-CONNECTED DISABILITY

A NONSERVICE-CONNECTED DISABILITY OF A VETERAN WITH SERVICE CONNECTED DISABILITIES RATED 50% OR MORE

**COST LIMITATION**

TOTAL LIFETIME BENEFIT: \$ \_\_\_\_\_

AMOUNT APPROVED \$ \_\_\_\_\_

TOTAL PAID TO DATE \$ \_\_\_\_\_

TOTAL REMAINING \$ \_\_\_\_\_

ASSISTANCE IN THE AMOUNT OF \$ \_\_\_\_\_ APPROVED. *(Letter of approval will state this amount, subject to amendment for inclusion of acceptable costs omitted in this application or found to be unnecessary.)*

ADVANCE PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_ PAID ON \_\_\_\_\_ (MM/DD/YYYY)

FINAL PAYMENT IN THE AMOUNT OF \$ \_\_\_\_\_ PAID ON \_\_\_\_\_ (MM/DD/YYYY)

APPLICATION DISAPPROVED

**REMARKS:**

SIGNATURE OF APPROVING OFFICIAL *(HISA COMMITTEE CHAIRMAN, PROSTHETIC REPRESENTATIVE, CHIEF of PROSTHETICS)*

DATE (mm/dd/yyyy)

**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 home improvement and structural alterations, 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.

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.