

Veteran's Name:

Beneficiary Status Report –Dependent of VHA or Incarcerated Beneficiary
Report of facts or opinions regarding the condition of a specific individual

Directions: Complete the report to the best of your knowledge. When a choice is provided, please circle the appropriate response. If sufficient space is not provided for your response, please use the back of this report to provide complete answers.		
General Information		
Your Name:		
Are you a dependent or the parent or custodian of a minor dependent of the Veteran noted above?	YES	NO
If so, are your needs met in the following categories?		
Food	YES	NO
Clothing	YES	NO
Adequate Housing	YES	NO
Medical Care	YES	NO
Do you receive court ordered support?	YES	NO
Is the support adequate to meet your needs?	YES	NO
If your needs are not met, please explain:		
Dependent Information		
Please provide information regarding any minor children in your custody who are dependents of the Veteran named above.		
1) Child's name:	Date of birth:	
Address of child:	Child's current grade in school:	
School of attendance:		
Are the following needs of the child noted above met regarding:		
Food	YES	NO
Clothing	YES	NO
Adequate Housing	YES	NO
Medical Care	YES	NO
Do you receive court ordered support for this child?	YES	NO
Is the support adequate to meet the child's needs?	YES	NO
If your needs are not met, please explain:		

Is there any information regarding this child that we need to know?	YES	NO
If yes, please explain:		
Does the child have any disabilities might impact his or her ability to work as an adult?	YES	NO
Provide any other important information.		
(2) Child's name:	Date of birth:	
Address of child:	Current grade of child:	
School of attendance:		
Are the following needs of the child noted above met regarding:		
Food	YES	NO
Clothing	YES	NO
Adequate Housing	YES	NO
Medical Care	YES	NO
Do you receive court ordered support for this child?	YES	NO
Is the support adequate to meet the child's needs?	YES	NO
If not, please explain:		
Is there any information regarding this child that we need to know?	YES	NO
If yes, please explain:		
(3) Child's name	Date of birth:	
Address of child:	Child's current grade in school:	
School of attendance:		

Are the following needs of the child noted above met regarding:		
Food	YES	NO
Clothing	YES	NO
Adequate Housing	YES	NO
Medical Care	YES	NO
Do you receive court ordered support for this child?	YES	NO
Is the support adequate to meet the child's needs?	YES	NO
If not, please explain:		
Is there any information regarding this child that we need to know?	YES	NO
If yes, please explain:		
Does the child have any disabilities might impact his or her ability to work as an adult?	YES	NO
Provide any other important information.		
Printed name of person completing report:	Relationship to the dependents:	
Signature of person completing report:	Date signed:	

Return this report to the address below:

XXXXX Fiduciary Hub
 ADDRESS
 CITY, STATE ZIP CODE
 Telephone number