

**AUTOMOBILE ALLOWANCE AND ADAPTIVE
EQUIPMENT
TRAINEE HANDOUTS**

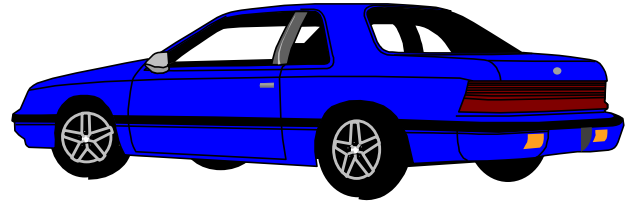
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REFERENCES

- **38 U.S.C. Chapter 39:** Automobiles and Adaptive Equipment for certain disabled Veterans and members of the Armed Forces
- **38 CFR 3.800:** Automobiles or other conveyances; certification
- **38 CFR Part 21, Subpart A:** Vocational Rehabilitation Under 38 USC Chapter 31
- **M21-1MR, Part III.ii.2.A.4.b:** Definition: Automobile or Other Conveyance Allowance
- **M21-1MR, Part IX.i.2:** Automobile and Adaptive Equipment Allowance Under 38 U.S.C. Chapter 39

Eligibility



Automobile Allowance (38 CFR 3.808)

Automobile Allowance is a one-time payment for qualifying conditions that are service-connected as a result of injury or disease incurred or aggravated during active military service, or as a result of medical treatment or examination, vocational rehabilitation, or compensated work therapy provided by the Department of Veterans Affairs (VA) (38 U.S.C. 1151) as follows:

- loss, or permanent loss of use, of one or both feet
- 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.
- 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.
- Amyotrophic lateral sclerosis (ALS)

A formal claim on *VA Form 21-4502, Application for Automobile or Other Conveyance and Adaptive Equipment*, is required if the Veteran or serviceperson is applying for the automobile allowance.

The application for an automobile or other conveyance is considered an application for the adaptive equipment specified for the claimant's disability by directive of the Chief Medical Director. The instructions on the *VA Form 21-4502* contain a list of adaptive equipment that has been preapproved for particular disabilities.

Notes:

There is no time limit for filing a claim.

Upon receipt of the application, before referring the claim to the rating activity

- establish end product (EP) 290, and
- send the claimant the notice required under [38 U.S.C. 5103](#).

Adaptive Equipment [38 CFR 3.808(b)(4)]

Adaptive Equipment, the Veteran or serviceperson who qualifies for an automobile allowance, also qualifies for adaptive equipment.

To be eligible to receive only adaptive equipment, the Veteran or serviceperson must be entitled to disability compensation for:

- Ankylosis (“freezing”) of one or both knees or hips based on the establishment of service connection or entitlement under 38 U.S.C. 1151.

A formal claim on a *VA Form 10-1394, Application for Adaptive Equipment – Motor Vehicle*, is required if the Veteran is entitled to adaptive equipment only. Typically this form is provided by the outpatient clinic to the Veteran for forwarding to finance activity, or submitted by the prosthetics department on his/her behalf to the local finance activity.

A *VA Form 10-1394* is also required for approval of equipment not specified on the *VA Form 21-4502* for the Veteran’s particular disability.

Notes:

There is no time limit for filing a claim for adaptive equipment based on ankylosis.

Upon receipt of the application, before referring the claim to the rating activity

- establish end product (EP) 290, and
- send the [38 U.S.C. 5103](#) notice.

The term ***adaptive equipment*** includes, but is not limited to

- power steering
- power brakes
- power window lifts
- power seats, and
- special equipment necessary to assist the eligible person into and out of the automobile or other conveyance.

Note: *If a Veteran submits a VA Form 10-1394 for Adaptive Equipment on an initial claim and there is no evidence of prior benefits for Automobile Allowance,*

1. *This should be accepted as a claim for Adaptive Equipment only, and*
2. *You should check to see if the Veteran is service connected for Ankylosis, as stated in the regulation.*

Veterans Who Do Not Qualify for Benefits

Even though compensation for disability of paired service-connected (SC) and nonservice-connected (NSC) organs is payable under [38 CFR 3.383](#), Veterans do *not* qualify for the automobile and adaptive equipment allowance based on bilateral visual impairment if the impairment of vision in one eye is due to a nonservice-connected (NSC) disease or injury.

Notes:

Entitlement to the automobile and adaptive equipment allowance may be based on disability of paired *extremities* under [38 CFR 3.383](#) because eligibility under [38 U.S.C. Chapter 39](#) requires the SC loss, or loss of use, of only one hand or one foot.

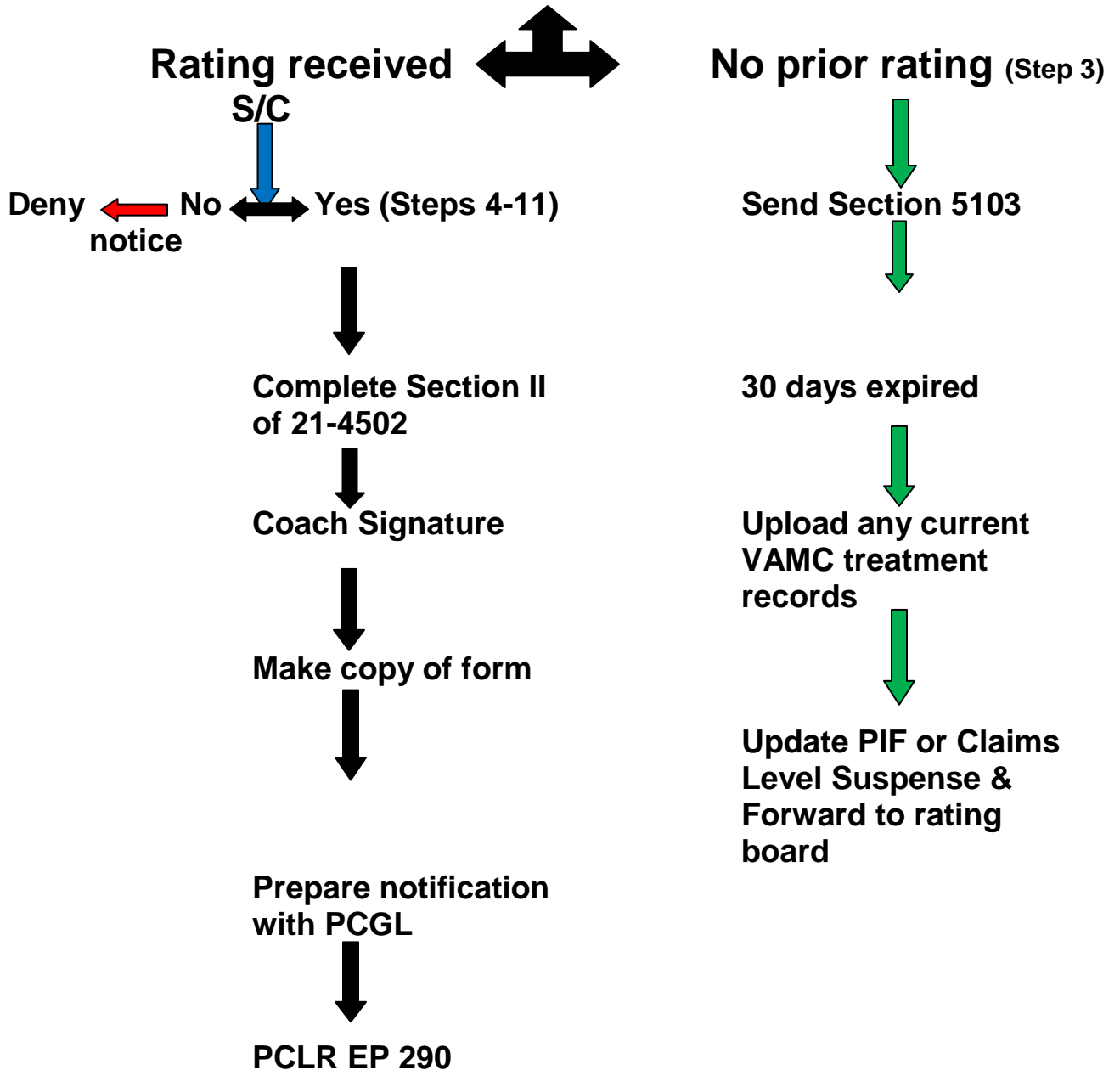
VR& E -- Chapter 31 Benefits

Automobile adaptive equipment may be furnished to a beneficiary under [38 U.S.C. Chapter 31](#) if Vocational Rehabilitation and Employment (VR&E) determines that the equipment is necessary to overcome an employment handicap to which a SC disability materially contributes, and achieve the goals of the program of rehabilitation.

Completed VA Form 21-4502

(M21-1MR Part IX.i.2.5.a Steps 1-11)

Steps 1&2



Special Note: Prior to completing Section II, C-file may need to be forwarded to Finance Dept.
For guidance, refer to Step 6 of manual reference, M21-1MR Part IX.i.2.5.A

Receipt of VA Form 21-4502 and No rating

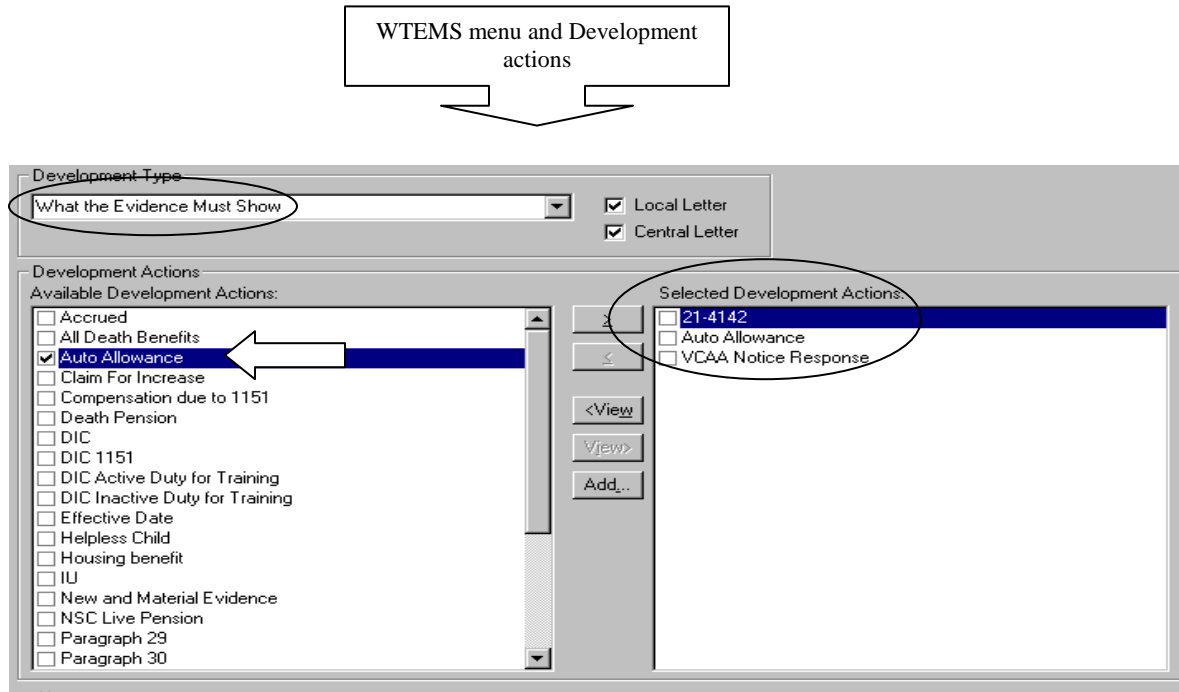
Sending Section 5103 Notice for Automobile Allowance via MAP-D

When sending Section 5103 Notice (formerly VCAA Notification) for Automobile Allowance:

- Select basic 5103 NOTICE letter format and include eligibility requirements to inform Veteran what evidence is needed for this claim type. This will satisfy appropriate Section 5103 Notice. See sample 5103 NOTICE letter on pages 8-9.
- Select the “21-4142” option from the “Compensation” menu to solicit any private treatment records

The screenshot shows a software window with two main sections. The top section, titled 'Development Type', contains a dropdown menu with 'Compensation' selected. This dropdown is circled in red. The bottom section, titled 'Development Actions', contains a list of available actions. The first item, '21-4142', is highlighted in blue and has a white arrow pointing to it from the right. The other items in the list are: '21-4142 incomplete - need provider address', 'Accidental injury - 21-4176 needed', 'Buddy mentioned - No complete address', 'Buddy Statement Requested', 'Claim for a Specific Evaluation', 'Claim under appeal and change in law', 'Combat not verified', 'Continuity - med evid since service needed', 'Denied NWG - Change in Law', 'Employer failed to reply - 21-4192 to veteran', 'Employment info needed - 21-4192 to veteran', 'Employment info needed - lost time from work', 'Epilepsy - Claim for Increase', 'Epilepsy - Claim for Service Connection', 'Increase SC claimed - medical evidence needed', 'Name of dental disability needed', and 'Name of disability needed'.

Select the “Auto Allowance” selection from the “What the Evidence Must Show” menu (commonly referred to as “WTEMS”)



What the Evidence Must Show for Automobile Allowance or Adaptive Equipment

To support your claim for automobile allowance or adaptive equipment, the evidence must show that you have a service-connected disability resulting in,

the loss, or permanent loss of use, of at least a foot or a hand

OR

permanent impairment of vision in both eyes, resulting in vision of 20/200 or less in the better eye with glasses

OR

vision of 20/200 or better, if there is a severe defect in your peripheral vision.

OR

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)

You may be entitled to *only* adaptive equipment if you have ankylosis (“freezing”) of at least one knee or one hip due to service-connected disability. Medical evidence, including a VA examination, will show these things. VA will provide an examination if it determines that one is necessary.

Sample 5103 NOTICE Letter

Dear Veteran,

We are working on your claim.

This letter tells you what we will do with your claim and what you can do to help us. Please read the enclosure to this letter entitled, "38 U.S.C. §5103 Notice." The enclosure explains how we obtain evidence related to your claim and the legal requirements for supporting your claim.

What Do We Still Need From You?

We need additional evidence from you. ***Please put your VA file number on the first page of every document you send us.***

Send us any treatment records related to your claimed condition(s). This includes reports or statements from doctors, hospitals, laboratories, medical facilities, mental health clinics, x-rays, physical therapy records, surgical reports, etc. These should include the dates of treatment, findings, and diagnoses. If you want us to try to obtain any doctor, hospital or medical reports on your behalf, please complete and return the enclosed VA Form 21-4142, *Authorization to Disclose Information*, and VA Form 21-4142a, *General Release for Medical Provider Information*, so that we can request treatment records from your private medical sources.

If you have received treatment at a Department of Veterans Affairs (VA) facility or treatment authorized by VA, please tell us the dates and places of treatment. We will then obtain the necessary records if you give us enough information to locate them.

You may also send us your own statement, or statements from people who have witnessed how your claimed disabilities affect you. All statements submitted on your behalf should conclude with the following certification: "I hereby certify that the information I have given is true to the best of my knowledge and belief."

We have enclosed a "38 U.S.C. §5103 Notice Response." We encourage you to return this document, as it may expedite a decision on your claim.

How Should You Submit What We Need?

Please note that the quickest, easiest, and most secure way to submit any documents to us is via the eBenefits website. Just visit www.eBenefits.va.gov to register. Please also refer to the 'What is eBenefits?' section of this letter for more information.

You can also send what we need to the appropriate address listed on the attached *Where to Send Your Written Correspondence* chart.

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. **If we do not hear from you, we may make a decision on your claim after 30 days.** However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

What Have We Received?

Your claim for benefits, which we received on June 20, 2014.

No evidence to support this claim has been received to date.

If You Have Questions or Need Assistance

If you have any questions or need assistance with this claim, you may contact us by telephone, e-mail, or letter.

WHAT THE EVIDENCE MUST SHOW FOR AUTOMOBILE ALLOWANCE OR ADAPTIVE EQUIPMENT

To support your claim for an automobile allowance or adaptive equipment the evidence must show that you have a service-connected disability resulting in:

(1) the loss, or permanent loss of use, of at least one foot or hand.

OR

(2) permanent impairment of vision of both eyes, resulting in:

(a) vision of 20/200 or less in the better eye, with corrective glasses,

OR

(b) vision of 20/200 or better, if there is a severe defect in your peripheral vision.

OR

(3) 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

(4) Amyotropic lateral sclerosis (ALS)

You may be entitled to only adaptive equipment if you have ankylosis ("freezing") of at least one knee or one hip due to service-connected disability. Medical evidence, including a VA examination, will show these things. VA will provide an examination if it determines that one is necessary.

VA is Responsible for Getting the Following Evidence:

- Relevant records that you adequately identify and authorize VA to obtain from any Federal agency. These may include records from the military, VA medical centers

(including private facilities where VA authorized treatment), or the Social Security Administration.

- VA will provide a medical examination for you, or get a medical opinion, if we determine it is necessary to decide your compensation claim.

:

We have enclosed a “**Section 5103 Notice Response.**” We encourage you to return this document, as it may expedite a decision on your claim.

Where Should You Send What We Need?

Please send what we need to this address:

Department of Veterans Affairs

Regional Office

Your RO mailing address

How Soon Should You Send What We Need?

We strongly encourage you to send any information or evidence as soon as you can. If we do not hear from you, we may make a decision on your claim after 30 days.

However, you have up to one year from the date of this letter to submit the information and evidence necessary to support your claim. If we decide your claim before one year from the date of this letter, you will still have the remainder of the one-year period to submit additional information or evidence necessary to support your claim.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at <http://www.va.gov>. Otherwise, you can contact us in several ways. Please give us your VA file number, XXX XX XXXX, when you do contact us.

Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.

On the Internet at <https://iris.va.gov>.

Write to us at the address at the top of this letter.

Sincerely yours,

RO USCM Signature

Name

Veterans Service Center Manager

Enclosures: **VA Form 21-4142**

How You Can Help and How VA Can Help You

What the Evidence Must Show - Auto Allowance

Section 5103 Notice Response

Sample of Rating Code Sheet (Auto/Adaptive Equipment Grant)

ACTIVE DUTY			
EOD	RAD	BRANCH	CHARACTER OF DISCHARGE
01/05/1952	12/30/1975	Army	Honorable

LEGACY CODES			
ADD'L SVC CODE	COMBAT CODE	SPECIAL PROV CDE	FUTURE EXAM DATE
	1		None

JURISDICTION: Original Claim 11/22/2008

ASSOCIATED CLAIM(s): 110; Original Claim; 11/22/08

SUBJECT TO COMPENSATION (1. SC)

- 5110 Loss of use of both feet [Medical/Veteran Evidence]
Service Connected, Vietnam Era, Incurred
100% from 12/31/2007

- 7101 Hypertension [Medical/Veteran Evidence]
Service Connected, Vietnam Era, Incurred
0% from 12/31/2007

COMBINED EVALUATION FOR COMPENSATION :

100% from 12/31/2007

SPECIAL MONTHLY COMPENSATION :

L-1 Entitled to special monthly compensation under 38 U.S.C. 1114, subsection (L) and 38 CFR 3.350(b) (1) on account of loss of use of the feet from 12/31/2007.

Use to complete blocks
14 c, d of Section II of
VA Form 21-4502

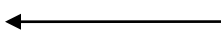
EFFECTIVE DATE	BASIC	HOSPITAL	LOSS OF USE	ANAT. LOSS	OTHER LOSS
12/31/2007	03	03	24	00	0

**NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSC
Vietnam Era)**

5237 BACK INJURY
 Not Service Connected, Not Incurred/Caused by Service

6100 HEARING LOSS
 Not Service Connected, Not Incurred/Caused by Service

Entitled to Automobile and Adaptive Equipment
Entitled to Specially Adapted Housing
Basic Eligibility under 38 USC CH 35 from 12/31/07



Rating grant for Auto/Adaptive Equipment
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Rating Grant = Award and Notification

Sample of PCGL Award Letter

We made a decision on your claim for additional Automobile allowances received on April 14, 2009.

This letter tells you about your entitlement and what we decided. It includes the evidence used and reasons for our decision. We have also included information about what to do if you disagree with our decision and who to contact if you have questions or need assistance.

What We Decided

Automobile allowance has been granted.

Evidence Used to Decide Your Claim

In making our decision, we used the following evidence:

- VA Form 21-4502
- Rating Decision dated 1-12-09

What You Should Do If You Disagree With Our Decision

If you do not agree with our decision, you should write and tell us why. You have *one year from the date of this letter to appeal the decision*. The enclosed VA Form 4107, "*Your Rights to Appeal Our Decision*," explains your right to appeal.

If You Have Questions or Need Assistance

If you have any questions, you may contact us by telephone, e-mail, or letter.

If you	Here is what to do.
Telephone	Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the Federal number is 711.
Use the Internet	Send electronic inquiries through the Internet at https://iris.va.gov .
Write	VA now uses a centralized mail system. For all written communications, put your full name and VA file number on the letter. Please mail or fax all written correspondence to the appropriate address listed on the attached <i>Where to Send Your Written Correspondence</i> chart, below. Put your full name and VA file number on the letter. Please send all correspondence to the address at the top of this letter

In all cases, be sure to refer to your VA file number xxx xx xxxx.

*Automobile Allowance and Adaptive Equipment
Trainee Handouts*

If you are looking for general information about benefits and eligibility, you should visit our website at <https://www.va.gov>, or search the Frequently Asked Questions (FAQs) at <https://iris.va.gov>.

We have no record of you appointing a service organization or representative to assist you with your claim. You can contact us for a listing of the recognized veterans' service organizations and/or representatives. Veterans' service organizations, which are recognized or approved to provide services to the veteran community, can also help you with any questions.

Sincerely yours,

RO VSCM Signature

Name

Veterans Service Center Manager

Enclosure(s): VA Form 21-4502 with Section II completed
VA Form 4107
Rating Decision

REVIEW EXERCISE

Instructions: With the below scenarios, write a brief description of the action you would take to process the claim. If you need more space, use a separate piece of paper or write on the back of the exercise.

The purpose of this exercise is to determine your understanding of your responsibilities when you receive a claim for auto allowance/adaptive equipment at any stage.

1. On top of a C-file you see a VA Form 10-1394 and a VA Form 21-4138. On the 4138 is the following statement,

“I have lost the use of my lower legs and need financial help to add special equipment to my car. I proudly served my country during Vietnam. I received treatment and rehabilitation at the VAMC for my service connected knees. Please help!

After reviewing the file, you confirm there is no rating for Automobile/Adaptive Equipment.

2. On top of a C-file you see a VA Form 21-4138 and a VA Form 21-4502. On the 4138 is the following statement,

“I am slowly losing my sight. I am currently taking the bus to my doctor appointments. While talking with my service rep, she informed me VA could help me to buy a vehicle, but I would have to complete an application to claim Auto Allowance. I would like to buy a car so I won’t have to depend on the bus and so my wife can take me to all of my appointments. My vision is due to an explosion while serving in Iraq. I have completed the proper form with the assistance of my wife. Please help.

After your review of the C-file, you discover the Veteran is 40% service connected for his vision, and there is a rating for Automobile/Adaptive Equipment. You have received the file back from the Finance Dept, confirming no prior payments.

*Automobile Allowance and Adaptive Equipment
Trainee Handouts*

3. On top of a C-file you see a VA Form 21-4138 and a VA Form 21-4502. On the 4138 is the following statement,

“I am applying for Automobile allowance. Because of my diabetes, my right leg had to be amputated just below the knee. I am including a completed application for Auto allowance. Please help.

After reviewing the file, you discover no prior benefits and an over two year old rating for Auto/Adaptive Equipment. Further review of the rating shows the Veteran is 40% service connected for his left knee, back and hearing. Auto/Adaptive equipment was denied. There has been no reply after 30 days of sending 5103 NOTICE.

4. On top of a C-file you see a copy of a bill of sale from the local Chevrolet truck dealer quoting the price for special equipment, along with a VA Form 21-4502 and a 21-4138. On the 4138 is the following statement,


“I am service connected for loss of use of both feet and I need a special lever in my car for applying the parking brake. Please help.”

After reviewing the file, you confirm the Veteran is service connected for her feet and entitled to Automobile/Adaptive Equipment benefits. Further review of the corporate record indicates prior payments for adaptive equipment.

Automobile Allowance and Adaptive Equipment
Trainee Handouts

Sample of VA Form 21-4502

Respondent Burden: 15 minutes

 Department of Veterans Affairs		1A. VA FILE NUMBER	
APPLICATION FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (UNDER 38 U.S.C. 3901-3904)		1B. VETERAN'S SOCIAL SECURITY NUMBER	
NOTE: Please read the "Information and Instructions" on the reverse before you fill out this form.			
SECTION I - APPLICATION (To be completed by veteran or serviceperson)			
NOTE: A serviceperson planning early release should give both present military address and planned address following release from active duty, in Item 3.			
2. FIRST NAME - MIDDLE NAME - LAST NAME		3. ADDRESS (No. and Street or rural route, City or P.O., State and Zip Code)	
4. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify)		5. ARE YOU ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6A. PLACE OF ENTRY INTO ACTIVE DUTY	6B. DATE	6C. PLACE OF RELEASE FROM ACTIVE DUTY (If applicable)	6D. DATE
7A. HAVE YOU APPLIED FOR VA DISABILITY COMPENSATION? (If "Yes," give place) <input type="checkbox"/> YES <input type="checkbox"/> NO	7B. DATE	8. LOCATION OF VA OFFICE WHICH NOW HAS YOUR FILE (If known)	
9. TYPE OF CONVEYANCE APPLIED FOR (Check one) <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> STATION WAGON <input type="checkbox"/> VAN <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER (Specify)			
10. HAVE YOU PREVIOUSLY APPLIED FOR AN AUTOMOBILE OR OTHER CONVEYANCE? (This is a once-per-lifetime grant) <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," give date and place)			
I hereby apply for the conveyance checked in Item 9 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.			
11. SIGNATURE OF VETERAN OR SERVICEPERSON		12. DATE SIGNED	13. TELEPHONE NUMBERS (Include Area Code) A. DAYTIME B. EVENING
SECTION II - CERTIFICATE OF ELIGIBILITY (To be completed by VA)			
QUALIFYING DISABILITIES (Check appropriate box(es))			
14A. LOSS OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	14B. LOSS OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	14C. PERMANENT LOSS OF USE OF FOOT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH	14D. PERMANENT LOSS OF USE OF HAND <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> BOTH
15. 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			
16. 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 9, 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 doesn't 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. <input type="checkbox"/> I CERTIFY THAT the veteran has not previously received an allowance for automobile or other conveyance under 38 U.S.C. 3901-3904.			
17. NAME AND LOCATION OF VA OFFICE		18. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	19. DATE SIGNED
SECTION III - RECEIPT FOR AUTOMOBILE OR OTHER CONVEYANCE AND ADAPTIVE EQUIPMENT (To be completed by veteran or serviceperson)			
20. MAKE AND MODEL	21. YEAR	22. MOTOR OR ENGINE NO.	23. TOTAL PURCHASE PRICE \$
24. DATE OF SALE			
25A. I WILL OPERATE THIS VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		25B. I HAVE A VALID STATE DRIVER'S LICENSE OR LEARNER'S PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. NAME OF SELLER		27. ADDRESS OF SELLER	
I hereby acknowledge receipt of the automobile or other conveyance with the adaptive equipment specified on attached invoice.			
28A. SIGNATURE OF VETERAN OR SERVICEPERSON		28B. DATE OF RECEIPT	
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.			

The VBA is responsible for completing blocks 14-19 of Section II

14 a & b = Anatomical loss
14 c & d = Functional loss of use

Automobile Allowance and Adaptive Equipment
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Sample of VA Form 10-1394

CONTINUING DISCOUNT IS MISSING

Department of Veterans Affairs		APPLICATION FOR ADAPTIVE EQUIPMENT MOTOR VEHICLE	
<p>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.</p>			
<p>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 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
PART I - (To be completed by applicant-if more space is needed, attach a separate sheet and identify by item number.)			
1. VETERAN'S NAME AND ADDRESS <small>(This is a mandatory field.)</small>		2. CLAIM NUMBER C-	3. SOCIAL SECURITY NUMBER <small>(This is a mandatory field.)</small>
4. DRIVER'S LICENSE VERIFICATION (Check applicable block) <input type="checkbox"/> VALID LICENSE OR PERMIT IN POSSESSION <input type="checkbox"/> NOT LICENSED		5. YEAR YOU RECEIVED GRANT FOR VEHICLE <i>(If prior to January 11, 1971)</i> (mm/dd/yyyy)	6. DATE OF VA CERTIFICATE OF ELIGIBILITY <i>(If January 11, 1971 or after)</i> (mm/dd/yyyy)
7. DISABILITIES - Check applicable box(es)		8. DESCRIPTION OF VEHICLE FOR WHICH ADAPTIVE EQUIPMENT IS REQUIRED	
EXTREMITY AND LEVEL	AMPUTATION	ANKYLOSIS	LOSS OF USE
	LEFT RIGHT	LEFT RIGHT	LEFT RIGHT
A. ARM AE	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. ARM BE	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. LEG AK (hip)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. LEG BK (knee)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. OTHER DISABILITIES AFFECTING DRIVING		8A. DATE PURCHASED	8B. YEAR
		8C. MAKE	8D. MODEL
		8E. VEHICLE IDENTIFICATION NUMBER	
		9A. YEAR	9B. MAKE
		9C. MODEL	
		9D. VEHICLE IDENTIFICATION NUMBER	9E. DATE ADAPTIVE EQUIPMENT PROVIDED <small>(mm/dd/yyyy)</small>
10. LIST OF ADAPTIVE EQUIPMENT REQUESTED (Check items required)			
*NOTE: ALL VAN MODIFICATIONS REQUIRE PRIOR AUTHORIZATION BEFORE PURCHASE			
X	DESCRIPTION	ESTIMATED COST \$	ESTIMATED COST \$
<input type="checkbox"/>	A. AUTOMATIC TRANSMISSION		
<input type="checkbox"/>	B. POWER BRAKES		
<input type="checkbox"/>	C. POWER STEERING		
<input type="checkbox"/>	D. POWER SEAT (6 way/2 way)		
<input type="checkbox"/>	E. POWER WINDOWS		
<input type="checkbox"/>	F. TILT STEERING WHEEL		
<input type="checkbox"/>	G. CRUISE CONTROL		
<input type="checkbox"/>	H. REAR WINDOW DEFROSTER		
<input type="checkbox"/>	I. FOOT/HAND OPERATED PARKING BRAKE		
<input type="checkbox"/>	J. AIR CONDITIONER		
<input type="checkbox"/>	K. TRANSFER OF CONTROLS		
<input type="checkbox"/>	L. HAND CONTROLS-ACCELERATOR & BRAKE		
<input type="checkbox"/>	M. *SENSITIZED/LOW EFFORT BRAKE		
<input type="checkbox"/>	N. *SENSITIZED/LOW EFFORT STEERING		
<input type="checkbox"/>	O. *DROP FLOOR		
<input type="checkbox"/>	P. *RAISED ROOF		
<input type="checkbox"/>	Q. *POWER DOOR OPENERS		
<input type="checkbox"/>	R. *VAN LIFT		
<input type="checkbox"/>	S. *POWER TRANSFER SEAT		
<input type="checkbox"/>	T. *OTHER (Describe)		
U. JUSTIFICATION <i>(Include full description and estimated cost of item T, if applicable)</i>			
11. MAKE PAYMENT TO THE FOLLOWING <i>(Check appropriate box(es) and attach a certified invoice.)</i>			AMOUNT TO BE PAID
<input type="checkbox"/> A. AUTOMOTIVE DEALER			
<input type="checkbox"/> B. ADAPTIVE EQUIPMENT SUPPLIER			
<input type="checkbox"/> C. PERSONAL REIMBURSEMENT			
D. FULL NAME AND ADDRESS WHERE PAYMENT SHOULD BE MADE		E. FULL NAME AND ADDRESS WHERE PAYMENT SHOULD BE MADE	
12. STATUS OF APPLICANT (Check one) <input type="checkbox"/> VETERAN <input type="checkbox"/> MEMBER OF ARMED FORCES		13. SIGNATURE OF APPLICANT	14. DATE (mm/dd/yyyy)