

Department of Veterans Affairs

HISA

Home Improvement & Structural Alterations Grant

Instructions and Application for the Veteran

Prosthetic Treatment Center (598/121)
Central Arkansas Veterans Healthcare Network
Building 89 Room 201
2200 Fort Roots Drive
North Little Rock AR 72114

www.vamclr.org/prosthetics

501-257-1610



Arkansas

Important: Do not start building until you receive an approval letter from Prosthetics. The VA can not pay for any work done before your project is approved.

About HISA

Veterans may be eligible for HISA if the improvement is determined to be necessary to ensure the continuation of treatment, or provide access to the home, or to essential lavatory and sanitary facilities. Amounts available can not exceed \$4,100 when required for service connected disabilities or for veterans rated 50 percent or more service connected, and \$1,200 when required for other eligible veterans.

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Applying for a HISA Grant

- ❖ Complete the HISA application, the Veteran's obligation statement and the Property Owner's permission statement enclosed in this packet.
- ❖ If the veteran is a renter then the property owner must give written permission to have the project done on his/her property.
- ❖ The contractor must submit a drawing with the bid that clearly shows all the dimensions.
- ❖ Get two estimates for construction of the project requested. All estimates must be independent, verifiable bids from contractors who have inspected your residence. Original bids must contain current telephone numbers for verification by VA staff.
- ❖ Return this information to the Prosthetic Treatment Center.
- ❖ **Do not start any work until you get an approval letter from the VA. The letter will clearly state you may begin work!**

What happens next?

- The Prosthetic Treatment Center will then take your completed application, bids and medical history to the HISA Committee. The Committee will review your request and either approve or disapprove it.
- After your application for a HISA Grant is approved you will receive a letter from the Prosthetic Treatment Center telling you that you may begin the work. When the work has been completed to your satisfaction, sign the letter and return it to us so that payment can be issued. **Please ensure that your contractor registers in CCR, completes a Form W-9, and completes an ACH Vendor/Miscellaneous Enrollment Form for payment purposes.** Remember the VA reserves the right to inspect the job at any phase.



The estimates must include the following:

- Name, address, phone number and federal tax identification or social security number of the company or individual submitting the bid.
- An itemized listing of all materials needed to do the work.
- The charge for each item to be used and the total cost for materials needed to complete the project.
- Separate listing of all labor charges.
- Total cost for the entire project. (Material, labor, taxes and fees required.)



Specifications for Wheelchair Ramp:

- ⇒ The pitch of the ramp must be a minimum of 1:12 – that is for every one inch of rise, there must be 12 inches of run.
- ⇒ The minimum width of a ramp is 36 inches.
- ⇒ Handrails must be provided on both sides of the ramp. The top of the handrail should be mounted between 30” to 34” above the surface of the ramp. Ends of the handrails shall be either rounded or returned smoothly to floor, wall or post and should extend a minimum of 12” beyond the ramp.
- ⇒ The ramp should be treated for weather-resistance. The ramp should have non-slip material, but not so rough as to make wheelchair travel difficult or unpleasant.
- ⇒ The ramp must have a level surface of a least 5’ x 5’ at the door with at least 24” past the latch side of the door to allow for entry. A landing is required every 30 feet of run to allow the wheelchair bound individual to rest.



The VA will give you 90 days to complete your project and return the paperwork to this office for payment. After 90 days the authorization will be cancelled and no payment will be made.



Do not start any work until you get an approval letter from the VA. The letter will clearly state you may begin!

**VA can not pay for any work done before
your project is approved.**

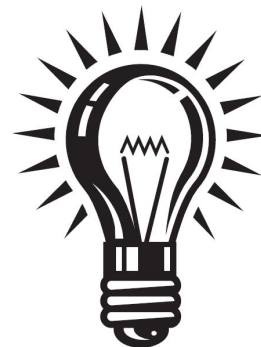


Wheelchair Accessible Shower:

The minimum size of any handicap shower is 36" x 36". It should not have a curb to impede wheelchair access. The shower floor and bathroom floor should be of a non-slip material. Thermostatic controls must be installed to protect the user from sudden changes in water temperature. All controls must be easily accessible to the shower occupant. The shower must be equipped with a hand held showerhead and flexible hose and stored within easy reach of the shower occupant. The shower must have stainless steel wrap-around grab bars.

Alterations Considered For Blind Veterans:

- Hand rails on outside steps and non-skid surface for steps.
- Improved lighting.
- Repair of broken or worn stairs.
- Sliding doors for cabinets.
- Porch cover or awning.
- Smoke alarm/fire detection system.
- Grab bars for bathroom.
- Other – as the HISA Committee approves.



Handicap Accessible Bathroom:

A floor plan view is very helpful when we are reviewing your application for modifying a bathroom. The door to the bathroom must be a minimum of 36" wide. The bathroom should be on the same level as living and sleeping areas. Thoroughly list all dimensions of the bathroom to allow the VA to determine the distance between fixtures for wheelchair accessibility.

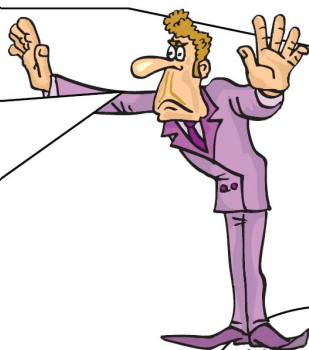


You **CAN** use HISA to...

1. Build a wooden or concrete ramp to gain access to your home.
2. Widen doorways for wheelchair access to your bedroom or bathroom.
3. Lower your kitchen or bathroom counters or sinks.
4. Improve the sidewalk or driveway close to your house so you can use your wheelchair.
5. Install railings deemed necessary to help you walk safely.
6. Install a roll-in shower.

Don't forget!!!

Wait until you get a letter from Prosthetics saying it is ok to begin before you have the work done.



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

1. Build a porch or deck.
2. Build a path to a barn or workshop.
3. Widen your driveway in excess of 6' x 6' to accommodate wheelchair and van lifts.
4. Install a spa, hot tub or Jacuzzi.
5. Install a home security system.
6. Replace your roof; repair a furnace or any other routine home maintenance.
7. Remodel your existing bathroom (unless as stated above).
8. Build a new bathroom.

DEPARTMENT OF VETERANS AFFAIRS		VETERANS APPLICATION FOR ASSISTANCE In Acquiring Home Improvement and Structural Alterations	
INSTRUCTIONS: THIS APPLICATION SHOULD BE SUBMITTED TO THE VA HEALTH CARE FACILITY CLOSEST TO THE VETERANS HOME.			
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 for HISA benefits, and identify your medical records. Additional information may be solicited during the course of processing your application. The information you supply also may be disclosed outside the VA as permitted by law or as stated in the "Notices of Systems of VA Records' 24VA136, Patient Medical Records-VA, published in the Federal Register. Disclosure is voluntary, however, failure to furnish the Information will result I our inability to process your request promptly and serve your medical needs. Failure to furnish the Information will have no adverse affect on any other benefits to which you may be entitled.			
HAVE YOU MADE PREVIOUS APPLICATION FOR HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS (HISA)? YES NO (If "Yes" give date and place)			
SECTION I – VETERANS APPLICATION (To be completed by Veteran)			
1. FIRST NAME – MIDDLE NAME – LAST NAME OF VETERAN		2. VETERANS SOCIAL SECURITY NUMBER	3. VA FILE NUMBER
4. ADDRESS (Number and street or rural route, city or P.O., state and zip code)		5. TELEPHONE NUMBER OF VETERAN (Include area code)	
		6. LOCATION OF VETERAN'S ADMINISTRATION REGIONAL OFFICE THAT HAS YOUR CLAIM FILE	
7. BRANCH OF SERVICE (Check) ARMY AIR FORCE MARINE CORPS NAVY COAST GUARD OTHER (Specify)		8. SERVICE SERIAL NUMBER(S)	9. METHOD OF SEPARATION FROM SERVICE (Check) DISCHARGED RETIRED
10. LOCATION OF PROPERTY TO BE ALTERED (Include subdivision or other legal description, street address, city, county, state)		HOME IS OWNED BY ME HOME IS PROVIDED RENTED OR LEASED BY OR FOR ME (Attach a statement, signed by the owner, authorizing the work to be done.)	
11. NAME OF PERSON OR FIRM WITH WHOM I HAVE SATISFACTORY BID FOR NECESSARY LABOR AND MATERIALS. (Attach a signed copy of bid and include plans and specifications for work to be done)			
CERTIFICATION			
I am applying for assistance in acquiring home improvement and structural alterations. I understand that here are medical and economic features yet to be considered before I am eligible for this benefit, and that I will be notified of the action taken on this application soon. I also understand that cost limitations for improvements and structural alterations apply in the aggregate as a one-lifetime benefit. Entitlement 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 anticipated total cost of a necessary or appropriate home improvement or structural alteration 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 improvement, alteration or installation; assumes nor 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.			
11. SIGNATURE OF VETERAN (Sign Full Name)		12. DATE SIGNED	
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.			

Veteran's Obligation

I understand that I will be responsible for all costs in excess of the amount allowable under the HISA provisions. The HISA allowable amount will be applied in the aggregate as on lifetime benefit. These amounts are set out in 38 U.S.C. Section 1707. I understand no work, in relation to this HISA request is to start until I have received written approval from the Central Arkansas Veterans Healthcare System Prosthetic Treatment Center, North Little Rock, AR. Failure to comply with the provisions set forth in this paragraph will result in the cancellation of any payment under this HISA grant. I further understand that the agreement I make with a contractor/vendor to perform the work and services requested is a private agreement/contract between the contractor/vendor and myself. The agreement therefore does not obligate the Department of Veterans Affairs (VA) in any manner other than for payment in an approved amount not to exceed the maximum HISA benefit. I understand that I am solely responsible and liable for rendering full payment to the contractor/vendor.

Print your name:

Social
Number:

Security

Date:

Veteran's signature:

Permission of Property Owner

I hereby certify that I own the property in question and understand that the VA assumes no responsibility of any kind for the work, materials, equipment, devices and services received under this HISA benefit (including but not limited to the maintenance, repair, installation, removal and/or replacement of the requested improvement, alteration or equipment). The VA, moreover, assumes no product liability of any kind for, and extends no warranties, expressed or implied, including merchantability, as to any of the products used in connection with this HISA benefit.

Property owner's signature:

Date: