



# HISA GRANT

Application Packet

## HOME IMPROVEMENT & STRUCTURAL ALTERATIONS (HISA)

**PROSTHETICS & SENSORY AIDS SERVICE**

**Ann Arbor VA Medical Center**

**2215 Fuller Road**

**Ann Arbor, MI 48105**

**(734) 845-5100**

## **Introduction**

This booklet is the Home Improvement and Structural Alterations (**HISA**) manual. Please read this booklet thoroughly and return the required documentation to Prosthetics when you are ready to proceed. You must return the documents indicated below to prosthetics within 30 days after a consult has been submitted by a VAMC Physician or approved Fee Basis Provider.

### **What you will need to apply**

1. **A Prescription or Prosthetic Consult from a physician:**
2. **Completed forms from the booklet (see attachment)**
3. **Licensed Contractor Quote (the contractor you wish to have complete the work)**

### **Please include with Quote**

- Picture or Pictures of the area in question (**mandatory**)
  - Contractor estimate including labor and materials
  - Drawings per guidelines
4. **Please mail or deliver all documents to prosthetics at the same time. Please avoid sending items separately. Your request can not be considered until a complete HISA packet has been received.**

The enclosed check list included in the summary (page 15) will further guide you through the process.

## **POLICY FOR SERVICE CONNECTED AND NON-SERVICE CONNECTED VETERANS**

**I. POLICY FOR SERVICE CONNECTED VETERANS** - Veterans may be eligible for the Home Improvements and Structural Alterations Program (HISA) not to exceed \$6,800.00 when medically necessary to assure the continuation of treatment, provide access to the home or to provide essential lavatory and sanitary facilities. The following are eligible:

- A. A veteran with a service connected disability requiring home modifications.
- B. A veteran rated at 50 percent or more service connected.
- C. A veteran in receipt of 38 U.S.C. Section 1151 benefits.

**II. POLICY FOR NON-SERVICE CONNECTED VETERANS** - Veterans may be eligible for the Home Improvement Structural Alterations Program (HISA) not to exceed \$2,000.00 when required for non-service connected disabilities that are determined to be medically necessary to assure the continuation of treatment, provide access to the home or to provide essential lavatory and sanitary facilities.

**NOTE: Service connected and non-service connected applications are processed at the following address:**

**Prosthetics & Sensory Aids Service (121)  
Ann Arbor VA Medical Center  
2215 Fuller Road  
Ann Arbor, MI 48105**

# **HOME IMPROVEMENT AND STRUCTURAL ALTERATIONS PROGRAM (HISA) INSTRUCTIONS FOR SERVICE-CONNECTED AND NONSERVICE-CONNECTED VETERANS**

The following is a brief outline of the steps to follow in completing your application for the Home Improvement and Structural Alterations Program.

## **I. A CONSULT FROM YOUR VA PHYSICIAN FOR THE REQUESTED MODIFICATIONS WILL BE REQUIRED TO INCLUDE THE FOLLOWING:**

- A. Item requested (i.e., wheelchair ramp, etc.)
- B. Diagnosis and medical justification for the item(s) requested
- C. Veteran's name, address, SS# and phone number

## **II. THE VETERAN MUST PROVIDE THE FOLLOWING:**

- A. Completed VA Form 10-0103 HISA Application (attached at end of packet).
- B. If you lease your home, you must obtain a written, notarized statement from the owner authorizing the work to be done (attached).
- C. Before pictures of the area work is to be performed (**mandatory**)
- D. Submit quote (1) from **LICENSED** contractor which must include the following:
  - 1. Contractor's name, address, phone number
  - 2. Veteran's name, address and phone number
  - 3. Specific description of what work is to be completed
  - 4. Total cost of labor
  - 5. Total cost of materials
  - 6. Total cost of the job

A. Upon completion of authorized work, veteran must sign the “Statement of Satisfaction & Request for Final Payment form” granting payment to the veteran.

**B. Absolutely NO WORK will be started until you have received authorization!**

**III. THE HISA COMMITTEE WILL BE RESPONSIBLE FOR THE FOLLOWING:**

A. Evaluation and approval/disapproval of the request.

C. A home assessment may be requested to determine your functionality within residence

B. Advising the veteran of the decision.

D. If approved, the Prosthetics Program Manager will provide a letter authorizing the veteran to begin work on the HISA modifications.

E. Upon completion of the work, receipt of the veterans statement of satisfaction, invoice and pictures of the completed project, the claim will be processed for payment by Prosthetic and Sensory Aids Service to the veteran.

**NOTE:**

**UNDER NO CIRCUMSTANCES CAN WORK START ON THIS PROJECT UNTIL THE HISA COMMITTEE REVIEWS YOUR APPLICATION AND YOU HAVE BEEN NOTIFIED OF THE COMMITTEE'S DECISION.**

## **MODIFICATIONS UNDER HISA BENEFITS**

1. Improvements and structural alterations which **are chargeable** (up to the veteran's cost limitation) against the HISA benefit include:
  - a. Roll-in showers.
  - b. Construction of permanent wooden or concrete ramp to provide access to the home.
  - c. Widening doorways to achieve wheelchair access.
  - d. Lowering of kitchen or bathroom counters and sinks.
  - e. Interior and exterior railing deemed necessary for patients with ambulatory capability or for veterans rated legally blind (if installation costs exceeds \$500).
  - f. Improvements to plumbing or electrical systems made necessary due to the installation of dialysis equipment in the home.
  
2. Improvements and structural alterations which **are not chargeable** against the HISA benefit:
  - a. Exterior decking (in excess of 8x8 foot only when necessary to accommodate wheelchair access).
  - b. Construction of pathways to exterior buildings such as barns or workshops.
  - c. Widening driveways (in excess of 6 foot x 6 foot or area necessary to accommodate wheelchair and van lifts)
  - d. Installation of spa, hot tub or Jacuzzi-type tubs.
  - e. Purchase of removable equipment such as hand rails, porch lifts, and stair glides. (These fees are chargeable to Prosthetics and are not a HISA item)
  - f. Projects which would duplicate services previously provided by the Specially Adapted Housing (SAH) grant such as central air conditioning and roll-in showers.
  - g. Installation of a home security system.
  - h. Routine repairs done as part of regular home maintenance, such as replacing roofs, furnaces, air conditioners, etc. remodeling of existing bathrooms or building of new bathrooms except for the items identified under item 1.c and 1.d.

# Forms

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## VETERAN'S OBLIGATION

1. I hereby acknowledge that the VA assumes no responsibility for maintenance, repair or replacement of requested improvement, alteration 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 devices for their removal.

I also certify that I am the owner of the premises or the owner's authorized representative.

2. I hereby acknowledge that the cost limitation for improvements and structural alternations apply as a once in a lifetime benefit of \$ \_\_\_\_\_, and I agree to pay any cost over and above the cost allowable under the HISA provisions. These amounts are set out in 38 U.S.C. Section 1707. **I understand that no work, in relation to this HISA request is to start until I have received written approval from the Ann Arbor VAMC Prosthetic & Sensory Aids Service.** Failure to comply with the provision 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 myself and the contractor/vendor. The agreement therefore does not obligate the Department of Veterans Affairs (DAV) in any manner other than for payment in an approved amount not to exceed the maximum HISA Benefits.

I have / have not (circle one) previously received this once in a lifetime benefit before. If benefit has previously been received, it was received through the VA Medical Center in

\_\_\_\_\_ (city/state) on \_\_\_\_\_ (date) in the amount of \$ \_\_\_\_\_ (total amount paid by the VA Medical Center).

\_\_\_\_\_  
Veteran's Signature or Designee

\_\_\_\_\_  
Date

***Return to Prosthetics with complete package***

# 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 rented by 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.

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Veteran/Service member Signature

Date

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Owner of Property Signature

Date

### **Section IV: *Notary required below***

*Return to Prosthetics with complete package*



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

*(Number and Street or Rural Route, City or P.O., State and ZIP Code)*

4. TELEPHONE NUMBER OF APPLICANT *(Include Area Code)*

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 *(Sign Full Name)*

10. DATE SIGNED *(mm/dd/yyyy)*

***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.

# FMS VENDOR FILE REQUEST FORM

<input checked="" type="checkbox"/> NEW	UPDATE
<b>VA FACILITY INFORMATION</b>	
<b>VETERAN INFORMATION</b>	
STATION NUMBER 506	COMMERCIAL VENDOR REGISTERED IN SAM.GOV <i>(Required LAW FAR 4.1102)</i>
STATION CONTACT Ann Arbor Prosthetic and Sensory Aid Service	DUNS NUMBER [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
STATION PHONE NUMBER      STATION FAX NUMBER (734) 845-5100              (734) 845-3227	DUNS+4 [ ][ ][ ][ ]
STATION EMAIL ADDRESS	SSN/TIN [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
PAYEE/VENDOR TYPE <i>(Select one)</i> <input checked="" type="checkbox"/> C - COMMERCIAL <input type="checkbox"/> F - FEDERAL AGENCY <input type="checkbox"/> E - EMPLOYEE <input type="checkbox"/> FACTS ID <input type="checkbox"/> I - INDIVIDUAL/HONORARIUM <input type="checkbox"/> O - FOREIGN <input type="checkbox"/> V - VETERAN <input type="checkbox"/> A - AGENT CASHIER <input type="checkbox"/> <input type="checkbox"/> U - UTILITY	NPI [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] SMALL BUSINESS - VENDOR MUST BE QUALIFIED AS SMALL BUSINESS IN SAM OR FURNISH SBA CONFIRMATION
MISCELLANEOUS ACTIONS <i>(Select one)</i> WINRS                              ASSIGNMENT <i>(All applicable documents)</i> BILL OF COLLECTIONS              SETTLEMENT/TORTS ALAC/LGY ACCOUNT # [ ][ ][ ][ ][ ][ ][ ]	DBA ----N/A----- CONTACT ----N/A-----
FOR ALL INQUIRIES:  Ann Arbor VA Prosthetics: 1-800-361-8387 x57075  SUBMIT DOCUMENTATION VIA:  FAX: 734-845-3227  Mail: VA Ann Arbor Healthcare System Prosthetics (121) 2215 Fuller Road Ann Arbor, MI 48105	EMAIL ADDRESS
	PHONE NUMBER
	CURRENT ADDRESS <i>(Include Street, City, State and Zip Code)</i>
	PREVIOUS ADDRESS <i>(Include Street, City, State and Zip Code)</i>  -----N/A-----
	EFT/ACH <i>(Required LAW 31 CFR Part 208)</i>
	BANK NAME
	BANK ADDRESS <i>(Include City, State and Zip Code)</i>
	NINE-DIGIT BANK ROUTING NUMBER [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
	ACCOUNT NUMBER  [ ][ ][ ][ ][ ][ ][ ][ ][ ]
	ACCOUNT TYPE CHECKING                              SAVINGS
VETERANS PRINTED NAME	
SIGNATURE	

**HOME IMPROVEMENTS & STRUCTURAL ALTERATIONS  
STATEMENT OF SATISFACTION AND  
REQUEST FOR FINAL PAYMENT**

THIS IS TO CERTIFY THAT THE APPROVED STRUCTURAL MODIFICATIONS / IMPROVEMENTS / ALTERATIONS WERE MADE TO MY PRIMARY RESIDENCE. THE WORK HAS BEEN COMPLETED AND I AM SATISFIED WITH THE COMPLETED RESULTS.

I ACKNOWLEDGE THAT THE DEPARTMENT OF VETERANS AFFAIRS ASSUMES NO RESPONSIBILITY FOR MAINTENANCE, REPAIR OR REPLACEMENT OF REQUESTED IMPROVEMENT, ALTERATION 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 DEVICES OR FOR THEIR REMOVAL.

I AM REQUESTING FINAL PAYMENT FOR THE HISA PROJECT FOR THE AMOUNT FOR WHICH I WAS APPROVED. ATTACHED TO THIS FORM IS (1) FINAL INVOICE WHICH INCLUDES ACTUAL COSTS FOR MATERIALS, LABOR, PERMITS AND INSPECTIONS; AND (2) COLORED PHOTOGRAPHS OF THE COMPLETED WORK.

\_\_\_\_\_  
SIGNATURE OF VETERAN / SERVICEMEMBER

\_\_\_\_\_  
DATE

*Keep this sheet until work is completed and then return to Prosthetics*

**Please note; any modification must be in accordance with the Americans with Disabilities Act. You can find these requirements at <http://www.ada.gov/> or by calling 1-800-514-0301 (voice) 800-514-0383 (TDD)**

**For any questions regarding this process, please call 734-769-7100 ext. 55268**