

Veteran's Personal Details

1	Veterans' Affairs number (if known)	<input type="text"/>										
2	Title	Rank	<input type="text"/>	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Other	<input type="text"/>
3	Last name	<input type="text"/>										
4	First name/s	<input type="text"/>										
6	Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>						

Hospitalisation Details

6 Reason for Hospitalisation please tell us the accepted disability which the veteran has been hospitalised for

Accepted Disability/ies

7 Date Admitted / /

8 Date Discharged / / Or Veteran is still in Hospital

Veterans' Affairs Approved Visitor Details

9 Visitor's details

Name	
Address	
Relationship to veteran	
Home Phone	Work Phone
Mobile Number	E-mail Address

10 Expenses claimed please check all that apply

Travel Accommodation Parking Other

11 Additional approved Visitor details

Name	
Address	
Relationship to veteran	
Home Phone	Work Phone
Mobile Number	E-mail Address

12 Expenses claimed please check all that apply

Travel Accommodation Parking Other

Please attach the necessary documents to verify;

- **Veteran's length of stay in hospital** (letter from Hospital with dates and reason for being admitted)
 - **All travel expenses claimed** (invoice for plane/train/ferry fares, parking, accommodation receipts etc)
-

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

You can read our full privacy statement on our website

Your personal information is managed in accordance with the privacy statement on our website:

- www.va.mil.nz/privacy

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on www.va.mil.nz/privacy
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.

Signature | Please sign

Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

 D D / M M / Y Y Y Y

Helper | Complete this section if you've helped the claimant to complete this form.

Helper name

Helper's relationship to claimant