

Goods & Services Worksheet

Date: _____

Veteran's Name: _____

ADNA CM: _____

Request for: Routine Planned Goods & Services: Monthly re-occurring subscription with auto-delivery to the Veterans home.

One Time Goods & Services: individual requests for items or services that meet the VDC Goods & Services criteria:

Description of item or service being requested:

Amount being requested for item or service: _____

Criteria: The following questions must be answered by the Veteran:

Can the Veteran receive the item or service directly from the VA?

Yes No

Has this item or service been deemed medically necessary by the Veteran's Primary Aligned Care Team (PACT) and is this documented in the Veteran's medical record:

Yes No

If the Veteran did not have requested item or service would he or she be able to remain in their home:

Yes No

If all criteria above is met, please send the this form, current reconciled *Monthly Veteran Services Report*, and any additional screenshots or estimates to the VDC Coordinator at the BHS VAMC (emma.riley@va.gov) via encrypted email for consideration by the VDC Review Board.

VDCRB approval : Yes No Date: _____

If no, why: