



**PATIENT'S AGREEMENT WITH HOSPITAL IN
RELATION TO A HOME OTHER THAN HIS OWN**

1. NAME OF VA STATION	2. ADDRESS	3. TELEPHONE NO.
4. NAME OF VETERAN	5. SOCIAL SECURITY NO.	6. CLAIM NO.
8. NAME OF PAYEE	9. ADDRESS	10. TELEPHONE

11. NAME OF SOCIAL WORKER

AGREEMENT: I agree to pay monthly the amount specified in Item No. 7 to the Payee named in Item No. 8 for room, board, laundry, and attention to my welfare. I further agree to discuss any matter of concern to me that arises during the course of this agreement with the Payee and with the Social Worker named above before I make any change in this agreement.

12. SIGNATURE OF VETERAN	13. DATE
14. SIGNATURE OF SOCIAL WORKER (WITNESS)	15. DATE

