

NEW JERSEY CATASTROPHIC ENTITLEMENT APPLICATION

Permanent Service-Connected Disabled Veterans and Their Surviving Spouses
In Accordance with N.J.S.A. 38:18A-1 and 38:18-1

TO BE COMPLETED BY VETERAN SERVICE OFFICER
APPLICATION DATE
VA CLAIM NUMBER
COMPLETED BY VSO
(NAME)

TYPE OF BENEFITS APPLIED FOR
(CHECK APPROPRIATE BOX)
VETERAN'S APPLICATION
SURVIVING SPOUSE APPLICATION

COMPLETE THIS SECTION FOR BOTH VETERAN'S AND SURVING SPOUSE'S APPLICATION

NAME OF VETERAN NAME OF SPOUSE
ADDRESS MAILING ADDRESS
(IF DIFFERENT)
SOCIAL SECURITY # SOCIAL SECURITY #
DATE OF BIRTH DATE OF BIRTH
TELEPHONE # TELEPHONE #
(HOME/DAY) (HOME/DAY)

S.S#: Social Security Number- The Privacy Act of 1974 {U.S.C. 522a} and Social Security Act {42 U.S.C. 405}
state disclosure of social security numbers cannot be made mandatory. However, the Privacy Act does provide that
federal, state or local agencies may request that you voluntarily submit social security numbers when written notice is given to you
according to this Act. The state of New Jersey application for Veterans and Spouse Catastrophic Entitlement pursuant to New Jersey
Statutes Annotated 38:18-1 et seq. requests that social security number of the veteran and/or the spouse. The information will be used
by both the New Jersey Department of Military and Veterans Affairs and the Department of Treasury to ensure the accuracy of your
benefits.

FOR VETERAN'S APPLICATION: SUBMIT WD53 OR DD214
CURRENT UTILITY OR TELEPHONE BILL
VA AWARD LETTER AND VA RATING SHEET
FOR SPOUSE APPLICATION: SUBMIT WD53 OR DD214
MARRIAGE CERTIFICATE
DEATH CERTIFICATE
CURRENT UTILITY OR TELEPHONE BILL

COMPELTE FOR VETERAN APPLICATION ONLY

- 1. VA PERMANENT SERVICE-CONNECTED DISABILITY FOR LOSS OF SIGHT AMPUTATION OF BOTH HANDS, BOTH FEET OR ONE HAND AND ONE FOOT; HEMPLEGIA & PERMANENT PARALYSIS OF ONE LEG AND ONE ARM OR EITHER SIDE OF THE BODY; PARAPLEGIA & PERMANENT PARALYSIS OF BOTH LEGS AND LOWER PARTS OF THE BODY; OSTEochondRITIS & PERMANENT LOSS OF THE USE OF BOTH LEGS; QUADRIPLegIA; MULTIPLE SCLEROSIS AND THE LOSS OF USE OF BOTH FEET OR BOTH LEGS
2. HOME ADDRESS AT INITIAL/SECOND ENTRY IN ARMED FORCES
3. CHARACTER OF DISCHARGE HONORABLE DISHONRABLE OTHER
4. BRANCH OF SERVICE SERVICE NUMBER
DATE OF ENTRY DATE OF SEPARATION

COMPELTE FOR SURVIVING SPOUSE APPLICATION ONLY

- 1. WAS VETERAN IN RECEIPT OF CATASTROPHIC ENTITLEMENT PRIOR TO DEATH?
YES NO
2. VETERAN'S NEW JERSEY CPF#
3. DATE AND PLACE OF MARRIAGE (DATE) (PLACE)
4. DATE OF DEATH OF VETERAN

**COMPLETE THIS SECTION FOR BOTH VETERANS AND SURVIVING SPOUSES APPLICATION**

1. RESIDENT OF NEW JERSEY?       YES       NO      (    ) YEARS      (    ) MONTHS
2. FOR SPOUSES ONLY...IF YOU ARE NOT RESIDENT OF NEW JERSEY, WHY DID YOU MOVE?  
\_\_\_\_\_
3. ARE YOU PRESENTLY RECEIVING IN PATIENT OR DOMICILIARY CARE?       YES       NO  
IF YES LIST THE NAME AND ADDRESS OF THE INSTITUTION  
\_\_\_\_\_  
\_\_\_\_\_
4. DOSE ANYONE HOLD YOUR COURT APPOINTED POWER OF ATTORNEY FOR FINANCIAL REASON?  
 YES       NO

**IF YES, SUBMIT A COPY OF COURT APPOINTED POWER OF ATTORNEY {POA}**

The responses on this for are considered CONFIDENTIAL as provided by the Privacy Act. The information requested by this form is considered relevant and necessary to determine eligibility entitlement as established by N.J.S.A.38:18-1 et. seq.

I authorize the New Jersey Department of Military and Veterans Affairs access and a limited power of attorney to my VA claim folder for the purpose of obtaining the following information: Secure a copy of discharge (DD214) and verify that the member is entitled to the benefit as defined in N.J.S.A. 38:18A-1 and N.J.S.A. 38:18-1; verify the service-connected disability and whether this condition is permanent in nature; VA Claim number; current home address; and home address at time of entry into service. I also authorize to any and all records from any State or Federal agencies pertaining to myself and/or my spouse to determine eligibility.

I certify that the statements on this form are true and correct to the best of my knowledge and belief.

**APPLICANT MUST COMPLETE EITHER SECTION I OR II**

I. I CERTIFY THAT THE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	IF APPLICANT SIGNS WITH A MARK, TWO WITNESSES MUST SIGN
_____	WITNESS 1 _____
SIGNATURE OR MARK OF APPLICANT	WITNESS 2 _____
_____	
_____	_____
DATE	DATE
<hr/>	
II. _____	
_____	
SIGNATURE OF COURT APPOINTED POWER OF ATTORNEY	
PRINT NAME _____ ADDRESS _____	

**Mail or email completed application and supporting copied documents to:**

**NJ Department of Military and Veterans Affairs  
ATTN: DVS-VBB  
PO Box 340  
Trenton, NJ 08625-0340**

**VBB@dmava.nj.gov**

**FOR OFFICIAL USE ONLY**

APPROVED    DENIED   EFFECTIVE DATE OF ENTITLEMENT \_\_\_\_\_

REASON FOR DECISION \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AUTHORIZING AGENT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Revised: 5 October 2021