

## STATEMENT OF UNDERSTANDING

I,, (hereinafter Representative	ve) have executed a VA Form
21-22a to become an individual providing representation under Section 14.630	
(38 CFR 14.630 as amended) authorized to prepare, present and prosecute a or	netime claim
for (hereinafter Claimant).	
Representative and Claimant understand that Long Term Care for Veteran employee or agent of the Department of Veterans Affairs nor has William representations as such.	
Representative and Claimant understand that LTC4Vets is not a government they made any claims or representations as such.	nt agency or entity nor have
Representative and Claimant understand that neither William S. Morris nor the Claimant will receive any benefit from the Department of Veterans Claimant understand that neither William S. Morris nor LTC4 determination of eligibility for any Veterans Benefit.	Affairs. Representative and
Representative and Claimant understand that there are income and asset qualify for the non-service connected, improved pension benefit a Housebound or Aid and Attendance.	
As Representative, I am asking William S. Morris to assist me in my prepara process for Claimant.	ntion for the application
It is true that neither the Representative nor the Claimant have been charged compensation for any services or knowledge provided to the Representative by	•
Representative and Claimant understand that this process may have an application they might make for any benefits from Medicaid.	impact on any future
Representative and Claimant are aware that there may be tax conseque Representative and Claimant understand that they have the opportunity attorney, accountant or financial planner.	2 2
By signing below, Representative and Claimant hereby agree to hold harmle liability William S. Morris, LTC4Vets and any and all of its representatives ar	
(Representative)	(Date)
(Claimant)	(Date)