Date:___________________________

VETERAN

First, Middle, Last			
Maiden Name		**Social Security Number**	
Service Branch		**Entry Date**	
Military Service Number		**Discharge Date**	
Highest rank		**Date of death**	
Assisted Living Facility		**Referral Source**	
Home Phone		**Work Phone**	
Cell Phone		**Fax Number**	
Address			
City, State Zip		**County:**	
Date of Birth		**Place of Birth**	
Prior Marriages: Whom		**Date;**	
How ended		**Date disability started**	
Type of disability		**Hospitalization dates**	
U.S. Citizen: Yes/No		**Country:**	
Date of Marriage		**Date of Citizenship:**	
Email address			

SPOUSE

First, Middle, Last			
Maiden Name		**Social Security Number**	
Cell Phone		**Work Phone**	
Date of Birth		**Place of Birth:**	
Email address			
Date of Marriage to Veteran			
Other Marriages: Whom		**Date:**	
How ended		**Date disability started**	
Type of disability		**Hospitalization dates**	

CONTACT PERSON

First, Middle, Last			
Maiden Name		**Social Security Number**	
Cell Phone		**Work Phone**	
Date of Birth		**Relationship**	
Email address			
Address			
City, State Zip		**County:**	

INCOME	Vet	Spouse	MEDICAL EXP	Vet	Spouse
SS			ALF/NH		
SS			MED SUPP		
PENSION			LTC		
PENSION			DRUGS		
Other Monthly Income			SUPPLIES		
			ASSISTANCE		
			Mo/Asst. Living Fee		
			Add Assistance Fee		
TOTAL			**TOTAL**		

ASSETS				**DEBTS**	
	Amount	**Income Tax Basis**	**Ownership**		**Amount**
House				Mortgage	
IRA				CC	
Annuities					
CD					
Investments					
Money Market					
Savings					
Checking					
Stocks					
TOTAL				**TOTAL**	

NOTES:

As of 01/01/18

Married $2,169 Month

Single Veteran $1,830 Month

Widow of Veteran $1,176 Month

Veteran Couple – Both were Veterans - $2,903 Month

Intake Information by:

NOTES:

QUALIFICATIONS

- Veteran must have served at least 1 day during qualified war period
- Veteran must have served at least 90 days of active duty
- Veteran received a better than dishonorable discharge
- Claimant is either over 65 years of age OR totally disabled
- Claimant is surviving spouse of a qualified and did not remarry
- Claimant or spouse needs assistance with at least two (2) activities of daily living (ADLs)
- Claimant's monthly medical expenses equals or exceeds their monthly income

DISABILITY INFORMATION

Check all that apply

Veteran	Spouse	
□	□	Over 65
□	□	Blind
□	□	Declared incompetent
□	□	Has macular degeneration – Extent: ________________________
□	□	Under 65, determined disabled by Social Security Admin.
□	□	Diagnosed with dementia – Stage: Early Mid Late
□	□	Is housebound (unable to leave without assistance)
□	□	Needs daily assistance from another to perform basic activities
□	□	Needs assistance with dressing and undressing
□	□	Needs assistance with keeping themselves presentable
□	□	Needs assistance with bathing
□	□	Needs assistance with taking medications
□	□	Needs assistance with feeding
□	□	Receives Medicaid – Type: ________________________________
□	□	Has applied for Medicaid – Type: __________________________
□	□	Is in a nursing home – Name: ______________________________
□	□	Is in an assisted living facility – Name: _____________________