



National Veteran Support

BENEFIT WORKBOOK

Note: The Claimant is either the Veteran or the Surviving spouse.

CLAIMANT'S POINT OF CONTACT

Please list the responsible individual who has an interest in assisting the war era veteran or surviving spouse with the application process.

The main point of contact has the expressed agreement of the claimant to assist them through the process of applying for this VA benefit.

This workbook is a pre-qualification workbook which will be reviewed one-on-one with Kelly Endres our accredited claims agent.

Main Point of Contact: (Typically the children of the veteran and spouse).

Name / Age _____ Relationship to claimant _____

Address _____

Phone Number (Daytime) _____

Phone Number (Evening) _____

Email _____

CLAIMANT INFORMATION

Who is the Benefit for?

Name / Age / DOB

Name / Age / DOB

- Veteran Only Benefit
- Veteran and Spouse Benefit
- Surviving Spouse Benefit
- Two Veterans Married Benefit

If Surviving Spouse:

Were you divorced from the Veteran? YES NO

Have you remarried since the Veteran's death? YES NO

Were you married to the Veteran at the time of his/her death for at least one (1) year?
YES NO

Veteran Service:

The Veteran had to have served a minimum of 90 days of active duty with at least 1 day during a war era. Which war era listed below did the Veteran serve?

- WWII, December 7, 1941, through December 13, 1946, inclusive.
- Korean Conflict. June 27, 1950, through January 31, 1955, inclusive.
- Vietnam Era. The period beginning on February 28, 1961 to August 4, 1964 (In Vietnam) and August 5, 1964 to May 7, 1975
- Persian Gulf War. August 2, 1990, through date to be prescribed by Presidential proclamation or law.

Where Does The Claimant Live?

- Home. What City? _____.
- Assisted Living Community
- Senior Living Community (with common dining and 24 hour staff available)

Name of Community

How long there?

MEDICAL QUALIFICATION

By marking this page I/we authorize the use of the information contained herein to be shared with staff and volunteers of SoCalVetSupport, Inc. dba: National Veteran Support and/or its affiliates and allow its information to be shared with the U.S. Department of Veterans Affairs for the purpose of obtaining of veterans benefits.

In order to receive the Aid & Attendance Benefit, certain medical eligibility standards must be met. To allow us to better understand your individual situation, please answer the following questions:

CLAIMANT = VET or SPOUSE/WIDOW (circle which)

Check the following conditions that apply to the claimant(s) medical

- | | |
|---|---|
| <input type="checkbox"/> condition: Arthritis | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Balance Problems | <input type="checkbox"/> History of Falls |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Incontinence (Potty accidents, etc.) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lou Gehrig's Disease |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Weakness |

Check the following activities where the claimant may require some assistance:

- | | |
|---|--|
| <input type="checkbox"/> Must be in protected environment | <input type="checkbox"/> Bathing/showering |
| <input type="checkbox"/> Keeping self clean and presentable | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Getting in or out of bed, a chair or car | <input type="checkbox"/> Escorts and assistance with walking |
| <input type="checkbox"/> Diabetic management | <input type="checkbox"/> Using the toilet |
| <input type="checkbox"/> Medication management | <input type="checkbox"/> Keeping self clean, hygiene, continence |

INCOME QUALIFICATION

For the purposes of determining eligibility, estimates of the claimant's income are acceptable at this time. (NOTE: If married, enter Income for BOTH the veteran and spouse)

Report all **GROSS** income received by the claimant on a **MONTHLY** basis.

GROSS amount of social security Veteran: \$ _____

Spouse: \$ _____

GROSS amount of pension Veteran: \$ _____

Source

Spouse: \$ _____

Source

US Civil Service \$ VETERAN / \$ SPOUSE

US Railroad Retirement \$ VETERAN / \$ SPOUSE

US Military Retirement \$ VETERAN / \$ SPOUSE

Long Term Care income \$ VETERAN / \$ SPOUSE

RMD Income from IRA's or 401(k)'s etc. \$ VETERAN / \$ SPOUSE

Income from rental property \$ VETERAN / \$ SPOUSE

Income from business interest \$ VETERAN / \$ SPOUSE

Income from any other source \$ _____

Dividend Income \$ _____

Interest Income \$ _____

Total Monthly Income: \$ _____

MEDICAL EXPENSES

For the purposes of determining eligibility, **estimates** of the claimant's **MONTHLY** expenses are acceptable at this time.

(NOTE: If married, enter **MONTHLY** expenses for BOTH the veteran and spouse)

Recurring MONTHLY medical expenses are non-reimbursed medical expenses that are paid by the claimant every month out of pocket.

Cost of Assisted Living Community \$ _____

Cost of Board & Care \$ _____

Cost of Home Health Care-Caregiver \$ _____

Cost of Nursing Home (out of pocket) \$ _____

Name of Medicare Provider
(Blue Cross, SCAN, Aetna, etc.) _____

Cost of MONTHLY Medicare Part B Premium \$ VETERAN / \$ SPOUSE _____

Cost of MONTHLY Medicare Part D Premium \$ VETERAN / \$ SPOUSE _____

Cost of MONTHLY Supplemental Ins. Premiums \$ VETERAN / \$ SPOUSE _____

Costs for Incontinence or Oxygen
(Incontinence Supplies, Oxygen) \$ VETERAN / \$ SPOUSE _____

Is the veteran currently driving? Yes No

Is the spouse currently driving? Yes No

Total Monthly Medical Expenses: \$ _____

ASSET QUALIFICATION

For the purposes of determining eligibility, estimates of the claimant's assets are acceptable at this time. Report all assets. Estimates are okay. Bring recent statements to your 1st appt.

Checking	\$ VETERAN / \$ SPOUSE
Savings or Money Market	\$ VETERAN / \$ SPOUSE
CDs	\$ VETERAN / \$ SPOUSE
IRA's - Traditional or Roth	\$ VETERAN / \$ SPOUSE
Stocks, Bonds, Mutual Funds	\$ VETERAN / \$ SPOUSE
Savings Bonds	\$ _____ / \$ _____
Business Assets	\$ VETERAN / \$ SPOUSE
Real Property (not your residence) (2nd home, Rental property, etc.)	\$ _____
Cash Value of Annuities (name of company)	\$ VETERAN / \$ SPOUSE _____
Assets from any other source	\$ _____
Approx value of Primary Home	\$ _____
Less than 2 acres? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mortgage owed	\$ _____
Total Assets:	\$ _____

Your next step in the application process:

Complete this qualification workbook to the best of your ability.

For the purpose of determining eligibility, estimates are acceptable at this time.

Bring completed sheets 1-6 of this document to your appointment with a benefit advocate and/or VA claims agent.

Our benefit advocates will review this workbook with you as soon as possible to setup the next step in your application process

Appointment:

APPOINTMENT DATE

TIME

OFFICE LOCATION

What you need to bring with you to your appointment:

Your completed Benefit Workbook

DO NOT DELAY!