



Long Term Care 4 Veterans

Our Team Serves You,
Because You Served U.S.

VA PENSIONS ASSESSMENT OF ELIGIBILITY CHECKLIST

Do not send original documents

Basic Information

<i>Office Use Only</i>	
APPT Date:	
APPT Time:	

Primary Contact: _____
Son/Daughter Name: _____
E-Mail Address: _____
Work Phone: _____
Cell Phone: _____

- ⇒ How did you hear about us? _____
- ⇒ Who referred you to us? _____
- ⇒ Is the life expectancy of the Veteran/Surviving Spouse more than 6 months? Yes _____ No _____
- ⇒ Would Dr. say Vet/Surviving Spouse in daily need of aid /assistance? Yes _____ No _____
- ⇒ Did the Vet serve at least 1 day during active war? Yes _____ No _____
- ⇒ Did the Vet serve 90 days consecutively in military? Yes _____ No _____
- ⇒ Did the Vet have an honorable discharge? Yes _____ No _____

INFORMATION ABOUT VETERAN AND/OR SURVIVING SPOUSE APPLYING FOR VA BENEFITS

⇒ Veteran's Name : _____ DOB _____

⇒ Wife's Name: _____ DOB _____

⇒ Widow's Name: _____ DOB _____

⇒ Home Address: _____

⇒ City, State & Zip _____

⇒ Phone No. _____

⇒ Military Discharge Papers: *Date In:* _____ *Date Discharged:* _____

Keep originals and send copies

⇒ Supporting Documents: Provide copy of marriage certificate if married & death certificate if widowed

Keep originals and send copies

⇒ Have you been married at least one year and not divorced from the Veteran? Yes _____ No _____

⇒ Do you have a Power of Attorney for your Estate? Yes _____ No _____

⇒ Please Provide the Name and Phone No. of your POA.
 Name _____
 Phone No. _____ Occupation: _____

⇒ Did you divorce Veteran? Yes _____ No _____

⇒ If Applicable/ Did you remarry after death of veteran?
 Yes _____ No _____
 If Yes, did you remarry a veteran? Yes _____ No _____



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MONTHLY INCOME *(All income must be listed before submitting)*

⇒ Veteran's Gross Social Security
Income : _____

⇒ Spouse/Surviving Spouse's Gross Social
Security Income : _____

⇒ Veteran's Civilian and/or Military Pension :
Source: _____
Amount: _____

⇒ Spouse/Surviving Spouse's Monthly Pension:
Source: _____
Amount: _____

⇒ Does Veteran have Long Term Care Insurance? Yes _____ No _____

⇒ Does Spouse/Surviving Spouse have Long Term Care Insurance? Yes _____ No _____

⇒ Are you currently receiving any VA Benefits? Yes _____ No _____

(If yes, please provide the month benefit amount of your Service Connected Pension): \$ _____

MONTHLY EXPENSES: *(Expenses per Month for Veteran, Spouse or Surviving Spouse)*

⇒ Nursing Home/Assisted Living/Home Care Cost for Veteran: \$ _____

⇒ Nursing Home/Assisted Living/Home Care Cost for Spouse or Surviving Spouse: \$ _____

⇒ Medicare Advantage /Medicare Supplement premium for Veteran: \$ _____

⇒ Medicare Advantage /Medicare Supplement premium for Spouse or Surviving Spouse: \$ _____

⇒ Medicare Part D premium for Veteran: \$ _____

⇒ Medicare Part D premium for Spouse or Surviving Spouse: \$ _____

⇒ Premiums for other Insurance such as a Cancer Policy for Veteran? \$ _____

⇒ Premiums for other Insurance such as a Cancer Policy for Spouse or Surviving Spouse: \$ _____

____ |

| ____



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ASSETS:

(If there is a balance owed on any of the following, please list balance owed.)

⇒ Life Insurance Death Benefit: Veteran's: _____ Spouse/Surviving Spouse: _____

⇒ Rental Property Value Veteran's: _____ Spouse/Surviving Spouse: _____

⇒ Farm or Ranch Value Veteran's: _____ Spouse/Surviving Spouse: _____

⇒ Residence Value Veteran's: _____ Spouse/Surviving Spouse: _____

⇒ Real Estate *(Will need last recorded deed & property tax statement if your claim is determined eligible)*

⇒ Vehicles *(allowed to keep one vehicle)* Make and Model _____
Value if Sold: _____

⇒ Irrevocable Funeral Trust *(if applicable)*
Veteran's: _____ Spouse/Surviving Spouse's: _____

⇒ Checking Accounts: *(Provide name of bank and average balance maintained in the account).*

Name of Bank: _____

Average Monthly Balance: _____

⇒ IRA Statements for Applicants *(only complete if applicants have an IRA)*

What company manages your IRA? _____

What is the balance of the Veteran owned IRA? \$ _____

What is the balance of the Veteran's Spouse IRA? \$ _____

What is the balance of a Veteran's Surviving Spouse's? \$ _____

⇒ Other Assets: *(Please disclose where other Assets are held and the Current Value of the Assets).*

⇒ Certificates of Deposit: *(Please provide where the CD's are held and their Current Value)*

⇒ Other Securities *(Please provide recent statement of Securities and their Current Value)*

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