



Privileged and Confidential Information for Initial Review

Name: _____ **Date:** _____ **DOB** _____

Address: _____ **Telephone:** _____ **Email:** _____

Family Member Contact: _____

ELIGIBILITY:

1. Is the person a veteran or surviving spouse of a veteran? Yes No
2. Did the veteran serve for at least 90 days active duty and one day during war time? (12/7/1941-12/31/1946; 6/27/1950-1/31/1955; 7/5/1964-5/7/1975 (2/28/1961 if they physically served in Vietnam); 8/2/1990- TBD Yes No
3. Did they receive discharge under honorable, general, or medical discharge? Yes No
4. Is Veteran/Spouse under 65 and unable to work due to disability or over 65? Yes No
5. Homebound? Yes No
6. Any of the Following: Blind, in Nursing Home, requires help dressing, bathing, or protective environment? Yes No

INCOME:	MONTHLY	
	(1) Veteran	(2) Spouse
Social Security		
Pension		
Other		
TOTAL		

ASSETS	(1) Veteran	(2) Spouse
Cash / Savings		
Investments/Brokerage		
Retirement		
Life Insurance		
• Face	\$	\$
• Cash	\$	\$
• Death Benefit	\$	\$
Home		
Other Real Estate		
Automobiles		
IRA Cash		
Annuity		
Business Interests		
Savings Bonds		

MEDICAL EXPENSES:	MONTHLY	
	(1) Veteran	(2) Spouse
Assisted Living		
Nursing Home		
In Home Care		
Day Programs		
Medications		
Co-Pays for Medicaid		
Medicare Supplements Part B/D		
Hygienic Supplies		
Health Insurance Premiums		
Long Term Care Premiums		
Expected Devices / Equipment		
Co-Pays		
Other		

Describe Medical / Mobility Issues:

Medical Condition:

	9 pm- 9 am ____	9 am – 9 pm ____
Number of Hours In Bed		
Able to feed him/herself	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>Describe:</i>
Prepares own meals	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>Describe:</i>
Assistance bathing / hygiene needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>Describe:</i>
Nursing Home Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>Describe:</i>
Medication Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>Describe:</i>
Ability to Manage Own Financial Affairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>Describe:</i>

Attach additional pages with any other information you believe may be relevant.