



CLAIMANT INFORMATION

Who Is The Benefit For?

Name / Age

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

If Surviving Spouse:

Were you married to the Veteran at the time of his/her death for at least one (1) year?

- YES NO

Have you remarried since the Veterans death?

- 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?

- WWI, April 6, 1917 through November 11, 1918, inclusive.
- 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, and ending on May 7, 1975, inclusive.
- Persian Gulf War. August 2, 1990, through date to be prescribed by Presidential proclamation or law.

Where Does The Claimant Live?

- Home
- Assisted Living Community
- Senior Living Community (with common dining and 24 hour staff available)

Name of Community



MEDICAL QUALIFICATION

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;

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

- | | |
|---|---|
| <input type="checkbox"/> 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 (<i>Stress, Urge, Functional, etc.</i>) |
| <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"/> Driving To Appointments | <input type="checkbox"/> Bathing (<i>shower chair, safety rails, etc.</i>) |
| <input type="checkbox"/> Shopping at the Grocery Store | <input type="checkbox"/> Dressing (<i>buttoning, tying, etc.</i>) |
| <input type="checkbox"/> Loading and Unloading Groceries | <input type="checkbox"/> Escorts and assistance with walking |
| <input type="checkbox"/> Preparing Meals | <input type="checkbox"/> Assistance with reminders and redirection |
| <input type="checkbox"/> Cleaning Living Space | <input type="checkbox"/> Medication management |
| <input type="checkbox"/> Balancing Check Book | <input type="checkbox"/> Diabetic management |
| <input type="checkbox"/> Managing Accounts and Writing Checks | |



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

Supplemental Security Insurance (SSI) \$ VETERAN / \$ SPOUSE

Any other military based income \$ VETERAN / \$ SPOUSE

Income from rental property \$ VETERAN / \$ SPOUSE

Income from business interest \$ VETERAN / \$ SPOUSE

Income from any other source \$ _____ (Source)

(Dividends, interest, investments, etc.) \$ _____ (Source)

\$ _____ (Source)

\$ _____ (Source)

Total Monthly Income: \$ _____



MEDICAL EXPENSES

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

(NOTE: If married, enter Income for BOTH the veteran and spouse)

Recurring MONTHLY Medical Expenses

These are non-reimbursable expenses that are paid by the claimant every month out of pocket.

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

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

Cost of MONTHLY Private Insurance Premiums \$ VETERAN / \$ SPOUSE

(Blue Cross, Aetna, Humana, etc.)

Name of provider

Cost of Senior Living Community \$

Cost of Adult Day Care \$

Cost of Home Health Care \$

Cost of Prescriptions \$ VETERAN / \$ SPOUSE

Costs of Additional Medical Supplies \$ VETERAN / \$ SPOUSE

(Incontinence Supplies, Oxygen, etc.) \$ VETERAN / \$ SPOUSE

\$ VETERAN / \$ SPOUSE

\$ VETERAN / \$ SPOUSE

\$ VETERAN / \$ SPOUSE

\$ VETERAN / \$ SPOUSE

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 claimant's assets.

Cash, Bank Accounts, CDs	\$	VETERAN	/	\$	SPOUSE
IRAs	\$	VETERAN	/	\$	SPOUSE
Stocks, Bonds, Mutual Funds	\$	VETERAN	/	\$	SPOUSE
Business Assets	\$	VETERAN	/	\$	SPOUSE
Real Property (not your residence) <i>(2nd home, Rental property, etc.)</i>	\$	VETERAN	/	\$	SPOUSE

Source

Cash Value of Annuities <i>(Retirement Pension, Investment, etc.)</i>	\$	VETERAN	/	\$	SPOUSE
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Source

Cash Value of Life Insurance <i>(MetLife, Prudential, etc.)</i>	\$	VETERAN	/	\$	SPOUSE
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Source

Assets from any other source	\$	(Source)
	\$	(Source)
	\$	(Source)
	\$	(Source)

Value of Home	\$	
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Total Assets:	\$	
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YOUR NEXT STEP IN THE APPLICATION PROCESS

We understand the time and commitment required when applying for the Aid & Attendance Benefit. For years, we have worked exclusively on this benefit and have supported thousands of families through the process. Through years of experience and training, we have developed a proven system with proven results. Allow us to assist you now.

Your next step in the application process:

- Complete this workbook to the best of your ability.
For the purpose of determining eligibility, estimates are acceptable at this time.

- Call **800-901-0940** for an appointment with a War Era Veteran Benefit Advocate.
 - Our customer service representative will schedule you for a one hour appointment. This time is required in order to discuss your personal situation and determine your eligibility.

APPOINTMENT DATE	TIME	OFFICE LOCATION
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What you need to bring with you to your appointment:

- Your completed Veterans Benefit Workbook.

- Family members, caregivers or friends who are interested in assisting you through this process.

DO NOT DELAY!

- Your application process can get started with the information you have.
- Questions? Our dedicated team is here to assist you. Call **800-901-0940**.