

Headquarters: 11975 Westline Industrial Drive • St. Louis, MO 63146 National Referral Number 888-314-6075 • Fax 888-639-4180 • referrals@veteranshomecare.com

New Client Referral Form

Please complete as much as possible and fax or email to Veterans Home Care® using the information above. Or, you can download our app and/or use your smart phone, tablet or desktop computer to send us your referral online at www.veteranshomecare.com

Agency				
*Branch/Location (Required Field)		Date		
Referring Person		Email Address		
Office Phone	Mobile Phone		Mobile/Wireless Carrier	
Prospective Client Information				
Applicant Name				
Date of Birth		Applicant Email Address		
Address				
City/State	*Zip Code (Required Field)		Country	
Home Phone	Mobile Phone		Mobile/Wireless Carrier	
Applicant				
Applicant is a VETERAN	Applicant is the SURV	VIVING SPOUSE of a Vet	eran	
War Period Served				
MWII KO	DREAN	VIETNAM	Other	
12.7.1941 to 12.31.1946 6.2	27.1950 to 1.31.1955	8.5.1964 to 5.7.1975 Or served in country of	of Vietnam 2.28.1961 to	

NOTE: If the veteran did not serve during wartime, the applicant WILL NOT qualify for the "Aid and Attendance" pension.

8.5.1964

If applicant is a SURVIVING SPOUSE: Was a	pplicant divorced from	n veteran at time of v	eteran's death?				
If the answer to the above question is "Yes" the applicant will not qualify for the "Aid and Attendance" pension.							
Yes No							
Is applicant driving?	Currently receiving	Currently receiving a VA pension or VA compensation?					
Yes No	Yes	No					
Needs help with: (Check all that apply)							
Bathing Dressing	Toileting/Co	ntinence	Walking	Meal Preparation			
Notes							
Spouse Information							
If the applicant is currently or was married:							
Spouse/Veteran Name		Date of Birth					
Wife's Maiden Name		Date of Marriage					
Total Marriage(s)							
Veteran #		Spouse #					
Additional Contact Information							
Additional Contact Name		Relationship					
Email Address							
Address	City/State		Zip Code				
Relationship	Phone #1		Phone #2				
Primary correspondence should be with:							
Applicant Spouse Additional Contact							



National Referral Number 888-314-6075

Information Regarding Referrals to Veterans Home Care®

The "Aid and Attendance" pension is a benefit for non-service related disabilities, available to veterans or their surviving spouses who qualify. In order to qualify for the pension:

- The veteran must have served at least 90 days active duty in the military, with at least one day during wartime. (Persian Gulf War veterans must have two years of active duty or the full period for which they were called for active duty.)
- The applicant must be at least 60% housebound (no longer driving), which will require certification by a licensed physician.
- The applicant must meet certain income and asset limits.

Applicants will need the following documentation to begin the application process:

- Discharge papers (DD214) We can assist in getting these documents through NARA
- Death Certificate with cause of death (if client is a surviving spouse)
- Marriage Certificate or other proof of marriage, including date (if client is a married veteran or surviving spouse)

Please inform the prospective client that Veterans Home Care will need to ask personal questions regarding income and assets in order to prepare the application to the VA. Answers to all questions, including those that are financially related, will be kept confidential and will only be used to complete the application.

If the prospective client is unable or unwilling to answer income or asset-related questions, Veterans Home Care **cannot** assist him/her in applying for the "Aid and Attendance" VA pension.

Agency Name and Branch/Location Needed

Please indicate your <u>Agency's Name and Branch/Location</u>, especially in franchise situations. Forms without this information will take longer to process.

Example: Franchise Home Care—Springfield, MO

Applicant Zip Code Needed

Please indicate the **Applicant's Zip Code**. Forms without this information will take longer to process.

Options for Sending Referrals

<u>Call 888-314-6075</u> and talk with an enrollment specialist. Or, use this form and <u>fax to 888-639-4180</u> or <u>email</u> it to us at <u>referrals@veteranshomecare.com</u>. Or, <u>download our app</u> from the Apple App Store or Google Play Store. Or, use your <u>smartphone</u>, <u>tablet</u> or <u>desktop computer</u> to send us your referral online at <u>www.veteranshomecare.com</u>.

The unique VetAssist® Program is an exclusive offering of the Veterans Home Care® family of companies.

Veterans Home Care® and the VetAssist® Program are not part of any government agencyand are not affiliated with the Department of Veterans Affairs.