



We Change Lives

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

Applicant is a Wartime VETERAN

Applicant is the SURVIVING SPOUSE of a Wartime Veteran

War Periods:

WWII

Dec. 7, 1941 to Dec. 31, 1946

KOREAN

Jun. 27, 1950 to Jan. 31, 1955

VIETNAM

Aug. 5, 1964 to May 7, 1975 in country Feb. 28, 1961 to May 7, 1975

### Prospective Client Information

Applicant Name

City/State

\*Zip Code *(Required Field)*

Email Address

Home Phone

Spouse Information *(If the applicant is currently or was married)*

Spouse/Veteran Name

Wife's Maiden Name

### Additional Contact Information

Additional Contact Name

Relationship

Email Address

Phone Number

Primary correspondence should be with:

Applicant

Additional Contact

### Notes



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## 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 may be eligible. In order to be eligible 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 **Agency’s Name and Branch/Location**, 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

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

*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 agency and are not affiliated with the Department of Veterans Affairs.*