VetAssist Program Intake Questions

Client	: Name:	Date: _		
Client	: Age:			
1.	Copy of the Veteran's Certificate of Military Service (any separation document - DD214)			No
2.	Copy of Marriage Certificate			
3.	Surviving Spouse Only: Veteran's death certificate with cause of death			
4.	Current year Social Security benefit letter, showing monthly income and Medicare deduction			
5.	Statement of monthly pension / retirement - income			
6.	Current bank, annuity, stocks, bonds, mutual funds, IRA statements - income / assets			
7.	Completed VA FORM 21-2680 with diagnosis, name, address and phone number of primary doctor			
Gross	Monthly Income:	Assets:		
Social Security Income		Cash, non interest bank accounts		
Pension/retirement		Stocks, bonds, mutual fund values		
Annuity, Dividends, Interest		Other property (not primary residence)		
All other monthly income				
	Total \$:	Total \$:		
Unreimbursed Medical Expenses:		Military Service: Wartime service - 90 days of		
Medicare Part B		active dutyWorld War II: December 7, 1941 to December 31, 1946		
Supplemental Health Insurance		 Korean Conflict: June 27, 1950 - January 31, 1965 Vietnam War Era: August 5, 1964 - May 7, 1975 (or served in country November 1, 1955 - May 7, 1975) 		
Monthly Long Term Care Insurance		Asset Limits: Below \$160,000 (primary residence/home and car are not counted as an		
Private Home Health/Home Care aide Total \$:		asset) Medical Condition that requires the aid and assistance to perform daily living activities.		

VetAssist®
Exclusive to the VETERANS HOME CARE Family