

VetAssist[®] Program Intake Questions

Client Name: _____

Date: _____

Client Age: _____

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. Copy of the Veteran's Certificate of Military Service (any separation document - DD214) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Copy of Marriage Certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Surviving Spouse Only: Veteran's death certificate with cause of death | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Current year Social Security benefit letter, showing monthly income and Medicare deduction | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Statement of monthly pension / retirement - income | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Current bank, annuity, stocks, bonds, mutual funds, IRA statements - income / assets | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Completed VA FORM 21-2680 with diagnosis, name, address and phone number of primary doctor | <input type="checkbox"/> | <input type="checkbox"/> | |

Gross Monthly Income:

Social Security Income _____

Pension/retirement _____

Annuity, Dividends, Interest _____

All other monthly income _____

Total \$: _____

Assets:

Cash, non interest bank accounts _____

Stocks, bonds, mutual fund values _____

Other property (not primary residence) _____

Total \$: _____

Unreimbursed Medical Expenses:

Medicare Part B _____

Supplemental Health Insurance _____

Monthly Long Term Care Insurance _____

Private Home Health/Home Care aide _____

Total \$: _____

Military Service:

Wartime service - 90 days of active duty (*check wartime period*)

- World War II:** December 7, 1941 to December 31, 1946
- 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)

Asset Limits: Below \$159,000 (as of 12.1.2024)
Primary residence/home and car are not counted as an asset

Medical Condition that requires the aid and assistance to perform daily living activities.