

We Change Lives

Headquarters: 11975 Westline Industrial Drive · St. Louis, MO 63146 National Referral Number 888-314-6075 · Fax 888-639-4180 · refe**r**als@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
Deferring Derson	Email Address
Referring Person	Email Address
Office Phone Mobile Phon	ne Mobile/Wireless Carrier
Applicant is a Wartime VETERAN Appli	icant is the SURVIVING SPOUSE of a Wartime Veteran
	VIETNAM Aug. 5, 1964 to May 7, 1975 in country Nov 1, 1955 to May 7, 1975 O to Jan. 31, 1955 August 2, 1990 – TBD COUNTRY Nov 1, 1955 to May 7, 1975
Prospective Client Information	ividy 7, 1373
Applicant Name	
	*7: C - d -
City/State City/State	*Zip Code (Required Field)
Email Address	Home Phone
Spouse Information (If the applicant is currently or was marrie	ed)
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	



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 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. (Gulf War veterans must have two years of active duty or the full period for which they were called for active duty.)
- Non-service-connected disability, which requires assistance with activities of daily living. Certification by a licensed physician will be required.
- 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.