## **Vet**Assist Program Intake Questions

Clien	t Name:	Date:			
Clien	t Age:				
1.	Copy of the Veteran's Certificate of Military Service (any separation document - DD214)			No	N/A
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 / <b>assets</b>				
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 active duty (check wartime period)			
Medicare Part B		World War II: December 7, 1941 to December 31, 1946			
Supplemental Health Insurance		<ul> <li>Korean Conflict: June 27, 1950 - January 31, 1955</li> <li>Vietnam War Era: August 5, 1964 - May 7, 1975</li> <li>(or served in country November 1, 1955 - May 7, 1975)</li> <li>Gulf War: August 2, 1990 - TBD</li> </ul>			
Insura		Asset Limits: Below \$159,000 (as of 12.1.2024)  Primary residence/home and car are not counted as an asset			
Private Home Health/Home  Care aide  Total \$:		<b>Medical Condition</b> that requires the aid and assistance to perform daily living activities.			

VetAssist®
Exclusive to the VETERANS HOME CARE Family