

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

Headquarters: 11975 Westline Industrial Drive St. Louis, MO 63146 National Referral Number 888-314-6075 • Fax 888-639-4180 • referrals@veteranshomecare.com

Agency Name	
* Branch Location (Required Field)	Date
Referring Person	Email Address
Office Phone	Mobile Phone
Mobile/Wireless Carrier	
Applicant's Status	Applicant is a Wartime VETERAN Applicant is the SURVIVING SPOUSE of a Wartime Veteran
War Period Served: Select all that applies	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 Nov 1, 1955 to May 7, 1975
Prospective Client Information	
Applicant Name	
State	* ZIP Code (Required Field)
Email Address	Home Phone
Spouse Information (If the applicant is currently or was married)	
Spouse/Veteran Name	Spouse's Last Name at Birth
Additional Contact Information	
Additional Contact Name	Relationship
Email Address	Phone No.
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.)
- 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 to process 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 Veterans Home Care® is an exclusive offering of the Veterans Home Care® family of companies.

Veterans Home Care® and VetAssist® Program are not part of any government agency and are not affiliated with the Department of Veterans Affairs