

# 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 - <b>income</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Current bank, annuity, stocks, bonds, mutual funds, IRA statements - income / <b>assets</b>	<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, 1955
- Vietnam War Era:** August 5, 1964 - May 7, 1975  
(or served in country November 1, 1955 - May 7, 1975)
- Gulf War:** August 2, 1990 - TBD

**Asset Limits:** Below \$163,700 (as of 12.1.2025)

*Primary residence/home and car are not counted as an asset*

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