

# Intake Form for VA Pension / Death Pension Benefits

Preliminary Information For VA Accredited Agent

Veteran Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1) Did the veteran serve in the military during a period of war?  YES  NO  
(WW II: Dec 1941 – Dec 1946, Korean War: June 1950 – Jan 1955, Vietnam War: Aug 1962 – May 1975)

2) Does the veteran and / or spouse need help with 2 or more of the following? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Bathing                                   | <input type="checkbox"/> Transfers                                  |
| <input type="checkbox"/> Dressing                                  | <input type="checkbox"/> Issues of incontinence                     |
| <input type="checkbox"/> Personal Hygiene                          | <input type="checkbox"/> Using the toilet                           |
| <input type="checkbox"/> Ambulation (fall risk, wheel chair bound) | <input type="checkbox"/> Diabetic (blood sugar checks / injections) |
| <input type="checkbox"/> Dialysis (Transportation to and from)     | <input type="checkbox"/> Blindness                                  |
| <input type="checkbox"/> Dementia / mental illness                 | <input type="checkbox"/> Prosthetic Adjustments                     |

3) If the veteran and / or spouse is receiving or anticipating eldercare services indicate the type(s):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Assisted Living          | <input type="checkbox"/> Professional Home Care    |
| <input type="checkbox"/> Nursing Home       | <input type="checkbox"/> Adult Day (Care) Service | <input type="checkbox"/> Private In-Home Attendant |
| <input type="checkbox"/> Adult Foster Care  | <input type="checkbox"/> Adult Family Home        | <input type="checkbox"/> Residential Care Facility |

4) What is the cost or anticipated cost of the eldercare service(s) above? \_\_\_\_\_

5) Will Medicaid, children, or any type of insurance help pay for the eldercare above?  YES  NO

6) What is the household's total gross monthly income (before insurance, eldercare costs, etc...)? \_\_\_\_\_

7) Does the household meet the asset limits (not including vehicles / personal belongings)?  YES  NO  
(Below \$80,000 for a couple / below \$40,000 for a single individual)

8) If widowed, was the surviving spouse married to the veteran at the time of their death?  YES  NO

9) If widowed, did the surviving spouse remarry after the death of the veteran?  YES  NO

10) Is the veteran or spouse currently receiving benefits from VA?  YES  NO

11) Does the veteran and / or spouse own a home, condo or other type of residence?  YES  NO

12) Does the veteran or spouse intend on selling their residence or any other property?  YES  NO

13) Does the veteran or spouse live at home?  YES  NO