

Pre-Qualification for “VA Aid and Attendance”

Date: _____ **Name of contact:** _____

On behalf of: Veteran ___ Spouse ___ Surviving Spouse ___

Home Phone of Contact: _____ **Cell:** _____

Email: _____ **Fax:** _____

Address: _____

Veteran’s Name _____ **Age** _____

Spouse’s Name _____ **Age** _____

Divorced from Veteran? Yes ___ No ___

Enlistment date: _____ **Discharge date:** _____ **Branch:** _____

Honorabe Discharge? Yes ___ No ___ **VA Compensation?** \$ _____

Veteran/ Spouse/ Surviving Spouse resides: Assisted Living ___

Board n’ Care ___ Nursing Home ___ Home Care ___ Other ___

Monthly income: Veteran \$ _____ **Cost of care** \$ _____

Spouse/Surviving Spouse \$ _____ **Cost of care** \$ _____

Total combined Assets (not including the home) \$ _____

Do you have an IRA? Y ___ N ___ **Value:** \$ _____

Do you have Life Insurance? Y ___ N ___ **Cash Value :** \$ _____

Fair Market Value of home (if applicable) \$ _____

Have you considered Medicaid? Y ___ N ___

Your Questions or Concerns: _____

Send completed form to Veteran’s Friend
Mail to: 37923 S Loma Serena Drive, Tucson AZ 85739
Fax to: 760-434-0186. Call: (520) 495 0045
Email to: kate@veteransfriend.com