

VAA ELIGIBILITY QUESTIONNAIRE

When completed, FAX to the Veterans Assistance Association: (800) 519-2921

Veteran	Age	Facility
Spouse	Age	Family Member
Phone	City, State	E-mail

Residence

Is the veteran or spouse currently living in a Nursing Home or Assisted Living Center? Ej gem<*****Yes No

If YES, cost per month: \$ " "

If NO do you plan on moving into an assisted living community? Ej gem<" How Soon? "

Yes No (days/months/years) "

" "

Current Residence Type? Monthly Payment:

Do you Rent or Own? Property Value: "

Wartime Service

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Is the Veteran age 65 or older or permanently disabled?	Is the un-remarried surviving spouse the last spouse of the Veteran at the time of his death?
Did the Veteran serve at least 90 days in active service, with at least 1 day during a wartime period?	Did the deceased veteran serve at least 90 days in active service, with at least 1 day during a wartime period?
Did the Veteran receive an honorable or general discharge?	Did the Veteran receive an honorable or general discharge?

Health

Medical Diagnosis: Alzheimer's Dementia Other:

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Dressing	Bathing	Toileting	
Transferring	Contenance	Meals	Medication Mgmt

Monthly Income/Expense Worksheet

INCOME Veteran

Spouse

Social Security	\$	\$
Pensions	\$	\$
Interest Income	\$	\$
VA Retirement or Disability	\$	\$
Other	\$	\$
Total Monthly Income	\$	\$

EXPENSES

Medicare Part-B	\$	\$
Private Medical Insurance/Medicare Supp.	\$	\$
Senior HMO	\$	\$
Monthly Home Care Costs	\$	\$
Monthly Cost of Facility	\$	\$
Cost of Long Term Care Insurance	\$	\$
Total Monthly Medical Expenses	\$	\$

SAVINGS

Checking, savings, CD	\$	\$
Stocks, bonds, mutual funds	\$	\$
IRA's	\$	\$
Other	\$	\$
Total Asset/Savings:	\$	\$