



* Mandatory fields

Inquirer Information

First Name*:

Contact Phone
Number*:

Last Name*:

E-mail:

Address:

City*:

State*:

Zip*:

For whom are you requesting this information*?

Other? please specify

Is the veteran or spouse currently Living in a
Nursing Home or Assisted Living Center?

How were you referred to us?

Veteran and Spouse Information

First Name*:

Age:

Last Name*:

Spouse's Name:

Address:

City*:

State*:

Zip*:

Current Resident Type?

Monthly Payment:

Do you Rent or Own?

Property Value:

Do you plan on living in assisted living
soon*?

If so, what do you plan on spending per
month*?



Wartime Service Questionnaire

Veteran

Is the Veteran age 65 or older or permanently disabled?

Did the 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?

Surviving Spouse of Veteran

Is the un-remarried surviving spouse the last spouse of the Veteran at the time of his death?

Did the deceased Veteran serve at least 90 days in active service, with at least 1 day during a wartime period?

Did the deceased Veteran receive an honorable or general discharge?

Health Questionnaire

Medical Diagnosis: Alzheimer's Dementia Other

Select the activities of daily living this person requires assistance with:

Dressing Bathing Toileting Transferring Contenance Meals Medication Mgmt

Monthly Income/Expense Questionnaire

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, CDs	\$	\$
Stocks, bonds, mutual funds	\$	\$
IRA's	\$	\$
Other	\$	\$
Total Asset/Savings:	\$ *	\$ *