

# VAA ELIGIBILITY QUESTIONNAIRE

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<b>Veteran</b>	<b>Age</b>	<b>Facility</b>
<b>Spouse</b>	<b>Age</b>	<b>Family Member</b>
<b>Phone</b>	<b>E-mail</b>	

## Residence

Is the veteran or spouse currently living in a Nursing Home or Assisted Living Center? *Check:*      Yes                  No

If YES, cost per month:                                  \$

If NO do you plan on moving into an assisted living community? *Check:*                  How Soon?  
Yes                  No      (days/months/years)

Current Residence Type? Monthly Payment:  
Do you Rent or Own? Property Value:

## Wartime Service

<i>Veteran</i>	<i>Surviving Spouse of Veteran</i>
Is the Veteran age 65 or older or permanently disabled? <span style="font-size: small;">*****</span>	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:

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

Dressing	Bathing	Toileting	
Transferring	Contenance	Meals	Medication Mgmt

## Monthly Income/Expense Worksheet

<b>INCOME</b>	<b>Veteran</b>	<b>Spouse</b>
Social Security	\$	\$
Pensions	\$	\$
Interest Income	\$	\$
VA Retirement or Disability	\$	\$
Other	\$	\$
<b>Total Monthly Income</b>	<b>\$</b>	<b>\$</b>
 <b>EXPENSES</b>		
Medicare Part-B	\$	\$
Private Medical Insurance/Medicare Supp.	\$	\$
Senior HMO	\$	\$
Monthly Home Care Costs	\$	\$
Monthly Cost of Facility	\$	\$
Cost of Long Term Care Insurance	\$	\$
<b>Total Monthly Medical Expenses</b>	<b>\$</b>	<b>\$</b>
 <b>SAVINGS</b>		
Checking, savings, CD	\$	\$
Stocks, bonds, mutual funds	\$	\$
IRA's	\$	\$
Other	\$	\$
<b>Total Asset/Savings:</b>	<b>\$</b>	<b>\$</b>