

## VA SPECIAL PENSION ELIGIBILITY QUESTIONNAIRE

### PERSONAL DATA

Veteran: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Has legal capacity?

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Has legal capacity?

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Separated  Divorced

Does Spouse live with Veteran?  Yes  No

Previous marriage(s) for Veteran?  Yes  No # \_\_\_\_\_ Spouse?  Yes  No # \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Relationship to Vet: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

OK to send communications to primary contact?  Yes  No

Referred by: \_\_\_\_\_

Who needs help? (Check One)

- Two Veterans, married  Veteran and Spouse  Veteran Only  
 Surviving Spouse  Sick Spouse of Veteran

Have you applied for Medicaid?  Yes  No Was it approved?  Yes  No

Do you have any dependent children (classified disabled before age 18)?  Yes  No

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### MILITARY DATA (attach DD-214 if available)

The Veteran was discharged from service under what conditions:

Honorable  General  Dishonorable  Other: \_\_\_\_\_

The Veteran served at least one day during the following periods and had 90 days of continuous military service (check all that apply).

- World War II: December 7, 1941 through December 31, 1946  
 Korean War: June 27, 1950 through January 31, 1955  
 Vietnam War: August 5, 1964 through May 7, 1975 (February 28, 1961 for veterans who served "in Vietnam" before August 5, 1964)

Was Veteran a POW?  Yes  No

**CARE LOCATION**

Asstd. Living    Adult Family Home    Nursing Home    At Home    Ind. Living

Facility Name: \_\_\_\_\_ Date Admitted: \_\_\_\_\_

Address: \_\_\_\_\_

Select the activities of daily living for which the person needs assistance:

- Bathing    Dressing    Eating    Toileting    Transferring    Ambulating in home  
 Supervision/unsafe if left alone    Shopping    Food Prep    Housekeeping    Laundry  
 Finances    Telephone    Handling Medications    Non-medical Transport

Diagnoses: \_\_\_\_\_

**DETERMINING FINANCIAL ELIGIBILITY**

Enter data on your computer using Adobe Acrobat Reader to automatically calculate totals.

<b>Assets:</b>	<u>Value</u>	<u>Yearly Interest/Income/Required Distributions</u>
IRAs, 401ks (Veteran's name):	_____	Enter on next page
IRAs, 401ks (Spouse's name)	_____	Enter on next page
Checking	_____	_____
Savings	_____	_____
CDs	_____	_____
Stocks/Bonds	_____	_____
Mutual Funds	_____	_____
Annuities	_____	Enter on next page
Other	_____	_____
Home (Market Value):	_____	_____
Other real property:	_____	_____
Total:	_____	_____
Sq Ft of lot home is on, is it over 2 acres?	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Could part of your lot be sold without selling your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you transferred any assets in the last 3 years? (Transfers include sales, gifts, purchase of annuities, creating trusts.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Last Transfer:		_____
Value of All Transfers (Describe below):		_____

<b>Gross Monthly Income:</b>	<u>Veteran</u>	<u>Spouse</u>
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Social Security:	_____	_____
VA Disability Pension (if any)	_____	_____
Other Pension/Retirement Plan:	_____	_____
IRA Distribution/ Interest Income:	_____	_____
Other (Rental income, annuity, LTC Policy):	_____	_____
Total Gross Monthly Income:	_____	_____
Vet + Spouse Total Monthly Income:	_____	_____
If receiving a VA Disability Pension, what is the disability rating?	_____	_____

<b>Unreimbursed Medical Expenses:</b>	<u>Veteran</u>	<u>Spouse</u>
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Meals and Lodging at Assisted Living:	_____	_____
Care Costs (caregivers, etc. at Asst. Living):	_____	_____
Medicare Part <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Supplement	_____	_____
Private Health Insurance Cost:	_____	_____
Other Medical (ex. depends, meds, co-pays)	_____	_____
Total Monthly Expenses:	_____	_____
Vet+ Spouse Total Monthly Expenses:	_____	_____
<b>Net</b> (Vet + Spouse Income – Expenses):	_____	_____

Annual Income  
Countable Income  
VA Net Worth

**Additional Information** (ex. describe gifts made, list details of previous marriages, etc.):

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