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## **NEW CLIENT REFERRAL**

Email:				
Please fill in as completely			me Care at the above numb	
PROSPECTIVE CLIENT INFO	•			
APPLICANT NAME:		Phone #1		
Address:		Phone #2:		
0.4	State:	Zip Code:	County:	
City:				
Email: Applicant is: □SINGLE VET	- □MARRIED V - VETERAN □2 /WI □WWII □K	ET SURVIVING MARRIED VETER	G SPOUSE ANS	
Email: Applicant is: □SINGLE VET □ SPOUSE OF WAR PERIOD SERVED: □W	- □MARRIED V - VETERAN □2 /WI □WWII □K	ET SURVIVING MARRIED VETER	G SPOUSE ANS	
Email:SINGLE VET  SPOUSE OF  WAR PERIOD SERVED: \( \text{WAR PERIOD} \)  Is Applicant driving? \( \text{Ye} \)	- □MARRIED V FVETERAN □2 /WI □WWII □K0 es □No	ET □SURVIVINO MARRIED VETERA OREAN □VIETNA	G SPOUSE ANS .M □GULF WAR □NO WA	
Email:SINGLE VET  SPOUSE OF  WAR PERIOD SERVED: \( \text{WAR PERIOD} \)  Is Applicant driving? \( \text{Ye} \)  CONTACT INFORMATION	- □MARRIED V FVETERAN □2 /WI □WWII □Ko	ET □SURVIVING MARRIED VETERA  OREAN □VIETNA	G SPOUSE ANS .M □GULF WAR □NO WA	
Email:SINGLE VET	MARRIED V VETERAN □2 VWI □WWII □KO	ET SURVIVING MARRIED VETERA  OREAN VIETNA	G SPOUSE ANS  .M □GULF WAR □NO WA  Relationship:	
Email: SINGLE VET  SPOUSE OF  WAR PERIOD SERVED: W  Is Applicant driving? Ye  CONTACT INFORMATION  CONTACT/NEXT OF KIN:  Email:	MARRIED VF VETERAN □2	ET SURVIVING MARRIED VETERA  OREAN VIETNA	G SPOUSE ANS  M GULF WAR NO WA  Relationship: Phone #1 Phone #2	
Email:SINGLE VET  SPOUSE OF  WAR PERIOD SERVED:W  Is Applicant driving?Ye  CONTACT INFORMATION  CONTACT/NEXT OF KIN:  Email:  Address:  City/State:	MARRIED V VETERAN □2  VWI □WWII □KO	ET SURVIVING MARRIED VETERA  OREAN VIETNA	G SPOUSE ANS  .M □GULF WAR □NO WA  Relationship: Phone #1 Phone #2 Zip Code	

Veterans Home Care is not a government agency and is not affiliated with the Department of Veterans Affairs.

## PLEASE SEE REVERSE SIDE FOR MORE INFORMATION



The "Aid & Attendance" pension is a benefit for non service-related disabilities, available to veterans or their surviving spouses who qualify. In order to qualify for the pension, the veteran must have served at least 90 days active duty in the military, with at least one day during wartime. The applicant must be at least 60% housebound (no longer driving), which will require certification by a licensed physician. In addition the applicant must meet certain income and asset limits.

Applicants will need the following documentation to begin the application process:

Discharge papers (DD214) available at www.archives.gov/veterans/.

Death Certificate with cause of death (if client is a SURVIVING SPOUSE) available at **www.vitalcheck.com**.

Marriage Certificate or other proof of marriage, including date (if client is a MARRIED VETERAN or SURVIVING SPOUSE) available at **www.vitalcheck.com.** 

Please inform the prospective client that Veterans Home Care will need to ask personal questions regarding income and assets in order to prepare the application to the VA. Answers to all questions, including those that are financially related, will be kept confidential and will only be used to complete the application.

If the prospective client is unable or unwilling to answer income or asset-related questions, Veterans Home Care cannot assist him/her in applying for the "Aid & Attendance" pension.