

US Veteran Resources Worksheet

The worksheet is designed to gather information to determine if the Veteran, Spouse or Widow may be able to meet the criteria set forth by the Veterans Administration to qualify for the Aid & Attendance Benefit.

ASSET / INCOME WORKSHEET

Veteran Data:

Veteran Name: _____ DOB: _____ Veteran: Y / N / D Age: _____
 Spouse Name: _____ DOB: _____ Veteran: Y / N / D Age: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Phone: _____ Email: _____

Military Service: (Need not have served in Combat)

Branch of Service: _____

90 days of Active Duty: Y / N Honorable Discharge: Y / N
 1 Day During Period of War*: Y / N Discharge Papers: Y / N

* Periods of war are WWII (12/7/1941—12/31/1946), Korea (06/27/1950—01/31/1955), Vietnam Era (08/05/1964—05/07/1975; for veterans who served "in country" before 08/05/1964, 02/28/1961 to 05/07/1975) & Gulf Wars (08/02/1990 through a date to be set by law or Presidential Proclamation)

Legal Information:

Durable Power of Attorney: Y / N

Name of POA: _____

Email: _____

Phone: _____

Type of Care:

Nursing Home: Y / N
 Assisted Living: Y / N
 Home Health: Y / N

Exempt Assets:

Home (If Veteran/Spouse in): \$ _____ Car: \$ _____
 Irrevocable Trust: \$ _____ Funeral: \$ _____

Assets:

Check/Saving: \$ _____
 C.D.'s: \$ _____
 Stocks/Bonds: \$ _____
 Mutual Funds: \$ _____
 Annuities: \$ _____
 Savings Bonds: \$ _____
 Veteran IRA: \$ _____
 Spouse IRA: \$ _____

Monthly Income:

Social Security \$ _____
 Social Security \$ _____
 Pension: \$ _____
 Pension: \$ _____
 IRA: \$ _____
 (Distributions/RMD)
 IRA: \$ _____
 (Distributions/RMD)
 _____: \$ _____

Monthly Health Expenses:

Nursing Home: \$ _____
 Assisted Living: \$ _____
 Home Health: \$ _____
 Medicare B/D: \$ _____
 Medicare Sup: \$ _____
 Monitoring Fee \$ _____

Scan Worksheet to: worksheet@usvr.org or Fax to 866-691-8454

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 and prosecution of any claim for veteran benefits with the US Department of Veterans Affairs.