

Circle Your Periods of Service

Your Dates of Service ___/___/___ **to** ___/___/___

WAR PERIODS FOR NON-SERVICE CONNECTED PENSIONS

WWI:

04-06-1917 through 11-11-1918, inclusive

(If in Russia, Ending Date is 04-01-1920)

WWII:

12-07-1941 through 12-31-1946, inclusive

(If in Service on 12-31-1946 with Continuous Service Before 07-26-1947 (Acceptable as War Time)

Merchant Marines (12-07-1941 to 08-15-1945)

Korean:

06-27-1950 through 01-31-1955, inclusive

Vietnam:

02-28-1961 through 05-07-1975, inclusive For Veterans Who Served in Vietnam During that Period

08-05-1964 through 05-07-1975, inclusive For All Others

Persian Gulf:

08-02-90 through (date to be determined) (No One Knows at this Time, Since the War on Terrorism is Considered a Continuation of the Persian Gulf War)

Check off or Answer the following questions

Prospective Claimant Qualification Questionnaire for Pension plus Aid and Attendance

Did Veteran Serve a Minimum of Ninety Days Active Duty with One Day of the Ninety During a War Period? Yes No

Did Veteran Receive an Other-Than "Dishonorable" Discharge? Yes No

Is Prospective Claimant Housebound AND in Need of Personal Assistance? Yes No

Are Prospective Claimant's Total Household Assets Limited? Yes No

Does Prospective Claimant's Total Household **GROSS** Income Exceed or Come Close to His/Her Total Household Medical Expenses? Yes No

Additional Questions for Surviving Spouses

Was Surviving Spouse Married to the Veteran at the Time of the Veteran's Death? Yes No

Was Surviving Spouse Living with the Veteran at the Time of the Veteran's Death? Yes No

Was Surviving Spouse Married to the Veteran for at Least One Year OR have a Child by the Veteran? Yes No

Did Surviving Spouse Remain Unmarried since Veteran's Death? Yes No

Claimant's Marital Status Single Married Divorced Widowed

VA Claim or File Number _____ Veteran's Service Number _____

Claimant's Date of Birth _____ Veteran's Branch of Service _____

Veteran's Date of Birth _____ Place of Birth _____

Veteran's Date of Death _____ Place of Death _____

Type of Claim Applying For NSC Pension SC Compensation DIC

Accrued Benefits

Medical Status of Claimant Independent Housebound Needing A & A

Check off or Answer the following questions

If a retired veteran with a service connected condition, what is the current rating?

Did the veteran serve in Vietnam? Yes No

If yes, does the veteran have:

Diabetes type II Heart condition Parkinson's disease Cancer

Does the veteran have amyotrophic lateral sclerosis (ALS)? Yes No

What assets does veteran (and spouse if married) own:

Is there a current: Trust Life Estate Documents available

What income sources does veteran (and spouse if married) have?

Does veteran or spouse have any interest bearing accounts? Yes No

Does veteran or spouse have an IRA or other retirement plan? Yes No

If yes, what kind?

Are distributions being taken? Yes No

Are distributions expected to increase during the next twelve months? Yes No

Does veteran or spouse have CDs? Yes No

Are CDs expected to be cashed in within the next twelve months? Yes No

Does veteran or spouse have U.S. Savings Bonds? Yes No

Are Bonds expected to be cashed in within the next twelve months? Yes No

Who will be the agent for the veteran attorney kin or friend none

What is the agent's address and phone number?

Does veteran and/or spouse have a Will? Yes No

Does veteran and/or spouse have Advanced Directives? Yes No

Does veteran and/or spouse need a Trust or Life Estate? Yes No

Does veteran and/or spouse have a POA? Yes No

If yes, give name, address, and phone number of POA

Check off or Answer the following questions

If married veteran, has veteran or his/her spouse had previous marriages? Yes No

Does veteran have proof of dissolution of all previous marriages; ie. divorce papers and/or death certificates of prior spouses? Yes No

Does veteran have military discharge papers; i.e. DD214 or separation papers? Yes No

Are they originals? Yes No What was discharge status?

Has veteran or spouse filed for Medicaid for nursing home? Yes No

Does veteran or spouse intend to file for Medicaid for nursing home in the near future? Yes No

Who intends to file?

Has veteran or spouse filed for home based or other Medicaid? Yes No

Does veteran or spouse intend to file for home base or other Medicaid in the near future? Yes No

Who intends to file?

Is veteran and/or spouse housebound? Yes No who?

Is veteran and/or spouse in need of A & A? Yes No who?

Name, address, and phone number of veteran's primary doctor

Does veteran see a VA doctor? Yes No

Name, address, and phone number of spouse's primary doctor

Has veteran filed for health benefits through the VHA? Yes No

Is veteran receiving retired military pay (annuity)? Yes No Tricare for Life? Yes No

If a retired military veteran, is he/she receiving Service Connected Compensation that is combat related and has he/she filed for Combat Related Special Compensation through the DOD? Yes No

Please Fill In Income & Expenses

MARRIED VETERAN, NSC PENSION WITH A&A CALCULATIONS USER TO KEEP / DO NOT SEND TO VA)

Insert MONTHLY Figures for Each Category to Estimate Pension Amount

GROSS INCOME

SOCIAL SECURITY	
SOCIAL SECURITY - SPOUSE	
U.S. CIVIL SERVICE	
U.S. CIVIL SERVICE - SPOUSE	
U.S. RAILROAD	
U.S. RAILROAD - SPOUSE	
MILITARY RETIREMENT	
MILITARY RETIREMENT - SPOUSE	
BLACK LUNG BENEFITS	
BLACK LUNG BENEFITS - SPOUSE	
OTHER PENSIONS	
OTHER PENSIONS - SPOUSE	
GROSS WAGES	
GROSS WAGES - SPOUSE	
INTEREST AND DIVIDENDS	
INTEREST AND DIVIDENDS - SPOUSE	
WORKER'S COMPENSATION	
WORKERS COMPENSATION – SPOUSE	
UNEMPLOYMENT COMPENSATION	
UNEMPLOYMENT COMPENSATION - SPOUSE	
OTHER MILITARY	
OTHER MILITARY – SPOUSE	
OTHER	
OTHER - SPOUSE	
TOTAL JOINT INCOME	0.00

DEDUCTIONS

MEDICARE PART B FOR BOTH VET AND SPOUSE	
MEDICARE PART C and/or Part D FOR BOTH VET AND SPOUSE	
PRIVATE MEDICAL INSURANCE FOR BOTH VET AND SPOUSE	
PRESCRIPTIONS FOR BOTH VET AND SPOUSE	
SITTER, ASSISTED LIVING, NURSING HOME - VET	
SITTER, ASSISTED LIVING, NURSING HOME - SPOUSE	
INCONTINENCE SUPPLIES FOR BOTH VET AND SPOUSE	
OTHER	
OTHER	
OTHER	
TOTAL MED. DEDUCTIONS	0.00