



ANDERSON ELDER LAW

ELDER LAW • ESTATE PLANNING • SPECIAL NEEDS PLANNING

VETERAN'S AID & ATTENDANCE QUALIFICATION REVIEW AND QUESTIONNAIRE

This form is extremely important. The answers can potentially determine if you qualify for VA Aid & Attendance benefits. Your accuracy and completeness in responding will help Anderson Elder Law represent you. Please bring this completed information packet, to your initial consultation.

Date: _____ File No.: _____

A. CLIENT DATA

Name of veteran: _____ Name of Spouse: _____

Contact person: _____ Relationship to Claimant: _____

Home Phone No.: _____ Cell Phone No.: _____

Email Address: _____

Address where mail should be sent: _____

Address where claimant resides: _____

B. AID & ATTENDANCE QUALIFICATION REVIEW:

1. The Veteran served in one of the following:

- | | | |
|--|---|--------------------------------------|
| <input type="radio"/> U.S. Army | <input type="radio"/> U.S. Navy | <input type="radio"/> U.S. Marines |
| <input type="radio"/> U.S. Coast Guard | <input type="radio"/> Merchant Marine during WWII | <input type="radio"/> U.S. Air Force |

2. Did the Veteran serve at least 90 (ninety) days of consecutive active duty? Yes No

3. Did the Veteran serve at least 1 (one) day during wartime? Yes No

If yes, please indicate which wartime:

- WWII – December 7, 1941 thru December 31, 1946
- Korean War – June 27, 1950 thru January 31, 1955
- Vietnam War – August 5, 1964 thru May 7, 1975
- Gulf War – August 2, 1990 to date

Veteran's Aid & Attendance Questionnaire

B. AID & ATTENDANCE QUALIFICATION REVIEW: (continued)

4. Is the person who is ill one of the following?

- Veteran Spouse of Veteran
 Spouse of Deceased Veteran Dependent Child of Veteran

5. Did the Veteran receive a discharge other than dishonorable? Yes No

Please be sure to bring your DD-214 Discharge Papers to our office at your next appointment!

6. Is the Veteran either 65 years of age or older, or 100% permanently and totally disabled, and was the disability caused without willful misconduct by the Claimant?

- Yes No

7. The Claimant is one of the following:

- House-bound
 In an assisted living facility
 In a nursing home

8. If the Claimant is house-bound, does the Claimant meet one of the following conditions?

- Claimant is blind
 Claimant:
 is unable to dress/undress or keep self clean and presentable
 is unable to attend to the wants of nature
 has a physical or mental incapacity that requires assistance on a regular basis to protect Claimant from *daily environmental hazards*

9. Does the Claimant need assistance with any of the Activities of Daily Living?

- Yes No

If yes, please indicate which activities require assistance:

- Bathing
 Dressing
 Feeding
 Transferring from chair to bed or from bed to chair
 Toileting
 Continence

10. Does the Claimant have serious dementia making it difficult to remember to administer medications?

- Yes No

IF ANSWERS TO ALL OF QUESTIONS 1 THROUGH 8 ARE YES, AND EITHER 9 OR 10 ARE YES, YOU SHOULD CONSIDER EXPLORING VETERAN'S AID & ATTENDANCE.

VA AID & ATTENDANCE QUESTIONNAIRE SUPPLEMENT

C. VETERAN:

1. Have you ever received treatment at a VA Medical Facility? Yes No

If yes, please provide dates of treatment/care and name/address of Facility:

2. Have you ever been a Prison of War? Yes No

3. Are you claiming a disability related to any of the following?

Agent Orange or other herbicide exposure

Asbestos exposure

Mustard gas exposure

Ionizing radiation exposure

4. Are you receiving Military Retired Pay? Yes No

5. Have you ever filed a claim for compensation from the office of Workers' Compensation Programs? Yes No

D. WIDOWED SPOUSE:

1. Was widow officially married to the veteran for at least one year or has had a child by the Veteran if less than one year and never remarried? Yes No

2. Was widow married to the Veteran at time of Veteran's death? Yes No

3. Was the widow living with the Veteran at the time of the Veteran's death, unless separation was due to Medical or Military reasons? Yes No

4. Is the widow receiving Survivor Benefit Plan annuity from a service department based on the death of the veteran? Yes No

E. DEPENDENT CHILDREN:

1. Is dependent child under the age of 18 or between the ages of 18 and 23 (but still in school) or was permanently disabled prior to age 18 and unable to support him/her self? Yes No

F. MISCELLANEOUS:

If you have any additional information regarding the veteran, spouse, or dependent child that we need to be made aware of, please attach it to this questionnaire.

RESET FIELDS

SAVE

SEND VIA EMAIL

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