

VA QUALIFICATION WORKSHEET

A. PERSONAL DATA

Name: _____ Spouse Name: _____
Address: _____ Address: _____

Date of Birth: _____ Date of Birth: _____

B. SERVICE INFORMATION

Did the veteran serve during one of the following war-times: Yes No
WWII *12/07/1941 – 12/31/1946* *Korean War* *06/27/1950 – 01/31/1955*
Vietnam Conflict *08/05/1964 – 05/07/1975* *Gulf War* *08/02/1990 - Present*

If yes, what branch of service, for how long, and what type of discharge did the veteran receive:

Branch: _____ Length of Service: _____ Type of Discharge: _____

C. CURRENT HEALTH / HOUSING INFORMATION – Nursing Home Spouse

Is the person alive? (If deceased, the following questions may be disregarded.) Yes No
Is the person suffering from any type of blindness? Yes No
Does the person need any assistance with the following (check all that apply):
 Eating Bathing Dressing Toileting Transferring
Does the person suffer from a mental disability (i.e. Alzheimer's)? Yes No
Does the person still operate a motor vehicle? Yes No
Does the person live alone, without any assistance? Yes No
Does the person currently reside in an assisted living facility? Yes No
Does the person currently reside in a nursing facility? Yes No
Is the person receiving care through a caregiver agreement? Yes No

D. CURRENT HEALTH / HOUSING INFORMATION - SPOUSE

Is the spouse alive? (If deceased, the following questions may be disregarded.) Yes No
Is the spouse suffering from any type of blindness? Yes No
Does the spouse need any assistance with the following (check all that apply):
 Eating Bathing Dressing Toileting Transferring
Does the spouse suffer from a mental disability (i.e. Alzheimer's)? Yes No
Does the spouse still operate a motor vehicle? Yes No

Does the spouse live alone, without any assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the spouse currently reside in an assisted living facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the spouse currently reside in a nursing facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the spouse receiving care through a caregiver agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. MONTHLY INCOME

	Husband Monthly Income	Wife Monthly Income
Social Security Benefits	\$ _____	\$ _____
Retirement Benefits (Gross)	\$ _____	\$ _____
VA Disability Benefit	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Do not include interest and dividend income on this form.

If there is a pension, please list the gross pension amount, including any monies taken out for federal income taxes, health insurance, or any other reason.

F. MONTHLY UNREIMBURSED MEDICAL EXPENSES (“UME”)

	Husband Monthly URME	Wife Monthly URME
Nursing Home	\$ _____	\$ _____
Assisted Living	\$ _____	\$ _____
Home Health Care	\$ _____	\$ _____
Medicare Premiums	\$ _____	\$ _____
Insurance Premiums	\$ _____	\$ _____
Monthly Prescription Cost	\$ _____	\$ _____
Monthly Other Cost	\$ _____	\$ _____
Total Monthly UME	\$ _____	\$ _____

G. MONTHLY SHELTER EXPENSES

(Please divide annual expenses by 12 and quarterly expenses by 3)

\$ _____	Rent/Mortgage
\$ _____	Real Estate Taxes
\$ _____	Water
\$ _____	Sewer
\$ _____	Utilities (Heat, Electric) (1/12 of last 12 months)
\$ _____	Homeowner's insurance premium
\$ _____	Condominium fees
\$ _____	Total Monthly Housing Expenses

H. MONTHLY NON-SHELTER EXPENSES

(Please estimate)

\$ _____	Food
\$ _____	Medical
\$ _____	Clothing
\$ _____	Telephone
\$ _____	Transportation (including auto insurance)
\$ _____	Home Maintenance
\$ _____	Life Insurance Premiums
\$ _____	Health Insurance Premiums
\$ _____	Medicare Supplemental Insurance Premiums
\$ _____	Cable TV
\$ _____	Federal and State Income Taxes
\$ _____	Other
\$ _____	Total Monthly Non-Shelter Living Expenses

I. ASSETS/LIABILITIES

(Please insert the value of each asset/liability in the appropriate space.)

Asset	Husband	Wife	Joint	Liabilities
AUTOMOBILE				
ADDITIONAL AUTOMOBILE				
CHECKING ACCOUNT				
SAVINGS ACCOUNT				
MONEY MARKET ACCOUNT				
CERTIFICATES OF DEPOSIT				
RESIDENCE				
MUTUAL FUNDS				
STOCKS				
BONDS				
ANNUITIES				
IRA				
OTHER REAL ESTATE				
CARE FACILITY DEPOSIT				
OTHER				
OTHER				
TOTALS				

J. LIFE INSURANCE

COMPANY NAME (include address and policy No.)	TYPE	DEATH BENEFIT VALUE	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

It is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly.

K. GIFTS

Please list gifts made in excess of \$100.00 in any one month, to an individual or group of individuals, within the past 60 months:

Recipient _____ Maker _____

Date _____ Amount _____

Recipient _____ Maker _____

Date _____ Amount _____

Recipient _____ Maker _____

Date _____ Amount _____

Recipient _____ Maker _____

Date _____ Amount _____

Have you ever filed a Federal Gift Tax Return? Yes No

If so, please state details _____

L. CHILDREN (if applicable)

Are all of your children in good health? Yes No

Are any of your children receiving SSI or other forms of government entitlement? Yes No

Do any of your children live with you in your home? Yes No

M. PLANNING GOALS

Does they have any intent to benefit their children? Yes No

Are they looking for control and independence? Yes No

N. CERTIFICATION

The undersigned hereby represents to The Law Office of Antoinette Bone, PLLC "Firm" that information contained in this intake form is accurate and complete, and that the undersigned understands that the Firm will rely on this information for planning purposes. The undersigned hereby further understands that if information is omitted from this intake form, whether intentionally or unintentionally, that the information omitted may have a direct, and negative, impact on Medicaid and or VA eligibility.

Dated: _____

Signature of Client or Client Representative: _____

Additional Comments: _____

Once completed, please return this form to:

The Law Office of Antoinette Bone, PLLC

800 N. Industrial Blvd., Suite 106 | Euless, TX 76039

Phone: 817.462.5454 | Facsimile: 817.969.4633

info@abonelaw.com

Or visit our website for more information:

www.abonelaw.com