



We Change Lives

11861 Westline Industrial Drive • St. Louis, MO 63146
National Referral Number 888-314-6075 • Fax 888-639-4180 • referrals@veteranshomecare.com

New Client Referral Form

Please complete as much as possible and Fax to Veterans Home Care® at the above number.

Agency: _____ Branch/Location: _____ Date: _____

Referring Person: _____ Phone: _____

Email: _____

PROSPECTIVE CLIENT INFORMATION

Applicant Name: _____ Phone #1: _____

Address: _____ Phone #2: _____

City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: _____

Applicant is a VETERAN: _____ Applicant is the SURVIVING SPOUSE of a Veteran: _____

WAR PERIOD SERVED: WWII KOREAN VIETNAM OTHER _____

If the veteran did not serve during wartime, the applicant **will not** qualify for the "Aid and Attendance" pension.

If applicant is a SURVIVING SPOUSE: Was applicant divorced from veteran at time of veteran's death? Yes No

If the answer to the above question is "Yes" the applicant **will not** qualify for the "Aid and Attendance" pension.

Is applicant driving? Yes No

Needs help with: (Check all that apply) Bathing Dressing Toileting/Continence Walking Meal Preparation

Notes: _____

Currently receiving a VA pension or VA compensation? Yes No

SPOUSE INFORMATION

If the applicant is currently or was married:

Spouse/Veteran Name: _____ Date of Birth: _____

Wife's Maiden Name: _____ Date of Marriage: _____

Total Marriage(s) VETERAN #: _____ SPOUSE #: _____

CONTACT INFORMATION

Additional Contact Name: _____ Relationship: _____

Email: _____ Phone #1: _____

Address: _____ Phone #2: _____

City/State: _____ Zip Code: _____

Primary correspondence should be with: Applicant Spouse Additional Contact:

Please see reverse side for more information.



Exclusive to the **VETERANS HOME CARE®** Family

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Information Regarding Referrals to Veterans Home Care®

The “Aid and 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.
- **The applicant must meet certain income and asset limits.**

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

- **Discharge papers** (DD214)
- **Death Certificate** with cause of death (if client is a **surviving spouse**)
- **Marriage Certificate** or other proof of marriage, including date (if client is a **married veteran** or **surviving spouse**)

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 and Attendance” VA pension.

Agency Name and Branch/Location Needed

Please indicate your Agency’s Name and Branch/Location, especially in franchise situations.

Example: Franchise Home Care—Springfield, MO

The unique VetAssist® Program is an exclusive offering of the Veterans Home Care® family of companies. Veterans Home Care® and the VetAssist® Program are not part of any government agency and are not affiliated with the Department of Veterans Affairs.