

Pre-Qualification for "VA Aid and Attendance"

Date: _____ Name of contact: _____

On behalf of: Veteran ___ Spouse ___ Surviving Spouse ___

Home Phone of Contact: _____ Cell: _____

Email: _____ Fax: _____

Address: _____

Veteran's Name _____ Age _____

Spouse's Name _____ Age _____

Divorced from Veteran? Yes ___ No ___

Date of Service entry: _____ Date of Discharge: _____

Honorably Discharged? Yes ___ No ___ VA Compensation? \$ _____

Veteran/ Spouse/ Surviving Spouse resides: Assisted Living ___

Board n' Care ___ Nursing Home ___ Home Care ___ Other ___

Monthly income: Veteran \$ _____ Cost of care \$ _____

Spouse/Surviving Spouse \$ _____ Cost of care \$ _____

Total combined Assets (not including the home) \$ _____

Do you have an IRA? Y ___ N ___ Value: \$ _____

Do you have Life Insurance? Y ___ N ___ Cash Value :\$ _____

Fair Market Value of home (if applicable) \$ _____

Your Questions or Concerns: _____

Send completed form to Veteran's Friend
Mail to: 5570 E Paseo De Tampico, Tucson AZ 85750
Fax to: 760-434-0186. Call: 760-434-8831
Email to: kate@veteransfriend.com

1. No Fees for Pre-Qualification Services
2. No Fees for Preparation, Presentation and Representation of Claim.