



Pre-Qualification Form

Please fill in all information complete to better serve you and your family.

Veteran's Name: _____ Best Contact Number: _____

Person completing this application: Veteran/Self, Veteran's Spouse, Other

If "Other", please complete this section:

Name: _____ Relationship to Veteran: _____

Your Best Contact Number: _____ Your email address: _____

Please complete the following so we can best serve the Veteran's needs:

1. Was the Veteran honorably discharged? Yes No

2. Did the Veteran serve at least 90 consecutive days of active duty, with at least one day during any of the following wartime periods? Yes No

(If yes, please check applicable wartime period)

<input type="checkbox"/>	WWII	12/07/1941 - 12/31/1946
<input type="checkbox"/>	Korea	6/27/1950 - 01/31/1955
<input type="checkbox"/>	Vietnam	2/28/1961 - 08/05/1964 (Must have been in the Republic of Vietnam)
<input type="checkbox"/>	Vietnam	8/05/1964 - 05/07/1975
<input type="checkbox"/>	Gulf War	8/02/1990 – TBD (must be active duty 2 years)

3. If surviving spouse, was he/she married to the Veteran at the time of death? Yes No

4. If surviving spouse, did he/she remain unmarried after the Veteran's death? Yes No

5. Is there a need for assistance with Activities of Daily Living?
(Bathing, Dressing, Transportation, Incontinence, Housekeeping, Laundry, Cooking, Meal Prep, Shopping) Yes No

6. Are assets less than \$80K? (Cash, checking, savings, CD's – excludes car & home) Yes No
(Check if Known: Less than \$20K \$20K - \$40K \$40K-\$80K Unknown)

7. What is the Veteran's monthly income? _____
(Please check source(s): Pension, Annuity, SSI, SSD, Employment, Other: _____)

8. Is the Veteran currently receiving services from another organization? Yes No

9. Is assisted living or nursing home care being considered within 60-90 days? Yes No

10. Is the Veteran or surviving spouse currently receiving VA money? Yes No