



Aging with Grace™

Veteran Benefit Consultants

Name of Inquirer: _____

Is the inquirer POA for the claimant? Yes No

Relationship of Inquirer to Claimant: _____

Inquirer primary phone number: _____

Secondary phone number: _____

Who is applying for benefits? Veteran & Spouse Veteran Surviving Spouse

Name: _____ Age: _____

What is their marital status? Single Married Widowed Divorced

Is the claimant still driving? Yes No

If applying for benefits as a surviving spouse, provide the name of the Veteran under the claim will be filed under: _____

Service Experience

The Veteran MUST have been active at least one day during a Wartime period. If so, which one:

_____ Date of entry: _____ Date of Discharge: _____

Did the Veteran serve at least 90 days of active military service? _____

Was the Veteran discharged from the service honorably? Yes No

Monthly income

<u>Source</u>	<u>Veteran</u>	<u>Spouse</u>
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Retirement Payments	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Other income	\$ _____	\$ _____

TOTAL MONTHLY INCOME: _____

Monthly Out of Pocket Medical Expenses

<u>Source</u>	<u>Veteran</u>	<u>Spouse</u>
Medicare Part B	\$	\$
Medicare Supplement Premiums	\$	\$
Medicare Drug Plan Premium	\$	\$
Home Care Monthly Cost	\$	\$
Adult Day Care Monthly Cost	\$	\$
Assisted Living Monthly Cost	\$	\$
Nursing Home Monthly Cost	\$	\$
Any other recurring monthly medical costs (i.e., incontinence products; PERS, etc	\$	\$

TOTAL OUT OF POCKET MONTHLY EXPENSES: _____

Assets/Net Worth

<u>Source</u>	<u>Veteran</u>	<u>Spouse</u>
Checking account	\$	\$
Saving account	\$	\$
CD's	\$	\$
Mutual funds/bonds/stocks	\$	\$
Property other than residence	\$	\$

TOTAL ASSETS & SAVINGS: _____

Medical Condition (what is applicant's current medical diagnosis)

What activities of daily living does the claimant require assistance with?

- Bathing
- Dressing
- Medication Management/Reminders
- Toileting
- Meals
- Transferring
- Transportation
- Continence

CONTACT INFORMATION FOR NOTICE OF ELIGIBILITY AND PROBABLE AMOUNT OF THE BENEFIT

Your name _____

Your address _____

Phone number or numbers where we can call you _____

Best time to call: _____ Best day to call: _____

Or email where we can send you information: _____

Questions? Call 877-369-5598

Return completed form to vainfo@agingwithgrace.net or fax to 1-215-565-2600 or mail completed form to:

Aging with Grace™
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AWG Veterans Benefits Consultants are private practitioners and not connected with the Department of Veterans Affairs. We comply with federal statutes and regulations governing the preparation, presentation and prosecution of any claim for veterans' benefits with the [U.S. Department of Veterans Affairs](http://www.va.gov).

ATTN: VA Consultant