

BACH & JACOBS, P.A.

240 Pineapple Avenue, Suite 700
Sarasota, Florida 34236

BABETTE B. BACH, ESQUIRE, C.E.L.A.

Board Certified in Elder Law

Admitted in Florida and Maine

babette@sarasotaelderlaw.com

FREDRIC C. JACOBS, ESQUIRE, L.L.M.

Board Certified in Tax Law

Admitted in Florida and Pennsylvania

fred@sarasotaelderlaw.com

Phone: 941 906-1231 Fax: 941 954-1185

PLEASE COMPLETE THIS FORM TO YOUR BEST ABILITY. WE UNDERSTAND THAT THE AMOUNT OF INFORMATION REQUESTED IS EXTENSIVE AND INTRUSIVE. HOWEVER, GOVERNMENT REGULATIONS REQUIRE THAT WE PROVIDE THE ANSWERS TO ALL THE QUESTIONS CONTAINED HEREIN.

If assistance is needed to complete this form, we will assist you with any questions at your first meeting.


VA PLANNING QUESTIONNAIRE (for married Veteran)

Date:

PERSONAL INFORMATION

	VETERAN	SPOUSE
Full Legal Name		
Age / Date of Birth		
Place of Birth		
Does Veteran have a copy of birth certificate?		_____
Social Security Number		
Home Address		
County of Residence		
Home Telephone		
Cell Telephone		
E-Mail		
Employer		
Date of marriage		
Place of marriage		
Do you have a copy of your marriage certificate?	€ Yes € No	
Has Veteran or his/her Spouse had previous marriages?	€ Yes € No	
If yes, do you have a proof of dissolution of previous marriage(s) (death certificate or/and divorce papers)?		

Please provide names, dates and places of registration and termination.					
Has Veteran ever filed a claim with the VA before? If yes, please provide type and # of claim.		€ Yes € No			
Does Veteran have dependent children under age 18 or disabled? If yes, how many?		€ Yes € No			
Tell us about Veteran's dependents (under age 18 or disabled):					
Name of Veteran's unmarried child(ren)	Date and place of birth	SSN	Biological, Adopted or Stepchild?	Seriously disabled before age 18	Child previously married?
Do all of the children listed above live with Veteran? € Yes € No					
Does Veteran and/or Spouse have a Will?					
Does Veteran and/or Spouse have a Power of Attorney?					
Does Veteran and/or Spouse have an Advance Health Care Directive?					
Does Veteran and/or Spouse need a Trust?					

	
Veteran primary doctor's full name	
Doctor's address	
Doctor's phone number	
Doctor's fax number	
Veteran resides at: € Home € Receiving home care (private caregiver) € Assisted Living € Living in a nursing home	Veteran's Spouse resides at: € Home € Receiving home care (private caregiver) € Assisted Living Facility € Living in a nursing home
If Veteran or his/her Spouse is in the Nursing home, does Medicaid cover all of his/her medical expenses? € Yes € No Has Veteran/Spouse applied for Medicaid? € Yes € No	
Has Veteran claimed or is he/she receiving disability benefits from the Social Security Administration (SSA)? € Yes € No	
If you answered "Yes" to the previous question, please circle one or both. € SSDI € SSI	
When did Veteran's SSDI or SSI benefits begin?	

MILITARY SERVICE INFORMATION

Minimum active duty requirement	In order to qualify for Non-Service Connected Pension benefits, Veteran must have served 90 days <u>ACTIVE DUTY</u> with at least one day of the ninety during a qualifying war period.
<p>Please check the box with the war period of Veteran's service:</p> <p>€ <u>WWI</u> (04-06-1917 through 11-11-1918. If in Russia, Ending Date is 04-01-1920)</p> <p>€ <u>WWII</u> (12-07-1941 through 12-31-1946)</p> <p>€ <u>Korean</u> (06-27-1950 through 01-31-1955)</p> <p>€ <u>Vietnam</u> 02-28-1961 through 05-07-1975, inclusive for Veterans who served in Vietnam during that Period 08-05-1964 through 05-07-1975, inclusive for all others</p> <p>€ <u>Persian Gulf</u> 08-02-90 through (date to be determined) (no one knows at this time, since the war on terrorism is considered a continuation of the Persian Gulf War)</p>	
Does Veteran have military discharge papers; i.e. DD214 or separation papers?	€ Yes € No
Is Veteran's name on the military records mach his/her current legal name?	€ Yes € No
Are the discharge papers originals?	€ Yes € No
What was discharge status (honorable, general, medical, dishonorable, approved discharge due to family emergency, etc.)?	
Has Veteran ever been prisoner of war? If yes, what country or government imprisoned you? When was Veteran confined?	€ Yes € No

VETERAN'S HOUSEHOLD GROSS MONTHLY INCOME

INCOME SOURCE	VETERAN	SPOUSE
Social Security		
Pension		
Gross wages from employment		
Interest on Bank Accounts, savings accounts, CDs		
Dividends on stocks and bonds		
IRAs		
Annuity payments		
Income from rental property or business		
U.S. Civil Service (pension paid out from government (U.S., State, County or City) offices)		
Military Retired Pay		
Supplemental Social Security Income		
Other		
TOTAL MONTHLY INCOME	\$ _____	

AVERAGE CURRENT RECURRING UN-REIMBURSED MEDICAL EXPENSES (UMEs)

Please average your last 3 months medical expenses

MEDICAL EXPENSE	VETERAN	SPOUSE
<i>Recurring medical expenses:</i>		
Medicare Part B		
Medicare Part D		
Private Medical Insurance (Medigap)		
Prescriptions (drugs & medicines)		
Doctor visits		
Hospital expenses		
Attendant Sitter		
Other home health services		
Assisted Living Facility		
Nursing Home		
Transportation for medical purposes		
Incontinence Supplies (depends, diapers, gloves, wipes, pads, etc.)		
<i>Non-recurring (one-time) costs:</i>		
Dental fees		
Eye glasses		
Hearing aid		
Medical equipment		
TOTAL HOUSEHOLD MEDICAL EXPENSES	\$ _____	

VETERAN'S HOUSEHOLD ASSETS

ASSETS	Husband (Value of Asset)	Wife (Value of Asset)	Joint (Value of Asset)	Comments/ Account #/Policy #
Checking account				
Savings Account				
Stocks and Bonds				
Retirement Plans (401 K, Roth IRA, etc)				
Money Market Accounts				
Certificates of Deposit				
Life insurance policies (cash surrender value)				
Annuities				
Investment Accounts				
Anticipated Inheritance, Gift or Judgment				
Trust Fund				
Automobile	Model/Year:			
Personal Residence	Address:			
Does Veteran intend to sell his primary residence?				
Other Real Property:	Address:			
	Address:			
Secured Notes (money owed to you)				
Business interest				
Other Assets				
TOTAL ASSETS				



List of Documents and Forms needed for VA Aid & Attendance (for Married Veteran)

Military Information

- ✓ Military discharge or Separation Papers (DD214) for all active duty, reserve service, and National Guard Service (if available)
- ✓ Proof of name change, if name is different from that in military records

Medical information

- ✓ Signed Doctor's Affidavit for Veteran and/or Spouse

Personal Information

- ✓ Copy of marriage license (if married)
- ✓ Copies of all divorce papers, and/or death certificates from Previous Marriages (For **Both** Veteran and Current Spouse, if Veteran is currently married)
- ✓ Names, dates, and places of all marriages/End of marriages of Veteran and his/her current spouse (copy of marriage license if veteran is currently married, and **all** previous marriages if possible)
- ✓ Copies of birth certificates or adoption papers for all dependent children
- ✓ SSN and birthdates of living spouse and any dependent children (if available)
- ✓ Veteran's employment information, if employed within last 12 months

Financial information for Veteran and his/her dependents

➤ **Proof of all household assets:**

- ✓ Latest bank and financial statements
- ✓ Latest IRA and 401K statements
- ✓ Trust Fund and/or Annuity statements
- ✓ Latest CD statements
- ✓ Cash Value Statements from Whole Life Insurance Company
- ✓ Latest Mutual Fund statements
- ✓ Current value of all stocks and bonds
- ✓ Value of any business interest
- ✓ Value of second home or any real estate (other than primary place of residence)
- ✓ Value of all other investments

➤ **Proof of all household gross income:**

- ✓ Current monthly pension statements showing gross amount before taxes/insurance or other deductions
- ✓ Proof of current monthly Social Security or Railroad Payments
- ✓ Current Year's annuity statements, showing gross amount before any deductions
- ✓ Statement showing expected current year's IRA distribution
- ✓ Expected total interest/dividends for next 12 months
- ✓ Statement showing **net** income from rental property, including primary place of residence
- ✓ SSI and SSDI payments

Medical expense information for Veteran and his/her dependents

- ✓ Signed statement from Home Care service, Nursing Home, or Assisted living for Veteran and/or his/her dependents
- ✓ Print Out from Pharmacy showing last 6 month's out-of-pocket medical costs related to prescription for Veteran and his/her dependents
- ✓ Proof of medical insurance premiums with name of company and frequency of payments
- ✓ Statement showing Medicare Part B, C, and/or Part D Premium Amount