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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 Single Veteran)

Date:

PERSONAL INFORMATION ABOUT VETERAN

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	
Has Veteran ever filed a claim with the VA before? If yes, please provide type and # of claim.	

Does Veteran have dependent children under age 18 or disabled? If yes, how many?					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does Veteran have a Will?					
Does Veteran have a Power of Attorney?					
Does Veteran have an Advance Health Care Directive?					
Does Veteran need a Trust?					

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.
Please check the box with the war period of Veteran's service:	
<input type="checkbox"/> <u>WWI</u> (04-06-1917 through 11-11-1918. If in Russia, Ending Date is 04-01-1920) <input type="checkbox"/> <u>WWII</u> (12-07-1941 through 12-31-1946) <input type="checkbox"/> <u>Korean</u> (06-27-1950 through 01-31-1955) <input type="checkbox"/> <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 <input type="checkbox"/> <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)	
Does Veteran have military discharge papers; i.e. DD214 or separation papers ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Veteran's name on the military records mach his/her current legal name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the discharge papers originals?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL STATUS

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

VETERAN'S HOUSEHOLD GROSS MONTHLY INCOME

INCOME SOURCE	VETERAN
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	
<i>Recurring medical expenses:</i>		
Medicare Part B		
Medicare Part D		
Private Medical Insurance (Medigap)		
Prescriptions (drugs & medicines)		
Doctor visits		
Hospital expenses		
Attendant Sitter or Home Care		
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	\$ _____	

CALCULATIONS:

Total household income – **Total household medical expenses** = **Total Net Income**

Maximum 2010 Pension Rates for Non-Service Connected Claims

Veteran	Maximum Monthly Rate
Aid and Attendance Veteran, No dependents	1,644.00
Aid and Attendance Veteran, One dependent	\$1,949.00

If the Total Net Income amount exceeds Maximum Monthly Rate, the monthly pension amount should be zero.

If the Total Net Income amount is a positive figure, but less than Maximum Monthly Rate, the pension amount should be the difference between the two figures.

If the Total Net Income amount is a Negative number, the monthly pension amount should be the maximum Monthly Rate.

VETERAN'S HOUSEHOLD ASSETS

ASSETS	LOCATION	VALUE	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 Does Veteran intend to sell his primary residence?	Address:		
Other Real Property:	Address:		
Secured Notes (money owed to you)			
Business interest			
Other Assets			
TOTAL ASSETS			



List of Documents and Forms needed for VA Aid & Attendance (Single 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

Personal Information

- ✓ Copies of birth certificates or adoption papers for all dependent children
- ✓ SSN and birthdates of 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