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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 Surviving Spouse)

Date:

### PERSONAL INFORMATION

#### INFORMATION ABOUT SURVIVING SPOUSE

Full Legal Name	
Age / Date of Birth	
Place of Birth	
Social Security Number	
Home Address	
County of Residence	
Home Telephone	
Cell Telephone	
E-Mail	
Employer	

#### INFORMATION ABOUT VETERAN

Full Legal Name	
Age / Date of Birth	
Place of Birth	
Veteran's date of death	
Social Security Number	
Has Veteran ever filed a claim with VA? If yes, please provide type and # of claim.	

## MARITAL INFORMATION

<b>Date of marriage</b>	
<b>Place of marriage</b>	
<b>Do you have a copy of your marriage certificate?</b>	€ Yes € No
<b>Has Veteran's Surviving Spouse had previous marriages?</b>	€ Yes € No
<b>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.</b>	
<b>Did you live continuously with the Veteran from the date of marriage to the date of his/her death?</b>	€ Yes € No
<b>If "No", what was the cause of separation?</b> (Please give a reason, date and duration of separation)	
<b>Have you remarried since the death of the Veteran?</b> If "Yes", please indicate date of marriage, place, to whom married, date marriage ended, place and how marriage ended (death, divorce).	€ Yes € No

## SURVIVING SPOUSE'S MEDICAL STATUS

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

**Notes for Attorney:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE INFORMATION

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

**Notes for Attorney:** \_\_\_\_\_

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**SURVIVING SPOUSE'S GROSS MONTHLY INCOME**

<b>INCOME SOURCE</b>	<b>AMOUNT</b>
Social Security	
Pension	
Gross wages from employment	
Interest on Bank Accounts, savings accounts, CDs	
Dividends on stocks and bonds	
IRA distributions	
Annuity payments	
Net Income from rental property or business (Income minus Expenses)	
U.S. Civil Service (pension paid out from government (U.S., State, County or City) offices)	
Military Retired Pay	
Supplemental Social Security Income	
Have you claimed or are you receiving Survivor Benefit Plan annuity from a service department based on the death of the Veteran?	
Other (alimony, child support)	
<b>TOTAL MONTHLY INCOME</b>	\$ _____

Notes for Attorney: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AVERAGE CURRENT RECURRING UN-REIMBURSED  
MEDICAL EXPENSES (UMEs)**

Please average your last 3 months medical expenses

INCOME SOURCE	SURVIVING 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 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	
<b>TOTAL MEDICAL EXPENSES</b>	\$ _____

**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, Surviving Spouse, No Dependents	\$1,056.00
Each Additional Dependent Child Pays a Minimum of:	\$168.00

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.

**Notes for Attorney:** \_\_\_\_\_

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\_\_\_\_\_

**SURVIVING SPOUSE'S ASSETS**

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



## List of Documents and Forms needed for VA Aid & Attendance (for Surviving Spouse)

### 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 was different from that in military records

### Medical information

- ✓ Signed Doctor's Affidavit for Surviving Spouse

### Personal Information

- ✓ Copy of marriage license
- ✓ Copies of all divorce papers, and/or death certificates from Previous Marriages (For **Both** Veteran and Surviving Spouse)
- ✓ Names, dates, and places of all marriages/End of marriages of Veteran and his/her Surviving Spouse (copy of marriage license 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 Surviving Spouse

#### ➤ **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 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 Surviving Spouse

- ✓ Signed statement from Home Care service, Nursing Home, or Assisted living for Surviving Spouse
- ✓ Print Out from Pharmacy showing last 6 month's out-of-pocket medical costs related to prescription for Surviving Spouse
- ✓ 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