

VETERANS AFFAIRS PLANNING WORKSHEET



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USING THE INFORMATION ON THIS PAGE, PLEASE EMAIL OR FAX THIS WORKSHEET TO US PRIOR TO YOUR INITIAL CONSULTATION OR BRING THIS COMPLETED WORKSHEET TO YOUR 1ST APPOINTMENT

This questionnaire is designed to help us gather the information necessary to properly plan to protect your assets (or the assets of a family member or friend) during a time when there may be a need for Long-Term Care. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully, to the best of your ability. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

INFORMATION ABOUT THE VETERAN <i>(living or deceased)</i>	<i>All of the information requested below is necessary for us to assess whether you may qualify for VA Aid & Attendance and to process your application.</i>
Name of Veteran (F/M/L):	
Address:	
Phone Number:	
Email Address:	
Social Security Number:	
DOB and DOD (if deceased):	
Has Veteran ever filed for VA benefits?	
What war did he/she serve in?	
Date of Entry into Active Duty:	
Date of Discharge:	
Branch of Service:	
Veterans' Service Number:	
Benefits at the VA?	
Is Veteran living in a Long Term Care Community?	
Name of Community:	
Covered by Medicaid or Private Pay?	
How long a resident?	
Facility Point of Contact:	
Facility Phone number:	
Notes:	

SPOUSE INFORMATION

Spouse Name (F/M/L)
Living:
DOB and DOD (if deceased):
Age:
Social Security Number:
Address:
Phone Number:
Anniversary Date of Current Marriage:
Place(City, State) of Current Marriage:
Is Spouse Living in a Long Term Care Community?
Name of Community:
Covered by Medicaid or Private Pay?
How long a resident?
Facility Point of Contact:
Facility Phone number:

MONTHLY MEDICAL EXPENSES

Aid & Attendance is a means-tested program, which means it is vital for us to have a full understanding of all your unreimbursed medical expenses. Accurate, up-to-date, & detailed information is necessary to assess whether you can qualify.

Cost of Long Term Care Facility or Home Care Agency	\$
Other Out of Pocket Medical Expenses	\$
Prescriptions	\$
Miscellaneous Medical Deductions	\$
Health Insurance Premiums	\$
Outside Care (other)	\$
Describe	\$
Total Deductible Monthly Expenses	\$
Notes	

INCOME

To qualify for VA Aid & Attendance, there are certain financial threshold requirements which must be accounted for. One of the most important thresholds is how much income you generate each month. Please provide detailed monthly figures below.

Social Security Income	
Veteran (Gross Amount)	\$
Spouse (Gross Amount)	\$
Subtotal	= \$
Pension Income	
Veteran	\$
Spouse	\$
Subtotal	= \$
Source of Pension	
Veteran	
Spouse	
Income from any other sources?	\$
Long Term Care Insurance	\$
Income from Rental Properties (Sell of home to son)	\$
Income from farm	\$
Subtotal	= \$
Total for all Income	
\$	
Any other one-time income or inheritance coming in the next 12 months? If Yes please explain	
Notes	

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ASSETS

To qualify for VA Aid & Attendance, there are certain asset limitations which must be accounted for. Please provide detailed information regarding current assets owned by the Veteran or Spouse (not owned by irrevocable trust) below.

It is absolutely essential for us to have accurate, up-to-date, and detailed information about all of your financial information

Value of Home	\$
Do you have a mortgage?	
If so how much is your mortgage?	\$
When do you intend to sell?	
Value of 2nd Home/Land/Parcels	\$
Copy of Deed Available? (Y/N)	
What is the total acreage of all real estate you own?	
CD's	\$
Stocks	\$
Bonds	\$
Mutual funds	\$
Annuities	\$
Bank Checking	\$
Savings Accounts	\$
IRA's	\$
Cash	\$
Any other Assets? If Yes please explain	
Approximate Net Worth	\$
Have you moved any assets in the last 60 months?	
How did you move them and why?	
Life Insurance Death Benefit	\$
Cash Value in Life Insurance Policy	\$
Notes	

ADDITIONAL INFORMATION

As with any estate planning, there are many important considerations other than money. The questions below help us to learn about you, your family, your goals. The more we know about you, the better we can serve you.

CHILDREN

Any Children Dependent on the veteran or surviving spouse?

Have any children predeceased?

Formal Name/Address of each child as listed on their driver's license:

1. Name: _____ Email: _____
Address: _____
2. Name: _____ Email: _____
Address: _____
3. Name: _____ Email: _____
Address: _____
4. Name: _____ Email: _____
Address: _____

Does everyone get along? (If no then please explain...)

Does someone have Financial POA for Veteran and/or Spouse?

Name of POA:

Is there a trust? What type of Trust? (if known)

Does Veteran and/or spouse have each of the following:

Living Will
HIPAA Release
Health Care POA

Does Veteran and/or Spouse have a will?

Who makes the financial decisions in the family?

What is the main objective for our meeting?

How long did it take your family to create their assets?

What have you done so far to protect assets?

Who is taking responsibility to safe guard your assets now?

How long would it take for a major medical expense to deplete your life savings?	
What risks do you face now?	
What happens if you or your loved one runs out of money?	
What part of the assets do you want to protect from the nursing home?	
Are you in a position now to get federal benefits?	
Do you want to protect assets if there is need for Medicaid?	
Is Medicaid paying any bills now?	
Do you have a final expense set up?	
If so how much is set aside?	\$

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CONTACTS

Name of 1st Contact:	
Relationship to Veteran:	
Address:	
Phone Number:	Email Address:
Would you like this Contact person to be at our meeting: (Y/N)	
Name of 2nd Contact:	
Relationship to Veteran:	
Address:	
Phone Number:	Email Address:
Would you like this Contact person to be at our meeting: (Y/N)	
Name of Personal Attorney:	
Phone Number:	Email Address:
Name of Accountant:	
Phone Number:	Email Address:
Name of Financial Advisor:	
Phone Number:	Email Address:
Name of Insurance Agent (Life or Long-Term Care):	
Phone Number:	Email Address:

CERTIFICATION

The undersigned hereby represents to Heritage Law Firm that the information contained in this intake form is accurate and complete, and that the undersigned understands that Heritage Law Firm will rely on this information for purposes of developing a Veterans Affairs Asset Protection plan. The undersigned hereby further understands that if information is omitted from this intake form, whether intentionally or unintentionally, that the information omitted may have a direct, and negative, impact on Veterans Affairs Pension eligibility.

Dated: _____

Signature of Client or Client Representative

Printed Name: _____