

Pre-Qualification Referral Form

Please fill in all information to better serve you and your clients.

DATE: _____

Client Information Veteran Surviving Spouse Couple

*If married but only filing for one veteran, please select **Couple**.

1. Was the veteran honorably discharged? Yes No
2. Did the veteran serve at least 90 consecutive days of active duty, with at least one day during any of the following wartime periods? Yes No
- (If yes, please circle applicable wartime period)*

WWII 12/7/1941-12/31/1946	Vietnam 2/28/1961-8/5/1964 (Must have been in the Republic of Vietnam) 8/5/1964-5/7/1975
Korea 6/27/1950-1/31/1955	Gulf War 8/2/1990-TBD (must be active duty 2 years)

3. If surviving spouse, were you married to the veteran at the time of death and remained unmarried after death? Yes No
4. Are assets less than \$80K? (*Cash, checking, savings, CD's – excludes car & home*) Yes No

If all answers to questions 1-4 are "YES" or "N/A", please continue to question 5.

(If any answers to questions are "NO," please discuss other funding options and Private Duty).

5. Is assisted living or nursing home care being considered within 60-90 days? Yes No
6. Is the veteran or surviving spouse already receiving other benefits? (*i.e., Medicaid, Disability Comp*) Yes No

Company Information	Client Contact Information
Company Name:	Client Name:
Phone/Email:	Client Phone/Email:
Referred By:	Additional Contact:
Notes:	Relationship to Client:
	Contact Phone/Email:
	Primary Contact: Client Additional Contact <i>(please circle one)</i>

