

## Claimant's Intake Page for Basic Form Information

Name of Claimant

First Name

Middle Name

Middle Initial

Last Name

Suffix (Jr., Sr. etc.)

Name of Veteran

Relationship of Claimant to Veteran

Claimant's Social Security Number

Veteran's Social Security Number

Claimant's Address

Contact's Name

Contact's Address

Claimant's or Contact's Telephone Numbers

Day Time Phone

Evening Phone

Cell Phone

Claimant's or Contact's E-Mail Address

Claimant's Marital Status  Single  Married  Divorced  Widowed

VA Claim or File Number

Veteran's Service Number

Claimant's Date of Birth

Veteran's Branch of Service

Veteran's Date of Birth

Place of Birth

Veteran's Date of Death

Place of Death

Type of Claim Applying For  NSC Pension  SC Compensation  DIC

Accrued Benefits

Medical Status of Claimant  Independent  Housebound  Needing A & A

[Click Below to go to Desired Section](#)

Veteran Filing for NSC Pension	Surviving Spouse/Child Filing for NSC Pension	Surviving Spouse Filing for Increase in DIC	Veteran Filing for SC Compensation
Veteran Filing for Increase in SC Compensation	Spouse Filing for (DIC)	Parent Filing for (DIC)	Attorney / Agent Section

## Client Interview Assessment Form for Veteran

Veteran's full name:

Veteran's Social Security number

Spouse's Social Security number (if married)

Has veteran ever filed a claim with the VA before?  Yes  No

(if yes, give type of claim and claim number if known)

Type of Claim

Claim #

Is Veteran currently receiving  Social Security  SSDI  SSI  
 Medicare Part A  Medicare Part B  Medicare Part D

Is spouse currently receiving any of the above, if so, what?

Veteran's age

Veteran's DOB

Place of Birth

Veteran's marital status  Married  Single  Divorced  Widowed

Veteran's spouse's name (if married)

Date of Marriage

Place of marriage

Spouse's date of birth

Are there dependent child(ren)?  Yes  No How many?

Does veteran have a copy of birth certificate(s)?  Yes  No

Are there dependent parent(s)?  Yes  No One or two?

Veteran's contact person

Veteran's primary residence address

Does veteran intend to sell the primary residence within the next 12 months?  Yes  No

Is veteran or his/her spouse

living in assisted living  receiving home care  living in a nursing home

Designate:  veteran  spouse  both

Give name, address, and phone number of facility (if applicable)

Veteran's or contact's mailing address

Veteran's or contact's day time phone number

Veteran's or contact's evening phone number

Veteran's or contact's cell phone number

Veteran's or contact's e-mail address

If married veteran, has veteran or his/her spouse had previous marriages?  Yes  No

Does veteran have proof of dissolution of all previous marriages; ie. divorce papers and/or death certificates of prior spouses?  Yes  No

Does veteran have military discharge papers; i.e. DD214 or separation papers?  Yes  No

Are they originals?  Yes  No What was discharge status?

Has veteran or spouse filed for Medicaid for nursing home?  Yes  No

Does veteran or spouse intend to file for Medicaid for nursing home in the near future?  Yes  No

Who intends to file?

Has veteran or spouse filed for home based or other Medicaid?  Yes  No

Does veteran or spouse intend to file for home base or other Medicaid in the near future?  Yes  No

Who intends to file?

Is veteran and/or spouse housebound?  Yes  No who?

Is veteran and/or spouse in need of A & A?  Yes  No who?

Name, address, and phone number of veteran's primary doctor

Does veteran see a VA doctor?  Yes  No

Name, address, and phone number of spouse's primary doctor

Has veteran filed for health benefits through the VHA?  Yes  No

Is veteran receiving retired military pay (annuity)?  Yes  No Tricare for Life?  Yes  No

If a retired military veteran, is he/she receiving Service Connected Compensation that is combat related and has he/she filed for Combat Related Special Compensation through the DOD?  Yes  No

If a retired veteran with a service connected condition, what is the current rating?

Did the veteran serve in Vietnam?  Yes  No

If yes, does the veteran have:

Diabetes type II  Heart condition  Parkinson's disease  Cancer

Does the veteran have amyotrophic lateral sclerosis (ALS)?  Yes  No

What assets does veteran (and spouse if married) own:

Is there a current:  Trust  Life Estate  Documents available

What income sources does veteran (and spouse if married) have?

Does veteran or spouse have any interest bearing accounts?  Yes  No

Does veteran or spouse have an IRA or other retirement plan?  Yes  No

If yes, what kind?

Are distributions being taken?  Yes  No

Are distributions expected to increase during the next twelve months?  Yes  No

Does veteran or spouse have CDs?  Yes  No

Are CDs expected to be cashed in within the next twelve months?  Yes  No

Does veteran or spouse have U.S. Savings Bonds?  Yes  No

Are Bonds expected to be cashed in within the next twelve months?  Yes  No

Who will be the agent for the veteran  attorney  kin or friend  none

What is the agent's address and phone number?

Does veteran and/or spouse have a Will?  Yes  No

Does veteran and/or spouse have Advanced Directives?  Yes  No

Does veteran and/or spouse need a Trust or Life Estate?  Yes  No

Does veteran and/or spouse have a POA?  Yes  No

If yes, give name, address, and phone number of POA