



# Pre-Qualification Form

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

Veteran's Name: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Person completing this application:  Veteran/Self,  Veteran's Spouse,  Other

If "Other", please complete this section:

Name: \_\_\_\_\_ Relationship to Veteran: \_\_\_\_\_

Your Best Contact Number: \_\_\_\_\_ Your email address: \_\_\_\_\_

**Please complete the following so we can best serve the Veteran's needs:**

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 check applicable wartime period)

<input type="checkbox"/>	WWII	12/07/1941 - 12/31/1946
<input type="checkbox"/>	Korea	6/27/1950 - 01/31/1955
<input type="checkbox"/>	Vietnam	2/28/1961 - 08/05/1964 (Must have been in the Republic of Vietnam)
<input type="checkbox"/>	Vietnam	8/05/1964 - 05/07/1975
<input type="checkbox"/>	Gulf War	8/02/1990 – TBD (must be active duty 2 years)

3. If surviving spouse, was he/she married to the Veteran at the time of death?  Yes  No

4. If surviving spouse, did he/she remain unmarried after the Veteran's death?  Yes  No

5. Is there a need for assistance with Activities of Daily Living?  
(Bathing, Dressing, Transportation, Incontinence, Housekeeping, Laundry, Cooking, Meal Prep, Shopping)  Yes  No

6. Are assets less than \$80K? (Cash, checking, savings, CD's – excludes car & home)  Yes  No  
(Check if Known:  Less than \$20K  \$20K - \$40K  \$40K-\$80K  Unknown)

7. What is the Veteran's monthly income? \_\_\_\_\_  
(Please check source(s):  Pension,  Annuity,  SSI,  SSD,  Employment,  Other: \_\_\_\_\_)

8. Is the Veteran currently receiving services from another organization?  Yes  No

9. Is assisted living or nursing home care being considered within 60-90 days?  Yes  No

10. Is the Veteran or surviving spouse currently receiving VA money?  Yes  No