



“The Veterans Friend” Preliminary Questionnaire

1. To help you understand the VA facts, we highly recommend family members attend an Aid and Attendance workshop.
2. Carefully complete the Questionnaire. **Print clearly & completely.** If questionnaire is not complete it will be returned to you. Do not leave any question unanswered, write “None” or “N/A” (not applicable) if it does not apply to you.
3. Use the following Periods of War to answer # 14 in Questionnaire:
 - WWII -December 7,1941— December 31, 1946
 - Korea- June 27,1950 — January 31,1955
 - Vietnam -August 5,1964 — May 7,1975
 - Vietnam in Country -February 26,1961— May 7,1975
4. This information is needed for the VA application. After we receive your questionnaire you will be contacted with the following necessary steps to take.

Memorandum

Date: _____

From:

Contact Name: _____

(Family Member or Friend Helping)

Relationship to Claimant: _____

Cell Ph: _____ Fax: _____

Email: _____

To: Kate Seelye, Administrative Assistant
2897 Brentwood Court Carlsbad CA 92008
Fax: 760-434-0186
Ph: 760-434-8831
email: kseelye@roadrunner.com

Memo:

RE: _____ (CLAIMANT'S NAME)
(Claimant is the person in need of Aid & Attendance)

1. **I/We plan on attending an Aid and Attendance Workshop.**

Location _____ **Date** _____

2. **I/We have attended a Veterans Friend Workshop.**

Yes ___ No ___ Date: _____ Location: _____

3. **The person referring us to "The Veterans Friend":**

Name: _____ Title: _____

Org. _____ Ph: _____

Address: _____ City: _____

St: _____ Zip: _____ Email: _____

Preliminary Questionnaire

1. **Claimant Name:** _____ **Age:** _____
Claimant is: Vet _____ Spouse _____ Widow _____ Widower _____
DOB: _____ Ph: _____
Address: _____
City: _____ St: _____ Zip: _____ **# of living children** _____
Is spouse living? _____ **Name:** _____ **D.O.B.** _____ **Age:** _____

2. **Who is helping Claimant with making a claim (Contact Person)**
Name: _____ **Age:** _____
Relationship: _____
Address: _____
City: _____ **St:** _____ **Zip:** _____
Ph: _____ **Cell:** _____ **Bus Ph:** _____
Current/ Past Profession: _____ **Have Pwr. Atty.? Yes** _____ **No** _____

- 3.A. **Does Claimant currently reside in a facility?** Yes _____ No _____
Facility Name: _____ **City:** _____
Name of Contact: _____ **Title:** _____
Contact Ph: _____ **Email:** _____ **Monthly Cost \$** _____

- 3.B. **Does spouse (if living) currently reside in a facility?** Yes _____ No _____
Facility Name: _____ **City:** _____
Name of Contact: _____ **Title:** _____
Contact Ph: _____ **Monthly Cost \$** _____

- 4.A. **Does Claimant plan to reside in a facility?** Yes _____ No _____
Planned Date to Enter: _____ **Est. Monthly Cost \$** _____
Name of Facility: _____ **City:** _____
Name of Contact: _____ **Title:** _____
Contact Ph: _____ **Email:** _____

- 4.B. **Does spouse (if living) plan to reside in a facility?** Yes _____ No _____
Planned Date to Enter: _____ **Est. Monthly Cost \$** _____
Name of Facility: _____ **City:** _____
Name of Contact: _____ **Title:** _____
Contact Ph: _____

5. **Does Claimant use a Home Health Care Agency?** Yes _____ No _____
Name of Agency: _____ **City:** _____
Contact Person at Agency: _____
Ph: _____ **Monthly Cost \$** _____

6. **Does Claimant use Independent/ Private Individual that is not a family member for help?**
 Yes _____ No _____ Name of Person: _____
7. **Does a family member provide Claimant help at home?** Yes _____ No _____
 Name: _____ Ph: _____
8. **Has claimant applied for Medi-Cal (as apposed to Medicare)?** Yes _____ No _____
9. A. **Has claimant applied for or receiving VA Compensation?**
 Yes _____ No _____ How much? \$ _____/mo.
9. B. **If not approved for the VA Pension, how will you continue paying for the cost of care?** _____
10. **Claimant is a resident of _____ county.**
11. **If you are a widow(er) were you married to the veteran at the time of veterans death?** Yes _____ No _____ Have you remarried? Yes _____ No _____
 If you have, is new marriage to a veteran? Yes _____ No _____
12. **Did the veteran serve 90 consecutive days or more on Active Duty?**
 Yes _____ No _____
13. **Did the veteran serve one day of active duty during a period of war?**
 Yes _____ No _____ (see instructions sheet for war dates)
14. **Date of service entry _____ Date of discharge _____**
Date of service entry _____ Date of discharge _____
15. **Did the veteran receive an honorable discharge?** Yes _____ No _____
16. **Does claimant and or spouse own a Long Term Care policy:** Yes _____ No _____
 Date Purchased _____ Currently receiving benefit? Yes _____ No _____
 Benefit \$ _____/month. How much longer? _____
17. **If you have LTC Policy does it cover Assisted Living as well as skilled nursing facility?** Yes _____ No _____

18. Does claimant need help with their activities of daily living? Yes ___ No ___

Please Check (√) ADL's (Activities of Daily Living):

Bathing ___ Dressing ___ Grooming ___ Toileting ___ Driving ___
Errands ___ Cooking/ Eating ___ Managing Finances ___ Ambulation ___
Dementia ___ Alzheimer ___ Transferring ___ Social interaction ___
Communication ___ Blind ___

Please check (√) Instrumental Activities of Daily Living:

Meal Preparation ___ Help Walking (Walker) ___ House Keeping ___
Medication Mgt. ___ Shopping ___ Using Telephone ___ Handling Money ___

19. If Claimant has Dementia or Alzheimer's can the claimant answer the following questions correctly?

- A. Who is President of the U.S.A.? Yes ___ No ___
B. What year it is? Yes ___ No ___
C. Name all of their children? Yes ___ No ___
D. How much their Assets are worth? Yes ___ No ___
E. Do you want your children to take care of you? Yes ___ No ___

20. Do you or did you have a prenuptial agreement with your spouse? Yes ___ No ___

21. Where does Claimant currently live? Assisted Living Facility ___
Nursing Home ___ Independent Living Facility ___ At Home ___
Childs Home ___ Friend Home ___ Alzheimer Facility ___ Other: _____

22. Does claimant have a reverse mortgage? Yes ___ No ___

23. # of children _____ & do they all get along? Yes ___ No ___

24. A. Does claimant have a will? Yes ___ No ___

24. B. Is there a Power of Attorney? Yes ___ No ___

If yes, who is Agent? _____

25. Does claimant have a revocable living trust? Yes ___ No ___

26. Does claimant receive income from an irrevocable trust? Yes ___ No ___

27. Is there a court appointed conservator for claimant? Yes ___ No ___

28. According to you, what is the life expectancy of the claimant? # _____ yrs.

29. If necessary, is claimant willing to sell the residence now? Yes ___ No ___

30. Are you familiar with the Medi-Cal 5 yr. look back rule? Yes ___ No ___

31. Does Claimant have an Attorney? Yes ___ No ___

Name: _____ City _____

Do you have a family member that is an Attorney? Yes ___ No ___

(If a family member is an Attorney, we respectfully request that they be present at the First Appointment)

32. Does Claimant have Stockbroker/ Financial Advisor ? Yes ___ No ___

Name: _____ How many years? _____

Name of Company: _____ City: _____ St: _____

Are you happy with their services? Yes ___ No ___ Not sure ___

33. Who does Claimant rely on for Financial Advice?

Name: _____ Address: _____

City: _____ ST: _____ Zip: _____

Cell: _____ Bus Ph: _____

H Ph: _____ Friend or Family Member? Yes ___ No ___

Do others participate in Financial Decision making? Who? _____

34. Has claimant, spouse, or family member transferred or gifted any assets or cash of the claimant within the 60 months? Yes ___ No ___

35. “The Veterans Friend” provides Public Awareness, information and education. The Veterans Friend is not the VA, a government Organization, or Veterans Service Organization. **Initial** _____

36. I/We understand that only accredited or authorized Representatives may prepare, present, and prosecute your VA Claim. This will be done by licensed attorney M..J. Miller. Initial _____

I/We declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Dated: _____ **Signature:** _____

LIST OF COUNTABLE ASSETS

	Claimant	Spouse
All checking Acct's	\$ _____	\$ _____
All Savings Acct's	_____	_____
Money Market Accounts	_____	_____
All Certificates of Deposit	_____	_____
2nd Home	_____	_____
All Rental Properties	_____	_____
All Raw Land	_____	_____
All Timeshares	_____	_____
All Trust Deeds	_____	_____
Vehicles other than primary auto	_____	_____
IRA's	_____	_____
401 k's	_____	_____
TSP's	_____	_____
403 b's, 457	_____	_____
Cash Value of all Life Ins. Policies	_____	_____
All Mutual Funds Not in Retirement Plans	_____	_____
All Stocks that Are not in Retirement Plans	_____	_____
All Bonds not in Retirement Plans	_____	_____
All Annuities Not In Retirement Plans	_____	_____
Other Assets (Excluding Res. & Auto)	\$ _____	\$ _____
 TOTAL Countable Assets	 \$ _____	 + \$ _____
	=====	=====
Combined Total Countable Assets	\$ _____	_____
	=====	=====

LIST OF COUNTABLE LIABILITES

Mortgage (Balance) on 2nd Home	\$ _____	\$ _____
Mortgage (Balance) on all rental R.E.	_____	_____
Mortgage (Balance) on all Land	_____	_____
Balance on all Credit Cards	_____	_____
Balance on Vehicle other than primary auto	_____	_____
Balance on Personal notes payable	_____	_____
Other	_____	_____
Total Liabilities	\$ _____	+ \$ _____
	=====	=====
Combined total Countable Liabilities	\$ _____	_____
	=====	=====

NON-COUNTABLE ASSETS

1. Does claimant own a home? Yes ___ No ___

Date Residence Purchased: _____

Original Purchase Price: \$ _____

Estimate of Current Mkt. Value of Residence \$ _____

Less Debt:

1st Mortgage. \$ _____

2nd Mortgage. \$ _____

Reverse Mortgage \$ _____

Home Equity Line credit . . \$ _____

TOTAL DEBT ON RESIDENCE. (-) \$ _____

TOTAL EQUITY BEFORE COST OF SALE \$ _____

=====

2. Does Claimant own Automobile? _____ Current Value? _____ Paid for? _____

3. Does Claimant own Irrevocable Burial Trust? Yes ___ No ___

4. Does Claimant own a Burial Plot? Yes ___ No ___

5. Does Spouse (if alive) own Irrevocable Burial Trust? Yes ___ No ___

6. Does Spouse (if alive) own a burial Plot? Yes ___ No ___

7. Please Indicate Your Major Concerns (1 most important, 5 least important)

- | | | | | | | |
|-----|------------------------------------|---|---|---|---|---|
| ___ | 1. Quality of Care | 1 | 2 | 3 | 4 | 5 |
| ___ | 2. Maintain Control of Assets | 1 | 2 | 3 | 4 | 5 |
| ___ | 3. Keep Residence | 1 | 2 | 3 | 4 | 5 |
| ___ | 4. Preserve and Protect Assets | 1 | 2 | 3 | 4 | 5 |
| ___ | 5. Qualify for VA Benefit | 1 | 2 | 3 | 4 | 5 |
| ___ | 6. Do Not Want to Run Out of Money | 1 | 2 | 3 | 4 | 5 |
| ___ | 7. Leave inheritance to Family | 1 | 2 | 3 | 4 | 5 |
| ___ | 8. Obtain Tax Free Income from VA | 1 | 2 | 3 | 4 | 5 |

Living Children

Childs Name: _____ Age: _____ D.O.B. _____
Spouse Name: _____ Age: _____ D.O.B. _____
Address: _____
City: _____ St: _____ Zip: _____
Ch. Present/ Past Profession: _____ Retired: Yes ___ No ___
Spouse Present/ Past Profession: _____ Ret: Yes ___ No ___
Home Ph: _____ Cell Ph: _____

Childs Name: _____ Age: _____ D.O.B. _____
Spouse Name: _____ Age: _____ D.O.B. _____
Address: _____
City: _____ St: _____ Zip: _____
Ch. Present/ Past Profession: _____ Retired: Yes ___ No ___
Spouse Present/ Past Profession: _____ Ret: Yes ___ No ___
Home Ph: _____ Cell Ph: _____

Childs Name: _____ Age: _____ D.O.B. _____
Spouse Name: _____ Age: _____ D.O.B. _____
Address: _____
City: _____ St: _____ Zip: _____
Ch. Present/ Past Profession: _____ Retired: Yes ___ No ___
Spouse Present/ Past Profession: _____ Ret: Yes ___ No ___
Home Ph: _____ Cell Ph: _____

Childs Name: _____ Age: _____ D.O.B. _____
Spouse Name: _____ Age: _____ D.O.B. _____
Address: _____
City: _____ St: _____ Zip: _____
Ch. Present/ Past Profession: _____ Retired: Yes ___ No ___
Spouse Present/ Past Profession: _____ Ret: Yes ___ No ___
Home Ph: _____ Cell Ph: _____

Merwyn J. Miller, J.D.

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<http://www.AboutLivingTrusts.com> (FAX) 815-346-5375

REQUEST TO HANDLE OUR CASE

I have completed an initial questionnaire regarding the Veterans Pension. I would like your office to handle the preparation and filing of the necessary Department of Veterans Affairs forms. I hereby consent for your office to contact us regarding this benefit.

I authorize your office and the office of Galen Maddy to freely exchange information regarding me and my affairs.

I understand that until you and I mutually execute an engagement letter that you do not have an attorney-client relationship with me. Further, I understand that you are not responsible for failure or delays to receive this Request

My contact information is:

Name(s): _____

Street Address: _____

City/State/Zip: _____

Phone: (____) _____ E-mail: _____

My relationship to the Veteran and/or spouse of the Veteran is:

The Veteran and/or spouse of the Veteran is:

Veteran: _____

Spouse of Veteran: _____

I consent to the above:

Client Signature

Client Signature