

INFORMATION NEEDED TO APPLY FOR VETERANS AID & ATTENDANCE
(PLEASE COMPLETE ALL PERTINENT INFORMATION)

SECTION I: INFORMATION ON THE VETERAN			
NAME		SSN or VA CLAIM#	
DATE OF BIRTH	PLACE OF BIRTH		
DATE OF DEATH	PLACE OF DEATH		
DOES THE VETERAN OR WIDOW CURRENTLY RECEIVE MONEY FROM THE VA? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CURRENT MARRIAGE INFORMATION			
NEVER MARRIED <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>
# TIMES VET MARRIED		# TIMES SPOUSE MARRIED	
DATE OF MARRIAGE	PLACE OF MARRIAGE		
If either the Veteran or Spouse has been married more than once, please complete the information on page 3.			
SECTION II: INFORMATION FOR SPOUSE/WIDOW			
FULL MAIDEN NAME (First and Last)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
DOES SPOUSE LIVE WITH VETERAN YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NO, WHY SEPARATED	
DOES CURRENT SPOUSE REQUIRE ASSISTANCE YES <input type="checkbox"/> NO <input type="checkbox"/>		IF SPOUSE REQUIRES ASSISTANCE PLEASE PROVIDE A PHYSICIANS REPORT FOR SPOUSE	
SECTION III: WHO TO CONTACT FOR INFORMATION AND MAIL			
NAME		PHONE	RELATIONSHIP
ADDRESS			CITY/ZIP
EMAIL ADDRESS:			
SECTION IV: MILITARY INFORMATION			
DATE OF ENTRY		DATE OF SEPARATION	
ARMY <input type="checkbox"/>	NAVY <input type="checkbox"/>	AIR FORCE <input type="checkbox"/>	MARINE <input type="checkbox"/>
COAST GUARD <input type="checkbox"/>	MERCHANT <input type="checkbox"/>	OTHER <input type="checkbox"/>	
SERIAL NUMBER	IS ORIGINAL OR CERTIFIED COPY OF DISCHARGE AVAILABLE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
SECTION V: ASSISTED LIVING/RESIDENTAL CARE/SKILLED NURSING INFORMATION			
FACILITY NAME		ADDRESS	
PHONE	DATE MOVED IN	AMOUNT PAID MONTHLY \$	
INDEPENDENT LIVING <input type="checkbox"/>	ASSISTED LIVING <input type="checkbox"/>	RESIDENTIAL CARE <input type="checkbox"/>	BOARD & CARE <input type="checkbox"/>
SKILLED <input type="checkbox"/>			
SECTION VI: HOME CARE INFORMATION			
NAME OF PROVIDER		PHONE NUMBER	
AMOUNT PAID MONTHLY \$			

THIS IS NOT A GUESSING GAME, PLEASE PROVIDE EXACT AMOUNTS ON THE DAY THAT YOU COMPLETE THIS FORM

GROSS MONTHLY INCOME (Before Deductions)

	SOURCE	VETERAN	SPOUSE
SOCIAL SECURITY (Before Medicare Deduction)		\$	\$
PENSION		\$	\$
PENSION		\$	\$
CIVIL SERVICE RETIREMENT		\$	\$
VA/MILITARY RET		\$	\$
INTEREST/DIVIDENDS		\$	\$
RENTAL INCOME		\$	\$
OTHER		\$	\$

MEDICAL EXPENSES

MEDICARE (Normally \$96.40)		\$	\$
HEALTH INSURANCE		\$	\$
HEALTH INSURANCE		\$	\$
DENTAL/VISION INSURANCE		\$	\$

ASSETS

	VETERAN	SPOUSE
CHECKING	\$	\$
SAVINGS/CD'S	\$	\$
STOCKS/BONDS/MUTUAL FUNDS	\$	\$
IRA'S/ANNUITY	\$	\$
RENTAL PROPERTY	\$	\$
OTHER ASSETS	\$	\$

In order to complete the claim we will need the appropriate documents indicated below.

DOCUMENTATION REQUIRED

DOCUMENT	VETERAN CLAIM	WIDOW CLAIM
MILITARY DISCHARGE/DD 214	YES	YES
MARRIAGE CERTIFICATE	NO	YES
VETERANS DEATH CERTIFICATE	NO	YES
*ASSISTED LIVING VERIFICATION	YES	YES
*HOME CARE INFORMATION	YES	YES
PHYSICIANS REPORT	YES	YES

* If residing in Assisted Living Facility or receiving In Home Care

PRIOR MARRIAGE INFORMATION FOR VETERAN			
WHO MARRIED	NAME	WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>	
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME	WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>	
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME	WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>	
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	

PRIOR MARRIAGE INFORMATION FOR SPOUSE/WIDOW			
WHO MARRIED	NAME	WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>	
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME	WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>	
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	
WHO MARRIED	NAME	WHY ENDED: DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/>	
DATE OF MARRIAGE		PLACE OF MARRIAGE	
DATE ENDED		PLACED ENDED	

COMPLETED FORMS SHOULD BE SUBMITTED TO

MAIL: Veterans Service Office, 2995 First St. Auburn, CA 95603

FAX: (530) 885-8648

EMAIL: Veterans@placer.ca.gov