APPLICATION FOR VETERANS AID & ATTENDANCE (PLEASE COMPLETE ALL PERTINENT INFORMATION)

SECTION I: INFORMATION ON THE VETERAN				
NAME (Last, First Middle)		SSN:		
		VA CLAIM#		
DATE OF BIRTH	PLACE OF BIRTH (Cit	y, State)		
DATE OF DEATH	PLACE OF DEATH (Ci	ty, State)		
DOES THE VETERAN OR WIDOW CURRENTL	Y RECEIVE MONEY FRO	OM THE VA? YES NO		
CU	RRENT MARRI	AGE INFORMATION		
NEVER MARRIED MARRIED DIVORCE	ED WIDOWED	# TIMES VET MARRIED	# TIMES SPOUSE MARRIED	
DATE OF MARRIAGE (Month, Year)	PLACE OF MARK	RIAGE (City, State)		
If either the Veteran or Spouse has been i	narried more than on	ce, please complete the info	ormation on page 3.	
an area.	III DEODALE	ION EOD GDOUGE A	VIDOW.	
	_	ION FOR SPOUSE/W		
FULL MAIDEN NAME (First and Last)	DATE	OF BIRTH	SOCIAL SECURITY NUMBER	
DOES SPOUSE LIVE WITH VETERAN YES	S SPOUSE LIVE WITH VETERAN YES NO IF NO, WHY SEPARATED			
DOES CURRENT SPOUSE REQUIRE ASSISTANCE YES NO IF SPOUSE REQUIRES ASSISTANCE PLEASE PROVIDE A PHYSICIANS REPORT FOR SPOUSE				
SECTION III: WHO TO CONTACT FOR INFORMATION AND MAIL				
NAME	PHONE	RELATIO	ONSHIP	
ADDRESS	CITY/STATE/ZIP			
EMAIL ADDRESS:		1		
SEC	TION IV: MILIT	CARY INFORMATIO	N	
DATE OF ENTRY	DATE O	F SEPARATION		
ARMY NAVY AIR FOR	CE MARINE	COAST GUARD	MERCHANT OTHER	
SERIAL NUMBER	IS ORIGINAL OR CERTI	FIED COPY OF DISCHARGE A	AVAILABLE? YES NO	
REMARKS				

SECTION V: ASSISTE	D LIVING/RESID	ENTAL CAR	E/SKILLED N	URSING	INFORMATION
FACILITY NAME		ADDRESS			
PHONE D.	ATE MOVED IN		AMOUNT PAID N	MONTHLY \$	}
INDEPENDENT LIVING	ASSISTED LIVING	RESIDENTIAL (CARE BOA	ARD & CARE	SKILLED
	SECTION VI: H	OME CARE I	NFORMATIC)N	
NAME OF PROVIDER		PHONE NUM	BER		
AMOUNT PAID MONTHLY \$					
THIS IS NOT A GUESSIN	*	SE PROVIDE APLETE THI		OUNTS O	N THE DAY THAT
G	GROSS MONTHL	Y INCOME (I	Before Deduction	ons)	
	S	OURCE	VET	ERAN	SPOUSE
SOCIAL SECURITY (Before Medicare Deduc	Social Secur	ity	\$		\$
PENSION			\$		\$
PENSION			\$		\$
CIVIL SERVICE RETIREMENT	Civil Service	9	\$		\$
MILITARY RET	DFAS		\$		\$
VA DISABILITY	VA		\$		\$
INTEREST/DIVIDENDS			\$		\$
RENTAL INCOME			\$		\$
OTHER			\$		\$
	MED	ICAL EXPEN	SES		
	S	OURCE	VET	ERAN	SPOUSE
MEDICARE (Normally \$96.40)	Social Secur	ity	\$		\$
HEALTH INSURANCE			\$		\$
HEALTH INSURANCE			\$		\$
DENTAL/VISION INSURANCE			\$		\$
	1	ASSETS	1		
		VETERAN		SPOUSE	E
CHECKING		\$		\$	
SAVINGS/CD'S		\$		\$	
STOCKS/BONDS/MUTUAL FUNDS		\$		\$	
IRA'S/ANNUITY		\$		\$	
RENTAL PROPERTY		\$		\$	
OTHER ASSETS		\$		\$	

DO NOT RETURN THIS PAGE UNLESS YOU HAVE PRIOR MARRIAGES TO REPORT

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		
CARE EXPENSE STATEMENT	YES	YES		
EXAM FOR HOUSEBOUND STATUS	YES	YES		
SUPPLEMENTAL EXAM FOR HOUSEBOUND STATUS	YES	YES		

PRIOR MARRIAGE INFORMATION FOR VETERAN			
WHO MARRIED NAME	WHY ENDED: DEATH DIVORCE		
DATE OF MARRIAGE	PLACE OF MARRIAGE		
DATE ENDED	PLACED ENDED		
WHO MARRIED NAME	WHY ENDED: DEATH DIVORCE		
DATE OF MARRIAGE	PLACE OF MARRIAGE		
DATE ENDED	PLACED ENDED		

PRIOR MARRIAGE INFORMATION FOR SPOUSE/WIDOW				
WHO MARRIED NA	AME	WHY ENDED: DEATH DIVORCE		
DATE OF MARRIAGE		PLACE OF MARRIAGE		
DATE ENDED		PLACED ENDED		
WHO MARRIED NA	AME	WHY ENDED:	DEATH	DIVORCE
DATE OF MARRIAGE		PLACE OF MARRIAGE		_
DATE ENDED		PLACED ENDED		
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COMPLETED FORMS SHOULD BE SUBMITTED TO

MAIL: Veterans Service Office

1000 Sunset Blvd, Ste 115,

Rocklin, CA 95765

FAX: (916) 780-3290

EMAIL: <u>Veterans@placer.ca.gov</u>