



Information for VA Benefit

Please do your best to complete the following information. Upon completion, please fax to 951-346-3542, or e-mail to sandrajw@roadrunner.com. We will determine the next step of action. Call us at 951-965-0373 with questions.

Contact Name _____

Mailing Address _____

Phone Number _____ - _____ - _____

Relationship to claimant? _____

Claimants Name _____ Age _____

Is the claimant married? Y / N Widowed? Y / N Times married _____

Veterans Name _____ Date of Birth ____/____/____

Spouse _____ Date of Birth ____/____/____

Mailing Address _____

Phone Number _____ Veteran Social Security # _____

Branch of Service _____ Spouse Social Security # _____

Veterans Info: Veteran 90 Days Active Duty? Dates of Service Current VA Benefits

Husband Y / N Y / N _____ - _____

Wife Y / N Y / N _____ - _____

Monthly Income

	Soc Sec	Pension	Job Income	Other
Husband	\$ _____	_____	_____	_____
Wife	\$ _____	_____	_____	_____

Monthly Expenses

Do you participate in Medicare Part B? Y / N

Do you participate in Medicare Part D? Y / N Amt.? \$ _____

Medicare Supplemental Insurance \$ _____

Insurance Deductibles (Last 12 Months) \$ _____

Co-Payments (Last 12 Months) \$ _____

Insurance Premiums: Health \$ _____ Long Term Care \$ _____

Re occurring Medicine Costs that are not reimbursable? Monthly Amount \$ _____

If you are a surviving spouse, were you married to the vet at the time of their death? Y / N

Have you ever re-married? Y / N

Do you currently live in an assisted living facility? Y / N

If yes, what is the average monthly cost? _____

If no, do you receive in-home care? Y / N

If yes, what is the average monthly cost? _____

ASSETS

Estimated Home Value _____ Equity Amt _____ Bal Owed _____

If you sold your home, when did you sell _____

List Any Other Properties:

Type	Value	Equity Amt	Balance Owed
_____	_____	_____	_____

Accounts: Average Balance Do you have a trust? Yes / No

Checking _____ Do you have a Power of attorney Yes / No

Savings _____ Do you have a medical directive Yes / No

IRA's? Y / N Amount _____ Minimum Required Annual Distribution _____

Other Cash Assets

CD's _____ Annuities _____ Stocks _____ Mutual Funds _____ Bonds _____

Do you expect any type of inheritance any time in the future? Yes / No

Do you have children? Y / N What are their ages? _____

What is the contact information of the child or guardian that lives closest to you?

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ E-mail address _____

Relationship to you? _____

Required Documents for Filing a VA Claim

Please have these documents ready when you come in to the office for an appointment.

- Copy of DD214 Discharge Papers (**www.vetrecs.archives.gov is a good source if the discharge papers can not be located**)
- Copy of Marriage License (if currently married or a surviving spouse)
- Copy of Death Certificate (if surviving spouse)
- Copy of Social Security Award Letter
- Copy of Direct Deposit information
- Verification of all Finances: Bank, CD, Annuities, etc.

If currently receiving VA benefits, a recent statement from the VA showing what type of benefit and the monthly amount.

This project requires a little effort but it is worth the effort to get this benefit.

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