

Pre-Qualification Referral Form

Please Print Clearly

Please fill in ALL INFORMATION completely to better serve you and your clients

CLIENT	PRIMARY CONTACT
Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____
Best Time to Contact _____	Relationship to Client _____
Choose one: <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Married	Best Time to Contact _____

SECTION 1

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 select applicable wartime period*

<input type="checkbox"/> World War II	12/07/1941 - 12/31/1946
<input type="checkbox"/> Korean War	6/27/1950 - 01/31/1955
<input type="checkbox"/> Republic of Vietnam	11/01/1955 - 08/04/1964
<input type="checkbox"/> Vietnam	8/05/1964 - 05/07/1975
<input type="checkbox"/> Gulf War	8/02/1990 - TBD (minimum 2 years active duty)

3. If surviving spouse, were you married to the Veteran at the time of death? n/a Yes No

4. If surviving spouse, have you remained unmarried after the Veteran's death? n/a Yes No

5. Is there a need for assistance with ADLs or IADLs? Yes No
Bathing, Dressing, Transportation, Incontinence, Housekeeping, Laundry Cooking, Shopping, Medication Reminders, Ambulating, or Custodial Care (Supervision due to Mental Health Disorders)

6. Are assets less than \$150,538? (Cash, Checking, Savings, CDs, etc... excludes car & home on up to 2 acres.) Yes No
 if Unsure, check and estimate asset \$ _____

✓ If ALL answers to questions 1-6 are "Yes" or "n/a", please continue to question 7.

⊛ If ANY answers to questions 1-6 are "No", please discuss other funding options and Private Duty

SECTION 2

7. Is the client currently receiving:

VA Income \$ _____ per month VA home care _____ hours / mo Private Pay Care \$ _____ per month Medicaid Hours Yes No

8. Is a nursing home or hospice care being considered within 60-90 days? Yes No

NOTES

Referring Organization:	Referred by:
Branch Location:	Phone:
Email:	Alt Phone: