

Pre-Qualification Referral Form

o 855-380-4400

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sales@vcchc.com

www.vcchc.com

Please fill in all information completely to better serve you and your clients.
 Must be a wartime Veteran or surviving spouse in need of home care.

CLIENT

Name _____

Phone _____

Email _____

Best Time to Contact _____

 Choose one: Veteran Surviving Spouse Married

PRIMARY CONTACT

Name _____

Phone _____

Email _____

Relationship to Client _____

Best Time to Contact _____

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is there a need for assistance with ADL's or IADL's? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do they already receive home care services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do they currently receive any income from the VA? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was the Veteran honorably discharged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are their assets less than \$159,240 excluding one house and one car? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did the Veteran serve at Least 90 consecutive days of active duty, with at least one day during any of the following wartime periods? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 | 06/27/1950 - 01/31/1955 |
| <input type="checkbox"/> Republic of Vietnam | 11/01/1955 - 08/04/1964 |
| <input type="checkbox"/> Vietnam | 08/05/1964 - 05/07/1975 |
| <input type="checkbox"/> Gulf War | 08/02/1990 - TBD (minimum 2 years active duty) |

Please remind the client to expect a call from VCC within the next 24 to 48 hours from a 636 area code.

Referred By

Name _____

Phone _____

Email _____

Company _____

Location _____

NOTES: