

# Pre-Qualification Referral Form

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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 PRIMARY CONTACT

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Best Time to Contact \_\_\_\_\_

Relationship to Client \_\_\_\_\_

 Choose one:  Veteran  Surviving Spouse  Married

Best Time to Contact \_\_\_\_\_

 Do they already receive home care services?  Yes  No

 Do they currently receive any income from the VA?  Yes  No *If yes how much?* \_\_\_\_\_

*\*If the Veteran is currently receiving income from the VA it cannot be over 70% disability compensation.*

**Client must answer "YES" to questions 1-4 to be referred, otherwise could be a private pay opportunity.**

1. Need assistance with ADL's OR diagnosed with dementia or legally blind?  Yes  No
2. Was the Veteran honorably discharged from their military service?  Yes  No
3. Are their assets less than \$163,699 excluding one house and one car?  Yes  No
4. 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          | 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 NOTES:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_

Location \_\_\_\_\_