**Monk Law Firm, PLLC**

**Estate Planning • Elder Law • Veterans Benefits**

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**VETERANS BENEFITS**

**PLANNING WORKSHEET**

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| **INFORMATION ABOUT**  **THE VETERAN** | ***All of the information requested below is necessary for us to assess whether you qualify for VA Aid & Attendance and to process your application.*** |
| **Name of Veteran (F/M/L):** | |
| Address: | |
| Phone Number: | |
| Email Address: | |
| Social Security Number: | |
| DOB and DOD (if deceased): | |
| Has Veteran ever filed for VA benefits? | |
| What war did he/she serve in? | |
| Branch of Service: | |
| Veterans’ Service Number: | |
| Benefits at the VA? | |
| Is Veteran living in a Long Term Care Community? | |
| Name of Community: | |
| Covered by Medicaid or Private Pay? | |
| How long a resident? | |
| Facility Point of Contact: | |
| Facility Phone number: | |
| Notes: | |

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| **SPOUSE INFORMATION** |  |
| **Spouse Name (F/M/L)** | |
| Living: | |
| DOB and DOD (if deceased) | |
| Age: | |
| Social Security Number: | |
| Address: | |
| Phone Number: | |
| Date & Place(City, State) of Current Marriage: | |
| Is Spouse Living in a Long Term Care Community? | |
| Name of Community: | |
| Covered by Medicaid or Private Pay? | |
| How long a resident? | |
| Facility Point of Contact: | |
| Facility Phone number: | |

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| **MONTHLY MEDICAL EXPENSES**  *Aid & Attendance is a means-tested program, which means it is vital for us to have a full understanding of all your unreimbursed medical expenses. Accurate, up-to-date, & detailed information is necessary to assess whether you can qualify.* | |
| Cost of Long Term Care Facility or Home Care Agency | $ |
| Other Out of Pocket Medical Expenses | $ |
| Prescriptions | $ |
| Miscellaneous Medical Deductions | $ |
| Health Insurance Premiums | $ |
| Outside Care (other) | $ |
| Describe | $ |
| **Total Deductible Monthly Expenses** | $ |
| Notes |  |

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| **INCOME**  *To qualify for VA Aid & Attendance, there are certain financial threshold requirements which must be accounted for. One of the most important thresholds is how much income you generate each month. Please provide detailed* ***monthly*** *figures below.* | |
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| **Social Security Income** | |
| Veteran (Gross Amount) | $ |
| Spouse (Gross Amount) | $ |
| **Subtotal** | = |
| **Pension Income** | |
| Veteran | $ |
| Spouse | $ |
| **Subtotal** | **=** |
| **Source of Pension** | |
| Veteran | |
| Spouse | |
| Income from any other sources? | $ |
| Long Term Care Insurance | $ |
| Income from Rental Properties | $ |
| Income from farm | $ |
| **Subtotal** | = |
| **Total for all Income** | **$** |
| Any other one-time income or inheritance coming in the next 12 months?  If Yes please explain | |
| Notes | |

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| **ASSETS**  *Another threshold requirement to qualify for VA Aid & Attendance is the total amount of your assets.*  ***It is absolutely essential for us to have accurate, up-to-date, and detailed information***  ***about all of your financial information*** | |
| Value of Home | $ |
| Do you have a mortgage? | |
| If so how much is your mortgage? | $ |
| When do you intend to sell? | |
| Value of 2nd Home/Land/Parcels | $ |
| Copy of Deed Available? | |
| CD's | $ |
| Stocks | $ |
| Bonds | $ |
| Mutual funds | $ |
| Annuities | $ |
| Bank Checking | $ |
| Savings Accounts | $ |
| IRA's | $ |
| Cash | $ |
| Any other Assets? If Yes please explain | |
| Approximate Net Worth | $ |
| Have you moved any assets in the last 60 months? | |
| How did you move them and why? | |
| Life Insurance Death Benefit | $ |
| Cash Value in Life Insurance Policy | $ |
| Notes | |

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| **ADDITIONAL INFORMATION**  ***As with any planning, there are many important considerations other than money. The questions below help us to learn about you, your family, your goals. The more we know about you, the better we can serve you.*** | |
| CHILDREN | |
| Any Children Dependent on you? | |
| Have any children predeceased? | |
| Formal Name/Address of each child as listed on their drivers license:    1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Does everyone get along? *(If no then please explain…)* | |
| Does someone have Financial POA for Veteran and/or spouse? | |
| POA Name | |
| Is there a trust? What type of Trust? | |
| Does Veteran and/or spouse have each of the following:  Living Will  HIPAA Release  Health Care POA | |
| Does Veteran and/or Spouse have a will? | |
| Who makes the financial decisions in the family? | |
| What is the main objective for our meeting? | |
| How long did it take your family to create their assets? | |
| What have you done so far to protect assets? | |
| Who is taking responsibility to safe guard your assets now? | |
| How long would it take for a major medical expense to deplete your life savings? | |
| What risks do you face now? | |
| What happens if you or your loved one runs out of money? | |
| What part of the assets do you want to protect from the nursing home? | |
| Are you in a position now to get federal benefits? | |
| Do you want to protect assets if there is need for Medicaid? | |
| Is Medicaid paying any bills now? | |
| Do you have a final expense set up? | |
| If so how much is set aside? | $ |

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| **CONTACTS** | |
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| **Name of 1st Contact** | |
| Relationship to Veteran | |
| Address | |
| Phone Number | Email Address |
| **Name of 2nd Contact** | |
| Relationship to Veteran | |
| Address | |
| Phone Number | Email Address |

***Confidentiality Notice:  E-mail or facsimile transmission  is not a secure form of communication; therefore, e-mail or fax transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore accepts liability for any errors or omissions in the contents of the message, which arise as a result of e-mail or fax transmission.***