Cipparone & Zaccaro, PC

Veteran’s Aid & Attendance Questionnaire

Date: \_\_\_\_\_\_\_\_\_\_\_

# CLIENT DATA

Name of Veteran:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Claimant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address where mail should be sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address where claimant resides:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AID & ATTENDANCE QUALIFICATION REVIEW:

1. The Veteran served in one of the following:

* U.S. Army
* U.S. Navy
* U.S. Marines
* U.S. Coast Guard
* Merchant Marine during WWII
* U.S. Air Force

2. Did the Veteran serve at least 90 (ninety) days of consecutive *active* duty? O Yes O No

3. Did the Veteran serve at least 1 (one) day during wartime? O Yes O No

If yes, please indicate which wartime:

* WWII – December 7, 1941 thru December 31, 1946
* Korean War – June 27, 1950 thru January 31, 1955
* Vietnam War – August 5, 1964 thru May 7, 1975
* Gulf War – August 2, 1990 to date

4. Is the person who is ill one of the following?

* Veteran
* Spouse of Veteran
* Spouse of Deceased Veteran
* Dependent Child of Veteran

5. Did the Veteran receive a discharge other than dishonorable? O Yes O No

Please be sure to bring your DD-214 Discharge Papers to our office at your next appointment!

6. Is the Veteran either 65 years of age or older, or 100% permanently and totally disabled, and was the disability caused without willful misconduct by the Claimant?

O Yes O No

1. The Claimant is one of the following:
* House-bound
* In an assisted living facility
* In a nursing home

8. If the Claimant is house-bound, does the Claimant meet one of the following conditions?

* Claimant is blind
* Claimant:
* is unable to dress/undress or keep self clean and presentable
* is unable to attend to the wants of nature
* has a physical or mental incapacity that requires assistance on a regular basis to protect Claimant

from *daily environmental hazard*s

9. Does the Claimant need assistance with any of the Activities of Daily Living?

O Yes O No

If yes, please indicate which activities require assistance:

* Bathing
* Dressing
* Feeding
* Transferring from chair to bed or from bed to chair
* Toileting
* Continence

10. Does the Claimant have serious dementia making it difficult to remember to administer medications?

O Yes O No

**If answers to all of Questions 1 through 8 are YES, and either 9 or 10 are YES, you**

**should consider exploring Veteran’s Aid & Attendance.**

# Additional Questions for Veterans

1. Have you ever received treatment at a VA Medical Facility? O Yes O No

If yes, please provide dates of treatment/care and name/address of Facility:

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2. Have you ever been a Prison of War? O Yes O No

3. Are you claiming a disability related to any of the following?

* Agent Orange or other herbicide exposure
* Asbestos exposure
* Mustard gas exposure
* Ionizing radiation exposure

4. Are you receiving Military Retired Pay? O Yes O No

5. Have you ever filed a claim for compensation from the

office of Workers’ Compensation Programs? O Yes O No

# Additional Questions for Widowed Spouses of Veterans

1. Was widow officially married to the veteran for at least one year or has

had a child by the Veteran if less than one year and never remarried? O Yes O No

2. Was widow married to the Veteran at time of Veteran’s death? O Yes O No

3. Was the widow living with the Veteran at the time of the Veteran’s death,

unless separation was due to Medical or Military reasons? O Yes O No

4. Is the widow receiving Survivor Benefit Plan annuity from a

service department based on the death of the veteran? O Yes O No

If you have any additional information regarding the veteran, spouse, or dependent child that we need to be made aware of, please attach it to this questionnaire.