

Veterans Administration

AID & ATTENDANCE RATE TABLE Rates effective December 1st, 2017

CATEGORY	ANNUALLY	MONTHLY
Veteran Only	\$21,962	\$1,830
Veteran and Spouse	\$26,036	\$2,169
Two Veterans Married	\$34,837	\$2,903
Surviving Spouse of a Veteran	\$14,113	\$1,176

VA AID & ATTENDANCE PERIODS OF WAR

WARTIME ERA	DATES
World War II	Dec 7, 1941 to Dec 31, 1946
Korean Conflict	June 27, 1950 to Jan 31, 1955
Vietnam Era	Aug 5, 1964 to May 7, 1975 <small>* 2/28/61 to 8/4/64 extended dates for veterans that were stationed in Vietnam</small>
Persian Gulf War	Aug 2, 1990 to undetermined

Financial Position of the Applicant

- The Veterans Administration considers all income, assets, medical expenses, age and life expectancy to determine the maximum assets allowed. Applications are reviewed on a case-by-case basis.
- For an assessment of the veteran's or surviving spouse's eligibility status, fill out the Pre-Qualification Worksheet and fax or email to the number or email listed at the bottom of the worksheet. We will get back to you within 24 hours.

Veteran Military Service Information

- Must be 65 or older
- Must have served active duty for at least 90 consecutive days and 1 day during a period of war
- Any discharge other than dishonorable
- Service could have been anywhere in the world and the veteran did not need to have been injured or to have been in combat

(Contact us for any questions on these requirements)

Surviving Spouse Information

- A surviving spouse needs to have been married to a veteran for at least one year and married to that veteran at the time of his/her death
- The marriage did not have to occur during veteran's military service

(Contact us for any questions on these requirements)

If you are interested in learning more about the Aid & Attendance benefit, the Advocacy team, led by VA Accredited Attorney John Casterline, will provide a free analysis of the specific qualifications the VA will be reviewing based on your personal information.

The VA takes many factors into consideration when granting benefits. If you are interested in knowing if the applicant(s) meets the basic qualifications, the Advocacy team will need to know the answers to the information listed on the pre-qualification worksheet on the back of this form. Estimates are sufficient; exact information is not needed for this part of the process. We will not share this information with the VA or any other government agency. The purpose of the information is to help determine the applicant's eligibility.

Prepared and provided by John Casterline:

Michael Bailey Law Office

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Pre-Qualification Worksheet

Is the Applicant a: Veteran Surviving Spouse of a Veteran Veteran & Spouse
 Veteran Served in: Army Air Force Navy Marine Corps Coast Guard

Date Entered the Service _____ Date of Separation from Service _____
(These dates can be found on veteran's discharge document. Please estimate if you don't know exact dates. If you have the actual discharge document, please provide us a copy when you send in this worksheet.)

Applicant's Name: _____ Age: _____

Applicant's Contact Phone Number: _____

If the veteran is receiving VA Service Connected Disability income, how much? \$ _____

Was the surviving spouse married to the veteran for over a year and at the time of death? Yes No

The application process requires several supporting documents. Due to the amount of paperwork required by the VA, we highly encourage a family member - usually a child of the applicant - be involved in the process. Please list the name, phone number and email address of the family member who will be assisting the applicant.

Name of Family Member(s) Assisting Applicant: _____

Daytime Phone Number of Family Member: _____

Email Address of Family Member: _____

Gross Income (Monthly)	Veteran	Spouse
Social Security	\$ _____	\$ _____
Pension(s)	\$ _____	\$ _____
Additional Income from other Sources Including: Long Term Care Insurance benefits	\$ _____	\$ _____
Assets (excluding primary residence)		
Approximate Net Worth Including: Checking, Savings IRAs, CDs, Stocks, Bonds, Annuities, Mutual Funds, etc.	\$ _____	\$ _____
Home Ownership? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please provide home value) \$ _____		

Where is the applicant going to reside? At Home * Independent Living * Assisted Living

* Community applicant is residing or considering residing in: _____ City/St.: _____
Community name

* Total monthly cost paid to the community: \$ _____

* Does, or will, the applicant be receiving any of the following ADL (activities of daily living) services? (Check all that apply)
 Bathing dressing eating (not meal preparation) toileting transfers (ex:in/out of bed)

* Total monthly costs of ADLs if paid separately to a third party provider: \$ _____

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