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PROVIDING:  
ELDER LAW SERVICES  
ESTATE PLANNING AND TRUST ADMINISTRATION  
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VA BENEFITS PLANNING  
FAMILY LAW SERVICES  
COLLABORATIVE LAW  
MEDIATION SERVICES  
SOCIAL SECURITY DISABILITY APPEALS

## **QUESTIONNAIRE FOR VETERANS AID & ATTENDANCE PLANNING**

Today's Date \_\_\_\_\_

Name of Person Completing Questionnaire: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me represent you. Bring this information with you to the appointment.**

### **I. GENERAL INFORMATION.**

1. The Veteran served in:  Army  
 Navy  
 Air Force  
 Marines  
 Coast Guard  
 Merchant Marine during WWII
2. Did the Veteran serve:  
At least 90 days of consecutive active duty? Yes  No   
At least 1 day of which occurred during a period of wartime? Yes  No   
if yes, indicate which wartime:  
 WWI  
 WWII--December 7, 1941 through December 31, 1946  
 Korean War--June 27, 1950 through January 31, 1955  
 Vietnam War--August 5, 1964 through May 7, 1975  
 Gulf War--August 2, 1990 to date

**If both questions in #2 were answered "yes," answer question #3.**

3. The person who is ill is:  Veteran  
 Spouse of Veteran (see Note below)  
 Spouse of Deceased Veteran  
 Dependent Child of Veteran

**NOTE:** If divorced from Veteran, you are not eligible for benefits.



**If any of the boxes in question #3 were checked, answer question #4.**

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

**If yes, answer question #5.**

5. Was the disability caused without willful misconduct by the claimant? Yes  No

**If yes, answer question #6.**

6. Does the Veteran have a disability rating from the Veterans Administration (VA)?  
Yes  No . If yes, what is the rating? \_\_\_\_\_%

7. The Veteran is:  confined to home  
 in an assisted living facility  
 in a nursing home

8. Is the claimant confined to the home (Home Bound)? Yes  No

9. Does the claimant meet one of the following conditions (Aid & Attendance):

- Claimant is blind
- Claimant is living in a nursing home or assisted living facility
- Claimant:
  - Is unable to dress/undress or keep self clean and presentable
  - Is unable to attend the wants of nature
  - Has a physical or mental incapacity that requires assistance on a regular basis to protect claimant from daily environmental hazards

10. Does the claimant need assistance with any of the Activities of Daily Living (ADLs)?

- Yes  No . If yes, which ADLs?
- Bathing
  - Dressing
  - Feeding
  - Transferring from chair to bed or bed to chair
  - Toileting
  - Continence

11. Does the claimant have serious dementia making it difficult to remember to administer medications? Yes  No



12. Who is living in the claimant's home with him/her?

- Spouse
 Dependent child or children

If dependent child or children is living in the claimant's home with him/her, provide the following:

Name of Child \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_
Name of Child \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_
Name of Child \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_
Name of Child \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_
Name of Child \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_
Name of Child \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

13. Please list all of your unreimbursed and recurrent medical expenses. Do not include medical expenses that are reimbursed by any form of insurance. Calculate all amounts on a monthly basis.

Doctors' fees \$ \_\_\_\_\_
Dentists' fees \$ \_\_\_\_\_
Prescription glasses \$ \_\_\_\_\_
Medicare Part B premium deductions \$ \_\_\_\_\_
Medicare Part D premium deductions \$ \_\_\_\_\_
Copayments for medical care \$ \_\_\_\_\_
Copayments for prescriptions \$ \_\_\_\_\_
Prescription medications \$ \_\_\_\_\_
Medical insurance premiums \$ \_\_\_\_\_
Transportation to physicians' offices \$ \_\_\_\_\_
Therapy \$ \_\_\_\_\_

If the claimant is in an assisted living facility, provide the following information:

Monthly fee paid to assisted living facility \$ \_\_\_\_\_
Food and shelter component of the assisted living facility fee \$ \_\_\_\_\_

14. Do you have recurring monthly non-medical expenses? Yes [ ] No [ ]. If yes, list the monthly amount below:

Mortgage payment \$ \_\_\_\_\_
House equity loan \$ \_\_\_\_\_
Credit card \$ \_\_\_\_\_
Car payment \$ \_\_\_\_\_



15. Is the Veteran currently receiving any benefits from the VA? Yes  No   
If yes, what benefit?

- Service-connected disability compensation/percent \_\_\_\_\_%
- Non-service-connected disability compensation
- Housebound benefits
- Special Monthly Pension/Aid and Attendance
- Enrolled in VA health care system
- Currently have VA claim pending

II. **FINANCIAL INFORMATION.**

16. **MONTHLY INCOME.**

**Monthly Amounts**

<b><u>GROSS INCOME</u></b>	<b><u>Veteran</u></b>	<b><u>Veteran's Spouse</u></b>
Gross Wages	_____	_____
Social Security	_____	_____
U.S. Civil Service	_____	_____
U.S. Railroad	_____	_____
Military Retirement	_____	_____
Black Lung Benefits	_____	_____
Other Pensions	_____	_____
Interest and Dividends	_____	_____
Worker's Compensation	_____	_____
Unemployment Compensation	_____	_____
Other Military	_____	_____
Other:	_____	_____
<b>TOTAL INCOME</b>	_____	_____

<b><u>DEDUCTIONS</u></b>	<b><u>Veteran</u></b>	<b><u>Veteran's Spouse</u></b>
Medicare Part B	_____	_____
Medicare Part C and/or Part D	_____	_____
Private Medical Insurance	_____	_____
Prescriptions	_____	_____
Vet's caregiver, Assisted Living, Nursing Home	_____	_____
Incontinence	_____	_____
Other:	_____	_____
Other:	_____	_____
Other:	_____	_____
<b>TOTAL DEDUCTIONS</b>	_____	_____



17. **ASSETS AND LIABILITIES**

A. **ASSETS** (Owned by veteran, spouse or in joint names with others)

1. Real Estate **(Please provide copies of all deeds and/or leases.)**

Location and Basis

<u>Owner(s)</u>	<u>(Purchase Price Plus Improvements)</u>	<u>Estimated Value</u>	<u>Mortgage Balance</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

<u>Owner(s)</u>	<u>Leases</u>	<u>Annual Rent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Stocks and Bonds **(Please provide copies of statement or certificates.)**

a. Held by Veteran

_____	\$ _____
_____	\$ _____
_____	\$ _____

b. Held by Spouse

_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Held in Joint Names

_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Partnership or Closely Held Corporate Interests **(Please provide partnership agreement, shareholder's agreements, and copies of stock certificates.)**

<u>Owner(s)</u>	<u>Business</u>	<u>Percentage of Interest</u>	<u>Value of Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. Cash, Mortgage, and Notes **(Please provide copies of bank statements, mortgages, and notes receivable.)**

a. Cash

\_\_\_\_\_ \$ \_\_\_\_\_



b. Checking Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

c. Savings Accounts [Name(s) on Account(s) and Name(s) of Bank(s)]

<u>Owner(s)</u>	<u>Bank</u>	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Mortgages Receivable  
Mortgagee(s)

<u>Owner(s)</u>	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

e. Notes Receivable [Name(s) of Holder(s)]  
Debtor(s)

<u>Owner(s)</u>	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Life Insurance/Annuities **(Please provide copies of all policies.)**

<u>Owner(s)</u>	<u>Company</u>	<u>Amount</u>	<u>Loan</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

6. Tangible Personal Property \$ \_\_\_\_\_

7. Household Furnishing, Jewelry, Collections

a. Veteran \$ \_\_\_\_\_

b. Veteran's Spouse \$ \_\_\_\_\_

c. Other Tangible Personal Property (e.g., Boats)

<u>Owner(s)</u>	<u>Property</u>	<u>Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

d. Automobiles **(Please provide a copy of each registration)**

<u>Owner(s)</u>	<u>Automobile</u>	<u>Current Value</u>
_____	_____	\$ _____
_____	_____	\$ _____



e. Safe Deposit Boxes Yes  No

<u>Name and Location of Box</u>	<u>Contents</u>	<u>Estimated Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

f. Collections included in any category above (e.g., jewelry, antiques, art)

<u>Location and Owner(s)</u>	<u>Estimated Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. Retirement Benefits—Veteran and Spouse **(Provide copies of statements.)**

a. Pension Beneficiary

<u>Owner(s)</u>	<u>Company</u>	<u>Beneficiaries</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

b. Profit Sharing

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

c. IRA Accounts

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

B. LIABILITIES (Owned by veteran or spouse)

1. Debts (Credit Card, Loans, etc.)

<u>To Whom Owed</u>	<u>Date Incurred</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

2. Mortgages Payable

_____	_____	\$ _____
_____	_____	\$ _____

18. **REFERRAL**

By whom were you referred to this office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referral is:

\_\_\_\_ Attorney      \_\_\_\_\_ Previous Client of the Law Office of Donald D. Vanarelli  
 \_\_\_\_\_ Financial Planner      \_\_\_\_\_ Other: \_\_\_\_\_



Have you visited our website at [www.dvanarelli.com](http://www.dvanarelli.com)? Yes  No

If yes, do you have any ideas for improving our website? Please discuss: \_\_\_\_\_

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19. **ADDITIONAL INFORMATION** Do you believe there is any other information I should be aware of? Yes  No . If yes, please explain: \_\_\_\_\_

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20. **CERTIFICATION**

I understand that the recommendations and advice which you give, and any documents you prepare, will be based on the accuracy and completeness of the disclosures made herein. **Thus, I certify that the information provided is true and correct in all respects to the best of my knowledge and belief.**

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Client

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Client