

Pre-Qualification Referral Form

Please fill in all information complete to better serve you and your clients.

Client Information Veteran Surviving Spouse Couple

1. Was the Veteran honorably discharged? Yes No

2. Did the Veteran serve at least 90 consecutive days of active duty, with at least one (1) day during any of the following wartime periods? Yes No
(If yes, please circle applicable wartime period)

WWII	12/07/1941 - 12/31/1946
Korea	6/27/1950 - 01/31/1955
Vietnam	8/05/1964 - 05/07/1975
Vietnam	2/28/1961 - 08/05/1964 <i>(Must have been in the Republic of Vietnam)</i>
Gulf War	8/02/1990 – TBD <i>(must be active duty 2 years)</i>

3. If surviving spouse, were you married to the veteran at the time of death? Yes No

4. If surviving spouse, did you remain unmarried after the Veteran's death? Yes No

5. Is there a need for assistance with Activities of Daily Living? Yes No
(Bathing, Dressing, Transportation, Incontinence, Housekeeping, Laundry, Cooking, Meal Prep, Shopping)

6. Are assets less than \$80K? *(Cash, checking, savings, CD's – excludes car & home)* Yes No
(Circle if Known: Less than \$20K \$20K - \$40K \$50K-\$80K Unknown)

If all answers to questions 1 – 6 are "YES" or "N/A", please continue to question 7.
(If any answers to questions are "NO", please discuss other funding options and Private Duty.)

7. Is the client currently receiving services from your organization? Yes No

8. Is assisted living or nursing home care being considered within 60-90 days? Yes No

9. Is the Veteran or Surviving Spouse already receiving VA money? Yes No

Contact Information	
Referring Person: Ann Elk-Weist	Referring Organization: Home Companion Solutions-Chicago IL
Referring Phone: 773-779-8889	Referring Email: ann@homecompanionsolutions.com
Client Name:	Alternate Contact:
Client Phone:	Relationship to Client:
Client Email:	Phone:
Additional Info:	Email: