

Call Toll-Free: 1-888-519-2195
 Fax Toll Free: 1-888-483-7250



Assisting Hands[®]

Home Care

15612 Highway 7, Suite 210
 Minnetonka, MN 55345

Pre-Qual. Referral Form

Please fill in information completely to better serve you and your clients

Date:	
Call Taken By:	
Referred by:	
E-mail:	
Organization:	
Phone:	
Fax Number:	

Client Information

Veteran Surviving Spouse Couple

Is the client currently receiving services from your organization? YES NO

Client Name:	
Phone Number:	
Alternate Contact:	
Relationship to Client:	
Phone Number:	
Mobile Phone:	
Email:	

- Are you a Veteran or the surviving spouse of a Veteran that was honorably discharged? Y N
- Did the Veteran serve at least 90 days during any of the following wartime periods? Y N
(If yes, please circle applicable wartime period)
 - WWII: 12/07/1941 - 12/31/1946
 - Korea: 06/27/1950 - 01/31/1955
 - Vietnam: 08/05/1964 - 05/07/1975
 - Vietnam: 02/28/1961 - 08/05/1964 *(in Vietnam only)*
 - Gulf War: 08/02/1990 – TBD *(must be active duty 2 years)*
- If surviving spouse, were you married to the Veteran at time of death? *(never divorced)* Y N
 - Did you remain unmarried after Veteran's death? Y N
- Does the Veteran or Surviving Spouse need assistance with Activities of Daily Living? *(please circle)* Y N
(Bathing, Dressing, Transportation, Incontinence, Housekeeping, Laundry, Cooking, Meal Prep, Shopping)

Since you are a Veteran/Surviving Spouse, the VA also looks at income and assets to determine eligibility. Can you please tell me if your...

- Assets are less than \$80K? *(excludes car & home)* Y N

If you answered yes to the pre-qual. questions, please submit your referral!

Call Toll-Free: 1-888-519-2195

Fax Toll Free: 1-888-483-7250

Scan and Email: info_minneapolis@assistinghands.com