

PLACER COUNTY

RICK BUCKMAN Veterans Service Officer

VETERANS SERVICE OFFICE

1000 SUNSET BLVD. SUITE 115 ROCKLIN, CA 95765 (916) 780-3290 FAX: (916) 780-3299

Thank you for your interest in the Department of Veterans Affairs Pension Program. Enclosed are the forms you will need to begin the process to submit a claim to the VA. Please take a moment to familiarize yourself with this information before getting started. Additional information and copies of this application may be found at www.placer.ca.gov/departments/veteran/pension.aspx. This is an application for:

MARRIED VETERAN

YOU NEED TO COMPLETE AND SUBMIT THE FOLLOWING

- Application for Aid & Attendance (3 page form)
- Statement in Support of Claim (Informal Claim) completed and signed by the Veteran
- Care Expense Statement for each provider (2 page form)
 - o If spouse receives care or lives in Assisted Living, provide Care Expense Statement for each care provider for spouse.
- Physicians Report with Supplement (Examination for Housebound Status) 3 page form.
 - o If spouse requires A&A, provide 3 page Physicians Report for Spouse
- Military Discharge Documents
 - o Report of Separation and Honorable Discharge for WWII Veterans
 - o DD-214 for Veterans who served after 1950.

All documents requiring a signature MUST be signed by the Veteran. VA does not recognize Powers of Attorney; therefore an agent's signature is not acceptable. Court appointed conservator or guardian may sign. Please include a copy of your letters of conservatorship. If the Veteran is unable to sign, contact this office for instructions.

Once you have completed the application, send forms and documents by fax (916) 780-3299, e-mail (veterans@placer.ca.gov) or regular mail to the address above. You will receive signature pages by e-mail or regular mail that need to be signed by the Veteran. If you have not received the signature pages in 10 business days, please contact our office. Signature pages must be returned by regular mail as the VA requires that we submit an original signature.

If you have any questions please call 916-780-3290 for assistance.

PLACER COUNTY VETERANS SERVICES

MARRIED VETERAN **APPLICATION FOR AID & ATTENDANCE** (PLEASE COMPLETE ALL PERTINENT INFORMATION)

SECTION I: INFORMATION FOR THE VETERAN						
NAME (Last, First Middle)			SOCIAL SECURITY NUMBER			
DATE OF BIRTH	PLACE OF BIR	TH (City	y, State)			
DATE OF DEATH	PLACE OF DEA	ATH (Cit	ity, State)			
DOES THE VETERAN RECEIVE MONEY FROM	DOES THE VETERAN RECEIVE MONEY FROM THE VA? YES NO IF YES, HOW MUCH?					
DOES VETERAN REQUIRE A&A Y	YES NO DOES SPOUSE REQUIRE A&A YES NO				ES NO	
IF SPOUSE REQUIRES AS	SSISTANCE PLEA	ASE PRO	OVIDE A PHY	YSICIANS REPORT	FOR	THE SPOUSE
SI	ECTION II:	CUR	RENT M	ARRIAGE		
NEVER MARRIED MARRIED DIVORCE	ED WIDOWEI	D	# TIMES VI	ET MARRIED	# TI	IMES SPOUSE MARRIED
DATE OF MARRIAGE (Month, Year)	DATE OF MARRIAGE (Month, Year) PLACE OF MARRIAGE					
MONTH YEAR	CITY			ST	ATE	
IF EITHER THE VETERAN OR SPO	USE HAS BEEN M	IARRIE	D MORE TH	AN ONCE, PROVID	E IN	FORMATION ON PAGE 3
SECT	ION III: IN	FOR	MATION	FOR SPOUS	E	
FULL MAIDEN NAME (First and Last) DATE			OF BIRTH SOCIAL SECURITY NUMBER			
DOES SPOUSE LIVE WITH VETERAN YES NO IF NO, WHY SEPARATED						
SECTION IV:	WHERE D	00 W	E SEND (CORRESPON	DE	NCE?
NAME	HOM PHO					
ADDRESS				CITY/STATE/ZIP		
EMAIL ADDRESS			RELATIONSHIP			
SECTION V: INFORMATION ON MILITARY SERVICE						
DATE OF ENTRY DATE OF SEPARATION						
ARMY NAVY AIR FORCE MARINE COAST GUARD MERCHANT OTHER						
SERIAL NUMBER	S ORIGINAL OR	CERTII	TIFIED COPY OF DISCHARGE AVAILABLE? YES NO			ABLE? YES NO
REMARKS						

SECTION VI: GROSS MONTHLY INCOME

PLEASE PROVIDE GROSS INCOME. THAT IS THE AMOUNT BEFORE ANY DEDUCTIONS ARE TAKEN OUT

SOURCE	VETERAN	SPOUSE
Social Security	\$	\$
	\$	\$
	\$	\$
Civil Service	\$	\$
DFAS	\$	\$
VA	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	Social Security Civil Service DFAS	Social Security \$ Civil Service DFAS VA \$ \$ \$ \$ \$ \$

SECTION VII: MEDICAL EXPENSES

PLEASE PROVIDE THE MONTHLY AMOUNT THAT IS NOT REIMBURSED BY ANY SOURCE

	SOURCE	VETERAN	SPOUSE
MEDICARE	Social Security	\$	\$
HEALTH INSURANCE		\$	\$
HEALTH INSURANCE		\$	\$
DENTAL INSURANCE		\$	\$
VISION INSURANCE		\$	\$
LONG TERM CARE INSURANCE		\$	\$

SECTION VIII: ASSETS

	VETERAN	SPOUSE
CHECKING	\$	\$
SAVINGS/CD'S	\$	\$
STOCKS/BONDS/MUTUAL FUNDS	\$	\$
IRA	\$	\$
ANNUITY	\$	\$
RENTAL PROPERTY	\$	\$
OTHER ASSETS	\$	\$

REMARKS:		

DO NOT RETURN THIS PAGE UNLESS YOU HAVE BEEN MARRIED MORE THAN ONCE

AS A MINIMUM YOU MUST PROVIDE THE MONTH AND YEAR AND CITY AND STATE OF EACH OF YOUR MARRIAGES. WE ALSO NEED THE MONTH AND YEAR AND CITY AND STATE AND THE REASON WHY EACH MARRIAGE ENDED. FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN A DELAY OR DENIAL OF BENEFITS.

PRIOR MARRIAGE INFORMATION FOR VETERAN					
WHO MARRIED	NAME		WHY ENDED:	DEATH 🖂	DIVORCE
DATE OF MARRIAGE		PLACE OF MARRIAG			
DATE ENDED	TE ENDED PLACE ENDED				
WHO MARRIED	NAME		WHY ENDED:	DEATH	DIVORCE
DATE OF MARRIAGE		PLACE OF MARRIAGE			
DATE ENDED		PLACE ENDED			
WHO MARRIED	NAME		WHY ENDED:	в реатн	DIVORCE
DATE OF MARRIAGE		PLACE OF MARRIAGE	Ξ		
DATE ENDED		PLACE ENDED			
	,				
	PRIOR MARRIAO	GE INFORMATIO	ON FOR SI	POUSE	
WHO MARRIED	NAME		WHY ENDED:	DEATH	DIVORCE
DATE OF MARRIAGE		PLACE OF MARRIAGI	Ξ		
DATE ENDED		PLACE ENDED			
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WHO MARRIED	NAME		WHY ENDED:	DEATH	DIVORCE
DATE OF MARRIAGE		PLACE OF MARRIAGI	Ξ		
DATE ENDED		PLACE ENDED			
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WHO MARRIED	NAME		WHY ENDED:	DEATH	DIVORCE
DATE OF MARRIAGE		PLACE OF MARRIAGI	E		
DATE ENDED		PLACE ENDED			