



Pre-Qualification Form

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To ensure we connect you or your loved one with the right support, please complete this form in full.

Veteran's Full Name: _____ Phone Number: _____

Person Completing the Form: ☐ Veteran ☐ Spouse of Veteran ☐ Other (please complete below)

Name: _____ Relation to Veteran: _____

Phone Number: _____ Email: _____

Basic Eligibility Questions

1. Was the Veteran honorably discharged? ☐ Yes ☐ No

2. Did the Veteran complete at least 90 consecutive days of active service, including at least one day during a recognized period of conflict? ☐ Yes ☐ No

(Check all applicable wartime periods below)

- ☐ World War II (12/07/1941 - 12/31/1946)
- ☐ Korean War (06/27/1950 - 01/31/1955)
- ☐ Vietnam (in-country, 02/28/1961 - 08/05/1964)
- ☐ Vietnam (general service, 08/05/1964 - 05/07/1975)
- ☐ Gulf War (08/02/1990 – Present; 2 years minimum active duty)

3. If you are the surviving spouse, were you married at the time of the Veteran's passing? ☐ Yes ☐ No

4. Have you remained unmarried since the Veteran's death? ☐ Yes ☐ No

5. Does the Veteran currently need help with daily activities such as bathing, dressing, cooking, transportation, or household chores? ☐ Yes ☐ No

6. Are the Veteran's total countable assets (excluding primary residence and vehicle) under \$80,000? ☐ Yes ☐ No

If known, check range:

- ☐ Less than \$20,000 ☐ \$20,000–\$40,000 ☐ \$40,000–\$80,000 ☐ Unknown

7. Monthly income amount: \$ _____

Income source(s):

- ☐ Pension ☐ Annuity ☐ Social Security ☐ Disability ☐ Employment ☐ Other: _____

8. Is the Veteran currently receiving assistance from any other programs or organizations? ☐ Yes ☐ No

9. Is assisted living or long-term care being considered within the next 2–3 months? ☐ Yes ☐ No

10. Is the Veteran or their surviving spouse receiving any VA financial assistance at this time? ☐ Yes ☐ No