



THE LAW OFFICES OF
GABRIEL LENHART

CONFIDENTIAL BENEFITS EVALUATION INTAKE FORM

Primary contact name: _____

Relationship to the claimant: _____

Address: _____

Phone: _____

E-mail address: _____

Tell us about Recipient (Potential Claimant)

Name: _____ Age: _____

Address: _____

Phone: _____

E-mail address: _____

Are you currently: Married Divorced Widowed Never Married

If you are currently married, do you live with your spouse? Yes No

If no, please explain why:

Spouse's name: _____

Is spouse also a veteran? Yes No

Date of marriage: _____ Veteran's date of death: _____

If you are the widow/widower of a veteran, did you live continuously with the veteran from the date of marriage until the date of death? Yes No

If no, please explain why:

If you are the widow/widower of a veteran, did you remarry after the veteran passed away? Yes No

Health Information

In your opinion, would a doctor certify that you need assistance with daily living?
Yes No

What types of activities do you need assistance with?

- | | | |
|-----------------------|-------------|----------|
| Bathing | Dressing | Eating |
| Getting in/out of bed | Toileting | Walking |
| Meals | Medications | Security |
| Transportation | Other _____ | |

Facility/Provider Information

Is anyone currently receiving medical/facility care? Veteran Spouse

Are you currently in a facility? Yes No

If yes, which type of facility are you in?

- Assisted living Nursing home Independent living

What is the name of your facility? _____

What is your monthly cost for this facility? \$ _____

Do you currently live at home? Yes No

Are you receiving at-home care? Yes No



If so, what date did you begin receiving care? _____

Who provides your at-home care? _____

Is your at-home care provider compensated for that care? Yes No

What is the monthly amount you pay for this care? \$ _____

Medical Expense Information

Do you have long-term care insurance? Yes No

If yes, does it help pay for your current care? Yes No

What is the monthly cost of your LTC: \$ _____

What amount does it cover? \$ _____

Do you have health insurance deductions taken from your social security check?

Yes No

If yes, please provide the monthly amount that is deducted from your check:

Part B: \$ _____ Part D: \$ _____ Other: _____

Do you have health insurance? Yes No

What is the monthly cost of that insurance? \$ _____

What is the name of the health insurance provider? _____

Does your spouse have long-term care insurance? Yes No

If yes, does it help pay for his/her current care? Yes No

What is the monthly cost of your spouse's LTC? \$ _____

What amount does it cover? \$ _____

Does your spouse have health insurance? Yes No

What is the monthly cost of that insurance? \$ _____



What is the name of the health insurance provider? _____

Are you or your spouse currently receiving Medicaid?

You: Yes No Spouse: Yes No

Military Service Information

Are you: a veteran, or the widow/widower of a veteran

In what branch of the military did the veteran serve? _____

Did the veteran serve in active duty during a declared state of war? Yes No

What years did the veteran serve? _____

Did the veteran receive an honorable discharge? Yes No

Have you ever filed a claim with the VA? Yes No

What is the file or claim number? _____

Are you currently receiving pension or compensation benefits from the VA?

 Yes No

If yes, what is the monthly amount you receive? \$_____

Financial Information: Income

Please list the gross monthly income for both the veteran and spouse (if applicable) and the source from which it's received.

	<i>Veteran</i>	<i>Spouse</i>	
Social Security	_____	_____	
Pension	_____	_____	from _____
Interest/Dividend	_____	_____	
Military Retirement	_____	_____	



SSI/Public Assistance _____

Other _____ from _____

Financial Information: Assets

Please list all assets that make up your net worth in the appropriate space below.

	<i>Veteran</i>	<i>Spouse</i>
Stocks, Bonds, Mutual Funds	_____	_____
Cash/Non-Interest Accounts	_____	_____
Interest Bearing Accounts	_____	_____
IRA/Retirement Accounts	_____	_____
Annuities	_____	_____

Do you have a trust? Yes No

If yes, is your trust revocable, irrevocable, or unknown

Do you have a life insurance policy? Yes No

What is the cash value of the policy? \$ _____

Do you and/or your spouse currently own your primary residence? Yes No

What is the value of this property? \$ _____

What is your current mortgage balance: \$ _____

Do you currently have a reverse mortgage on this property? Yes No

If so, what amount? \$ _____

Do you currently own any other property or real estate? Yes No

If yes, please describe the property type and the value:



Do you plan on selling either the primary residence or other real estate in the near future? Yes No

By signing below, I certify that the information provided is true and correct to the best of my knowledge.

Your signature (or POA): _____

Date signed: _____

Spouse's signature (or POA): _____

Date signed: _____

