



We Change Lives

Headquarters: 11861 Westline Industrial Drive • St. Louis, MO 63146
National Referral Number 888-314-6075 • Fax 888-639-4180 • referrals@veteranshomecare.com

New Client Referral Form

Please complete as much as possible and fax or email to Veterans Home Care using the information above. Or, you can download our app and/or use your smart phone, tablet or desktop computer to send us your referral online at www.veteranshomecare.com

Agency: Branch/Location: Date:
Referring Person: Phone:
Email:

PROSPECTIVE CLIENT INFORMATION

Applicant Name: Phone #1:
Address: Phone #2:
City: State: Zip Code: County:
Date of Birth:
Applicant is a VETERAN: Applicant is the SURVIVING SPOUSE of a Veteran:
WAR PERIOD SERVED: WWII KOREAN VIETNAM OTHER
If the veteran did not serve during wartime, the applicant will not qualify for the "Aid and Attendance" pension.
If applicant is a SURVIVING SPOUSE: Was applicant divorced from veteran at time of veteran's death? Yes No
If the answer to the above question is "Yes" the applicant will not qualify for the "Aid and Attendance" pension.
Is applicant driving? Yes No
Needs help with: (Check all that apply) Bathing Dressing Toileting/Continence Walking Meal Preparation
Notes:
Currently receiving a VA pension or VA compensation? Yes No

SPOUSE INFORMATION

If the applicant is currently or was married:
Spouse/Veteran Name: Date of Birth:
Wife's Maiden Name: Date of Marriage:
Total Marriage(s) VETERAN #: SPOUSE #:

CONTACT INFORMATION

Additional Contact Name: Relationship:
Email: Phone #1:
Address: Phone #2:
City/State: Zip Code:
Primary correspondence should be with: Applicant Spouse Additional Contact: