



Pension Amount and Eligibility Worksheet - 2011

90 Days of Activity With At Least 1 Day During Time Of War

- | | |
|---|--|
| <input type="checkbox"/> World War II | December 7, 1941 – December 31, 1946 |
| <input type="checkbox"/> Korean Conflict | June 27, 1950 – January 31, 1955 |
| <input type="checkbox"/> Vietnam Era | August 5, 1964 – May 7, 1975 (February 28, 1961 if “in-country” before 8/5/64) |
| <input type="checkbox"/> Persian Gulf War | August 2, 1990 – date to be set by law or Presidential Proclamation |

Medical Diagnosis

- The Claimant must be homebound, defined as unable to safely drive a vehicle and not currently driving.

The Claimant must also have a medical diagnosis that indicates that he/she requires the permanent and regular assistance with at least one of these Activities of Daily Living as a result of their medical problems:

- | | |
|---|--|
| <input type="checkbox"/> Assistance with dressing activities | <input type="checkbox"/> Assistance to properly groom/clean self |
| <input type="checkbox"/> Assistance with eating | <input type="checkbox"/> Assistance with bathing |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Assistance attending to the needs of nature |
| <input type="checkbox"/> Disability or Impairment such as blindness, deafness, orthopedic or has a prosthetic | |

Income Requirements

- Calculation to determine financial eligibility for the VA pension benefit:

List Social Security Income (Veteran and Spouse) = \$ _____
List Retirement Pension Income (Veteran and Spouse) = \$ _____
List Interest and Dividend Income (Veteran and Spouse) ÷ 12 = \$ _____

TOTAL Monthly Household Income = \$ _____

Subtract the cost of Supplemental Medical Insurance Premiums = \$ _____
Subtract the cost of Prescription Co-Payments = \$ _____
Subtract the cost of Long-term Care Insurance Premiums = \$ _____
Subtract the cost of Home Care Services or Assisted Living = \$ _____
Subtract the cost of non-reimbursed Oxygen & Diabetic Supplies = \$ _____

TOTAL Monthly Qualified Health Expenses = \$ _____

- *Don't worry if you are unsure of what qualifies as an expense.
We will assist you in determining how much monthly pension you qualify for.



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- Assistance with dressing activities
- Assistance with eating
- Incontinence
- Disability or Impairment such as blindness, deafness, orthopedic or has a prosthetic
- Assistance to properly groom/clean self
- Assistance with bathing
- Assistance attending to the needs of nature

Income Requirements

- Calculation to determine financial eligibility for the VA pension benefit:

List Social Security Income (Veteran and Spouse)	= \$	<u>\$2,800.00</u>
List Retirement Pension Income (Veteran and Spouse)	= \$	<u>\$650.00</u>
List Interest and Dividend Income (Veteran and Spouse) ÷ 12	= \$	<u>\$189.00</u>

TOTAL Monthly Household Income	= \$	<u>\$3,639.00</u>
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Subtract the cost of Supplemental Medical Insurance Premiums	= \$	<u>\$225.00</u>
Subtract the cost of Prescription Co-Payments	= \$	<u>\$87.00</u>
Subtract the cost of Long-term Care Insurance Premiums	= \$	<u>none</u>
Subtract the cost of Home Care Services or Assisted Living	= \$	<u>\$3000.00</u>
Subtract the cost of non-reimbursed Oxygen & Diabetic Supplies	= \$	<u>none</u>

TOTAL Monthly Qualified Health Expenses	= \$	<u>\$3,312.00</u>
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PURPOSES ONLY