SENIOR CARE ASSOCIATES INC

Phone: (720) 344-0312
FAX: (720) 344-3663

Email:
WilmaAnderson@q.com

Personal Information about the Individual Who Wishes to Apply for Benefits:

Full Last Name	First Name	Middle Initial
[ ] Male [ ] Female	Date of Birth (00/00/0000) __ __/__ __/ __ __ __ __	Current Age

Address of Individual Who Wishes to Apply for Benefits:

Street Address Apt. #	City	State	Zip
Home Phone	Cell Phone	email	
Is Applicant currently living at home? [ ] Yes [ ] No	If yes, Applicant intends to remain at home for: [ ]Less than 1 yr. [ ] More than 1 yr.	If no, where is Applicant currently living? [ ] Assisted Living [ ] Nursing Home [ ] Other	

Applicant's marital status is: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

Spouse Information [ ] NA

Full Last Name	First Name	Middle Initial	[ ] Male [ ] Female	Age
Spouse is currently living? [ ] At Home [ ] Assisted Living [ ] Nursing Home	It is likely Spouse remain at home for: [ ] Less than 1 yr. [ ] Less than 2 yr. [ ] Less than 3 yr. [ ] More than 3 yr.			

This Questionnaire is being completed by:

[ ] The Applicant [ ] The Applicant's Spouse [ ] Other, If Other complete the following:

Last Name	First Name			Relationship to Applicant. [ ] Child [ ] Grandchild [ ] Sibling [ ] Other
Street Address	**City**	**State**	**Zip**	**Phone**

Veteran Qualifications:

Is Applicant a United States military veteran who received an Honorable Discharge?	Is Applicant the current spouse of a United States military veteran who received an Honorable Discharge?	If Applicant is the Spouse of a deceased Veteran:
[ ] Yes [ ] No	[ ] Yes [ ] No	1. Were you married to a Veteran at the time of the Veteran's death? 2. Did the Veteran receive an Honorable Discharge? 3. Have you remarried since the Veteran's death? [ ] Yes [ ] No

Veteran's Service Requirement:

Did the Veteran complete the required active duty serving (whether in combat or not) during one of the following periods of War:

World War II	Korean Conflict	Vietnam Era	Gulf War
90 days of continuous military service with at least one day served during the period December 7, 1941 through December 31, 1946. [ ] Yes [ ] No	90 days of continuous military service with at least one day served during the period June 27, 1950 through January 31, 1955. [ ] Yes [ ] No	Six months of continuous military service with at least one day served during the period August 5, 1964 through May 7, 1975. For veterans who served "in country" the service period is February 28, 1961 through May 7, 1975, [ ] Yes [ ] No	Two years of continuous military service with at least one day served during the period August 2, 1990 through such future date set by law or Presidential Proclamation. [ ] Yes [ ] No

Medical Needs Requirement

Complete the following if the Applicant is:

- **A Veteran age 65 or older,**
- **The current spouse of a Veteran, or**
- **The unmarried spouse of a deceased Veteran.**

Is Applicant blind or nearly blind? (visual acuity of 5/200 or less, in both eyes or concentric contraction of the visual field to 5 degrees or less). **[ ] Yes [ ] No**	**Is Applicant a patient in a nursing home because of mental or physical incapacity?** **[ ] Yes [ ] No**	**Is the Applicant substantially confined to his/her immediate premises because of a permanent disability?** **[ ] Yes [ ] No**

Does Applicant need the assistance of another with at least two of the following? **[ ] Yes [ ] No**

Assistance with bathing	**[ ] Yes [ ] No**	**Walking**	**[ ] Yes [ ] No**
Standing and Sitting	**[ ] Yes [ ] No**	**Dressing and Undressing**	**[ ] Yes [ ] No**
Getting out of Bed	**[ ] Yes [ ] No**	**Taking Medication**	**[ ] Yes [ ] No**
Eating	**[ ] Yes [ ] No**	**Other:**	**[ ] Yes [ ] No**

What other information should we know about You or your Spouse?

MONTHLY INCOME

Complete the following for the Applicant and if married the Applicant's Spouse.

Applicant Monthly Income		Spouse Monthly Income [ ] NA	
Item	**Amount**	**Item**	**Amount**
Social Security Benefits		Social Security Benefits	
Government Pension		Government Pension	
Non-Government Pension		Non-Government Pension	
Other Income (Specify)		Other Income (Specify)	
Monthly $$ Benefit of Long-term Care Policy (if you are on claim now)			

Do you or your Spouse have a long term care policy?	Are You or your Spouse on claim with the long term care policy that you now have?

Unreimbursed Medical Expenses and Costs:

Hass Applicant been receiving care for more than 30 days?

[ ] In Home Care. **[ ] Nursing Home.** **[ ] Assisted Living facility.**

$_____** **$_____ **$_____**

FINANCIAL RESOURCES

List ALL of the assets of both the Applicant and if applicable, the Applicant's spouse. This includes property jointly owned with others. Please remember, you must disclose all of your assets when applying for benefits.

ITEM	NET VALUE	ITEM	NET VALUE
Cash		Stocks and Bonds	
Checking and Savings		Promissory Notes	
Certificates of Deposits		Personal Residence	
Mutual Funds		Other Real Property	
Annuities		Life Insurance Cash Value	
IRAs		Vehicles	
Retirement Accounts		Funeral/burial Contracts	

TRUSTS:

A. Are you (or your Spouse) named as a Trustee of a Trust? [ ] Yes [ ] No

B. Have you (or your Spouse) transferred assets to a Trust? [ ] Yes [ ] No

1. **Is the Trust a Revocable Trust? [ ] Yes [ ] No**
2. **Is the Trust an Irrevocable Trust? [ ] Yes [ ] No**