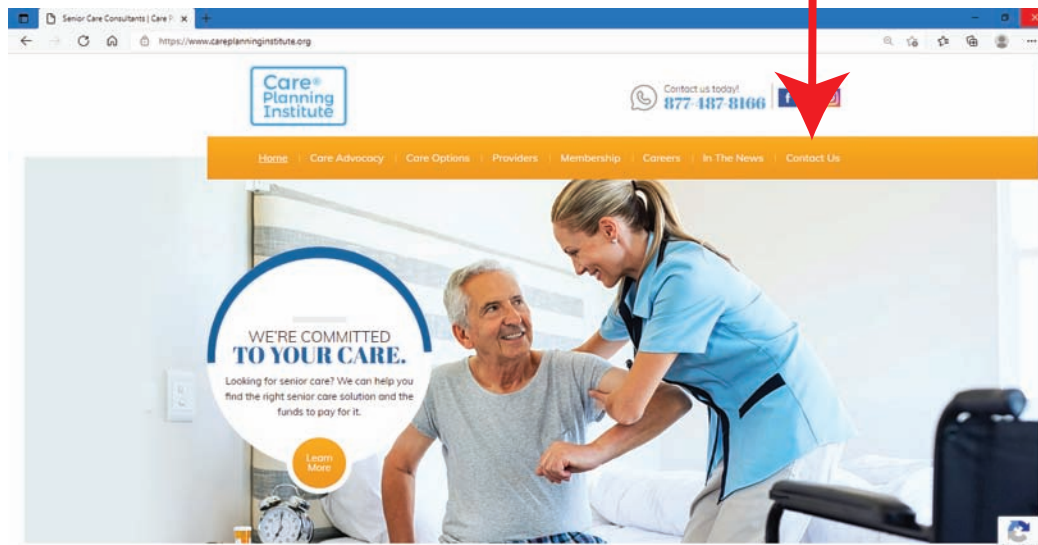


# How to Submit the VA Benefit Aid and Attendance Referral Through the CPI Website Portal



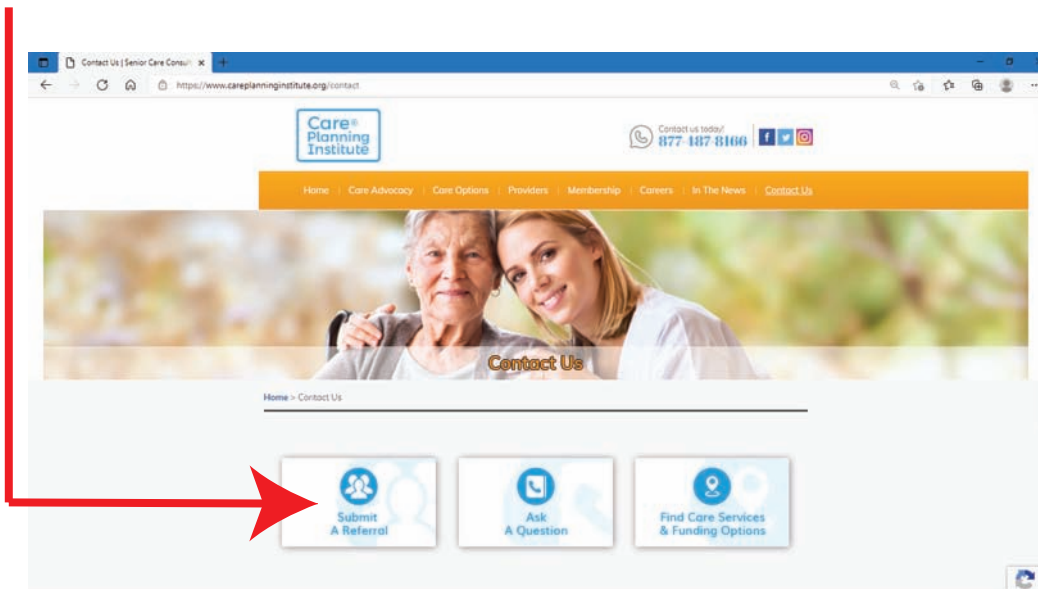
1. Go to [www.careplanninginstitute.org](http://www.careplanninginstitute.org)

Click on **"Contact Us"**



2. You will be directed to the **"Submit a Referral"** website page

Click on **"Submit a Referral"**



## How to Submit the VA Benefit Aid and Attendance Referral Through the CPI Website Portal



### 3. Input the required information

*Please NOTE: If any of the required information is missing, the portal will give an error message.*

Submit A Referral | Senior Care

https://www.careplanninginstitute.org/refer

Care Planning Institute

Contact us today! 877-487-8166

Home | Care Advocacy | Care Options | Providers | Membership | Careers | In The News | Contact Us

Submit A Referral

Home > Submit A Referral

Please complete this form to submit a referral.

**\* REQUIRED INFORMATION**

REFERRING ORGANIZATION NAME (WRITE "NONE" IF YOUR FAMILY IS SELF-REFERRING)\*  
Enter referring organization name here

REFERRING ORGANIZATION WEBSITE (WRITE "NONE" IF YOUR FAMILY IS SELF-REFERRING)\*  
Enter referring organization website here

REFERRING INDIVIDUAL'S EMAIL\*  
Enter referring individual's email here

FAMILY POINT OF CONTACT NAME (CANNOT BE THE CARE RECIPIENT)\*  
Enter first name here Enter last name here

FAMILY POINT OF CONTACT PHONE\*  
Enter phone number here

FAMILY POINT OF CONTACT EMAIL ADDRESS\*  
Enter email address here

QUESTION(S) COMMENTS  
Enter question / comments here

CARE RECIPIENT FULL NAME\*  
Enter first name of care recipient here Enter last name of care recipient here

CARE RECIPIENT STATE\*  
-- Select --

CARE RECIPIENT RELATIONSHIP TO POINT OF CONTACT\*  
Enter care recipient relationship to point of contact here

CARE RECIPIENT IS A VETERAN OR SPOUSE OF A VETERAN\*  
☐ Yes ☐ No

Submit

Care Recipient MUST be a "YES" in order to move forward. Click on "YES"

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4. When you click on **"YES"** on "Care Recipient is a Veteran or Spouse of a Veteran", there will be additional questions that will dropdown.

Click on **"YES"** on "Care Recipient Meets the 8 Eligibility Requirement"

*NOTE: This must be a YES in order to move forward.*

Click on **"YES"** on "Care Manager Reviewed the VA Benefit Powerpoint Presentation"

*NOTE: This can be a YES, NO or N/A in order to move forward.*

CARE RECIPIENT IS A VETERAN OR SPOUSE OF A VETERAN\*

☒ Yes ☐ No

If yes, [Click This Link](#) to see the 8 main VA Benefit eligibility questions.

CARE RECIPIENT MEETS THE 8 MAIN VA BENEFIT ELIGIBILITY REQUIREMENT\*

☒ Yes ☐ No ☐ N/A

CARE MANAGER REVIEWED THE VA BENEFIT POWERPOINT PRESENTATION\*

☒ Yes ☐ No ☐ N/A

UPLOAD FILE HERE\*

Client Release Documents required to submit a VA referral. You can add up to 6 documents or up to 18 MB.

|             |                |             |                |             |                |
|-------------|----------------|-------------|----------------|-------------|----------------|
| Choose File | No file chosen | Choose File | No file chosen | Choose File | No file chosen |
| Choose File | No file chosen | Choose File | No file chosen | Choose File | No file chosen |

Please let the family know that **Care Planning Institute** will be contacting them within 1-2 business days so they can be ready for the call and know who is calling.

**Submit**

5. Upload the Release Documents

6. Click on **"Submit"**