

# Instruction Sheet

{THIS PAGE FOR AGENCY USE ONLY}

- Make contact with the benefit applicant and their point of contact. Schedule appointment in their home with both of them.
- BUILD RELATIONSHIPS!!
- Ask the 8 questions
- PowerPoint Presentation
- Give The Applicant The Welcome Letter
- Complete the 'Vet Benefit Group Referral Form'
- Upload the referral form and below completed documents to: [www.careplanninginstitute.org/contact](http://www.careplanninginstitute.org/contact)

# The Eight Main Eligibility Requirements To Qualify For The VA Pension With Aid & Attendance Benefit [This Page For Agency Use Only]

1. **Must be a Veteran, living spouse or surviving spouse** of a Veteran over age 65.
2. **Must need assistance** at home.
3. **Monthly income, from all sources, must be LESS THAN these amounts. NOTE: If income is up to \$1,000 per month more than the below, options are still available to qualify. CPI will discuss these options with the family directly.**  
Couples: \$2,300  
Single Veteran: \$2,000  
Surviving Spouse: \$1,250  
Must not be on Medicaid (or Section 8 Housing) UNLESS their social worker has approved them getting the VA Benefit due to them spending ALL of the benefit on care services. NOTE: Not all Medicaid Social Workers will approve - so you/family need to discuss with the Social Worker before submitting and let them know ALL of the benefit funds will be spent on care.
4. **Must have less than \$130,000 in retirement accounts** (i.e. 401K, annuities, stocks, bonds, and cash in bank). Their home value and personal property are exempt.
5. **Surviving Spouse must have been married to the Veteran** at the time of the Veteran's death.
6. **Veteran must have served at least 1 day of ACTIVE DUTY** (national guard or reserves don't count) during these times of war: (WW II: Dec 1941 – Dec 1946, Korean War: June 1950 –Jan 1955, Vietnam War: Feb 1961 – Aug 1964 (if served in Vietnam); Sept 1964 –May 1975 (in or outside of Vietnam); Gulf War: 1990 to Present.
7. **Applicant must NOT be receiving monthly payments to their bank account from the VA for wounds suffered** during their military service. OR, applicant must NOT have sent an application to the VA for this Pension Benefit already.
8. **Applicant must be living at home (or ILF/ALF) and want to stay there for at least a year.**  
OR, have a discharge date to return home - from the facility they are currently in.

## Next Steps:

If the applicant meets all of the above requirements then walk through the VA Benefit PowerPoint Presentation with them so they understand the basics of the benefit. Then give them the Client Release Documents below so they can review/sign. After they sign, scan them with your phone's "CamScanner" app and upload them to our referral portal at:

[www.careplanninginstitute.org/contact](http://www.careplanninginstitute.org/contact). Let the applicant know our CPI Vet Benefit Group will be contacting them in 1-2 business days from a California phone number.

# Veteran Benefits Referral Information

Input the below information to: [www.careplanninginstitute.org/contact](http://www.careplanninginstitute.org/contact)

Veteran or Surviving Spouse Name: \_\_\_\_\_

Family's point of contact – Full Name: \_\_\_\_\_

Family's point of contact Phone Number: \_\_\_\_\_

Family's point of contact Email address: \_\_\_\_\_

Applicant and family sign the Release Documents. Scan the documents.

Scan the Veterans Military Discharge document (DD214) if they have it in their home. Getting a copy of the DD214 now speeds up their application process.

Questions/comments/concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** SCAN SIGNED COPIES OF THE BELOW DOCUMENTS AND INCLUDE AS AN ATTACHMENT WHEN YOU INPUT THE ABOVE INFORMATION INTO OUR ONLINE REFERRAL SUBMISSION FORM.



Dear Sir/Madam,

Thank you for your service to our country! We, at Care Planning Institute, **provide a turn-key one stop shop** to help Veterans and their spouses successfully obtain a little-known Veterans Administration Benefit - named 'Pension with Aid & Attendance.'

**The benefit funds will enable you to pay for a Personal Assistant to come to your home** and assist you with cooking meals, transportation, grocery shopping, light house-keeping, getting dressed, etc. The goal of the Personal Assistant is to help you with difficult to do tasks and reduce your risk of falling so that you don't end up going into a nursing home. An ounce of prevention is worth a pound of cure and this personal assistant can give you the ability to maintain your independence at home.

**Why not apply at your local VA Office - you may ask?** "Delay, deny...wait till I die!" This is the phrase many veterans use to describe their local VA Regional Offices – which often take up to 10 years to approve/deny benefits. **This 2018 CBS News Investigation of the VA found 900,000 claims pending up to 10 years.** Tens of thousands of claims were "hidden away in cabinets" to reduce VA Regional Office employee work loads: Go here to view the 5 minute investigative report video: <https://www.careplanninginstitute.org/senior-care-consultancy-our-services/veterans-care>

**In order for us to proceed with gathering the paperwork needed** to create your benefit application we need you to do the following:

- 1. READ, SIGN, AND DATE the attached documents** (Sign where the arrows are located). **NOTE:** The Veteran/Surviving Spouse **MUST** sign these documents where indicated. A Power of Attorney is **NOT** allowed to sign in their place.
- 2. Find the Veteran's Military Discharge Form (DD214)**
- 3. Find the Veteran's Death Certificate** (if you are a surviving spouse)
- 4. Scan Documents** - Once you (Veteran/Surviving Spouse) and your witness have signed the attached documents and found the above document(s) – the home care agency case manager will scan all of them and send them to our VA Benefit Team for processing.

**NEXT STEP** - **You will receive a call** from one of our Case Managers within 1-2 business days to perform your VA Benefit Pre-Qualification. Feel free to contact me with any questions.

Best Regards,

**Larissa Gomez Luna**

Veterans Benefit Group

A Division of Care Planning Institute

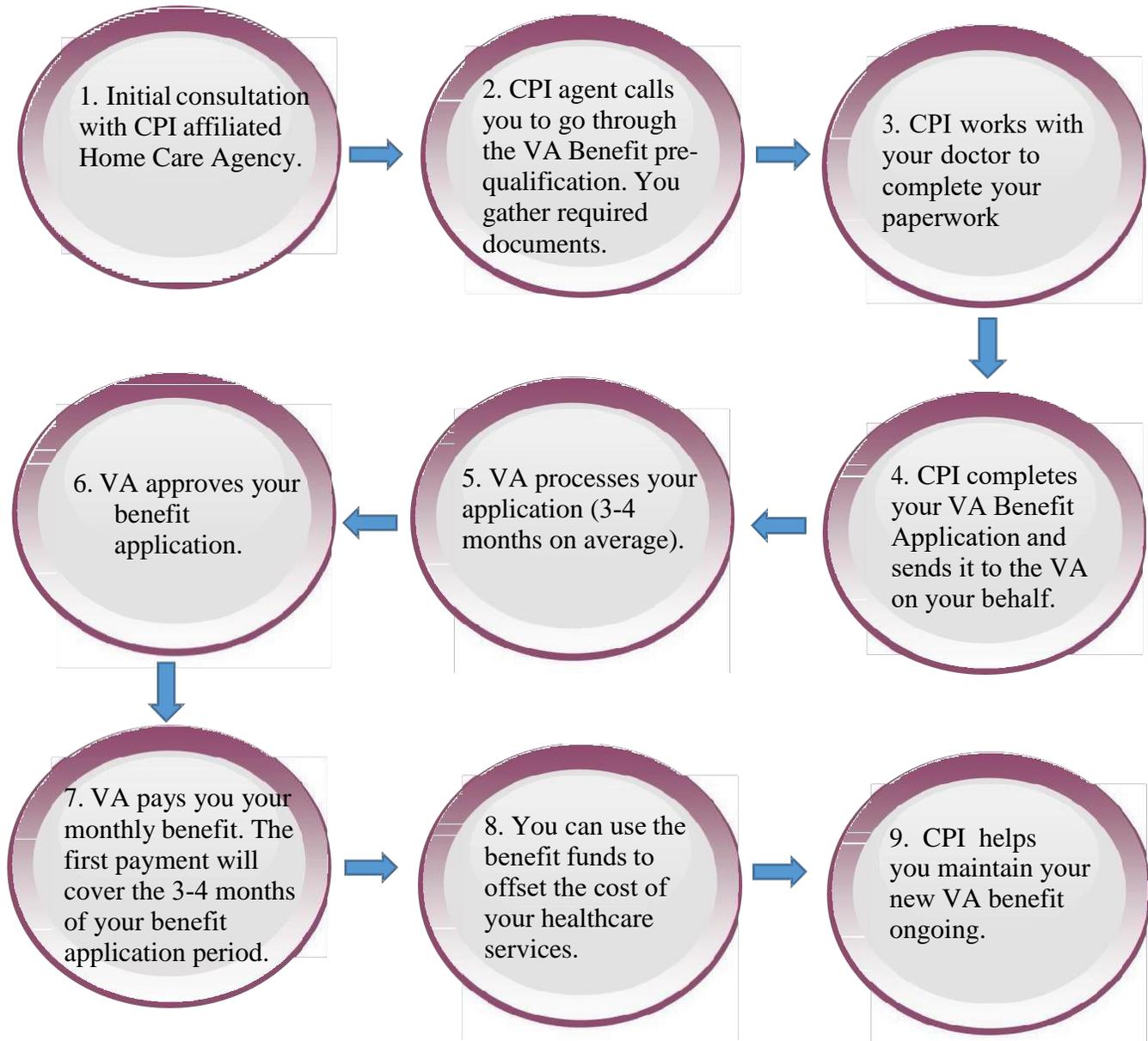
7545 Irvine Center Drive, Suite 200, Irvine, CA. 92618

**Direct Phone: (949) 407-6202**

Fax: (800) 466-6001

# Step By Step Guide

## To The VA Pension With Aid & Attendance Benefit Using CPI



Note: The timing on Steps 1-4 above depends entirely on you the applicant. There are documents you need to submit and the quicker you gather them and submit those evidential documents I.E. Marriage Certificate, Death Certificate, One recent Bank Account Statement for all bank accounts, the quicker we can move to step 4. Your CPI Agent will inform you about which documents you need to gather.



## Authorization To Assist With A Veterans Benefit Application

1. I understand that Care Planning Institute (CPI) does not charge Veterans or their family members for assistance with developing and filing a VA Pension With Aid & Attendance Benefit Application. I also understand that CPI's services are paid for by the home care agency that will be (or currently is) providing personal assistant services to me in my home.
2. I understand that CPI has Accredited Veterans Benefit Agents that work independent from the VA to help ensure the VA approves each CPI client for the maximum benefit they are entitled.
3. I authorize CPI, at its discretion, to assist me with applying for the VA Pension with Aid & Attendance Benefit. I understand that CPI has a 99.8% success rate in helping its clients receive the maximum pension benefit award – but ultimately the VA Pension Management Center in Minnesota makes the decision on whether an applicant will be awarded the full benefit.
4. I understand that CPI, at its discretion, will further assist me in maintaining my eligibility for the VA Benefit - after benefit approval. I understand CPI does not charge Veterans or their families for benefit maintenance services.

Date: \_\_\_\_\_



\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (PRINT)



\_\_\_\_\_  
Family Member/Witness Signature

\_\_\_\_\_  
Family Member/Witness Name (PRINT)



**Authorization to Secure, Use and/or Disclose Personal Information**

PRINT Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Claimant Social Security No.: \_\_\_\_\_ Covered Entity: Care Planning Institute, Inc

I authorize Care Planning Institute, Inc to secure, use and/or disclose (via verbal, US Mail/FedEx, Fax, or Email avenues) the specific protected health information (PHI) identified below, and any personal or financial information of the above-named individual, to the verbally agreed upon community agencies and individuals for the provision of care management and personal care services.

**INFORMATION COVERED**

- Entire Care Management Record
- Health Care Provider Records
- Care Management Notes
- Military Discharge Records
- Billing Records
- Personal & Financial Information

I understand that this may include information relating to HIV (Human Immunodeficiency Virus), Treatment for Alcohol and/or Drug/Substance Abuse, Mental Health, Communicable Diseases, and/or Genetic Testing.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by the Federal Privacy Rule, the information used or disclosed as described above may be redisclosed and no longer protected by the Rule.

I fully understand that the intent of this authorization is to secure, use and release information solely for the purpose of case management - including assessment, planning, implementation, coordination, monitoring, reassessment and interaction on behalf of the above-named individual. I understand that Care Planning Institute, Inc will release only information necessary to the case management process or required by law.

This authorization shall expire two years following the termination of services by Care Planning Institute, Inc.

I understand that I may revoke this authorization in part or in full, in writing at any time by contacting Care Planning Institute, Inc at this phone: 1-877-487-8166. Upon written notice of revocation, further use or disclosure of my PHI shall cease immediately except to the extent that the entity, program or client has acted in reliance upon the authorization or to the extent that use or disclosure is otherwise permitted or required by law.

 \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Witness Name

 \_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



## Authorization to Release Military Separation Documentation (DD214)

I acknowledge and authorize my written request for the National Archives and Records Administration (NARA) to release any information, which is necessary for me to obtain benefits, to CARE PLANNING INSTITUTE. I am authorizing you to contact CARE PLANNING INSTITUTE with any questions regarding my request. I also understand that CARE PLANNING INSTITUTE may utilize different communication methods while assisting me in obtaining military information or documentation.



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*Veteran or Surviving Spouse Signature*

Date

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PRINT VETERAN OR SURVIVING SPOUSE NAME

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*Responsible Party/POA Signature (if applicable)*

Date

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PRINT RESPONSIBLE PARTY/POA NAME (if applicable)



## Authorization To Release Medical Information

Date: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

To Whom It May Concern:

I am one of your patients who is applying for benefits through the Department of Veterans Affairs. Please complete form 21-2680 attached and fax the form to CARE PLANNING INSTITUTE at (800) 466-6001. I am trying to finalize my application for benefits and would appreciate receiving this information as soon as possible.

This VA Benefit will allow me to have the necessary funds to pay for an aide to come to my home to help reduce my risk of falling and stay independent at home for as long as possible. Time is of the essence in getting this benefit in place.

I appreciate your prompt response to my request!

Best Regards,



\_\_\_\_\_  
*Patient Signature*

(This release may be terminated at any time with written request.)

\_\_\_\_\_  
*POA Signature (if applicable)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT POA NAME (if applicable)

Any dissemination or use of any written and/or electronic communication and/or documentation (including all forms of attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please discard or delete the original message (including any attachments) in its entirety.