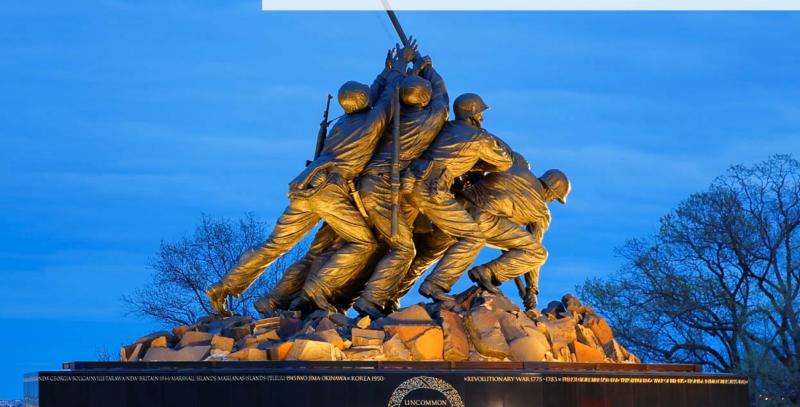


# Veteran Intake Packet

### PRIVATE CLIENT SERVICES

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Wells Fargo South Tower 355 South Grand Avenue Suite 2450 Los Angeles, CA 90071 +1 213 277 5580

> North Galleria Tower 13155 Noel Road 9th Floor Dallas, TX 75240 +1 214 444 7010

#### **Section 1. Your Personal Information**

1. Veteran's First Name	N	M. I.	Last Na	me		U.S. Citizen'		N, ITIN, or F	oreign	Tax ID #
2. Your Spouse's First Name	N	M. I.	Last Na	me		U.S. Citizen′	? SSI No	N, ITIN, or F	oreign	Tax ID #
3. Current Mailing Address	·	Apt	#	City			State	Zip Code		
4. Contact Information Phone:	Cell Phone	e:			E-mail:					
5. Your Date of Birth	6. Your Jo	b Titl	le		Are you:	7. Legal	ly Blind		Yes	No
					8. Totally	and Permaner	ntly Disab	oled	Yes	No
9. Your Spouse's Date of Birth	10. Your Spouse's Job Title			tle	Is Your Spouse: 11. Legally Blind				Yes	No
					12. Totally	and Permaner	ntly Disab	oled	Yes	No

#### Section 2. Marital Status and Household Information

- 1. As of December 31, 2018, were you?
  - Single

Married: Did you live with your spouse during any part of the last six months of the year? Yes No Divorced or legally separated: Only check this box if last year was the year of the divorce or separation.

Widowed: Year of spouse's passing: \_\_\_\_\_

#### **Section 3. Veteran Information Overview**

1.	For which types(s) of veteran benefits is the applicant seeking assistance?	5. In what location is the care recipient/applicant seeking assistance?		
2.	Is the applicant a veteran, surviving spouse, or a war-time veteran?	6. What is the applicant's monthly income? Include spouse's income but do not include income received from the VA.		
3.	Has the applicant already filed a claim?	7. What is the total value of the resources held by the applicant? Include assets jointly held with a spouse. Do		
4.	With which activities does the applicant require assistance? Check all that apply.	not include the value of your main home.		
	Personal Hygiene	8. What is the veteran's state of residence?		
	Dressing			
	Eating	9. For the person completing this form, please identify your relationship to the veteran as well as the name, number, and email address of the person who we should contact:		
	Maintaining Continence			
	Transferring / Mobility			
	Supervision Due to Dementia or			
	Neurological Decline			

## Section 4. Asset Inventory & Income Calculation

#### ASSETS

Column A	Column B	Column C	Column D	Column E
Type of Asset	Fair Market	Original	Liability on	Description of
	Value of Asset	<b>Purchase Price</b>	this Asset	Asset
<b>Checking</b> Accounts				
Savings Accounts				
CDs				
<b>Retirement</b> Accounts				
Stocks & Bonds				
Other Investments				
Life Insurance				
Main Home				
<b>Other Real Estate</b>				
Personal Effects				
Vehicles				
All Other Combined				

#### INCOME

Types of Incomes	Amount x Frequency	Annual Total
Employment - Salary & Wages		
Interest Income		
Dividends		
Business Income		
Capital Gain		
Pensions and Annuities		
Social Security		
Alimony		
Public Assistance		
Unemployment Income		
Rental Income		
Farm Income		
Child Support		
All Other Income		