

### Section 1: Applicant Information

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Applicant Social Security Number \_\_\_\_\_

Applicant Date of Birth \_\_\_\_\_

Relationship to Veteran \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

### Section 2: Demographic

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Street Address \_\_\_\_\_

Town State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Section 3: Veteran Information

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Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_

Branch of Service \_\_\_\_\_ Service Start Date \_\_\_\_\_ Service End Date \_\_\_\_\_

### Section 4: Applicant's Ethnicity/Race

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This information is collected to make sure everyone is treated fairly. Your answer is voluntary, and it will not affect the eligibility or amount. Circle or write in the correct answer.

Male or Female?    Male      Female      U.S. Citizen?      Yes      No

Spoken Language? \_\_\_\_\_      Hispanic or Latino? \_\_\_\_\_

Race? \_\_\_\_\_      Disabled?      Yes      No

## Section 5: Household Members Seeking Aid

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### 1st Household Member

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Relationship to Veteran \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male or Female?    Male      Female                  U.S. Citizen?                  Yes                  No

### 2nd Household Member

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Relationship to Veteran \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male or Female?    Male      Female                  U.S. Citizen?                  Yes                  No

### 3rd Household Member

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Relationship to Veteran \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male or Female?    Male      Female                  U.S. Citizen?                  Yes                  No

\* Additional Household members seeking aid may be listed on a separate sheet and attached to the application.

## Section 6: Employment

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Note: This information is required even if the Veteran has been retired for several years.

Name of Last Employer: \_\_\_\_\_

Last Employer Address: \_\_\_\_\_

Length of Employment in months: \_\_\_\_\_ Self Employed? \_\_\_\_\_

Occupation \_\_\_\_\_

Reason for Application (circle one)

Medical

Financial: Retired

Financial: Unemployed \*

Financial: Underemployed

Financial: Disabled \*\*

\* If you answered **Financial: Unemployed**, continued benefits will be dependent your cooperation with the Veteran's Service Officer to participate in an employment plan. Please submit a copy of your current resume, how long you have been unemployed, what actions you have taken to gain employment, and if you currently qualify for Post 9-11 G.I. Bill benefits. Be aware that, according to Code of Massachusetts Regulation 108 7.01 (4) *The veterans' agent shall deny further veterans' benefits to employable applicants who refuse, without good cause, to accept any bona fide offer of employment for which they are reasonably qualified based on their skills, training, physical condition, and present circumstances.*

*Notwithstanding the foregoing, applicants may be required to accept minimum wage employment.*

\*\* If you answered Financial: Disabled, we will need medical documentation from your medical provider stating that you are unable to work due to a medical disability.

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### Section 9: Obligations

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Is the applicant obligated to pay support for children?	Yes	No
Is the applicant in arrears for any support payments?	Yes	No
Is the applicant currently in receipt of any other public assistance from any other source?	Yes	No
Has the applicant received or is receiving MGL c 115 benefits from any other community?	Yes	No

### Section 10: Investments

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List the Name, Account Number(s), and current value of all Checking, Savings, IRAs, Savings bonds, Money Market 401K accounts, or any other type of savings, investment or retirement account of any kind.

#### Account 1

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Name of account \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Value \$ \_\_\_\_\_

#### Account 2

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Name of account \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Value \$ \_\_\_\_\_

#### Account 3

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Name of account \_\_\_\_\_  
Account Number \_\_\_\_\_  
Current Value \$ \_\_\_\_\_

\* Additional accounts may be listed on a separate sheet and attached to the application.



**Section 11: Insurance**

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Does the applicant or spouse have medical insurance?                      Yes                      No

Company Name \_\_\_\_\_

Insurance Type (HMO, PPO, etc) \_\_\_\_\_

Premium Amount \_\_\_\_\_

Medicare Part A?                      Yes                      No                      Effective Date: \_\_\_\_\_

Medicare Part B?                      Yes                      No                      Effective Date: \_\_\_\_\_

Prescription Drug Plan?                      Yes                      No                      Plan Name: \_\_\_\_\_

Prescription Advantage Plan?                      Yes                      No

Are you enrolled in any programs that reimburse you for insurance premiums or copays?                      Yes                      No

If Yes: \_\_\_\_\_

## Section 12: Document Checklist

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- DD 214
  - Social Security **Statement & Card** Income Verification, i.e. *pension, etc*
  - Last 3 bank statements/and or bank books for all accounts (all pages)
  - Marriage certificate *if applicable*
  - Insurance types and cards (*to include VA*)
    - Medicare
    - Primary Insurance
    - Prescription Advantage
    - Mass Health *of any type*
  - Death Certificate
  - License/ID card
  - Car registration & Insurance
  - Income Taxes
  - Rent receipt/lease showing utilities (with W-9 if no lease)
  - Utility Bill for Heat Source or Cancelled Check Showing Payment
  - Electric bill showing rate
  - Life insurance
  - List of debts
  - Doctor's Statement
  - Proof of Residency
- If homeowner:***
- Receipt of homeowners insurance
  - 12 months of water/sewer payments faxed to (413) 772-1401
  - Mortgage, if applicable
  - Real estate taxes
- If school age children:***
- School registrations
  - Birth certificates

### **IF MARRIED, ALL DOCUMENTS ARE ALSO REQUIRED FOR SPOUSE**

INVESTIGATOR MAY REQUEST ADDITIONAL INFORMATION DURING REVIEW.

IAW 108 CMR 4.02(5) REQUESTED DOCUMENTS MUST BE RETURNED WITHIN 10 DAYS FROM DATE REQUESTED.

### **END OF WORKSHEET**

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When you have gathered your documents, please call the Upper Pioneer Valley Veterans' Services District main office to schedule an appointment. Our Veterans' Service Officers will work directly with you to ensure that you have the correct documents at the time of your application.

**You may schedule an appointment to apply for MGL c. 115 benefits by (413) 772-1571**