

Eligibility Survey Checklist – VA Community Care Network - Home Health Aide/Homemaker Care

Name of Veteran: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Diagnosis/Health Issue: _____

Living Situation: Lives alone Lives with Family/Others Group Home/Asst. Living

Did the veteran serve in active-duty military? (*National Guard alone does not qualify.*) Yes No

Did the veteran receive Honorable, General or Medical Discharge? Yes No (*Dishonorable, bad conduct or dismissal (officer), does not qualify.*)

Does the veteran have a need for help with at least **three activities of daily living** due to age, injury or illness? Yes (*If yes, mark all that apply below*) No (*If no, does not qualify*)

Bathing and personal care Dressing/shaving Toileting assistance Meal Prep/feeding

Transfers/ambulation And/or Constant Safety Monitoring due to Significant Cognitive Impairment

Is the veteran signed up with VA Health Care? Yes No

If Yes	If No
Call your assigned social worker, if known or	Sign the Veteran up for VA Health Care
Call the Main Social Work Office in your Area. Indianapolis VA Hospital – 317.554.000 Brownsburg VA clinic – 317.988.1772	You can sign up online https://www.va.gov/health-care/apply/application/introduction
Request home health aide/homemaker assistance through VA Community Care Network	Or fill out the 1010 EZ form from our website mail or deliver it to VA
Receipt of Homemaker/HHA services is not automatic. It's based on an assessment and evaluation. If approved, care is coordinated by social workers or RN Supervisors.	You'll need discharge date, what branch of military, type of discharge, income from previous year, social security number, next of kin information, veteran's or POA signature
If allowed in our territory, patients can request Veteran Care Companions as provider. Agency NPI is 1679306773 Tax ID is 88-3555024	Once enrolled in health benefits by the VA, schedule an appointment at the VA for an assessment/evaluation
Clients are mailed a letter explaining hours approved, will be contacted by agency referred.	Explain need for home health aide/homemaker care to VA MD or Social Worker
If unhappy, call patient advocate or your social worker - https://www.va.gov/directory/guide/allstate.asp	Then follow same steps as "If Yes"