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<http://www.brightstarhealthcare.com>

**INQUIRER INFORMATION:**

\* Mandatory fields

First Name: \*  
Last Name: \*  
Address:   
City/State/Zip:    
Home Number: \*  
Email:   
For whom are you requesting this information:  Other? please specify

Are you currently in contact with an assisted Living Center:  
We suggest you understand costs to better calculate if you will be eligible, can we put you in touch with some communities in the area you are interested in to learn about costs?

**TELL US ABOUT THIS PERSON:**

First Name:  Age:  Marital Status:   
Last Name:  Spouse's Name:  Age:   
Current Address:  City/State/Zip:    
Current Resident Type:  Do you own or rent:   
Monthly Payment:  Property Value:   
Do you plan on living in assisted living soon?  If so, what do you plan on spending per month?   
If you do not know about costs, please let our members help you with that by contacting you, is that okay?

**WARTIME SERVICE QUESTIONNAIRE:**

**Veteran**

Is the Veteran age 65 or older, or permanently disabled?

Did the Veteran serve at least 90 days in active service, with at least 1 day during a wartime period?

Did the Veteran receive an honorable or general discharge?

Is the Veteran spending at least 75% of his/her monthly income on medical expenses? (including RX, health insurance, home health care, assisted living, and/or nursing home expenses)

**Surviving Spouse of a Veteran**

Is the un-remarried surviving spouse the last spouse of the Veteran at the time of his death?

Did the deceased Veteran serve at least 90 days in active service, with at least 1 day during a wartime period?

Did the deceased Veteran receive an honorable or general discharge?

Is the surviving spouse spending 75% or more of his/her monthly income on medical expenses? (including RX, health insurance, home health care, assisted living and/or nursing home care)?