

Beneficiary's Name:

Claim Number:

Beneficiary Status Report – Spouse

Report of facts or opinions regarding the condition of a specific individual

Directions: Complete the report to the best of your knowledge as the spouse and VA fiduciary of the beneficiary noted above. When a choice is provided, please circle the appropriate response. If sufficient space is not provided for your response, please use the back of this report to provide complete answers.

Fiduciary Information

Your Name:

Your Date of Birth:

Your Social Security Number:

Are you still married to the beneficiary?

YES

NO

If no, please provide the date of divorce:

Are you still living with the beneficiary?

YES

NO

Dependents

Does the beneficiary have any dependents? If yes, please provide their information

YES

NO

Name:

Date of Birth:

Address, if different from beneficiary's:

Name:

Date of Birth:

Address, if different from beneficiary's:

Claim Number:

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Name:	Date of Birth:	
Address, if different from beneficiary's:		
General Well Being		
Our records indicate that [name of beneficiary] is unable to handle his/her financial affairs without assistance. Do you agree?	YES	NO
If not, please explain:		
Has the beneficiary's health or mental capacity changed since our last contact?	YES	NO
If yes, please explain below.		
Is the beneficiary's welfare being monitored by a VA Medical Center or any another agency?	YES	NO
If yes, please provide the name, address and phone number of agency below.		
Are there any significant changes in the beneficiary's overall lifestyle since the last field examination?	YES	NO
Income and Expenses		
List all the beneficiary's sources of income and amounts.		
Source:	Monthly Amount:	
Source:	Monthly Amount:	

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Do you receive sufficient funds to meet the beneficiary's needs?	YES	NO
If not, please explain.		
Provide any additional information regarding the beneficiary that you feel is important for VA to know.		
Printed Name:	Relationship to beneficiary:	
Signature:	Date:	

Return this report to the address below:

XXXXX Fiduciary Hub

ADDRESS

CITY, STATE ZIP CODE

Phone Number

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