

Beneficiary's Name:

Claim Number: Delete the claim number if this form is sent to someone other than the beneficiary

Beneficiary Status Report – Beneficiary/Dependent

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

Directions: Complete the report to the best of your knowledge as a VA beneficiary or a dependent of the VA 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.

General Information

Who is your (or the beneficiary's) fiduciary?

How do you contact your fiduciary? Please indicate all responses that apply.

PHONE

MAIL

EMAIL

OTHER

Fiduciary Performance

Does your fiduciary stay in regular contact with you?

YES

NO

If you need help, are you able to reach your fiduciary?

YES

NO

Do you receive timely answers to requests you make of your fiduciary?

YES

NO

If your fiduciary prepares an annual accounting to send to VA, does your fiduciary also send you a copy?

YES

NO

Is there any additional information we should know about the performance your fiduciary? If so, please explain.

Income and Expenses

Do you know the amounts of your current income? If so, list sources and amounts below.

YES

NO

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Source:	Amount:	
Source:	Amount:	
Do you know your current expenses? If so, list the expense and amount below.	YES	NO
Expense:	Amount:	
Expense:	Amount:	
Expense:	Amount:	
Has your fiduciary made any major purchases for you since the last field examination? (For example, car, appliances, television, etc.)	YES	NO
If so, please describe.		
Do you receive a personal allowance? If so, please indicate below how often you receive it and how much you receive.	YES	NO
Interval (weekly, monthly):	Amount:	
Is this enough to meet your needs?	YES	NO
If not, please explain.		

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If you are completing this report as a dependent of a VA beneficiary, please skip the <i>Dependents</i> section and complete the questions regarding <i>General Well Being</i>, page 4.		
Dependents		
Do you have any dependents? If so, please list below.	YES	NO
Name:	Date of Birth:	
Address, if this person does not live with you::		
Name:	Date of Birth:	
Address, if this person does not live with you		
Name:	Date of Birth:	
Address, if this person does not live with you		
Name:	Date of Birth:	
Address, if this person does not live with you		
General Well-Being		
Do you have sufficient:		
Food	YES	NO
Clothing	YES	NO
Are you satisfied with your current living environment?	YES	NO

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If you answered "no" to any of the questions regarding your general well-being, please explain.	
Printed name of person completing report:	Relationship to beneficiary: (self, caregiver, friend, etc.)
Signature of person completing report:	Date:

Return this report to the address below:

XXXXX Fiduciary Hub

ADDRESS

CITY, STATE ZIP CODE

Phone Number