

LONG-TERM CLAIMANT TELEPHONE REVIEW

CLAIM NUMBER: _____

CLAIMANT'S NAME: _____

RECIPIENT'S NAME IF A DEATH CASE: _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

- 1) Is the recipient still living? Yes____ No____
- 2) If, no, indicate date of death:_____
- 3) If the recipient has passed away, or this is a death case, skip to Question 11.
- 4) Does the claimant, if living, still require medical care? Yes____ No____
- 5) Are there current medical records? Yes____ No____
- 6) Will claimant send a copy of the current medical records to the Compensation Specialist?
Yes____ No____
- 7) Has the claimant worked for any employer or been self-employed or involved in any business enterprise in the last 15 months? Yes____ No____
- 8) Has the claimant performed any volunteer work in the past 15 months? Yes____ No____
Number of hours per week:_____ Number of weeks per month:_____
- 9) Has the claimant been in receipt of VA benefits? If so, when did benefits start and for what condition? Yes____ No____ Condition_____
- 10) Is the claimant currently receiving Social Security benefits? Yes____ No____
- 11) Are there any dependents? Yes____ No____

Eligible dependents include an unmarried child who lives with the employee or who receives regular support payments from him or her who is under age 18, or if over 18 is incapable of self-support due to physical or mental disability; a student between 18 and 23 years of age who has

not completed for years of post-high school education and who is regularly pursuing a full-time (generally 12 semester hours) course of study; and a parent who is wholly dependent on the employee. If so, list dependents and ages.

Notes: _____

CONTACTED BY: _____ DATE: _____