



Thank you for using the Benefits Checkup!

Please complete the following pages completely. If you do not answer all the questions, we will not be able to help you and will return the form to you.

If you have any questions please call the

Benefits Enrollment Center:

1-860-724-6443 EXT. 275

Please return the completed form to:

North Central Area Agency on Aging

151 New Park Ave

Hartford, CT 06106



Printable Comprehensive BenefitsCheckUp Questionnaire for Connecticut

The following questions are designed to determine your potential eligibility for benefits programs. You will receive the most complete benefits report if you answer all the questions. **You must answer all of the questions. If you do not completely fill out the questionnaire, we will be unable to complete the report and will return this form to you.**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Alternate Contact: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

***Please note:** The contact information that you provide above is ONLY used to return your BenefitsCheckUp Summary Report. This information is not entered into any NCOA computer system and is never associated with the answers you provide. Therefore, your privacy is maintained.

BASICS

1. What is the zip code for the area you would like to get help?

2. Who are you completing this for? (Choose one)

____ Self ____ Spouse ____ Mother ____ Father
____ Sister ____ Brother ____ Client ____ Self
____ Test Case ____ Other

**From this point forward, all questions relate to the
CONSUMER/PERSON WHO WILL RECEIVE BENEFITS**

3. What is your gender? ____ Male ____ Female ____ Other

4. What is your birthdate? (year) _____ (month) _____

5. Including yourself (and your spouse, if married), what is your combined monthly gross income?

____ Less than \$1,000
____ Between \$1,000 and \$1,499
____ Between \$1,500 and \$1,999
____ Between \$2,000 and \$3,000
____ More than \$3,000

6. What is your marital status?

____ Single ____ Married ____ Married Living Separately
____ Divorced ____ Widowed

7. What is your spouse's birthdate? ____ (year) _____ (month)

8. Are you a U.S. veteran? ____ Yes ____ No

If you indicated you are a U.S. veteran, please let us know if you:

____ Have a disability connected with your military service

____ Served during a time of war

____ Were honorably discharged

9. What do you want to learn more about? (Check all that apply).

Medication <input type="checkbox"/>	Health Care <input type="checkbox"/>	Income Assistance <input type="checkbox"/>	Food and Nutrition <input type="checkbox"/>
Housing and Utilities <input type="checkbox"/>	Tax Relief <input type="checkbox"/>	Veterans <input type="checkbox"/>	Employment <input type="checkbox"/>
Transportation <input type="checkbox"/>	Education <input type="checkbox"/>	Discount <input type="checkbox"/>	Other Assistance <input type="checkbox"/>

10. What is your U.S. citizenship and/or immigration status?

____ Citizen ____ Legal Resident ____ Other Qualified Alien ____ Other

11. Are you currently receiving benefits from or participating in any of the following public programs? **Check all that apply.**

Answer this question **only** for yourself or for the person you are helping. Do not answer this question for other household members.

____ Medicare: (currently enrolled or expect to be within the next 3 months)

____ Medicaid

____ Medicare Savings Programs (QMB, SLMB, or QI)

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- TRICARE
- Veteran's Health Care Benefits
- Senior Community Service Employment Program (SCSEP)

12. How did you learn about BenefitsCheckUp.org? (NOTE: This question is optional and does not affect your results.)

- AARP
- Access to Benefits Coalition
- Administration on Aging (AoA.gov)
- Centers for Medicare and Medicaid Services (Medicare.gov)
- Community Organization
- CVS/Pharmacy
- Doctor or Pharmacist
- Email
- Friend or Family Member
- Google Search Engine
- Kaiser Permanente
- MyMedicareMatters.org
- National Council on Aging Website
- Newspaper, Magazine or Newsletter
- Partnership for Prescription Assistance (PPARx)
- Pfizer
- Poster, Brochure or Flyer

- Radio
- Social Security Administration (SSA.GOV)
- State Unit on Aging/ Area Agency on Aging
- Television
- WebMD
- You Gave, Now Save Benefits Campaign
- Other

If "Other," please specify _____

13. What is your race or ethnicity? (NOTE: This question is optional and does not affect your results.)

- American Indian or Alaska Native
- Asian/ Asian American
- Black/African American
- Hispanic, Latino or Spanish Origin
- Native Hawaiian or Other Pacific Islander
- White
- Other

14. Is your spouse (or former spouse) a U.S. veteran?

Yes No

If you indicated that your spouse (or former spouse) is a U.S. veteran, please let us know if they were honorably discharged:

Yes No

15. Are you or your spouse (or former spouse) a U.S. military retiree (including retired guards and reservists) who has served 20 or more years **AND** able to get Medicare?

Yes No

16. Please check off based on the perception of your own health status. How would you rate your health status?

20. Do you or your spouse (if married) have a condition that seriously limits your ability to work or take care of yourself?
_____Yes _____No

21. Are you legally blind?
_____Yes _____No

22. Are you dependent on family members or others for care?
_____Yes _____No

23. Please choose any of the following that you may like more information about.

____Medicare

____Social Security - Old Age, Survivors, Disability, and Health Insurance Programs (OASDHI)

____Federal Retirement System

____Railroad Retirement

____Assistive Technology Programs

____Caregiver and/or Respite Services

____Foreclosure Information and Assistance

____Homeowner's Insurance (for homes difficult to insure)

____Primary Health Care and/or Dental Services

____Programs for the Blind and Partially Sighted

____Programs for the Deaf and Hard of Hearing

____Volunteer Programs (to serve as a volunteer)

24. We are also making sure that every child has access to basic health insurance. Do you know of any children, 18 years of age or younger, who do not have health insurance coverage?

___Yes

___No

25. In what type of housing do you live?

___ Own Home

___ Rental

___ Own Mobile Home

___ Boarding Home

___ Live with others

___ Nursing Facility

___ Assisted Living

___ Low-Income Housing

___ Homeless or Live in a Shelter

26. Please provide the following information about your household. Include yourself and your spouse (if married) in each total. Enter the total number of people who:

___ Live in your household

___ Depend on you for at least one-half of their support

___ Are 60 years of age or older

___ Have a disability

27. Do you pay property taxes on your place of residence?

___Yes

___No

28. Do you or your spouse (if married) pay your own gas and/or electric bill, either directly or indirectly?

___Yes

___No

29. If you indicated you own your home. Are **both** of the following statements true?

All of the owners of your home are 62 years of age or older.

Your home is your principal residence (where you live the majority of the year).

If you have low income (\$20,000 and under for single homeowners, and \$30,000 and under for couples) and your answer to this question is Yes, make sure to complete this questionnaire to find out about a free reverse mortgage counseling service. ___Yes ___No

30. Please tell us **how much your household spends**, on a monthly basis, for the items listed below. If you do not have exact numbers or your expenses change each month, please provide an estimate.

_____ Rent
_____ Mortgage
_____ Electricity
_____ Gas
_____ Water
_____ Telephone
_____ Other Utilities
_____ Dependent Care

31. How much money do you spend, on a monthly basis, for medical expenses that are not covered by health insurance?

32. Please indicate the number of children you claim as dependents on your federal income tax return. (If you do not claim any children as dependents, please enter 0). _____

33. Please select the types of income you have. Then enter the amount of your **current gross monthly income** in the "Self" section below. If married, enter your spouse's income in the "Spouse" column.

If you have income in both your and your spouse's name, enter it once either in the "Self" or "Spouse" section. Enter the income of any other people living in your household in the "Household" section.

Please Note: If you do not know the exact amount of your income, please estimate the amount. Don't worry if you don't know all the answers. Just fill in the information you have now and then go to the next page.

	Self	Spouse	Joint	Household
Pension/Retirement Benefits				
Dividends & Interest				
Supplemental Security Income				
Social Security Disability				
Social Security Retirement & Survivor Benefits				
Railroad Retirements Benefits				
Veteran's Benefits				

(Continued...)

	Self	Spouse	Joint	Household
Unemployment Insurance				
Workers' Compensation				
TANF				
Cash Assistance				
Other Non-Work Income				
Work Income				

34. Please select the types of assets you have. Then enter the value of your **assets** in the "Self" section below.

- If married, enter your spouse's assets in the "Spouse" section. These are assets that your spouse owns separately from your assets. If your assets are owned in both you and your spouse's name, enter them once in either the "Self" or "Spouse" section. Enter the asset values of any other people living in your household in the "Household" section.

Please Note: If you do not know the exact amount of your assets, please estimate the amount. Don't worry if you don't know all the answers. Just fill in the information you have now and then click on submit.

	Self	Spouse	Joint	Household
Cash and Equivalent				
Automobile				
2nd Automobile				
Value of Home				
Retirement Accounts				
Investment Accounts				
Life Insurance: Cash Value				

(CONTINUED ON NEXT PAGE...)

	Self	Spouse	Joint	Household
Life Insurance: Face Value				
Burial Accounts: Revocable				
Burial Accounts: Irrevocable				
Other Assets				

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