

ARIZONA STATE VETERAN HOME

555 E. Ajo Way
Tucson, AZ 85713

VETERAN'S APPLICATION FOR ADMISSION

READ INSTRUCTIONS BEFORE COMPLETING APPLICATION: Print or type. Answer all questions. The information which you provide as a part of this application will be used to determine the eligibility for placement in the Arizona State Veteran Home (ASVH).

1. APPLICANT NAME: _____
Last First Middle Maiden

2. CURRENT RESIDENCE: _____
Address City State Zip

Mailing address, if different _____
Address City State Zip

County _____ Telephone Number _____
(Area Code)

3. SOCIAL SECURITY NUMBER: _____ Sex _____

4. DATE OF BIRTH: _____ Birthplace _____
City County State

5. ETHNICITY: White _____ Hispanic _____ Black _____ Native American _____ Asian/Pacific Island _____
Other (specify) _____ Language spoken _____

6. RELIGIOUS PREFERENCE: _____

7. MARITAL STATUS: Married _____ Widowed _____ Divorced _____ Separated _____ Never married _____

Spouse's name in full: _____
Last First Middle Maiden

9. WORK HISTORY: Previous occupation _____ Kind of business _____

10. RESPONSIBLE PARTY:

Name in full Relationship (Area Code) Telephone Number

Address City State Zip Work Phone

E-mail address

11. EMERGENCY CONTACT:

1. _____ (_____) _____
Name in Full Relationship (Area Code) Telephone Number

Address City State Zip Work Phone

2. _____ (_____) _____
Name in Full Relationship (Area Code) Telephone Number

Address City State Zip Work Phone

12. SERVICE: Date of: Enlistment: _____ Discharge _____ Era _____

Army _____ Navy _____ Air Force _____ Marines _____ U.S. Coast Guard _____ Merchant Marine _____

WACS _____ WAVES _____ WAAF _____ WMC _____ SPARS _____ Nurse Corps _____ POW _____

Does applicant have a service-related disability? _____ If yes, what is the percentage? _____

Applicant's Armed Services Serial Number _____

Applicant's Dept. of Veterans Affairs Claim or File Number _____

Applicant represented by a Veteran Service Organization? _____ POA? _____

13. INSURANCE:

Does Applicant have you signed for Medicare Part A? ___ Part B? ___ QMB? ___ SLMB? ___
Medicare Number _____

Is applicant currently on AHCCCS? _____ If yes, Plan and Number _____

Is applicant currently on ALTCS? _____ If yes, Number _____ PID# _____

Name of ALTCS Case Manager _____

Does applicant have other insurance? _____ If yes, provide name, address, and telephone
number of company(s) and policy number(s): _____

Does applicant have nursing home insurance? _____ If yes, ATTACH COPY OF POLICY

14. Service organization membership: (i.e., VFW, Elks, etc.)

15. ADVANCE DIRECTIVES:

Does applicant have a: (Circle if yes, ATTACH COPY OF DOCUMENTATION)

1. Power of Attorney 3. Court appointed Conservatorship or Guardianship

2. Health Care Power of Attorney 4. Living Will

Name of Agent Relationship (Area Code) Telephone Number

Address City State Zip

16. Provide name, address and telephone of preferred Funeral Director.

Name () Telephone Number
(Area Code)

Address City State Zip

Provide name, address and location of preferred cemetery.

Name () Telephone Number
(Area Code)

Address City State Zip

APPLICANT OR LEGAL REPRESENTATIVE TO READ THE FOLLOWING AND SIGN:

I further declare that I am a legal resident of the State of Arizona. I will submit a copy of Honorable or General discharge documentation from the military service of the United States. I will inform the ASVH of any and all changes in my income and/or assets. I will obey the rules and regulations prescribed for the ASVH.

I hereby authorize the ASVH to obtain all medical records from my physician, hospital, clinic or nursing home pertaining to my potential admission to the facility. These records may include, but are not limited to, diagnostic/laboratory results, consultant and progress notes/reports, assessment tools/reports, readmission screening documents, documentation for Medicare benefits and any other items specified by the ASVH.

Signature of Applicant or Legal Representative

Date

Admission shall be in accordance with Title VI of the Civil Rights Act of 1964 as amended; Section 504 Rehabilitation Act of 1973 as amended; the Age Discrimination Act of 1975; the Age Discrimination Act of 1967; the American's with Disabilities Act of 1990; and Arizona Administrative Code Title 4 Charter 40.

VETERANS: YOU MUST INCLUDE A COPY OF YOUR DD214 AND ALL INSURANCE CARDS WITH THIS APPLICATION.
SPOUSE OR PARENTS: YOU MUST INCLUDE ALL DOCUMENTS VERIFYING YOUR RELATIONSHIP TO THE VETERAN ALONG WITH THE DD214 AND INSURANCE CARDS.