

ARIZONA STATE VETERAN HOME  
4141 North S Herrera Way  
Phoenix, Arizona 85012

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

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**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.