

VERMONT VETERANS' HOME

APPLICATION FOR ADMISSION



Thank you for your interest in the Vermont Veterans' Home. In order to properly process an individual's application, we must have the information requested below. Please answer all questions carefully. The information contained herein is confidential and constitutes the basis for patient admission.

I. GENERAL INFORMATION

DATE: _____

APPLICANT'S NAME: Last _____ First _____ Middle: _____

Address: Street _____ City _____ State/Zip Code _____

Phone: _____ Social Security No ____-____-____ Age: _____ Religion _____ Sex: _____

Date of Birth ____/____/____ Place of Birth _____

Marital Status _____ Name of Spouse _____

Air Force ____ Army ____ Coast Guard ____ Marine Corp ____ Merchant Marine ____ Navy ____

Service Serial # _____ VA Claim # _____ Date of Entry into Active Duty _____

Date of Discharge _____ Type of Discharge _____
(Attach copy of discharge papers)

Does applicant have a service-related disability? Yes ____ No ____ If yes, what is the percentage? _____

Does the applicant have any criminal convictions? Yes ____ No ____ If yes, date(s) and type(s) of conviction.
Please provide documentation and contacts

Usual Occupation: _____

Has the ability to drive: Yes ____ No ____ Holds a valid driver's license: Yes ____ No ____ (if yes, copy attached)

Attending Physician _____ Hospital of Choice _____

Most Recent Hospital Stay _____

Applicant Present Location (if different from home address)

Street _____ City _____

State/Zip Code _____ Phone # _____

Father's Name: _____ Birth Place: _____

Mother's Name: _____ Birth Place: _____

LEGAL AGENTS OF THE APPLICANT

Name: _____ Relationship _____

Address: Street _____ City _____

State/Zip Code _____ Phone: Home _____ Cell _____

Signature _____

Status: (Please check all that apply and attach copies of paperwork):

- Power of Attorney Conservator Person Responsible for handling financial transactions
 Guardianship Other _____

Does applicant have:

DNR Health Care Proxy Living Will Durable Power of attorney for Health Care Decisions
 If yes, please provide a copy of each document checked.

II. PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

Name: _____ Relationship _____
 Address: Street _____ City _____
 State/Zip Code _____ Phone: Home _____ Cell _____

I understand that my signature gives the Vermont Veterans' Home permission to contact the above person with information regarding my medical condition.

Applicant's Signature _____ Date _____

III. FINANCIAL DISCLOSURE

<i>Income Source</i>	<i>Monthly Amount</i>	
Social Security	\$ _____	
Retirement Pension	\$ _____	
Veteran's Pension	\$ _____	
Railroad Pension	\$ _____	
Supplementary Security Income	\$ _____	
Annuities	\$ _____	
Rental Income	\$ _____	
U.S. Civil Service	\$ _____	
Other Income	\$ _____	
		Total Monthly Income \$ _____

ASSETS

Bank Accounts/Certificates of Deposit/Stocks/Bonds

Bank	Type of Account	Jointly Owned	Account #	Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Does the applicant own a vehicle, ATV, trailer, boat, snow machine? Yes No
 If yes, is the item(s) jointly owned? Yes No If yes, with whom? _____
 Is there a loan on the vehicle? Yes No Loan holder and amount _____

REAL ESTATE

Does the applicant own a home? Yes No If yes, is the home jointly owned? Yes No
 What is the estimated value? \$ _____
 Is there a mortgage, reverse mortgage, home equity loan or any lien on the property? Yes No
 If so, in what amount? \$ _____
 Does the applicant own any other property? Yes No If yes, is the item(s) jointly owned? Yes No
 What is the estimated value? \$ _____

OTHER ASSETS (PLEASE LIST)

NAME _____ VALUE \$ _____
NAME _____ VALUE \$ _____
NAME _____ VALUE \$ _____

Have any assets been transferred within the last 60 months? Yes No
If yes, list asset transferred, fair market value, date of transfer and value.

Has any trust been established? Yes No Irrevocable? Yes No Revocable? Yes No
Please attach a copy of the trust document to this application.

Is the applicant responsible for paying child support or alimony? Yes No

If yes, type _____ and amount per month. \$ _____

Are there any outstanding bills which will be paid from the assets listed? Yes No
If yes, please attach a copy of all unpaid bills.

IV. MEDICAL/ INSURANCE INFORMATION

LIFE INSURANCE:

Company	Policy #	Face/Cash Surrender Value	Beneficiary
_____	_____	_____/_____	_____
_____	_____	_____/_____	_____

Does applicant have:

Medicare # _____ Traditional HMO

Is applicant enrolled in Medicare Part B program? Yes No

Please specify VA# _____

Does the applicant have Medicare Part D? Yes No

If yes, include carrier, identification # and group # _____
Carrier Identification # group #

Is applicant enrolled in the Medicaid Program? Yes No

If yes, Medicaid # _____ County Responsible _____

If no, is there an application pending? Yes No Date Submitted _____

Is an attorney handling the application? Yes No Attorney: _____

Does applicant have long-term care insurance? Yes No If yes, please attach a copy

OTHER HEALTH INSURANCE/HMO COVERAGE/PRESCRIPTION PLAN COVERAGE:

CARRIER	IDENTIFICATION #	GROUP #
_____	_____	_____
_____	_____	_____

Please enclose copies of all insurance cards.

V. FUNERAL HOME INFORMATION

Funeral Home _____ Director _____

Address _____ City: _____ State _____ Zip _____

Phone # _____

Cemetery: _____ Location _____

Is the funeral prepaid or prearranged? Yes No In trust for the funeral home? Yes No

If yes, provide applicable details: _____

I understand that the Vermont Veterans' Home will rely upon the accuracy of the information contained on this application form for the purpose of determining when the applicant may need financial assistance and that the assets listed above will be available to meet the needs of the applicant during his/her stay at the Home except for:

I hereby give the Vermont Veterans' Home permission to verify the financial information supplied on this application or admission.

Applicant's Signature

Responsible Party Signature

Date

Date

Federal and state law prohibit discrimination based on race, creed, color, national origin, sex, sponsor, disability, handicap, blindness, reimbursement source, sexual preference, or marital status.

**Vermont Veterans' Home
Phone (802) 447-6353**

**325 North Street
Fax (802) 447-6466**

Bennington, VT 05201

Admissions (802) 447-6539

Admission Fax: 447-2725