



VERMONT VETERANS' HOME

To our Veterans and their Family Members,

Thank you for your interest in the Vermont Veterans' Home. Our mission is "Fulfilling the promise: caring for the Veterans of Vermont and their families". For over a 130 years the Vermont Veterans' Home has been serving our Veterans and their families by providing best-of-class healthcare services and advocacy for Veterans, their spouses and Gold Star parents while honoring their choices and respecting their right to self-determination.

Our commitment to our Veterans is evidenced by consistent best-in-class awards from Pinnacle Quality Insight. When compared to private nursing homes and other State Veterans Homes, the Vermont Veterans' Home received Pinnacle Customer Experience Awards for: Overall Satisfaction, Nursing Care, Quality of Food, Individual Needs, Communication from the Facility, Response to Problems, Dignity and Respect, Recommending the Facility to Others, Activities, and Overall Customer Experience.

None of us plan on needing short-term rehabilitative care or long-term nursing care and often the decisions regarding placement are made in a time of crisis. Our caring and compassionate staff is comprised of highly trained and experienced professionals who are eager to assist you through this process.

The Vermont Veterans' Home is located on 80 plus acres in Bennington that includes a deer park, trout pond, picnic pavilion, and an airsoft rifle and pistol range. We encourage our Veterans and their family members to use our grounds during their visits. We also hold many activities outside throughout the year.

Our 140,000 square-foot facility contains 5 distinct neighborhoods with outdoor gardens. Our memory care unit provides for a secure outdoor area that allows our Veterans and Members the freedom of movement while ensuring their safety.

Our rehab gym provides in-patient and out-patient physical, occupational, and speech therapy and restorative nursing. We provide long-term care, short-term rehab, memory care, respite care and Hospice/Palliative care.

At the Vermont Veterans' Home, we recognize the sacrifices our Veterans and their families made for their country. As a former Navy wife and Marine mom whose family's service to our country dates to the Civil War, I have a personal understanding of the needs of our Veterans and their family members.

On behalf of everyone at the Vermont Veterans' Home, I invite you to join our family. We are honored that you are considering us for your healthcare needs.

Sincerely,

Melissa A. Jackson, MBA, FACHCA,
Chief Executive Officer

**INFORMATION AND FORMS
FOR APPLYING TO THE
VERMONT VETERANS' HOME**



Vermont Veterans' Home

325 North Street

Bennington, Vermont 05201

802.442.6353

vvh.vermont.gov

THANK YOU FOR CONSIDERING THE VERMONT VETERANS' HOME












This package contains information and directions for preparing an application to the Veterans' Home. The process will take some time and you will need to collect copies of other documents and forms to include.

We are here to help. Please give us a call if you have questions.

General information and questions

Admissions Department
802.447.6539
vvh.admissions@vermont.gov

Checklist of documents to include with application

-  Application for Admission
-  Authorization for Release of Medical Record Information
-  VA Form 10-10EZ
-  Immunization and Infectious Disease Record
-  Military Service Discharge Papers (Reflecting Honorable Discharge)
-  Copy of Service Connected Disability Letter (If Applicable)
-  Documentation of Criminal Offenses (If Any)
-  Power of Attorney and other Authorizations for Legal or Financial Oversight
-  DNR, Medical Power of Attorney, Health Care Proxy, Living Will or other Medical Instructions
-  Long-Term Care Insurance Policy (If Applicable)
-  Copies of Health Insurance and Prescription Coverage Cards (Front and Back)



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 is the basis for patient admission.

If you need help filling out the paperwork, call the Admissions Department at 802.447.6539. We are here to help.

How did you hear about the Vermont Veterans' Home? _____

APPLICANT INFORMATION

Short Term Long Term

_____		_____		_____		_____	
Last Name		First Name		Middle Name		Date of Birth	
_____				_____		_____	
Street Address				City		State / Zip Code	
_____		_____		_____		_____	
Phone		Email		Soc. Security No		Age Sex	
_____		_____		_____		_____	
Marital Status		Place of Birth		Religion			
_____		_____		_____			

APPLICANT'S CURRENT LOCATION (if different from home address)

_____			_____		
Facility / Residence			Phone Number		
_____		_____		_____	
Street Address		City		State / Zip Code	

MILITARY SERVICE

Air Force Army Coast Guard Marine Corps Merchant Marine Navy

Date of Entry into Active Duty Date of Discharge **You must attach a copy of the discharge papers.**

Does applicant have a service-related disability? Yes No Percent Disabled _____ %

SIGNATURE AND RELEASE

I hereby give the Vermont Veterans' Home permission to verify the financial and insurance information supplied on this application for admission. I also give the Vermont Veterans' Home permission to contact the emergency contact person regarding the applicant's medical condition.

_____		_____	
Applicant 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.



ADDITIONAL INFORMATION

Primary Physician _____ Most recent hospital stay _____

Have you used a VA Medical Center? Yes No Location _____

Applicant's Highest Education Level _____ Prior Occupation _____

Does applicant have any criminal convictions? F Yes F No **If yes, please list the date and type of conviction.**

_____ **Include documentation / contact information**
Date _____ Type of Conviction _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (medical responsible agent)

_____ Last Name _____ First Name _____ Relationship to Applicant _____

_____ Street Address _____ City _____ State / Zip Code _____

_____ Home Phone _____ Cell Phone _____ Email _____

LEGAL AGENT OF THE APPLICANT (financial responsible party, if different from above))

_____ Last Name _____ First Name _____ Relationship to Applicant _____

_____ Street Address _____ City _____ State / Zip Code _____

_____ Home Phone _____ Cell Phone _____ Email _____ Signature _____

Agent's Status / Check all that apply

Power of Attorney Conservator/ Fiduciary PersonResponsibleforFinancialTransactions Guardianship

Other Authorizations:

DNR Health Care Proxy Living Will Durable Power of Attorney for Medical Decisions

Other _____ **Please include copies of paperwork**

FINANCIAL DISCLOSURE (not required if awarded VA disability rating 70% or greater)

Income Source	Monthly Income	Income Source	Monthly Income
Social Security	_____	Annuities	_____
Retirement Pension	_____	Rental Income	_____
Veteran's Pension	_____	U.S. Civil Service	_____
Railroad Pension	_____	Other _____	_____
Supplementary Security Income	_____	Total Monthly Income	_____



FINANCIAL DISCLOSURE – Continued

<u>Bank Savings / Stocks / Bonds</u>	<u>Type of Account</u>	<u>Joint?</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Does the applicant own a home? Yes No If yes, is it jointly owned? Yes No

Does the applicant own any other property? Yes No If yes, is it jointly owned? Yes No

What is the estimated market value? _____

What other assets does the applicant own?

Description _____	Value \$ _____
Description _____	Value \$ _____
Description _____	Value \$ _____

Have any assets been transferred within the last 60 months? Yes No

If yes, list assets transferred, fair market value, date of transfer and value

MEDICAL POLICIES – Please attach photocopies of the front and back of all insurance / enrollment cards.

Is the applicant enrolled in traditional Medicare? Part A Part B Medicare ID No. _____
(alfa-numeric)

Is the applicant enrolled in a Medicare Advantage plan? Yes No

If yes, list plan information _____
Carrier ID No. Group No.

Is applicant enrolled in Medicare D Program(Prescription Benefit) Yes No

If yes, list plan information _____
Carrier ID No. Group No.

Is applicant enrolled in the Green Mtn Care/ VT Medicaid program? Yes F No

If yes, list Medicaid No. _____ County Responsible _____

If not enrolled in Medicaid, is there an application pending? Yes No Date submitted _____

Name of Case Worker _____ County where applied _____

Does the applicant have long-term care insurance? Yes No **If yes, Please attach a copy of the policy**

Does the applicant have any other insurance for Healthcare, HMO or Prescription Plan coverage? If yes, list policy data.

Carrier ID No. Group No.



FUNERAL HOME INFORMATION

Has the applicant made funeral arrangements? Yes No If yes, please provide contact information

Name of Funeral Home _____ Director / Contact Name _____

Street Address _____ City _____ State / Zip Code _____

Phone _____ Email _____ Cemetery / Location _____

ADDITIONAL COMMENTS – Include additional background information that is relevant. Attach separate page if necessary.



AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

This authorizes Vermont Veterans' Home, 325 North Street, Bennington VT, 05201
access to all medical records requested for the review, examination and/or release of the following patient:

Name of Resident _____ Social Security Number _____

Date of Birth _____ Email _____ Phone Number _____

Please list the names and contact information of all providers /hospitals active in applicants care (i.e. hospital, nursing home, care facilities, psychiatrist):

Information to be released:

- | | | |
|---|--|---|
| <input type="checkbox"/> Data Sheet | <input type="checkbox"/> MD Progress Notes | <input type="checkbox"/> HIV/Test |
| <input type="checkbox"/> History/Physical | <input type="checkbox"/> Nurses Notes | <input type="checkbox"/> Radiology Report |
| <input type="checkbox"/> Laboratory Tests | <input type="checkbox"/> Social Service Notes | <input type="checkbox"/> Pharmacy Script |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Physical Progress Notes | <input type="checkbox"/> Other: <u>EKG</u> |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Operative Report | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Alcohol/Drug Treatment | <input type="checkbox"/> Path Report | <input type="checkbox"/> Any information we feel is necessary to continue medical treatment from patient's chart |
| <input type="checkbox"/> Sickle Anemia/Test | <input type="checkbox"/> Consults | |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> P.T. Report | |

The above information is released for the following purposes and these purposes only. Any other use is forbidden.

Continuing medical treatment with physician/medical facility other than primary physician

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it (eg. probation, parole, etc.) and that in the event this authorization expires automatically as described below.

This authorization will stay in effect as long as a resident is residing at the Vermont Veterans' Home and expires upon the date of discharge from this facility.

Signature of Resident or Representative _____ Date _____

Witness _____ Relationship to resident _____

This form may be sent by facsimile. Any disclosure of medical record information by the recipient(s) is prohibited except when implicit in the purpose of this disclosure.

(INFO-REL-AUTHOR MD COMMUNITY FRM-CY 01.22.2016) (FILE ORIGINAL IN CHART UNDER — COPY GOES WITH RESIDENT FIRST TIME — LIST ON CENSUS)



NEWS YOU CAN USE ABOUT THE VERMONT VETERANS' HOME

NEWS AND COMMUNICATIONS

Buzz Word Newsletter

The *Buzz Word* is a monthly publication which features activities, events, and meetings at the Vermont Veterans' Home. It's filled with articles and pictures and is a great way for residents and families to learn what's going on. You can obtain copies by these methods:

WEBSITE: Go to www.vvh.vermont.gov and find Newsletter under the site map menu at the top.

MAIL / EMAIL: You can receive *Buzz Word* by mail or email. Call the editor of Buzz Word at 802-447-6510 or email vvh.admissions@vermont.gov to subscribe.

Facebook

Like us on Facebook! You will find up-to-date information on events, activities and news that happens at the Home and other organizations in the Veteran community. Go to Facebook and search for "The Vermont Veterans' Home."

CONTACT INFORMATION

Contacting the Veterans Home Staff

You can reach the Home 24 hours a day by dialing 802.442.6353. (I recommend you add any relevant emergency contacts etc.)

Contacting Residents

Mail should be sent to residents as follows:

Resident's Name
Room Number
325 North Street
Bennington VT 05201

We also have Skype carts available for face to face conversations. These can be arranged at any time.

VISITS FROM FAMILY AND FRIENDS

Guest Visits and Holiday Meals

Did you know that you can join your loved one for breakfast, lunch or dinner?

Families are welcome to dine with our Veterans and enjoy a meal together. A 24-hour notice is very much appreciated as space is limited, especially for the holidays.

Guest meals are reasonable priced at:

Breakfast	\$7.00
Lunch	\$10.00
Dinner	\$7.00



VISITS FROM FAMILY AND FRIENDS

On the following special occasions, the Veteran or Member is able to sponsor one guest for free:

Resident's Birthday

Easter Sunday

Thanksgiving

Christmas Day

New Year's Day

To purchase meal tickets, contact the Receptionist by email at vvh-admissions@vermont.gov or by phone at 802-447-6510.

Accommodations for Visiting Guests

To accommodate those who travel long distances, the Vermont Veterans' Home offers a Guest Room that can be reserved for short stays while visiting with a loved one.

No fee is charged for the use of the room located on the second floor of the main building. The room is furnished with two twin beds, a private bath and other amenities.

To make a reservation, please call 802-447-6510 or email vvh-admissions@vermont.gov.

POLICIES AND RESTRICTIONS

Pet Policy

Pets are welcome to visit their family members at the VVH under the following circumstances:

Up-to-date vaccinations must be on file with the Receptionist. The record may be sent prior to, or at the time of the visit.

Pets cannot roam freely or be left unattended; they must be on leashes or in appropriate animal carriers. Handlers must be in control of pets at all times.

Animals are not allowed in food preparation areas, dining rooms or in the treatment rooms.

Owners are responsible to cleanup their pet's waste; feces are not to be left in the grass or anywhere on the grounds.

Barking or other disruptive behaviors may be grounds to have the pet removed from the facility.

Smoking Policy

The Home's smoking policy allows smoking for Veterans only in designated areas.

Smoking is not permitted on the front porch, under the canopy or by any of the entrances. Guests may smoke at the shelter off American Way, or in the courtyard across from Activities, off Brandon Boulevard.