

Arizona State Veteran Home Application Packet



Arizona State Veteran Home - Tucson
555 East Ajo Way, Tucson, AZ 85713

Arizona State Veteran Home - Phoenix
4141 North Silvestre Herrera Way, Phoenix, AZ 85012

Arizona State Veteran Home – Yuma
6051 E 34th Street, Yuma, AZ 85365

Arizona State Veteran Home - Flagstaff
2100 N Gemini Rd, Flagstaff, AZ 86004

Admissions Hotline: 602-234-5678

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

Frequently Asked Questions

Q: What are the eligibility requirements for admission?

A: Any Veteran (with the exception of those dishonorably discharged); Spouse of a Veteran; or Gold Star Family Members

Question: What is the daily rate for private pay?

Answer (Phoenix): Semi-private is \$195/ day and private is \$230/day. Semi-private per month with 30 days \$5,850 and per month with 31 days \$6,045. Private - per month with 30 days \$6,900 and per month with 31 days is \$7,130.

Answer (Tucson): \$248 per day / month with 30 days \$7,440 month with 31 days \$7688

Answer (Yuma): \$300 per day / month with 30 days \$9,000 month with 31 days \$9,300

Answer (Flagstaff): \$345 per day / \$10,350 month with 30 days \$10,695 month with 31 days

Question: What insurance is taken?

Answer (Phoenix): All providers under Medicaid; additionally, some Medicare supplements are taken (please contact in admissions specialist at (602-248-1594) to verify your eligibility).

Answer (Tucson): Medicare A and Mercy Care Advantage Plan are the only Medicare advantage plans taken (please contact in admissions specialist at (520-638-2150) to verify your eligibility).

Answer (Yuma): TBD

Answer (Flagstaff): TBD

Question: Are there any programs to assist with costs?

Answer (Phoenix): Medicaid, Arizona Long Term Care (ALTCS) and a non-service connection pension can help if the Veteran is eligible. Veterans can apply for aid and attendance (doesn't apply to spouses).

Answer (Tucson): Medicaid, Arizona Long Term Care (ALTCS) and a non-service connection pension can help if the Veteran is eligible. Veterans can apply for aid and attendance (doesn't apply to spouses).

Answer (Yuma): Arizona Long Term Care (ALTCS) and a non-service connection pension can help if the Veteran is eligible. Veterans can apply for aid and attendance (doesn't apply to spouses).

Answer (Flagstaff): TBD

Question: Are there any cost breaks for service-connected disabled veterans?

Answer: Yes, the VA will pay for the Veteran if they have a 70% service-connected disability rating or higher.

*****An ADVS Veteran Benefits Counselor (VBC) can assist with filing a VA Disability/compensation claim, please call (602) 535-1215 to speak with a VBC*****

Question: What is the capacity of the homes and what is the occupancy breakdown of the rooms?

Answer (Phoenix): The max occupancy is 200 beds and there are 8 single rooms and 192 semi private double occupancy rooms.

Answer (Tucson): The max occupancy is 120 beds, all of which are private rooms.

Answer (Yuma): The max occupancy is 80 beds, all of which are private rooms.

Answer (Flagstaff): The max occupancy is 80 beds, all of which are private rooms.

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

Recreation

Question: Are there recreation activities available?

Answer: Yes, our Recreation Department plays a vital role in the Veteran's care. Services from this department make available a therapeutic approach focusing on mind, body, and spirit, bringing balance to one's life. These services are incorporated in the plan of care.

Care Plans and Safety

Question: What is the visitation policy at the homes?

Answer: There are no defined visiting hours, however, we ask you to consider other residents who maybe sleeping if visiting during unusual times.

Question: What care options are available?

Answer: Arizona State Veteran Homes are long-term skilled nursing facilities that provide 24-hour care for our residents. Additionally, every home has a professional staff that consists of CNA, LPN, Nursing, Resident Physician, Physical Therapy and Dietary. Also, each home is equipped with a Memory Care Unit, which is available to cognitive impaired Veterans at high risk of elopement.

Question: How is my level of care determined?

Answer: Upon move-in, our nurses and care team will assess your current health and review your medical history to see how we can best meet your needs. They will also discuss your preferences as well as your normal routines to develop a care plan that's tailor made for you. This Individualized Service Plan (ISP) details your care plan and is regularly updated to meet your evolving needs.

Question: Is Short-Term rehabilitation available?

Answer: Yes, If the applicant needs short-term rehabilitation, they must have traditional Medicare or a service-connected disability of 70% or higher.

Question: Do residents still have access to medical care outside of the facility?

Answer: Yes.

Question: Is transportation provided for medical appointments?

Answer: Yes.

Question: Is Therapy offered?

Answer: Yes, offers skilled therapy and therapy to our long-term care veterans. These services include Physical Therapy, Occupational Therapy and Speech Therapy. Therapy services are provided by therapists and assistants in a fun, fast-paced gym, located in our facility. Our Veterans receive therapy that is patient focused in a family-oriented environment. Our size allows us the opportunity to be responsive and innovative and to provide very personalized care, utilizing a team approach. The dedication and experience of our staff are key to our success.

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

Question: Is assistance offered to residents that have experienced falls in the past?

Answer: Yes, we develop an Individualized Care Plan (ISP) for each resident that details care needs and preferences and addresses safety concerns. If falling is a concern, the ISP may include interventions and special precautions to help address this issue that will be followed by our Designated Care Managers.

Question: Do you have a medication management program?

Answer: Yes, our homes have a medication management program, which may be added to an Individualized Service Plan (ISP) and varies based on regulation. Residents participating in the medication program may choose their own pharmacy or use the home's preferred pharmacy provider in that region. If a resident prefers to use an alternate pharmacy, the resident and pharmacy must comply with certain requirements. Additionally, residents may be assessed to self-administer medications.

Question: Is social services available at the homes?

Answer: Yes

Mission Statement: The mission of the Arizona State Veteran Homes is to provide professional skilled nursing and rehabilitative care for the geriatric and chronically ill Veteran and dependent/surviving spouses throughout the State of Arizona. Our goal is for each veteran to attain or maintain his or her highest practicable physical, mental and psychosocial well-being.

Thank you for your interest in applying for residency to one of our Arizona State Veteran Homes. This application packet includes the complete package that is required to be completed for admission to one of the Arizona State Veteran Homes.

TABLE OF CONTENTS

Description	Page
FAQs	2
Application Instructions	5
Admission Qualification	5
Document Checklist	6
Section A – General Information	7
Section B – Resident/Patient Health Information	11
Section C – Physician's Medical Certificate (Completed by Physician)	14
Section D – Functional Assessment (Completed by Applicant or Representative)	16

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

APPLICATION INSTRUCTIONS

If you need assistance in completing the application or if you have any questions, see page 10 in **Section A** of this application.

Follow the instructions below to begin the application process. If a spouse or domestic partner is also applying, please submit a separate application. In order to expedite the admissions process please take the following steps:

1. Complete **Section A** and **Section B** of this application.
2. Provide **Section C** to your primary care physician for completion.
3. Contact your physician as soon as possible for an exam to complete the section in its entirety. **Section C** is only valid for 6 months and depending on your admission date it may be necessary to complete **Section C** again to ensure it is valid.
4. To ensure care needs are able to be met for all admissions to the home, current medical records must be reviewed.
5. Include copies of current Advanced Directives, Power of Attorney, Court appointed Conservatorship or Guardianship, and Living Will.
6. Completed application packages must include all required documents that are included on the "Document Checklist" found on page 6.

We look forward to working with you and ask that you please call the admissions team at the Arizona State Veteran Home if you should have questions while completing this application.

Admission Qualifications

To be admitted to an Arizona State Veteran Home the applicant must be a Veteran, a Veteran Spouse, a surviving spouse, or an immediate Gold Star family member and the following requirements

Application

- A.** An applicant or legal representative shall apply for admission to an ASVH by submitting a completed ASVH application to the admissions coordinator. If both a Veteran and the Veteran's spouse are applying for admission, both shall file separate applications. An application may be obtained from an ASVH or from the agency website at www.azdvs.gov
- B.** In addition to the ASVH application required under subsection (A), an applicant or legal representative shall submit the following:
 1. Information regarding the applicant's ability to participate in daily living activities and the applicant's psychosocial behavior. The information may be provided through either of the following:
 - a. A functional questionnaire form provided by ASVH that is completed by the applicant or family member, or

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

- b. The equivalent medical information provided by a health care provider;
 2. A completed applicant's financial information statement on a form provided by ASVH;
 3. A completed physician's statement by the applicant's physician on a form provided by ASVH or equivalent medical information;
 4. A copy of the veteran's discharge document from the United States military, a certified copy of the separation or discharge document issued by the National Personnel Records Center, or a Statement of Service issued by the VA Regional Office;
 5. If requested by the director of nursing, a copy of medical records that assist in determining the level of care required by the applicant. Medical records may include physician's records, nurses' notes, test results, and medication records; and
 6. Evidence of freedom from infectious pulmonary tuberculosis.
- C. Evidence of treatment at a VA Medical Center will satisfy the requirement in (8) (4) of this section.

DOCUMENT CHECKLIST

In order to assist our applicants, we have provided the following document checklist. Please ensure all required documents are available or admission could potentially be delayed.

- **IDENTIFICATION**
 - DD Form 214: Certificate of Discharge
 - Birth Certificate
 - Driver's License/Identification Card (State Issued)
 - Social Security Card
- **MEDICAL INSURANCE**
 - Arizona Health Care Cost Containment System (AHCCCS) Card
 - Medicare Card
 - VA Medical Card
 - Dental or Other Insurance Card
- **LEGAL/OFFICIAL PAPERS**
 - Advanced Directives
 - Power of Attorney and/or Durable Power of Attorney
 - Marriage Certificate (if currently married)
 - Final Divorce Decree (if applicable)
 - Pre-Arranged Burial Plan
 - Will or Trust

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

SECTION A

GENERAL INFORMATION

Please let us know how you heard about us: _____

PERSONAL INFORMATION

1. Applicant Name: _____
 Last First Middle Maiden

2. Current Residence: _____
 Address City State Zip

3. Mailing Address (if different): _____
 Address City State Zip

_____ () _____
County Telephone

4. Social Security Number: _____ Sex: Male Female

5. Date of Birth: ____ / ____ / ____ Birthplace: _____
 City State County

6. Ethnicity: White Hispanic Black American Indian/Alaska Native

 Asian/Pacific Islander Other (specify): _____

7. Religious Preference: _____

8. Marital Status: Married Widowed Divorced Separated Never Married

9. Spouse's Name: _____
 Last First Middle Maiden

10. Work History: _____
 Previous occupation Kind of business

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

11. Responsible Party: _____
Full Name Relationship

(_____) _____
Phone Number Address City State Zip

Email address Work phone number

12. Emergency Contact 1: _____
Full name Relationship Phone number

Address City State Zip

Emergency Contact 2: _____
Full Name Relationship Phone number

Address City State Zip

13. Date of: _____ / _____ / _____
Enlistment Discharge Era

14. Branch: Army Navy Marines Coast Guard Air Force
 Merchant Marine Space Force

15. Check all that apply: WACS WAAF WMC SPARS POW
 Nurse Corps

16. Does applicant have a service-related disability? Yes No

17. If yes, what is the percentage? _____

18. Applicant's Armed Services Serial Number _____

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

20. Applicant represented by a Veteran Service Organization? Yes No

POA? _____

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

21. Insurance: _____

22. Has applicant signed up for Medicare? Yes No

23. If yes: Part A Part B QMB SLMB

Medicare Number _____

24. Is applicant currently on AHCCCS? Yes No

If yes, plan and number: _____

25. Is applicant currently on ALTCS? Yes No PID number _____

Name of ALTCS Case Manager: _____

26. Does applicant have other insurance? Yes No

If yes, please provide the following: Name of insurance: _____

Policy number: _____

Address of company: _____

Phone number of company: (_____) _____

27. Does applicant have nursing home insurance? No If yes, attach a copy of the policy

28. Service organization membership (VFW, Elks, etc.): _____

29. Advance Directives: _____

30. Does applicant have a: (Check if yes, attach a copy of the documentation)

Power of attorney Court appointed guardianship or conservatorship

Health care power of attorney Living will

31. Name of agent: _____ Relationship: _____

Address

City

State

Zip

(_____) _____
Telephone number

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

32. Provide name, address and telephone number of preferred Funeral Director:

Name: _____ Phone number: (_____) _____

Address City State Zip

33. Provide name, address and telephone number of preferred cemetery:

Name: _____ Phone number: (_____) _____

Address City State Zip

Arizona State Veteran Home Preference

The Arizona Department of Veterans' Services operates 2 State Veteran Home. Select your preference for the Home(s) you are applying to. Mark "1" for your first choice, "2" for your second choice, and so on. If you are not interested in a specific Home, mark an "X" next to "I do not wish to apply for this location." In the event the location you have selected has no availability you will be informed and given the option to automatically be considered for your subsequent preferences or you may elect to wait for your desired location to have availability.

Your completed application and required records should be submitted only to your first choice. If you decide to revise your order of priority simply contact the Home and request they forward your application and required information to your new preferred Home.

Location	Order of Preference	Check if Not Interested
ASVH-Phoenix	#	<input type="checkbox"/> Not interested in this location
ASVH-Tucson	#	<input type="checkbox"/> Not interested in this location
ASVH-Yuma	#	<input type="checkbox"/> Not interested in this location
ASVH-Flagstaff	#	<input type="checkbox"/> Not interested in this location

Application Assistance

If you would like assistance filling out your application or have any questions please contact any of the locations below:

Location	Telephone	Fax Number	Email Address
ASVH-Phoenix	602-234-5678	602-263-1826	asvhphx-admissions@azdvs.gov
ASVH-Tucson	602-234-5678	602-773-0935	asvhtuc-admissions@azdvs.gov
ASVH-Yuma	602-234-5678	928-569-5712	asvhyuma-admissions@azdvs.gov
ASVH-Flagstaff	602-234-5678	928-752-4981	asvhflagstaff-admissions@azdvs.gov

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

Applicant/Legal Representative: 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, read mission 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.

SECTION B

The following information is required to process your application for admission to the Arizona State Veteran Home. If this information is incomplete, it will delay consideration of your application. If questions are not applicable, please indicate with the abbreviation “N/A”. Information submitted is subject to verification. The Arizona State Veteran Home reserves the right to request verification of any funds received by copies of award forms or award letters.

APPLICANT’S NAME _____ DATE _____

APPLICANT’S SOCIAL SECURITY # _____

SPOUSE’S SOCIAL SECURITY # _____

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

A. MONTHLY INCOME

VETERAN

SPOUSE

Social Security Benefits		
U.S. Civil Service benefits (annuity number)		
U.S. Railroad retirement (number) Military Retirement		
Military Retirement		
V.A. Awards (type)		
State Retirement Company Retirement		
Private Retirement		
Black Lung		
Benefit		
SSI/Public Assistance		
Total Wages Total		
Dividends Total Interest		
Other (specify source):		
Total Monthly Income		

B. EXPENDITURES

Medicare B Premium (per month) _____

ALTCS Share of Cost (per month) _____

C. ONE TIME INCOME IN THE PAST 12 MONTHS

Type: _____

Amount: _____

Type: _____

Amount: _____

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

D. NET WORTH (Excluding Home and Auto)

Cash _____ Bank Account _____ Savings _____

CD's _____ Millers Trust _____ Revocable Trust _____

NET WORTH TOTALS _____ _____

E. MEDICAL EXPENSES NOT REIMBURSED LAST YEAR _____ _____

Signing below certifies that the above information is complete and correct. Authorization is given to verify any information provided herein.

Signature

Date

Relationship

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

SECTION C

PHYSICIAN'S CERTIFICATION

The following information is to be completed and signed by the applicant's physician. This certification is valid for 6 months from the date of completion. All information must be current and complete to avoid delays in processing. Please attach a copy of the patient's current (completed within the last 3 months) History and Physical (H&P) as well as a current TB test. Medications must be listed on this form or supplemented with a typed medication list that is signed by the physician.

1. Name of Applicant: _____

2. Date of Birth: _____

3. Is this person capable of caring for him/herself? Yes No

4. Patients current diagnosis:

5. Applicant's current medications:

Medication	Dose	Frequency (x per day)	DX for Medication

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

1. Diet and Diet Consistency: _____

2. Activity Orders/Limitations: _____

3. Are special treatments or therapies required for this person? Yes No

4. Could this person be considered a danger to self or others? Yes No

If yes, please explain: _____

5. Have they had a Mantoux TB skin test done in the past 6 months? Yes No
If yes, please attach a copy of the results

6. Has this person had Pneumovax 23? Yes No Date: _____

7. Has this person had Pneumovax 14? Yes No Date: _____

8. Allergies? _____

9. Is it your opinion that this applicant is in need of 24-hour nursing care? Yes No

10. Both doses of the COVID-19 vaccine? Yes No

11. If only one dose, which one and when? _____

12. Please print or type the following:

Physicians name (_____) Telephone number

Address City State Zip

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

Please return this statement to the Arizona State Veteran Home with a copy of the patient's history, physical, and immunizations.

Physicians signature

Date

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

SECTION D

FUNCTIONAL ASSESSMENT

For each area of functioning listed below, please describe to the best of your ability the amount and type of assistance the applicant currently requires.

BATHING

Does the applicant take a: Shower Tub bath Sponge bath

How often does the applicant bathe? _____

How much assistance is required? _____

DRESSING

How much assistance does the applicant receive in dressing (including selecting and getting clothes from the closet, putting on undergarments and using fasteners)?

TOILETING

Does the applicant require assistance with toileting (including getting to and from the bathroom, cleaning self after elimination and arranging clothes)? _____

If yes, how much assistance is needed? _____

Does the applicant have a catheter? Yes No If yes, what type? _____

Does the applicant have a colostomy? Yes No

Is the applicant able to control urination? _____ Bowel movements? _____

If no, how often do "accidents" occur? _____

MOBILITY

Does the applicant walk (list assistive devices used) or do they use a wheelchair? _____

Does the applicant need assistance getting out of bed or a chair? Yes No

If yes, how much assistance is needed? _____

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

EATING

Does the applicant feed themselves or require assistance? _____

Does the applicant use adaptive equipment while eating (plate guard, special spoon, etc...)?

Yes No If yes, describe the type and frequency _____

Is the applicant on a special diet?

How would you describe the applicant's appetite?

Height _____ Weight _____

PROSTHESES

Does the applicant have an arm or leg prosthesis?

Does the applicant wear dentures (upper and lower)?

Does the applicant use hearing aid(s)? _____

SKIN

Does the applicant presently have pressure sores (if yes, where are they and how long)?

Does the applicant have skin rashes? _____

Does the applicant experience swelling of the legs and/or feet? _____

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

ORIENTATION

Is the applicant alert and oriented or do they exhibit confusion? (If confused, is it ongoing, often, or occasional?)

For individuals who are confused and disoriented:

Does the applicant attempt to wander? Yes No

If yes, how often?

Is the applicant willing to return if given direction?

OTHER HEALTH CONSIDERATIONS

Does the applicant currently use physical or chemical restraints? _____

If yes, describe the type and frequency _____

Has the applicant been hospitalized or are they currently being treated for mental health problems?

If yes, describe the type and frequency _____

Does the applicant maintain active and satisfying relationships with family and friends? _____

ARIZONA STATE VETERAN HOME APPLICATION FOR ADMISSION

Does the applicant have a history of drug and/or alcohol abuse?

Yes No

If yes, please describe:

Is the applicant an active smoker?

Yes No

If yes, are they considered safe?

Yes No

Is the applicant currently receiving physical, occupational, speech, or respiratory therapy? If yes, list the type of therapy, reason, and frequency the therapy is received:

ADDITIONAL INFORMATION:

