

**Arizona Department** of **Veterans' Services** 

# ARIZONA STATE VETERAN HOME - YUMA

ARMY . MARINE CORPS

For Arizona Veterans and those who care for them.

6051 East 34th Street, Yuma, AZ 85365

Arizona State Veteran Homes Admissions Hotline: 602-234-5678

ADVS Careers Recruiter: 602-781-7032

www.azdvs.gov

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# **Agency Overview**

The Arizona Department of Veterans' Services (ADVS) is a state agency that serves and provides advocacy to service members, Veterans and their families.

Our Mission: To be the catalyst in response to the evolving needs of Arizona's Veterans, service members and their families.

Our Vision: Arizona Veterans, service members and their families will have no barriers to the benefits and services they have earned.

Veterans make up 10.8% of our population, ranking Arizona among the top 15 states with the highest concentration of Veterans. We have approximately 20,000 active duty service members, five military installations and approximately 16,000 National Guard and Reserve members.

Our agency is made up of multiple divisions, including the Arizona State Veteran Homes, and the Veterans Services, Public and Intergovernmental Affairs and Administration Divisions.

We provide direct services to Veterans, including helping Veterans connect with their state and federal benefits, operating three State Veterans' Memorial Cemeteries located in Sierra Vista, Camp Navajo and Marana, as well as managing skilled-nursing facilities serving the short and long-term care needs of residents.

## **About Arizona State Veteran Home**

### - Yuma

Arizona State Veteran Homes 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.



The new Arizona State Veteran Home - Yuma (ASVH - Yuma) sits on 11 acres of land donated by the City of Yuma near the Colorado River. The 73,000 sq. ft long-term care facility has 80 beds with 60 skilled nursing/ long-term care beds and 20 memory care beds, that serve Arizona Veterans and their families.

ASVH - Yuma provides furnished, private and convenient resident rooms equipped with specially designed modifications for the wheelchair disabled Veterans, providing a homelike atmosphere.

We designed ASVH - Yuma after the VA's Small House Model Design Guide, featuring four individual community "houses" that are connected via neighborhood centers that will accommodate gatherings of Veterans, their friends and families for special occasions.

ASVH - Yuma is reflective of its local roots. The southwestern themed building is formed to promote resident socialization and the use of outdoor community spaces.

ASVH - Yuma serves the long-term care and rehabilitative needs of the Veterans of Arizona through:

- 24-hour skilled-nursing care
- Therapeutic Recreation
- Social Services
- Rehabilitation Services
- Housekeeping and Laundry Services
- Dietary Services
- Memory Care Units

# **Admission Requirements**

- Any Veteran, with the exception of those who were dishonorably discharged
- Spouse of a Veteran
- Gold Star Family Member
- · Require skilled nursing care as determined by a physician
- Arizona residents have first priority

# **Private Pay Daily Rate**

\$280 per day/ \$8,426 per month

# **Programs to Assist with Cost**

- Medicaid
- Arizona Long Term Care System (ALTCS)
- Non-service connected pension if Veteran is eligible
- VA aid & attendance (does not apply for spouses)
- The VA will cover the full cost if Veteran has a service-connected disability rating of 70% or higher

**Did you know?** An ADVS Veteran Benefits Counselor (VBC) can assist with filing a VA service-connected disability compensation claim, VA aid & attendance and VA non-service connected pension. Please call **602-535-1215** to speak with a VBC!

## **Care Services Offered**

- Upon move-in, a care team assesses current health and reviews medical history to see how to best meet resident needs.
  - Licenses nurses (RN/LPN) provide the skilled nursing services
  - Certified Nursing Assistants (CNAs) provide assistance with personal care needs
  - Resident Physician
- Residents have access to medical care outside of the facility if needed and transportation is provided
- A Memory Care Unit is available to provide a safe, specialized place for residents with Alzheimer's, dementia or any other form of cognitive impairment
- Medication management program

# **Therapeutic Recreation**

Our Therapeutic Recreation Department plays a vital role in the resident's care. Services from this department make available a therapeutic approach focusing on mind, body, and spirit, bringing balance to one's life.

• Examples: parties, group activities, bingo, outings, religious services, etc.













# **Social Services**

The Social Services Department provides assistance to residents and their families during the admissions process and throughout their stay.

• Example: one-on-one visits, care planning, discharge planning, etc.

An ADVS Veteran Benefits Counselor is available to assist residents and families with applying for and maintaining Veteran benefits.

## **Rehabilitation Services**

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Short-term rehabilitation available (must have traditional Medicare or a service-connected disability of 70% or higher)

# Housekeeping & Laundry Services

- Ensure a sanitary and safe environment for residents
- Provide personal laundry services for any resident

# **Dietary Services**

- Prepare and provide three meals per day and snacks based on the dietary needs of each resident
- The Dietary Department follows all orders from the resident's physician regarding their diet

# **Important Contacts**

- Arizona State Veteran Home Admissions: 602-234-5678
- Veteran Benefits Counselors: 602-535-1215
- Arizona Department of Veterans' Services: <a href="www.azdvs.gov">www.azdvs.gov</a> or 602-255-3373

# **Photo Gallery**

























Are you interested in serving the Veteran community?

# NOW HIRING



Arizona State Veteran Home-Yuma



APPLY TODAY AT AZSTATEJOBS.GOV

Arizona Department of Veterans' Services

For Arizona Veterans and those who care for them.

# Come serve proudly those that served us!



Arizona State Veteran Homes serve the long-term care and rehabilitative needs of Veterans and their dependents, with energetic and caring staff.

# **Positions Include:**

- Nurses (RN, LPN, CNA)
- Nursing Pool (RN, LPN, CNA)
  - Nursing Supervisor (RN)
  - Social Services Supervisor
- Therapeutic Program Manager
  - Assistant Director of Nursing
    - Infection Control QA Nurse
  - More positions coming soon!



For more information, applicants can contact:

Chris Langseth | 602.781.7032 clangseth@azdvs.gov

# **Arizona State Veteran Home Careers**

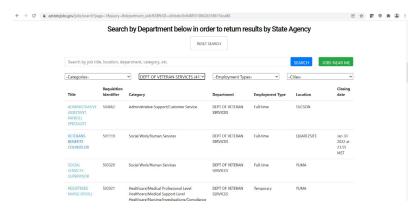
### - FAQ -

#### Q. How do I apply?

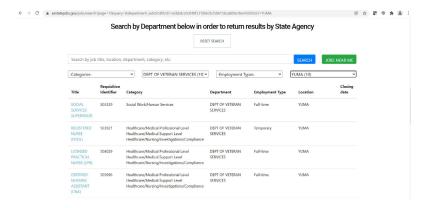
- A. You can apply by following these steps:
  - 1. Go to www.azstatejobs.gov



- 2. Click "Current Openings" at the top of the page
- 3. Click on the "-Departments-" box



- 4. Scroll down to "Department of Veterans' Services", and click
- 5. Click on the "-Cities-" box



6. Scroll down to "Yuma", and click, this will bring up all positions for ASVH - Yuma that are currently available for hiring

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#### Q. What positions do you hire?

**A.** As our hiring needs change, so do the positions we hire. Keep an eye on <a href="www.azstatejobs.gov">www.azstatejobs.gov</a> for new positions as they become available. Here is an example of some of the areas we do hire:

- Nursing (RN, LPN, CNA)
- Human Resources
- Medical Records
- Admissions
- Administrative
- Social Workers
- Building Maintenance
- Recreational Therapists

#### Q. How much do you pay?

**A.** Pay varies by position, either hourly or salary. Nursing positions are paid based on our step-program which pays based on years of experience, upon entry and after experience is verified.



# State of Arizona Employee Benefits

#### Benefits

#### **Medical Plans (includes Pharmacy)**

- Triple Choice Plan (TCP)
  - o Blue Cross Blue Shield AZ, UnitedHealthcare
- HDHP w/HSA (High Deductible Health Plan w/Health Savings Account)
  - o Blue Cross Blue Shield AZ, UnitedHealthcare

#### **Dental Plans**

- PPO Delta Dental
- DHMO Cigna

#### **Vision Plan**

Advantage Program - Avesis (fully employee paid)

#### **Telemedicine**

Connect with doctors via your smart device 24/7...

#### **Flexible Spending Accounts**

Pay for eligible medical, dental, vision and dependent care expenses with pre-tax dollars you contribute to your account.

#### **Long-Term Disability**

Pays 66%% of earnings. Mandatory participation. ASRS members contribution rate - .19%. Non-ASRS members - employer paid.

#### Life Insurance - Paid by the State

\$15,000 Basic Life

\$15,000 Accidental Death and Dismemberment

#### **Additional Life and Disability Coverage**

Insurance - Supplemental Life, Dependent Life and Short-Term Disability can be purchased at group rates. All premiums paid by employee.

#### ★ Rates & More Information

Find details on plan coverage, premiums and copays on our website **benefitoptions.az.gov/newhire** 

#### Wellness & Employee Assistance

#### Health Impact Program (HIP) - wellness.az.gov/hip

Earn up to \$200 annually by participating in our award-winning program of free preventive health screenings (mini-health, mammography, prostate), immunizations, lifestyle/mindfulness classes and physical activities.

#### Employee Assistance Program (EAP) - guidanceresources.com

Counseling sessions - 12 free per year per issue for each employee and each covered dependent. Available 24/7 for support, resources and information on work/life solutions, dependent/elder care, college planning, wills, legal guidance, financial resources, funeral planning and more.

#### **Paid Time Off**

#### **Holidays**

10 paid per year

#### **Sick Leave**

12 days per year No accrual or carryover limits

#### **Family Sick Leave**

40 hours per year Charged to employee's sick leave

#### Other Leaves

Military, Bereavement, Civic Duty

Annua	Leave
Years of Service	Days per Year
Fewer than 3	13 days
3 to 8	18 days
9 or more	21 days

#### Retirement

#### Arizona State Retirement System (ASRS) - azasrs.gov

Employee contribution rate - 12.22% | State contribution rate - 12.22% Mandatory participation. Deduction begins 27 weeks after hire date for new ASRS members.

#### Correctional Officer Retirement Plan (CORP) - psprs.com

For certain full-time corrections officers, probation officers, and dispatchers. Mandatory participation; rate varies by agency. Deduction begins on hire date.

#### Public Safety Personnel Retirement System (PSPRS) - psprs.com

For certain full-time firefighters and peace officers.

Mandatory participation; rate varies by agency. Deduction begins on hire date.

#### Deferred Compensation Plan - AZ Smart Save - arizonadc.com

Optional program - save more for retirement through 401(a) and 457(b) plans.

#### **Education, Discounts & Conveniences**

#### Arizona Management System (AMS) & Lean Principles

• Learn to apply Lean management and continuous improvement concepts.

#### Tuition

- Discounts benefitoptions.az.gov/highered. For online and classroom degree programs at state and national institutions
- Tuition Reimbursement available at some agencies.
- Federal Public Service Loan Forgiveness (PSLF) studentaid.gov
- AZ529 Plan az529.gov Pre-tax savings for college, vocational and workforce training, apprenticeships and private K-12, via direct deposit.

#### **Transit**

#### Capitol Rideshare - capitolrideshare.az.gov

Get perks for using alternate transportation. Receive Uber/Lyft discounts and emergency ride home. (Maricopa County).

- Maricopa County Platinum Pass Monthly pass 50% off.
- Pima County SunGo Card Monthly pass 50% off.
- Vanpool \$30 per month for state and transportation authority vanpools.
- Free Parking at state facilities where you work.

Banking - OneAZ Credit Union - oneazcu.com

Shopping Discounts - benefitoptions.az.gov/discounts

# Arizona State Veteran Home - COVID-19 -



The Arizona Department of Veterans' Services is continuing to take every possible measure to prevent the spread of COVID-19 in the Arizona State Veteran Homes and keep the loved ones of our residents and the public informed as the situation evolves.

We are doing everything we can to protect the residents and staff within our homes, and are continuing to follow the recommendations of the CDC and Arizona Department of Health Services.

Here are some of the safety measures we've implemented:

- Routine testing is done based on county positivity rates and increases when positive cases are
  in the facility
- Daily temperature checks and screenings for all staff members
- Nursing staff monitors residents for symptoms during each shift
- Procedures for environmental cleaning based on current CDC recommendations
- Housekeeping staff cleans and disinfects common areas, objects and surfaces throughout the facilities
- The use of contact precautions to prevent the spread, which includes wearing gowns, nursing caps, shoe covers, N95 masks and gloves when interacting with residents who present symptoms
- All residents who test positive for COVID-19 are isolated until their quarantine period is over

# 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 East 34<sup>th</sup> Street, Yuma, AZ 85365

Admissions Hotline: 602-234-5678

#### **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): \$165 per day / \$4,950 per month Answer (Tucson): \$227 per day / \$6,831 per month Answer (Yuma): \$280 per day / \$8426 per month

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

#### Question: Are there any programs to assist with costs?

**Answer:** Medicaid, Arizona Long Term Care (ALTCS), non-service connected pension, and aid and attendance, if eligible.

#### 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.

#### 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 may be 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.

#### 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.

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#### **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. 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.
- 3. To ensure care needs are able to be met for all admissions to the home, current medical records must be reviewed.
- 4. Include copies of current Advanced Directives, Power of Attorney, Court appointed Conservatorship or Guardianship, and Living Will.
- 5. Completed application packages must include all required documents that are included on the "Document Checklist" found on page 6.
- 6. Submit completed applications via fax, email or mail to the Arizona State Veteran Home of your choice. Contact information is on page 10.

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 must be met:

#### **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 <a href="https://www.azdvs.gov">www.azdvs.gov</a>
- **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
    - 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

- o DD Form 214: Certificate of Discharge
- Birth Certificate
- o 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
- o Dental or Other Insurance Card

#### LEGAL/OFFICIAL PAPERS

- Advanced Directives
- o Power of Attorney and/or Durable Power of Attorney
- Marriage Certificate (if currently married)
- o Final Divorce Decree (if applicable)
- o Pre-Arranged Burial Plan
- Will or Trust

#### **SECTION A GENERAL INFORMATION** Please let us know how you heard about us: PERSONAL INFORMATION Applicant Name: \_ Last First Middle Maiden 2. Current Residence: City Address State Zip 3. Mailing Address (if different): \_\_\_\_\_ City Address State Zip Telephone County 4. Social Security Number: Sex: Male Female 5. Date of Birth: \_\_\_/\_\_\_Birthplace:\_\_ County White Hispanic Black American Indian/Alaska Native 6. Ethnicity: 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 of		Kind of business	
11.	Responsible Party:			
	Full	Name	Relationship	
	()	Address	O'th.	06.4
	Phone Number	Address	City	State Zip
	Email address		Work phone numb	per
12.	.Emergency Contact 1			
		Full name	Relationship	Phone number
	Address	City	State	Zip
Em	nergency Contact 2:	ull Name	Relationship	Phone number
	Г	ili Name	Relationship	Phone number
	Address	City	State	Zip
13.	Date of:/_ Enlisti		liacharga	Era
			Discharge	
14	.Branch:Army	NavyMar	ines U.S. Coast G	uardAir Force
	Merchant Marine			
15	.Check all that apply:	WACS V	VAAF WMC	SPARS POW
	Nurse Corps			
16	.Does applicant have	a service-related dis	ability? Yes	No
17.	.If yes, what is the per	centage?		
18	. Applicant's Armed Se	ervices Serial Numbe	er	
19	. Applicant's Dept. of \	/eterans Affairs Clair	m or File Number	

20. Ap	olicant represented by a Veteran Service Organization? Yes No
РО	A?
21. lns	urance:
22.Ha	s applicant signed up for Medicare? Yes No
23. lf y	es: Part A Part B QMB SLMB
Ме	dicare Number
	pplicant currently on AHCCCS? Yes No es, plan and number:
25. ls a	pplicant currently on ALTCS? Yes No PID number
Na	ne of ALTCS Case Manager:
26. Do	es applicant have other insurance? Yes No
If y	es, please provide the following: Name of insurance:
Pol	icy number:
Ado	dress of company:
Pho	one number of company: ()
27. Do	es applicant have nursing home insurance? No If yes, attach a copy of the policy
28. Sei	vice organization membership (VFW, Elks, etc.):
29. Ad	vance Directives:
30. Do	es applicant have a: (Check if yes, attach a copy of the documentation)
Po	wer of attorney Court appointed guardianship or conservatorship Living will
Не	alth care power of attorney
31. Nar	ne of agent:Relationship:
Add	ress City State Zip
(	enhone number

Your completed application of the second sec	Preference	e Home and reques	st they forwar
Your completed application and recompleted application application and recompleted application application and recompleted application	your order of priority simply contact the quired information to your new preferred	e Home and reques d Home.	
Your completed application of the second sec	your order of priority simply contact the	e Home and reques	
preference for the Hom second choice, and so do not wish to apply for availability you will be it	Home Preference  Int of Veterans' Services operates 2 State (e(s) you are applying to. Mark "1" for you on. If you are not interested in a specific this location." In the event the location informed and given the option to automate or you may elect to wait for your desires.	our first choice, "2" f ic Home, mark an "2 you have selected atically be considere	for your K" next to "I has no ed for your
Address	City	State	Zip
Name:	Phone number: (_	))	
33. Provide name, addre	ess and telephone number of preferred co	emetery:	
Address	City	State	Zip
	Phone number: (_	))	
Name:			
	ess and telephone number of preferred F		

#### **Application Assistance and Submission**

#

#

ASVH-Tucson

ASVH-Yuma

If you need assistance filling out the application or have any questions, contact any of the locations below. Please submit your completed application via fax, email or mail to your Home of choice.

Not Interested in this location

□ Not Interested in this location

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

#### 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, 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.

#### **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 SECU	RITY#		
SPOUSE'S SOCIAL SECURIT	ΓΥ#		
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. EXPENDIT	TURES		
Medicare B Pre	emium (per month)		
ALTCS Share	of Cost (per month)		
C. ONE TIME	INCOME IN THE PAST 12 MO	NTHS	
Type:		Amount:	
Type:			
D. <u>NET WOR</u>	TH (Excluding Home and Auto	)	
Cash	Bank Account	Savings	
CD's	Millers Trust	Revocab	le Trust
	NE	ET WORTH TOTALS	
E. MEDICAL	EXPENSES NOT REIMBURSE	D LAST YEAR	
• •	certifies that the above informat mation provided herein.	ion is complete and co	rrect. Authorization is given to
Signature			Relationship

#### **SECTION C**

#### PHYSICIAN'S CERTIFICATION

Name of Applicant:

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.

2.	Date of Birth:			_
3.	Is this person capable of caring for him/herself?			
4.	Patients current diagnosis:			
5	Applicant's current	medications:		
J.	Applicant 3 current	medications.		
Medic	ation	Dose	Frequency (x per day)	DX for Medication
İ.				

1.	Diet and Diet Consistency:
2	Activity Orders / Limitations:
۷.	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
	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:
	Address City State Zip
	Please return this statement to the Arizona State Veteran Home with a copy of the patient's history, physical and TB test results.
	Physicians signature Date

#### **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?
If ves, how much assistance is needed?

#### **EATING**

Ooes the applicant feed themselves or require assistance?
oes 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?
HeightWeight
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?

#### **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?

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:
DDITIONAL INFORMATION: