ARIZONA STATE VETERAN HOME
4141 N. Third Street
Phoenix, Arizona 85012

VETERAN'S APPLICATION FOR ADMISSION

READ INSTRUCITONS 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

8. EDUCATION: Circle highest year completed.

1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Degree_____

9. WORK HISTORY: Previous occupation_____Kind of business_____

10. RESPONSIBLE PARTY:

_____
Name in full Relationship (Area Code) Phone Number

_____
Address City State Zip Work Phone

11. EMERGENCY CONTACT:

1. _____
Name in full | Relationship | (Area Code) Phone Number

_____
Address | City | State | Zip | Work Phone

2. _____
Name in full | Relationship | (Area Code) Phone 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_____

Are you represented by a: Veteran Service Organization?_____ POA?_____

13. INSURANCE:

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, 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
2. Health Care Power of Attorney
3. Court appointed Conservatorship or Guardianship
4. Living will

_____
Name of Agent | Relationship | (Area Code) Phone Number

_____
Address | City | State | Zip

16. Provide name, address and telephone of preferred Funeral Director.

Name (Area Code) Phone Number

Address City State Zip

Provide name, address and location of preferred cemetery.

Name (Area Code) Phone Number

Address City State Zip

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 submit copies of my Honorable Discharge from the military service of the United States; I will inform the ASVH of any and all changes in my income and/or assets; and 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, Chapter 40.