



Kansas Veterans' Home

A Place of Honor

Application for Admission

Applicant's Name: _____ Date of Birth: _____ SS #: _____

Address: _____
(street) (city) (state) (zip)

If in nursing home or hospital, provide: _____
(name)

(phone) (street) (city) (state) (zip code)

Name of individual completing this application (if not applicant) & relationship to applicant: _____

Phone number, e-mail address and other contact information for questions about this application: _____

CIRCLE ALL THAT APPLY:

POW

Veteran

Veteran's Spouse

Veteran's Widow/er

Gold Star Parent

Do you have a service-connected disability rated by the VA? Yes _____ No _____

If yes: Disability _____ Percent _____

Have you been convicted of a felony? Yes _____ No _____

If yes, please explain on a separate piece of paper.

Having a local physician is mandatory. Will you need assistance finding a local physician? _____

If no, please list your local preferred care physician: _____

Choice of Mortuary: _____
(name) (phone)

(address) (city) (state) (zip code)

Where do you wish interment? _____
(cemetery name)

(address) (city) (state) (zip code)

Do you have a pre-paid funeral contract? Yes _____ No _____

If yes, please provide a copy of the contract.

Name: _____ SS#: _____ 2012

FINANCIAL INFORMATION: (Please state gross monthly amounts before any deductions)

INCOME:	<u>APPLICANT</u>	<u>SPOUSE</u>
Social Security	\$ _____	\$ _____
US Civil Service	\$ _____	\$ _____
US Railroad Retirement	\$ _____	\$ _____
Military Retirement (not VA)	\$ _____	\$ _____
VA Disability Compensation	\$ _____	\$ _____
VA Pension	\$ _____	\$ _____
Other Retirement (Specify)	\$ _____	\$ _____
Gross Wages (employment)	\$ _____	\$ _____
Paid Up Cash Value of Life Insurance Policies (Please provide a full copy of all policies)	\$ _____	\$ _____
Nursing Home Insurance	\$ _____	\$ _____
Interest/Dividends/Annuity	\$ _____	\$ _____
All Other Income (oil royalty, leases, real estate)	\$ _____	\$ _____
TOTAL MONTHLY INCOME:	\$ _____	\$ _____
ASSETS:		
Cash/Checking Account	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Trusts	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Real Estate (Other than your residence)	\$ _____	\$ _____
ADDITIONAL FINANCIAL Information:		
Health Care Insurance	\$ _____	\$ _____
Burial Insurance/Policy	\$ _____	\$ _____

If admitted to the Kansas Veterans' Home, who will be handling your financial affairs?

DPOA: _____ Phone: _____

DPOA Address: _____
(street) (city) (state) (zip)

Please initial each paragraph then sign and date at the bottom of the page.

_____ If I am accepted, I agree to abide by the rules and regulations of the Kansas Veterans' Home. I realize that the facility is operated in full compliance with the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990, and that I am to cooperate with the Kansas Veterans' Home in maintaining full compliance.

_____ I understand that no alcoholic beverages are allowed on the grounds. I understand that tobacco use (smoking or chewing) is not allowed within the facility buildings.

_____ I understand that the divulging of Social Security numbers is required and the refusal to divulge such can result in the denial of any benefits or rights I am otherwise entitled to receive at the Kansas Veterans' Home. These Social Security numbers will be used in obtaining information to assist in my case, and failure to divulge such may result in a delay in the processing of this application.

_____ I further acknowledge that I am responsible for any monthly financial obligation to the Kansas Veterans' Home. In the event I am unable to competently manage my affairs, my legal representative, guardian, or other responsible party may act on my behalf. Notice of changes in charges or services that occur after admission will be made 30 days before the effective date of the change. The changes shall not take place until notice is given.

_____ I understand that it may be necessary for me to provide copies of bank statements periodically to verify my financial position, and that I must keep my account current.

_____ I understand that any pending application or retroactive receipt (back payment) of any income needs to be reported immediately to the Business Office and that any retroactive receipt of income (whether anticipated or unanticipated) will be applied to my monthly fee charge as an adjustment backdated to the effective date of the award if I am paying less than the maximum fee charge for my room.

_____ Income includes but is not limited to Department of Veterans Affairs pension/compensation awards, military retirement/disability benefits, Social Security Retirement, Social Security Disability, Social Security Supplemental Income, State of Kansas Disability Insurance or any other type of federal or state award. Other income also includes but is not limited to private or company retirement benefits such as pension/disability, life insurance benefits, long-term care insurance, dividends or interest from stocks, bonds, savings accounts, Certificates of Deposit, net profit from the sale of real estate or land, inheritances or any other receipt of income.

_____ I understand that payment is due on the day of admission.

_____ As a condition for continued residency, all veterans and non-veterans must apply for Medicaid benefits if eligible. The expectation is for full monthly payment for services. If a resident does not provide this, Medicaid application is necessary.

_____ As a wartime veteran or a surviving spouse of a wartime veteran, I must apply for monetary pension benefits from the United States Department of Veterans Affairs. I must inform the Kansas Veterans' Home when benefits are awarded.

The answers I have provided in this application are true and complete to the best of my knowledge and belief, and I understand that if I knowingly make a false statement of any material facts in completing this application, I may be subject to penalties for fraud, including possible criminal prosecution, as provided for in the Kansas Statutes.

Date _____ Signature _____
(Applicant or POA)