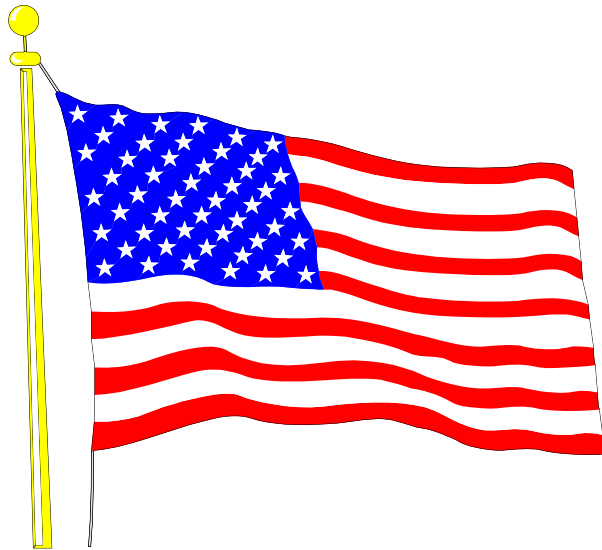


Kansas Veterans' Home



Winfield, Kansas

Kansas Veterans' Home

A Place of Honor for Special People...

The Kansas Veterans' Home is located on a hill overlooking the beautiful city of Winfield, Kansas. The panoramic views also include woodlands, fields, and abundant wildlife, creating a serene and relaxing setting for the people who live here.

The Home is located 10 miles northeast of Arkansas City and 35 miles from both Wichita, Kansas, and Ponca City, Oklahoma.

Facts about our facility...

The Home is a state operated facility located in the renovated buildings of the former Winfield State Hospital and Training Center. 24-hour nursing care is provided for Domiciliary and Long-Term Nursing Care residents, including a Special Care Unit for residents with Alzheimer's Disease or other dementia who are needing a secured and more structured environment. Other services that are provided are:

- ◆ Nutritious meals individualized to meet each resident's needs
- ◆ Transportation to and from local health care providers, including the Robert J. Dole Veterans Affairs Medical and Regional Office Center at Wichita for medical specialists and consultations
- ◆ 24-hour security systems and grounds patrol
- ◆ A trained and professional staff that receives ongoing education to meet the needs of the residents
- ◆ Private and semi-private rooms
- ◆ A medical clinic on site
- ◆ A number of activity rooms
- ◆ Affordable costs
- ◆ Social opportunities with other veterans
- ◆ Qualifying medications provided by a cost sharing agreement with the Department of Veterans Affairs (at no cost for veteran residents)

Levels of Care. . .

The Kansas Veterans' Home offers three levels of care: Long-Term Nursing Care, Special Care for Alzheimer's Disease and related dementia, and Domiciliary Care. The facility is fully accredited and surveyed by the United States Department of Veterans Affairs (VA) as a State Veterans Home. Status as a State Veterans Home means our state has established the Home primarily for veterans disabled by age, disease, or otherwise, and who by reason of such disability are incapable of earning a living. The Kansas Veterans' Home must also meet compliance standards as required by the Kansas Department on Aging (KDOA), which conducts yearly inspections of the facility.

◆ **Long-Term Nursing Care**

Long-term nursing care is performed by or under the immediate supervision of a registered professional nurse and additional licensed and certified nursing personnel. This level of care includes administration of medications, treatments as prescribed by a licensed physician, and other nursing functions. Individuals who are acutely ill and in need of hospital care would not be eligible for nursing home care. Long-term nursing care provides assistance with activities of daily living required by an individual for continued well being.

◆ **Special Care for Alzheimer's Disease and Related Dementia**

Residents in the Special Care unit at KVH receive all of those services provided in the Long-Term Nursing Care units. Additional services available in the Special Care unit include but are not limited to: a staff trained to care for Alzheimer's Disease and other related dementia, a separate unit with a harmonious living environment where traffic is reduced and noise levels are controlled, a private dining area with nutrition management, enhanced activities programming, and securely enclosed inside and outside areas.

◆ **Domiciliary Care/Assisted Living**

Domiciliary Care provides shelter, food, and necessary services required by each resident to allow or maintain independence. Residents in this area shall maintain independence in activities of daily living (toileting, dressing, etc.). Supervision of medication administration will be performed by certified or licensed medical personnel. Domiciliary Care Services provided include:

- ◇ Assisting eligible veterans who are suffering from a disability, disease, or defect of such a degree that incapacitates the veterans from earning a living or living alone to achieve the goal of returning to independent living.
- ◇ Assisting residents in attaining physical, mental, and social wellbeing to restore their highest level of functioning.

Mission

The primary mission of the Kansas Veterans' Home, as established by the State of Kansas and approved by the VA, is:

- ◆ To take care of veterans disabled by age, disease or otherwise, who by reason of such disability are incapable of earning a living. To achieve this mission, the Home provides nursing home care to veterans who require skilled or intermediate nursing care and related medical services if such nursing care and medical services are prescribed by or are performed under the general direction of persons duly licensed to provide such care, including intensive care where the nursing service is under the supervision of a registered professional nurse.
- ◆ To provide domiciliary care such as shelter, food and necessary medical care on an ambulatory self-care basis to assist eligible veterans who are suffering from a disability, disease, or defect of such a degree that incapacitates the veteran from earning a living, but who is not in need of hospitalization or nursing care services, to attain physical, mental and social wellbeing through a coordinated treatment plan, to restore the resident to or maintain the resident at their highest level of functioning.
- ◆ To provide nursing home care and domiciliary care on a space available basis, to veteran family members, i.e., spouses, surviving spouses, and gold star parents.
- ◆ To operate the Kansas Veterans' Home in order to achieve the maximum operational efficiency while passing KDOA and VA inspections and without compromising the standard of care based upon the available financial resources provided by the State of Kansas, the VA Per Diem Reimbursement Program, and the fees provided by the residents based upon their ability to pay.

Philosophy

We believe that every veteran and eligible dependent admitted to the Kansas Veterans' Home is entitled to receive the highest possible level of nursing care and quality of life services. We, the staff, are committed to displaying an exemplary work ethic standard that includes sound judgment, honesty, loyalty, good conduct and self-discipline. We believe these core values enable us to manage the holistic environment which will be clean, safe and secure, while attending to the psychological and physical well-being of our residents who will live in ordered and structured surroundings. In doing this, we will make the Kansas Veterans' Home the residence of choice for veterans and their eligible dependents and foster an environment that encourages visitation and interaction with our residents by every generation.

Basic Eligibility Requirements

Any person who served in the active military service of the United States during any period of war, or who served in the active military service of the United States during peacetime and is entitled to veterans affairs hospitalization or domiciliary care under title 38 of the United States code and federal veterans affairs rules and regulations, and who has been discharged or relieved there from under conditions other than dishonorable, who may be disabled by disease, wounds, old age or otherwise disabled, and who, by reason of such disability, is incapacitated from earning a living.

The Kansas Commission on Veterans' Affairs shall have authority by resolution to discharge any member from the Veterans' Home on a showing that the member has gained admittance into the Veterans' Home by misrepresentation of the member's financial or physical condition, or a showing that the financial or physical condition of such member has been so altered since admittance so that the further maintenance of the member in the Veterans' Home is not justified. Members may also be discharged due to violation of KVH regulations for members including: intoxication, use of illegal drugs, posing a danger to self or other persons, possession of restricted items (weapons), use of restricted items (candles, smoking or chewing tobacco within the facility), non-payment for services and other non-compliance issues.

No such member shall be discharged without notice and opportunity to be heard in accordance with the provisions of the Kansas Administrative Procedure Act.

Eligibility

Long-Term Care

A veteran is an eligible veteran if the VA determines that the veteran needs nursing home care and the veteran is within one of the following categories:

- ◆ Veterans with service-connected disabilities.
- ◆ Veterans who are former prisoners of war.
- ◆ Veterans who were discharged or released from active military service for disability incurred or aggravated in the line of duty.
- ◆ Veterans who receive disability compensation under 38 U.S.C. 1151.
- ◆ Veterans whose entitlement to disability compensations is suspended because of the receipt of retired pay.
- ◆ Veterans whose entitlement to disability compensation is suspended pursuant to 38 U.S.C. 1151, but only to the extent that such veterans continuing eligibility for nursing home care is provided for in the judgement or settlement described in 38 U.S.C. 1151.
- ◆ Veterans who VA determines are unable to defray the expenses of necessary care as specified under 38 U.S.C. 1722(a).
- ◆ Veterans of the Mexican border period or of World War I.
- ◆ Veterans solely seeking care for a disorder associated with exposure to a toxic substance or radiation or for a disorder associated with service in the Southwest Asia theater of operations during the Persian Gulf War as provided in 38 U.S.C. 1710(e).
- ◆ Veterans who agree to pay to the United States the applicable co-payment determined under 38 U.S.C. 1710(f) and 1710(g), if they seek VA hospital nursing home or outpatient care.

Domiciliary Care/Assisted Living

Title 38, U.S.C. 601(b), and 38 C.F.R. 17.47(e) state that Domiciliary Care may be furnished when needed to:

- ◆ Any veteran whose annual income does not exceed the maximum annual rate of pension payable to a veteran in need of regular aid and attendance, or,
- ◆ Any veteran who the Secretary determines has no adequate means of support. No adequate means of support means that when an applicant is receiving income above the annual rate of pension for a veteran in receipt of regular aid and attendance, as defined in 38 U.S.C. The veteran must also be able to demonstrate to the satisfaction of the VA Chief of Staff, on the basis of objective evidence, that deficits in health and/or functional status render the veteran incapable of pursuing substantially gainful employment, and is otherwise without the means to provide adequately for self, or to be provided for in the community.
- ◆ An additional requirement for eligibility for Domiciliary Care is the ability of the veteran to perform the following:
 - ◇ Conduct without assistance activities of daily living, such as brushing teeth; bathing; combing hair; and bodily elimination
 - ◇ Dress self
 - ◇ Proceed to and return from the dining hall without aid
 - ◇ Feed self
 - ◇ Secure medical attention on an ambulatory basis or by use of a personally propelled wheelchair
 - ◇ Have voluntary control over bodily elimination or control by use of an appropriate prosthesis
 - ◇ Share in some measure, however slight, in the maintenance and operation of the facility including maintenance of apartment meeting with health and safety requirements established by state and federal regulations
 - ◇ Make rational and competent decisions as to own desire to remain or leave the facility
 - ◇ Independently evacuate the facility in case of emergency

Dependents

- ◆ On a space available basis, the Home may also provide care to eligible veteran-related family members, i.e. spouses, surviving spouses, and/or gold star parents who are not entitled to payment of VA aid.
- ◆ No spouse, widow, or gold star parent, unless sixty years of age shall be admitted unless warranted by such person's physical condition.
- ◆ No person shall be admitted as the spouse of the applicant unless the marriage is valid under the laws of the State of Kansas.
- ◆ The membership of the spouse of a veteran shall terminate upon the death or discharge of the veteran. Once membership has terminated, they may be readmitted based upon applicable admission criteria.
- ◆ Children cannot be permitted as residents at the Kansas Veterans' Home.

Eligibility: (Special Categories)

Mental Illness:

No person who has been diagnosed by a competent medical authority, as being mentally ill shall be admitted unless the mental illness is controlled by medication prescribed by a competent medical authority. The medical authority must certify that with the prescribed medication, (1) the individual will not be a threat to him/herself or the person or property of others, and (2) that the person can be cared for and medicated by KVH staff with medication that is reasonably available.

Legal Incompetence:

No person who has been adjudged Legally Incompetent shall be admitted unless a person who has legal custody of the individual is available to make the legal decisions about care.

Alcohol Abuse:

Any person who currently abuses alcohol and is not participating in a legitimate treatment or rehabilitation program for alcohol abuse shall not be admitted to the KCVA Homes. A resident who abuses alcohol may, at the discretion of the respective Superintendent, be involuntarily furloughed from the Home.

Drug Abuse:

Unauthorized use of any medication is sufficient grounds for involuntary furlough.

Residents who engage in the use of alcohol or illegal drugs on state property shall be subject to involuntary furlough from the Home at the discretion of the respective Superintendent and may be subject to discharge for cause by the Kansas Commission on Veterans' Affairs.

Felons:

No person shall be admitted to or retained in the Veterans' Home who has been convicted of a felony, unless the commission finds that such person has been adequately rehabilitated and is not dangerous to oneself or to the person or property of others. A supplemental application is necessary for anyone convicted of a felony applying for admission.

Felonies that prohibit admission to the Kansas Veterans' Home include: murder in the first degree, murder in the second degree, capital murder, voluntary manslaughter, assisting suicide, rape, aggravated criminal sodomy, sexual battery, aggravated sexual battery, indecent liberties with a child, aggravated indecent liberties with a child, indecent solicitation of a child, aggravated indecent solicitation of a child, sexual exploitation of a child, mistreatment of a dependent adult (misdemeanor or felony), treason or terroristic act against the United States.

Residency Requirement

Applicants for the Long-Term Nursing Care or Domiciliary Care units need not have been an actual resident of the State of Kansas; however, Kansas residents will receive priority for acceptance in the facility.

Priority for Admission

- ◆ Priority for admission of veterans shall first be made on the basis of severity of medical care required. The Superintendent will use his medical staff to assist in the prioritization.
- ◆ Second consideration shall be the veteran's financial needs. Those with limited ability to pay for medical care will receive priority.
- ◆ Transfers from other institutions, including transfers from the Kansas Soldiers' Home or VA medical centers shall have lower priority.

Cost of Services at KVH

Determination of charges to veterans and qualifying dependents are based upon the ability to pay. While there are no income and net worth limitations, all applicants will need to disclose their income and net worth so that a determination can be made to assess charges. No veteran will be denied services because of the lack of income or excessive income. Therefore, some veterans and/or dependents may pay more or less than others, but in no event will a veteran or dependent pay more than the posted maximum monthly-established charges for the level of care needed.

In comparison to private nursing homes, the State of Kansas offers a very affordable alternative living arrangement. Eligible veterans, depending on their income, assets, and time of service, may be entitled to a VA Non-Service Connected Pension. Pensions based on need may be available to surviving spouses of deceased veterans with wartime service. For your convenience, a Kansas Commission on Veterans' Affairs Field Service Office is located in the Administration Building (Timmerman Hall) to help identify your VA Benefits based upon your individual needs.

The Kansas Veterans' Home asks that applicants who might qualify for General Assistance in Cowley County start that process as soon as possible.

Any resident with any pending application or retroactive receipt (back payment) of any income needs to report receipt of those funds immediately to the Business Office and understand that any retroactive receipt of income (whether anticipated or unanticipated) will be applied to monthly fee charges as an adjustment backdated to the effective date of the award if the resident is paying less than the maximum fee charge. **This includes benefits from the VA, Social Security and other sources.**

All applicants who seek admission to the Kansas Veterans' Home must provide a complete accounting of all financial income and assets as requested on the Application for Admission. A waiver is available for veterans and eligible dependents that do not wish to release financial information to the facility and are willing to accept the maximum monthly charge for residency. All residents are required to update this information annually.

The following adjustments to the reported income can be made:

Domiciliary Care/Assisted Living

Married Joint net income and net worth assets minus

- ◆ \$1,379 sheltered for non-admitted spouse
- ◆ Maximum monthly allowance for extended Medicare coverage for member only
- ◆ Medical insurance premiums
- ◆ Monthly premium for an irrevocable burial trust fund
- ◆ \$95 comfort money for veteran member or \$79 for non-veteran member (\$190 monthly allowance for couples – two veterans, \$174 monthly allowance for couples – veteran and non-veteran member.)

Maximum monthly charge for veterans is \$1,404 or less for a semi-private room and \$1,405 for a private room.

Single Net income and net worth assets minus

- ◆ Maximum monthly allowance for extended Medicare coverage for member only
- ◆ Medical insurance premiums; minus monthly premium for an irrevocable burial trust fund
- ◆ \$95 comfort money for veteran member

Maximum monthly charge for veterans is \$1,404 or less for a semi-private room and \$1,405 for a private room.

The following adjustments to the reported income can be made:

Long-Term Nursing Care

Married Joint net income and net worth assets minus

- ◆ \$1,379 sheltered for spouse
- ◆ Maximum monthly allowance for extended Medicare coverage for member only
- ◆ Medical insurance premiums
- ◆ Monthly premium for an irrevocable burial trust fund
- ◆ \$95 comfort money for veteran member or \$79 for non-veteran member (\$190 monthly allowance for couples – two veterans, \$174 monthly allowance for couples – veteran and non-veteran member.)

Maximum monthly charge for veterans is \$2,874 for a semi-private room and \$3,049 for a private room.

Single Net income and net worth assets minus

- ◆ Maximum monthly allowance for extended Medicare coverage for member only
- ◆ Medical insurance premiums
- ◆ Monthly premium for irrevocable burial trust fund
- ◆ \$95 comfort money for veteran member

Maximum monthly charge is \$2,874 for a semi-private room and \$3,049 for a private room.

The following adjustments to the reported income can be made:

Special Care for Alzheimer's Disease and Related Dementia

Married Joint net income and net worth assets minus

- ◆ \$1,379 sheltered for spouse
- ◆ Maximum monthly allowance for extended Medicare coverage for member only
- ◆ Medical insurance premiums
- ◆ Monthly premium for an irrevocable burial trust fund
- ◆ \$95 comfort money for veteran member or \$79 for non-veteran member (\$190 monthly allowance for couples – two veterans, \$174 monthly allowance for couples – veteran and non-veteran member.)

The maximum monthly charge for a semi-private room in the Special Care Unit for a veteran is \$3,236 and \$3,411 for a private room.

Single Net income and net worth assets minus

- ◆ Maximum monthly allowance for extended Medicare coverage for member only
- ◆ Medical insurance premiums
- ◆ Monthly premium for irrevocable burial trust fund
- ◆ \$95 comfort money for veteran member

The maximum monthly charge for a semi-private room in the Special Care Dementia unit is \$3,236 and \$3,411 for a private room.

Maintenance Charges

Care and maintenance charges become effective the date of admission to the facility.

Payments shall be made to the Home according to rules and prescribed regulations on or about the first of each month, for care and maintenance for the upcoming month.

Any resident seeking discharge to avoid payment of maintenance charges shall **not** be readmitted until payment is satisfied.

Any resident who knowingly withholds or falsifies his monthly income is subject to involuntary furlough by the Superintendent and may be discharged for cause by the Kansas Commission on Veterans Affairs. Any changes in income must be reported to the Home's Business Office.

Pension, compensation, social security and other checks sent to residents of the Home who have legally appointed payees, will be received, logged in and deposited through the Business Office of the facility.

A rate sheet for the current year follows on the next page.

Disclosure of Income Requirement

Any resident with any pending application or retroactive receipt (back payment) of any income needs to report receipt of those funds immediately to the Business Office and understand that any retroactive receipt of income (whether anticipated or unanticipated) will be applied to monthly fee charges as an adjustment backdated to the effective date of the award if the resident is paying less than the maximum fee charge.

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, assisted living insurance, dividends or interest from stocks, bonds, savings accounts, Certificates of Deposit, net profit from the sale of real estate/land, inheritances or any other receipt of income.

Kansas Veterans' Home Rate Sheet

Calendar Year 2010

	Semi-Private	Private
Long-Term Nursing Care		
Monthly Charges	\$2874	\$3049
Daily Rate	\$94.49	\$100.25
Special Care for Alzheimer's Disease and Related Dementia		
Monthly Charges	\$3236	\$3411
Daily Rate	\$106.39	\$112.15
Domiciliary Care		
Monthly Charges	\$1404 or less	\$1405
Daily Rate	\$46.16 or less	\$46.20

Notes:

- ◆ The veteran's and eligible dependent's financial obligations towards the monthly charges will be determined from available income and net worth sources.
- ◆ No veteran or eligible dependent will be turned down because of the inability to defray any of the costs.
- ◆ To help defray the costs of charges, eligible veterans and dependents may be entitled to VA Pension Benefits. (See page 18.)
- ◆ There are a limited number of private rooms. Private rooms are available if the resident can pay full costs. Private rooms may also be used for critical medical situations as determined by the Kansas Veterans' Home. A waiting list may be developed.

Kansas Veterans' Home

Each person is responsible for furnishing or paying for any health and medical care services, including, without limitation, hospital services, physician's services (if other than KVH staff), private duty personnel, medications (not provided by VA or for non-veteran residents), eye glasses, eye examinations, hearing aids, ear examinations (not provided by KVH or VA staff), dental work/examinations (unless you have VA dental benefits), orthopedic appliances, laboratory/x-ray services (not covered by a KVH contractor), or any rehabilitative therapies not provided by KVH.

Items Included or Not Included in the Daily Rate:

Included

Not Included

Basic Services:

Semi-private room
24-hour nursing care
Housekeeping services
Laundry services
Meals, special diets, adaptive eating utensils
Diversified activity program
Library services (including services for the blind)
Personal funds assistance
Restorative services
Mail delivery services
24-hour security system and grounds patrol

Meals outside the facility
Postage for outgoing mail

Special Services:

Transportation to/from local and VA medical appointments

Physical, Occupational, Speech therapy, and Audiology Services as prescribed by a physician

Emergency transportation by ambulance is the responsibility of the resident.

Vending machines are available for personal needs and paid for by the resident.

Any service provided outside the Home – Hospital stay (local or VA); Lab work.

Included

Not Included

Social Services:

Social Worker

Volunteer services (letter writing, special assistance, etc.)

Personal needs such as clothing, hygiene items, gifts

Physician Visits:

Visits at the facility from our local contracting physician.

Payment for physician service outside the facility is the responsibility of the resident.

Dental Services:

Transportation to local dentists and to the Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center, Wichita.

Payment for services provided outside the facility are the responsibility of the resident.

Medications:

Qualifying medications from the VA for veteran residents

90-day medication review by a Registered Pharmacist for Assisted Living patients.

30-day medication review by a registered Pharmacist for Nursing Home residents.

Payment for any medication not received from the VA is the responsibility of the resident.

Transportation Service

Local Doctors' Office Visits

Dental Appointments

Robert J. Dole Department of Veterans Affairs Medical and Regional Office Center, Wichita

Transportation for personal business

Ambulance/EMS

Phone Service

Public phones

Private phones in rooms will be at residents' expense

Cable and Internet Service

Televisions with limited cable channels and computers are available in designated public areas

Private cable vision and internet accounts in resident rooms are at the residents' expense

Dear Wartime Veterans and Widows,

Since you are considering admission to a long-term care facility, you should be aware that veterans and widows of veterans may be entitled to VA Pensions to assist in financial situations. Veterans with low incomes and limited net worth who are permanently and totally disabled may be eligible for monetary support if they have 90 days or more of active military service, at least one day of which was during a period of war. The discharge from active duty must have been under conditions other than dishonorable. Pensions based on need may also be available for eligible surviving spouses of deceased veterans with wartime service.

Wartime Qualifying Dates

- ◆ World War I: April 6, 1917 – November 11, 1918
- ◆ World War II: December 7, 1941 – December 31, 1946
- ◆ Korean War: June 27, 1950 – January 31, 1955
- ◆ Viet Nam War: August 5, 1964 – May 7, 1975
- ◆ VN-In Country: February 28, 1961 – May 7, 1975
- ◆ Persian Gulf War: August 2, 1990 – Future date to be set by law or Presidential Proclamation.

A single veteran may be entitled to a pension up to a maximum of **\$1644.00 per month**. A veteran who is married may be entitled to a pension up to a maximum of **\$1949.00 per month**. The widow of a veteran with wartime service may be entitled to a pension up to a maximum of **\$1056.00 per month**, while a resident of the facility. Determination of various Veterans Administration pensions are based on income and net worth.

In Kansas, when a person applies for Medicaid, they must apply for any other benefits that could be awarded including the VA Pension. This is the law and Medicaid benefits may be denied if the applicant does not apply for all annuities and pensions due them.

Please note that all eligible wartime veterans and eligible surviving spouses of wartime veterans must apply for pension benefits or increased pension benefits from the VA. The Veteran Service Representative at the Kansas Veterans' Home will assist veterans and surviving spouses in obtaining these benefits from the VA.

Documents required to apply for a VA Pension are:

- ◆ Military Discharge Certificates, DD214 (original or certified copy).
- ◆ Marriage Certificate.
- ◆ Death Certificate of Veteran, if widow is applying.
- ◆ Divorce decree, if married more than once. (Applies to both veteran and spouse of a married veteran.)
- ◆ Verification of all sources of income (Social Security, pensions, annuities, interest from savings, spouses income, etc.)

Any award of VA benefits will be expected to be applied towards charges or any past due charges to the Home.

Additional information and assistance may be obtained by contacting

Veteran Service Representative
1220 World War II Memorial Drive
Winfield, KS 67156-9801
Monday – Friday 8 a.m. – 5 p.m.
(620) 221-9479

The application process...

Application for admission requires the completion of standard forms including a medical examination signed by a physician (10-10SH). Military documentation is necessary to qualify for VA assistance.

Applications are available at

- ◆ Local Veterans Service Representative offices
- ◆ The Kansas Commission for Veterans' Affairs Central Office, Topeka
- ◆ The American Legion and Veterans of Foreign Wars offices located at
 - ◆ The Dwight D. Eisenhower VA Medical Center, Leavenworth
 - ◆ The Colmery-O'Neil VA Medical Center, Topeka
 - ◆ The Robert J. Dole VA Medical and Regional Office Center, Wichita.
- ◆ Applications are always available through the Kansas Veterans' Home.

If you choose to apply for residency at the Kansas Veterans' Home, make sure all forms are completed accurately. The omission of pertinent information can be grounds for discharge or involuntary furlough from the Kansas Veterans' Home.

Applicants are not placed on a waiting list for admission until all required documents have been received by the Kansas Veterans' Home.



Kansas Veterans' Home

Please include the following with your application:

Document	Document Status (filed, not applicable, missing, etc.)
* Admission Application	
* VA Form 10-10SH (completed by physician)	
DD214 or Military Honorable Discharge & Enlistment Record	
* VA Form 10-10EZ	
Verification of all income	
Current statements on <u>all</u> bank accounts	
Copy of Social Security Card	
Copies of Medicare & all other health insurance cards	
Marriage Certificate (if non-veteran spouse)	
Death Certificate (if surviving spouse applying)	
Divorce Decree (if married more than once)	
General Power of Attorney	
Durable Power of Attorney for Healthcare	
Guardianship/Conservator (if applicable)	
* 10-053 Consent for Receipt of Confidential Info.	
* 10-054 Consent for Release of Financial Info.	
* 10-055 Consent for Release of Medical Info.	
* VA Form 10-5345	
Living Will and/or Advanced Directive	
Current Kansas Drivers' License, Proof of Insurance and Kansas Registration (If retaining use of your private vehicle)	

* Note: The original of all forms included in this packet must be returned. Forms received by FAX cannot be substituted for the original.



Kansas Veterans' Home

A Place of Honor

Application for Admission

Applicant's Name: _____ Sex _____ Phone (____) _____
(last) (first) (middle)

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

E-Mail Address or other contact numbers: _____

Religion _____ Date of Birth _____ Place of Birth _____

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

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

Application for residence in: _____ Domiciliary _____ Long-Term Care _____ Special Care _____

Social Security # _____

CHECK ALL THAT APPLY:

Medicare # _____

POW _____

Part A Yes/No Part B Yes/No

Veteran _____

Medicaid # _____

Veteran's Widow/er _____

VA Claim # _____

Veteran's Spouse _____

Secondary Ins. Co. _____

Veteran's Parent _____

Policy # _____ Cost to applicant _____

Eligible for Medicaid _____

Long-Term Care/Assisted Living Insurance _____

Policy # _____

If applicant is in the process of applying for VA Pension &/or Social Security benefits please note the date claim requests were filed: _____

MILITARY INFORMATION: (Please provide information from your most recent separation document)

Branch of Service _____ Service Number _____

Dates of Active Duty: Entered _____ Separated _____

Type of Discharge:

Honorable ___ General ___ Bad Conduct ___ Dishonorable ___ Other than Honorable ___

Please attach all separation documents from any active duty service.

Have you executed any of the following? (Attach copies if applicable)

Power of Attorney (General/Durable/Medical) _____ Living Will _____ Will _____ Living Trust _____

Marital Status:

Married _____ Never Married _____ Separated _____ Widowed _____ Divorced _____

Spouse's Name _____ SSN _____ DOB _____

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

Emergency Notification: In the event of accident, serious illness, or death, whom do you wish to be notified? Please indicate if contact is DPOA for applicant.

1. Name _____ Relationship _____

_____ (address) (city) (state) (zip code) (phone)

_____ (e-mail address) (cell phone) (work phone)

2. Name _____ Relationship _____

_____ (address) (city) (state) (zip code) (phone)

_____ (e-mail address) (cell phone) (work phone)

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

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

Have you previously received care from the VA? Yes _____ No _____

Where _____ When _____

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

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

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

Disability _____ Percent _____ Amount _____

If you have any special equipment that will accompany you upon admission, please list below and bring any operating manuals, warranties, etc.

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#: _____

2010

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

INCOME:

APPLICANT

SPOUSE

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 _____

Nursing Home Insurance _____

Interest/Dividends/Annuity _____

All Other Income _____

TOTAL MONTHLY INCOME \$ _____ \$ _____

ASSETS:

Cash/Checking Account \$ _____ \$ _____

Savings \$ _____ \$ _____

Trusts \$ _____ \$ _____

Investments \$ _____ \$ _____

Real Estate (Other than your residence) \$ _____ \$ _____

Health Care Insurance \$ _____ \$ _____

Burial Insurance/Policy \$ _____ \$ _____

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

DPOA _____ DPOA SSN: _____ Phone _____

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

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 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 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.

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 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. 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.

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.

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.

If applying for long-term nursing care, I further affirm that my income is such that I am unable to defray the necessary expenses of the medical care for which I am applying.

If applying for Domiciliary Care, I certify that my income does not exceed the maximum annual rate of pension payable to a veteran in need of aid and attendance. If my income is above the annual rate of pension for a veteran in receipt of regular aid and attendance, I certify that I have no adequate means of support and that deficits of health and/or functional status render me incapable of pursuing substantially gainful employment, and I am otherwise without the means to provide adequately for self, or to be provided for in the community.

Name: _____ SS#: _____

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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)

Witness to signature of applicant if made by "X" mark:

Witness _____
(signature)

Witness _____
(signature)

Name _____
(print)

Name _____
(print)

Address _____

Address _____

KANSAS VETERANS' HOME

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Name of person, agency/organization to who disclosure is to be made:

Encompassing any individual or agency as needed. This includes but is not limited to: Department of Corrections, Volunteers to the Home, US Post Office, Delivery Services, Veterans' Administration, State of Kansas, Contractual Services, Aramark Food Service and Medical providers.

Type of information to be disclosed:

Commensurate with Kansas Veterans' Home.

I understand that my records are protected under the Federal Confidentiality Regulations and that this consent to disclose may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

The Kansas Veterans' Home adheres to strict regulatory requirements as mandated by Kansas Department of Health and Environment and the United States Department of Veterans Affairs. Inherent in our relationship with these agencies is the accumulation of personal data. The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 insure the protection of personally identifiable information. It is the intent of the Kansas Veterans' Home to comply with all Federal and State rules and regulations regarding the privacy and confidentiality of records for persons working and residing in this facility.

This consent (unless expressly revoked earlier) expires upon ninety (90) days after my discharge from the Kansas Veterans' Home.

Implemented on this date _____.

Date _____ Signature _____

Witness to signature if made by an "X" mark:

Witness _____ Date _____

Name: _____ SS#: _____

2010

**RELEASE OF FINANCIAL INFORMATION
KANSAS VETERANS' HOME**

I, we, do hereby authorize any person, firm, bank, corporation, association board, private agency, tribunal, government agency, Social Security Administration or bureau, to give to the Kansas Commission on Veterans' Affairs, or its duly authorized agent, information concerning my, or our, assets, wages or income, including, but not limited to, information (for five years immediately preceding the date below) in regard to safety deposit boxes, saving accounts, pensions, stocks, bonds, shares, OASI benefits, life insurance, Railroad Retirement benefits, Workman's Compensation, Unemployment Compensation, real estate, chattels, personal property, and any and all descriptions or provisions of contracts. Furthermore, I, or we, hereby absolve from any and all liability such person, firm bank, corporation, association board, private agency, tribunal, government agency or bureau in giving such information.

The Kansas Veterans' Home adheres to strict regulatory requirements as mandated by Kansas Department of Health and Environment and the United States Department of Veterans Affairs. Inherent in our relationship with these agencies is the accumulation of personal data. The Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 insure the protection of personally identifiable information. It is the intent of the Kansas Veterans' Home to comply with all Federal and State rules and regulations regarding the privacy and confidentiality of records for persons working and residing in this facility.

This authorization shall remain effective during such time as I, or we, may be applying for admission to the Kansas Veterans' Home, Winfield, Kansas, or am, or are, retained as a member of said Home.

(Applicant's Signature) (Date)

(Street) (City) (State) (Zip)

(Spouses Signature) (Date)

(Street) (City) (State) (Zip)

**Kansas Commission on Veterans' Affairs
Kansas Veterans' Home
1220 World War II Memorial Drive
Winfield, Kansas 67156
(620)221-9479**

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION - 2010

Resident's name: _____ DOB: _____

Authorizes **Kansas Veterans' Home, 1220 WWII Memorial Drive, Winfield, KS. 67156** to disclose to:

____ Entire medical record for specific date(s) of service: From: _____ To: _____

____ ONLY the following specific information: _____

I understand that information disclosed pursuant to this authorization may include information relating to the following, unless specifically restricted below:

- Psychological/psychiatric conditions
- Drug and/or alcohol abuse diagnosis and/or treatment
- HIV/AIDS diagnosis and/or testing
- Sexually transmitted disease(s) diagnosis and/or testing

List any restrictions: _____

The purpose of this disclosure is: _____

I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. **Unless otherwise revoked, this authorization will expire on the follow date, event, or condition: upon my discharge from the Kansas Veterans' Home, Winfield, Kansas.**

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the authorized individual or organization making disclosure.

I have read the above foregoing Authorization for Release of Information and do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this authorization.

Date

(Signature of resident or authorized Representative)

(printed name of representative)

(relationship/capacity to resident)

(address and telephone number of authorized representative)