

Admission Form

Colorado State Veterans Nursing Homes



Fitzsimons 1919 Quentin Street Aurora, CO 80045 720-857-6406 Florence 903 Moore Drive Florence, CO 81226 719-784-6331 Homelake/Monte Vista P.O. Box 97 Homelake, CO 81135 719-852-5118 Rifle 851 East 5th Street Rifle, CO 81650 970-625-0842

Walsenburg 23500 US Hwy 160 Walsenburg, CO 81089 719-738-5100

This application is for (Pl	ease check one):	Iomelake Nursing	g Home Ho	melake Domiciliary		
Applicant's name:				Sex		
	Last	First	Middle			
Address:						
Stre	eet C	ity (County Sta	ate Zip		
Phone number(s):						
Date of birth:	Place of birt	h:				
		City	County	State Country		
Marital status: Married _	Divorced	Widowed	Separated	Never married		
Applicant is a: Veteran _	Veteran's sp	ouse Ve	eteran's widow	Gold-Star Parent		
Military information						
Branch of service:	Service number:					
Date entered:		Date di	scharged:			
Does the applicant have a	service-connected d	isability rated by	the VA? Yes	No		
If yes, please list disabilit	y:	Percent	t disability:			
Medical and health insu	rance information					
Applicant's Social Securi	ty Number:		Medicare numbe	r:		
Does applicant have: Med	dicare Part A? Yes _	No	Medicare Part B	? Yes No		
Does an HMO manage th	e applicant's Medica	re? Yes	No			
Secondary/supplemental	insurance:		Insurance ID r	number:		
Medicare Part D/other pre						
Does applicant have Med						
Has applicant received me						
If yes, where, when and f	or what did the appli	cant receive treat	ment?			
Does applicant have any o	of the following?					
Medical Power of Attorne			Living Will:	Guardian/Conservator: _		
Spouse information						
Spouse's name:			Maiden name (if an	y):		
Las	t First	Middle	` .	· · · · · · · · · · · · · · · · · · ·		
Spouse's address:			Phone	#: ()		
Stre	eet C	ity Stat		. ,		
Spouse's Social Security	Number:		Spouse's date of bi	rth:		

	Relationship:				
Address:Street	City	County	State	Zip	
Phone number(s):					
2) Name:					
Address:					
Phone number(s):	City	County	State	Zip	
3) Name:	Relationship:				
Address:Street	City	County	State	Zip	
Phone number(s):	<u>-</u>	•			
If admitted to the Colorado State Veterans	Center, who will handle	your financial affairs?	(Provide na	me and phone)	
Financial information: The following financial information is restate gross monthly amounts before any		ribility for benefits an	d ability to p	pay. Please	
Monthly income		Applicant		Spouse	
Social Security:					
Civil Service:			_ \$		
Railroad retirement:			_ \$		
VA service-connected disability comper			_		
VA pension:					
Other pensions (specify):			- Ψ \$		
Gross wages (employment):			- \$ \$		
Total monthly income:			- \$ _ \$		
Assets		Applicant		Spouse	
Cash/checking account/savings:		\$	_ \$		
Investments:		\$	_ \$		
Trusts:		\$	_ \$		
Real estate (other than your residence): . Other:		\$	_ \$		
Other:		\$	_ \$		
 Please attach copies of the following: Military separation orders or disc Service-Connected Disability Av Front and back of all insurance c Medical POA, General POA, gua 	ward Letter from the VA ards	, if applicable	will, if avail	able	
I understand that it may be necessary the financial position, and that I must keep to		s of bank statements	periodically	y to verify m	
If I am admitted, I agree to abide by the realize that the facility is operated in full Disabilities Act of 1990, and that I am to	compliance with the Ci	vil Rights Act of 1964	4, and the A	mericans Wit	
I authorize the State Veterans Center to have provided is true and complete to the	· ·	-	is form. The	e information	
Signature:		Date:			
(Applicant or PO	A)				
Pavision Data 1 21 2010	2				

Emergency notification: