



# MAINE VETERANS' HOMES

*caring for those who served*

## APPLICATION FOR ADMISSION

Date \_\_\_\_\_

1. **Applicant Information:**     Veteran     Spouse     Widow/Widower     Gold Star Parent

**\*\*\*Please include Veteran's copies of Military Discharge papers (DD-214) as they are required prior to admission.\*\*\***

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

2. **If the Applicant is a Veteran:**

Does the Veteran have a Service-Connected Disability?     No     Yes-If yes, please provide percentage rating and explain disability: \_\_\_\_\_

3. **Level of care interested in:**     Skilled Nursing Rehabilitation     Long-Term Care     Residential Care

Does the Applicant have Dementia?     Yes     No

4. **Veteran's Information:** (if applicant is spouse, widow/widower or gold star parent)

Veteran's Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Veteran's Date of Birth \_\_\_\_\_

**\*\*\*Please attach copy of Military Discharge papers showing Active Duty\*\*\***

5. **Applicant's Contact Information:**

Name of Facility (if other than Private Home) \_\_\_\_\_

Number and Street \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

6. **Name and Address of Responsible Person to Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Number and Street \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

7. **Payment Source** (please check all that apply)

Private Funds     Medicare # (for skilled only) \_\_\_\_\_     Mainecare# \_\_\_\_\_

LTC Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

8. **I understand the above questions. All answers are true to the best of my knowledge.**

Does MVH have your permission to contact the VA, an attending physician, a hospital, or any other provider in order to determine veteran status as well as eligibility?     Yes     No

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_