



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 _____