

MINNESOTA DEPARTMENT OF VETERANS AFFAIRS

ADMISSION APPLICATION

Program You are Applying For:

Skilled Nursing Care

Site Preference

Domiciliary Care

Site Preference

Adult Day Healthcare Program (Minneapolis)

Minneapolis	5101 Minnehaha Ave. S.	Minneapolis, MN 55417	(612) 548-5731
Silver Bay	56 Outer Drive	Silver Bay, MN 55614	(218) 353-8700
Hastings	1200 East 18th St.	Hastings, MN 55033	(651) 539-2400
Luverne	1300 N. Kniss Ave	Luverne, MN 56156	(507) 283-6200
Fergus Falls	1821 N. Park St.	Fergus Falls, MN 56537	(218) 321-2500
		Minnesota Relay Service	1-800-627-3529

Please return your completed application form directly to the Minnesota Veterans Home where you want to apply.

The following information should be provided with your application:

- A copy of your (or your spouse's) Armed Forces Discharge Forms (DD214),
- Marriage certificate (if for a spouse),
- Legal Documents that reflect a decision maker such as: Power of Attorney for Health Care/Finances; Health Care Directive or Legal Guardianship/Conservatorship.

Our skilled facilities may be able to accommodate your needs on a specialized care unit.

Please answer the following questions to better understand your care needs and appropriate placement:

Has applicant been diagnosed with Dementia/Alzheimer's? Yes No

Is applicant exhibiting wandering, exit seeking or intrusive behaviors? Yes No

Comment: _____

Name (Last, First, Middle Initial)		Social Security Number	Today's Date
Address (Please note if currently in a Skilled Nursing Home)		City, State, Zip	County
Age	Date of Birth	Place of Birth	Phone Number
Medicare Number	Medicaid Number	Private Insurance (Company and Number)	

Have you ever been a Resident of any Minnesota Veterans Home or a client of the Minn. Veterans Adult Day Center?

Yes No If yes, which home or program? _____

Per MN Rule 9050, the MN Veterans Home maintains an active and inactive waiting list. The intention of the active waiting list is for potential Residents who are seeking placement and meet clinical criteria currently. The intention of the inactive waiting list is for potential Residents to have their demographic information maintained until placement is needed in the future.

- Requesting immediate placement. (Active Waiting List)
- Do not wish placement at this time. (Inactive Waiting List)



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Military Service Record	War	Date of Enlistment	Place of Enlistment
<input type="checkbox"/> Self <input type="checkbox"/> Spouse	<input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Peacetime <input type="checkbox"/> Other		
Date of Discharge	Type of Discharge	Branch of Service	Service Number
			Service Connected Disability Rating %

Marital Status			
<input type="checkbox"/> Single	<input type="checkbox"/> Married (Date of Marriage)	<input type="checkbox"/> Widowed (Date of Death)	<input type="checkbox"/> Divorced (Date of Divorce)

Spouse Name	Spouse SSN	Spouse Birthdate

Funeral Home Preference (Name / Address / Phone)	Cemetery (Name / Address / Phone)

To whom may we send financial information / financial statements, etc.		
Name:	Address:	Phone Numbers:
Relationship:		
Email:		

First Emergency Contact		
Name:	Address:	Phone Numbers:
Relationship:		
Email:		

Second Emergency Contact		
Name:	Address:	Phone Numbers:
Relationship:		
Email:		

If you are receiving VA Benefits, which County Veteran Service Office or Veterans Service Organization provided assistance?

Name of person assisting with the application process	Relationship (i.e. social worker, family, CSV0)

Address	Phone Number

Signature

Date

