



Admissions Application Form

Bemidji	920 Anne St. N.W.	Bemidji, MN 56601	218-364-8900
Fergus Falls	1821 N. Park St.	Fergus Falls, MN 56537	218-321-2500
Hastings	1200 East 18th St.	Hastings, MN 55033	651-539-2400
Luverne	1300 N. Kniss Ave.	Luverne, MN 56156	507-283-6200
Minneapolis	5101 Minnehaha Ave. S.	Minneapolis, MN 55417	612-548-5731
Montevideo	2190 William Ave.	Montevideo, MN 56265	320-435-4710
Preston	1864 First Minnesota	Preston, MN 55965	507-808-8910
Silver Bay	56 Outer Drive	Silver Bay, MN 55614	218-353-8700

Program You are Applying For:

Skilled Nursing Care

Site Preference

Domiciliary Care - Hastings

Domiciliary Care - Minneapolis

Adult Day Healthcare Program (Minneapolis)

Please return your completed application form to the Home where you wish to apply. Return in person, U.S. Mail to the address noted above or via email to: NewHomesAdmissions@state.mn.us. Include the following information with your signed application:

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

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? _____

Comment: _____

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)

Full 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)	

Individuals who are deaf, deafblind, hard of hearing or speech disabled can contact the Minnesota Veterans Homes via the MN Relay Service at 1-800-627-3529.

