NEBRASKA VETERANS HOME SYSTEM

Application for Admission

PLEASE TYPE OR PRINT CLEARLY

1. Show order of preference **ONLY** for the Home(s) in which you would want to reside (e.g. 1st, 2nd, etc.):

   _____ Grand Island _____ Norfolk _____ Bellevue _____ Scottsbluff

2. Veteran: _____ _____ _____ _____ _____
   Last Name | First Name | Middle Name | Soc. Sec. No. | Date of Birth

3. Applicant: _____ _____ _____ _____ _____ ☐ Male ☐ Female
   Last Name | First Name | Middle Name | Soc. Sec. No. | Date of Birth

   a. Relationship if not veteran: ☐ Spouse ☐ Surviving Spouse ☐ Gold Star Parent

4. Home Address of Applicant: _____ _____ _____ _____
   Street Address | City | State | Zip Code

   _____ _____ _____
   Email | ☐ Cell ☐ Home Phone No. | Daytime Phone No.

   a. Present location of applicant: ☐ Hospital _____ ☐ Nursing Home _____
   Name of Hospital | Name of Nursing Home

   ☐ At Home ☐ Other: _____

   b. Present location: _____ _____ _____ _____ _____
   (if different than own home) Street | City | State | Zip Code | ☐ Cell ☐ Home Phone No.

5. Veteran's Military Information: **ATTACH COPY OF DISCHARGE DOCUMENT**

6. Medical Report: Date Completed_____ **ATTACH COPY OF MEDICAL REPORT**

7. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated **ATTACH APPROPRIATE DOCUMENTS**

8. Spouse: _____ _____ _____
   Name | Soc. Sec. No. | Date of Birth

   Address: _____ _____ _____ _____
   Street | City | State | Zip Code

   _____ _____ _____
   Email | ☐ Cell ☐ Home Phone No. | Daytime Phone No.

9. Legal Dependents:
   (Dependent children include those under 18 years of age and those who, because of a disability, are still considered dependents)

   _____ _____ _____
   Name | Relationship | Date of Birth

   _____ _____ _____ _____
   Address | City | State | Zip

   _____ _____ _____
   Email | ☐ Cell ☐ Home Phone No. | Daytime Phone Number

10. Contact Person (other than spouse):

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Email _____ ☐ Cell ☐ Home Phone No. _____ Daytime Phone Number _____

11. Contact Person (other than spouse):

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Email _____ ☐ Cell ☐ Home Phone No. _____ Daytime Phone Number _____

12. Has applicant executed (a) power of attorney? ☐ Yes ☐ No (b) power of health attorney? ☐ Yes ☐ No

(c) power of attorney that includes health care decisions? ☐ Yes ☐ No **ATTACH COPY OF LEGAL INSTRUMENT**

(d) Living Will? ☐ Yes ☐ No **ATTACH COPY OF LEGAL INSTRUMENT**

13. Does applicant have a court-appointed guardian/conservator? ☐ Yes ☐ No

a. If yes, name, address and phone number of guardian/conservator **ATTACH COPY OF LEGAL INSTRUMENT**

Name _____ Relationship _____

Street Address _____ City _____ State _____ Zip Code _____

☐ Cell ☐ Home Phone No. _____ Daytime Phone Number _____ Email _____

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14. Has the Veteran lived in Nebraska for two years at any time? ☐ Yes ☐ No

15. Have you, the applicant, lived in Nebraska for two years at any time? ☐ Yes ☐ No

16. Have you ever made application and/or been a member of a Nebraska Veterans Home? ☐ Yes ☐ No

If yes, date of application and/or admission _____ Date of Discharge _____

17. Have you ever been convicted of a felony? ☐ Yes ☐ No If so, state offense _____

18. Does applicant have nursing home insurance? ☐ Yes ☐ No

19. Are you currently enrolled in the USVA Health Care System? ☐ Yes ☐ No

	Yes	No	Premium	Annual	Monthly
20. Does the applicant have supplemental insurances to Medicare?	☐	☐	$	☐	☐
21. If married, does the spouse have supplemental insurances?	☐	☐	$	☐	☐
22. Does the applicant have Medicare Part D?	☐	☐	$	☐	☐
23. If married, does the spouse have Medicare Part D?	☐	☐	$	☐	☐
24. Does the applicant have primary health insurance other than Medicare?	☐	☐	$	☐	☐
25. If married, does the spouse have primary health insurance other than Medicare?	☐	☐	$	☐	☐

Monthly Income

Complete entries below showing all income of the applicant and spouse.

If additional space is needed, please attach separate sheet of paper.

APPLICANT

	Monthly Amount:
26. VA Compensation –	
Service Connected (_____ %):	$ _____
Non-Service Connected Pension:	$ _____
Aid & Attendance: ☐ Yes ☐ No	
Housebound: ☐ Yes ☐ No	
27. Dependency & Indemnity Compensation *(DIC)*:	$ _____
28. Death Pension *(Dependent)*:	$ _____
29. Social Security –	
Medicare Coverage: ☐ Yes ☐ No	
Medicare Number: _____	
Monthly Premium $ _____	
Net	$ _____
30. Retirement Income *(LIST SOURCES)* –	
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
31. Dividends and Annuities:	$ _____
32. Interest:	$ _____
33. Rental Property Income:	$ _____
34. Farm Rent:	$ _____
35. Farm Income (include previous year taxable income):	$ _____
36. Land Contract Income *(provide a copy)*:	$ _____
37. Other Income *(LIST SOURCES)* –	
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
38. TOTAL	$ _____

SPOUSE

	Monthly Amount:
VA Compensation –	
Service Connected (_____%):	$ _____
Non-Service Connected Pension:	$ _____
Aid & Attendance: ☐ Yes ☐ No	
Housebound: ☐ Yes ☐ No	
Dependency & Indemnity Compensation *(DIC)*:	$ _____
Death Pension *(Dependent)*:	$ _____
Social Security –	
Medicare Coverage: ☐ Yes ☐ No	
Medicare Number: _____	
Monthly Premium $ _____	
Net	$ _____
Retirement Income *(LIST SOURCES)* –	
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Dividends and Annuities:	$ _____
Interest:	$ _____
Rental Property Income:	$ _____
Farm Rent:	$ _____
Farm Income (include previous year taxable income):	$ _____
Land Contract Income *(provide a copy)*:	$ _____
Other Income *(LIST SOURCES)* –	
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
TOTAL	$ _____

Assets

Complete entries below showing all assets of the applicant and spouse. Show assets held individually and jointly.

If additional space is needed, please attach separate sheet of paper

APPLICANT

39. Do you own real estate? ☐ Yes ☐ No
    a. **Personal Residence** *Assessed Value* $ _____
    Address: _____
    Does your spouse or other dependents live in this residence? ☐ Yes ☐ No
    b. **Other Property** *Assessed Market Value* $ _____
    Explain (i.e., rentals, farms, ranch, etc) _____
    _____
    c. **Other Personal Property** (Including, but not limited to, land holdings, vehicles, livestock, farming/business equipment.)
    List items with market value for each: 0 _____
    _____
    _____
    Total Market Value of other personal property $ _____
40. Cash in bank/savings & loan institutions/credit unions:
    a. **Checking** $ _____
    Name of Institution: _____
    Is this a joint account: ☐ Yes ☐ No
    b. **Savings** $ _____
    Name of Institution: _____
    Is this a joint account: ☐ Yes ☐ No
    c. **CD's** $ _____
    Name of Institution: _____
    Is this a joint account: ☐ Yes ☐ No
41. Do you have a burial trust? (If yes, include copies) ☐ Yes ☐ No
42. IRA's/401k $ _____
43. Other assets (stocks, bonds, etc.) $ _____
    Are these investments held jointly? ☐ Yes ☐ No
44. Life Insurance $ _____
    Face Value $ _____
    Cash/Surrender Value $ _____
45. Have you transferred or assigned ownership of real or personal property to any person or entity up to two years prior to applying for admission? If yes, please provide copy of appropriate documents.
    ☐ Yes ☐ No
46. Have you transferred real estate or personal property for which you hold the mortgage, notes, or land contracts? If yes, please provide copy of appropriate documents.
    ☐ Yes ☐ No

47. Total of Assets..... $ _____

SPOUSE

Do you own real estate? ☐ Yes ☐ No
Personal Residence *Assessed Value* $ _____
Address: _____
Does your spouse or other dependents live in this residence? ☐ Yes ☐ No
Other Property *Assessed Market Value* $ _____
Explain (i.e., rentals, farms, ranch, etc) _____
_____
Other Personal Property (Including, but not limited to, land holdings, vehicles, livestock, farming/business equipment.)
List items with market value for each: _____
_____
_____
Total Market Value of other personal property $ _____
Cash in bank/savings & loan institutions/credit unions:
Checking $ _____
Name of Institution: _____
Is this a joint account: ☐ Yes ☐ No
Savings $ _____
Name of Institution: _____
Is this a joint account: ☐ Yes ☐ No
CD's $ _____
Name of Institution: _____
Is this a joint account: ☐ Yes ☐ No
Do you have a burial trust? (If yes, include copies) ☐ Yes ☐ No
IRA's/401k $ _____
Other assets (stocks, bonds, etc.) $ _____
Are these investments held jointly?: ☐ Yes ☐ No
Life Insurance $ _____
Face Value $ _____
Cash/Surrender Value $ _____
Have you transferred or assigned ownership of real or personal property to any person or entity up to two years prior to applying for admission? If yes, please provide copy of appropriate documents.
☐ Yes ☐ No
Have you transferred real estate or personal property for which you hold the mortgage, notes, or land contracts? If yes, please provide copy of appropriate documents.
☐ Yes ☐ No

Total of Assets..... $ _____

CERTIFICATIONS, UNDERSTANDINGS, & AUTHORIZATIONS OF APPLICANT

48. By signing this application, I _____
Print Name of Applicant

- Certify that I am unable by reason of disability due to service, old age, or otherwise, to earn a livelihood for myself and am dependent wholly or partially upon public assistance for maintenance OR the type of care needed is available only at a state institution and due to disability due to service, old age, or otherwise, I desire admission to the Veterans Home System and that the foregoing statements are true to the best of my knowledge.
- Fully understand the information provided in this application is subject to investigation and should I cancel this application, I will be required to complete a new form and my name will go to the bottom of the waiting list.
- Agree to abide by all the Rules of Membership and policies governing members of the Home and pay maintenance charges as assessed by the Veterans Home Board.
- Authorize the release of medical information from hospitals and other medical providers to Health & Human Services, the Nebraska Department of Veterans' Affairs, and the Veterans' Homes Board for eligibility determination purposes. I understand that this may include, but is not limited to, the release of mental health, drug/alcohol and/or HIV related information.
- Authorize representatives of Health & Human Services, the Nebraska Department of Veterans' Affairs, and the Veterans' Homes Board to inquire and verify from those institutions, agencies and appropriate county offices the information shown in the Financial Section of this application.
- ***For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows:***

☐ ***I am a citizen of the United States***

– OR –

☐ ***I am a qualified alien under the federal Immigration and Nationality Act; my immigration status and alien number are as follows:_____ , and I agree to provide a copy of my USCIS documentation upon request.***

SIGN HERE _____ **Date** _____
SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE

_____ _____
SIGNATURE OF WITNESS **SIGNATURE OF ADDITIONAL WITNESS IF APPLICANT MAKES AN "X"**

_____ _____
PRINTED NAME OF CVSO OR VETERANS HOME REPRESENTATIVE **COUNTY/VETERANS HOME**

_____ _____
SIGNATURE **DATE**