



## APPLICATION FOR ADMISSION

### APPLICANT'S INFORMATION

Applicant is a: ☐ Veteran ☐ Spouse of Veteran ☐ Gold Star Parent

\_\_\_\_\_  
Last Name First Name Middle Name Alias/Nickname

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number

Gender: ☐ Male ☐ Female  
\_\_\_\_\_  
Religious Preference

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Cell Other

Current Location: ☐ Home ☐ Assisted Living ☐ Nursing Home ☐ Hospital ☐ Other

Have you ever been a resident at the Southern Nevada State Veterans Home?

Yes ☐ No ☐ Date: \_\_\_\_\_

Have you ever applied to be a resident at the Southern Nevada State Veterans Home?

Yes ☐ No ☐ Date: \_\_\_\_\_

Smoking/Tobacco Use Status: ☐ Current Smoker ☐ Non-Smoker

Marital Status: ☐ Married ☐ Widowed ☐ Single ☐ Divorced ☐ Other

\_\_\_\_\_  
Spouse's Last Name Spouse's First Name

\_\_\_\_\_  
Spouse's Date of Birth Spouse's Social Security # Date of Marriage

### APPLICANT'S OR SPOUSE'S MILITARY SERVICE INFORMATION

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Were you a POW? ☐ Yes ☐ No      Retired from Military? ☐ Yes ☐ No

Do you have a Service-Connected Disability? ☐ No ☐ Yes

If Yes: \_\_\_\_\_% and Reason(s) for disability \_\_\_\_\_

*We must have copies of your rating decision and disability award letters.*

### EMERGENCY CONTACT INFORMATION

#### Primary Contact:

First & Last Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell/Other

E-Mail Address: \_\_\_\_\_

#### Secondary Contact:

First & Last Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Cell/Other

E-Mail Address: \_\_\_\_\_

### ADDITIONAL INFORMATION

Do you/does the applicant have:

Medicare: ☐ No ☐ Yes, Medicare #: \_\_\_\_\_

Medicare Part D or Other Drug Plan ☐ No ☐ Yes, Provider & #: \_\_\_\_\_

Other Insurance: ☐ No ☐ Yes, Provider & #: \_\_\_\_\_

Dental Insurance: ☐ No ☐ Yes, Provider & #: \_\_\_\_\_

Prepaid Burial Plan: ☐ No ☐ Yes, Name: \_\_\_\_\_

Financial Power of Attorney: ☐ No ☐ Yes, Name: \_\_\_\_\_

Health Power of Attorney: ☐ No ☐ Yes, Name: \_\_\_\_\_

Advanced Directive/Living Will: ☐ No ☐ Yes

Court Ordered Guardian: ☐ No ☐ Yes, Name: \_\_\_\_\_

Revocable/Irrevocable Trust: ☐ No ☐ Yes

**FINANCIAL INFORMATION****PLEASE PROVIDE SUPPORTING DOCUMENTATION FOR ALL INCOME AND ASSETS****MONTHLY INCOME:**

	<b>APPLICANT</b>	<b>SPOUSE</b>
Income from Farm/Ranch/Business:	\$	\$
Social Security Retirement/Disability:	\$	\$
Non Service-Connected VA Pension/A&A:	\$	\$
Service-Connected Disability Compensation:	\$	\$
Military Retirement Pay:	\$	\$
Retirement Income from Employer:	\$	\$
Civil Service Retirement Income:	\$	\$
U.S. Railroad Retirement Income:	\$	\$
Interest/Dividend (i.e. interest or standard dividend income from non tax deferred annuities):	\$	\$
Rental Income from Rental Property:	\$	\$
Real Estate Contract Held for Property Sold:	\$	\$
Other Income:	\$	\$
<b>TOTAL MONTHLY INCOME:</b>	<b>\$</b>	<b>\$</b>

**TYPE OF ASSET:**

	<b>APPLICANT</b>	<b>SPOUSE</b>
Interest Bearing Checking/Savings Accounts:	\$	\$
Non-Interest Bearing Savings Account:	\$	\$
Life Insurance:	\$	\$
Interest in a Trust Fund:	\$	\$
Mutual Funds:	\$	\$
Stocks and Bonds:	\$	\$
Certificates of Deposits (CDs):	\$	\$
IRAs/Keoghs/401Ks:	\$	\$
Real Estate/Real Estate Contracts:	\$	\$
Other Assets:	\$	\$
<b>TOTAL ASSETS:</b>	<b>\$</b>	<b>\$</b>

Has the applicant sold, transferred ownership, or gifted any property or financial assets in the last five (5) years? ☐ No ☐ Yes

Are you/is the applicant:

Capable of making informed decisions relative to their healthcare? ☐ No ☐ Yes

Capable of making informed decisions relative to their finances? ☐ No ☐ Yes

COMMENTS

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WITH MY SIGNATURE BELOW, I CERTIFY THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Applicant