



SOUTHERN NEVADA STATE VETERANS HOME

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

Preferred Gender Pronoun (if any): _____

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*

Home Address: _____

Phone Numbers: (____) _____ (____) _____ (____) _____

Home *Cell* *Other*

Current Location: Home Assisted Living Nursing Home Hospital Other

Have you recently traveled outside of the U.S. or been in the presence of anyone who has recently traveled outside of the U.S.? Yes No If Yes, please identify whom & location visited: _____

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

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:	APPLICANT	SPOUSE
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:	\$	\$
TOTAL MONTHLY INCOME:	\$	\$

TYPE OF ASSET:	APPLICANT	SPOUSE
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:	\$	\$
TOTAL ASSETS:	\$	\$

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

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