

Texas State Veterans Homes

Application for Admission



George P. Bush, Chairman

For assistance, please contact the Texas Veterans Land Board
toll free at 1-800-252-8387

Texas Veterans Land Board
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vlb.texas.gov

TEXAS STATE VETERANS HOMES

AMARILLO ♦ BIG SPRING ♦ BONHAM ♦ EL PASO

FLORESVILLE ♦ HOUSTON ♦ MCALLEN ♦ TEMPLE ♦ TYLER

Thank you for making an application to a Texas State Veterans Home. Please attach a copy of the Veteran's discharge document (DD 214). If acting on behalf of the proposed resident, also attach a copy of guardianship documentation or a signed durable medical power of attorney. For your own security, applications are not accepted online due to the personal nature of the information contained in them. You will need to hand deliver, mail or fax the application directly to the home of choice.

If you have questions as you are completing the application, please contact the home directly or call the Texas Veterans Land Board at 1-800-252-8387.

Ussery-Roan

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Watkins-Logan

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FLORESVILLE HOUSTON MCALLEN TEMPLE TYLER

APPLICATION FOR ADMISSION

Today's Date _____

This application is for placement in the veterans home located in _____

Applicant's Name _____

Category: Veteran___ Spouse___ Surviving Spouse___ Gold Star Parent___

PERSONAL INFORMATION (APPLICANT)

How did you hear about Texas State Veterans Homes? _____

Date of Birth _____ Current Age _____ Gender: M___ F___

VA Claim # _____ Social Security Number _____

Marital Status _____ Spouse's Name _____

Permanent _____
Address (Street) (City) (County) (State) (Zip Code)

Email Address _____

Home Phone _____ Other Phone _____

Present Location of Applicant: Home___ Hospital___ Nursing Facility___ Other___
Current Address (If applicant resides other than at home, please provide the name, address and telephone number of the hospital, nursing facility or other location.)

Primary Responsible Party (party who handles applicant's financial and/or medical affairs)

Name _____ Relationship _____ Financial _____

Medical _____ Address _____ Email _____

Address _____

Home Phone _____ Cell Phone _____

Legal Relationship: Self___ Power of Attorney___ Legal Guardian___ Surrogate Decision Maker___

Secondary Responsible Party (party who handles applicant's financial and/or medical affairs)

Name _____ Relationship _____ Financial _____

Medical _____ Address _____ Email _____

Address _____

Home Phone _____ Cell Phone _____

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MEDICAL INFORMATION

Primary Physician _____

Address _____

Phone _____ Fax _____

Is your physician willing to come to the Texas State Veterans Home to continue caring for you?

Yes _____ No _____

Diagnosis Requiring Long-Term Care *(attach copy of medical records or fill out completely)*

Other Pertinent Diagnosis _____

Current Medications

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on additional page, if necessary.)

Known Allergies _____

Additional Information _____

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HEALTH INSURANCE INFORMATION

Primary Medical

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Secondary Medical

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Dental Insurance

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Other Health Insurance/Long-Term Care Insurance

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

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MEDICARE INFORMATION

Do you have Medicare Part A? Yes_____ No_____

Do you have Medicare Part B? Yes_____ No_____

Do you have Medicare Part D? Yes_____ No_____

Do you have pharmacy coverage? Yes_____ No_____

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

INCOME INFORMATION

Usual Occupation _____ Date Last Employed _____

Last Employer _____

Name

Address

Phone

If applicant is receiving VA income benefits:

Service Connected (SC)
Disability Pension
\$_____per month

Service Connected Disability
Rating by VA
_____%

Non-Service Connected (NSC)
Pension
\$_____per month

Aid and Attendance
\$_____per month

House Bound
\$_____per month

Monthly income *before* deductions

Social Security _____per month

Military Retirement \$_____per month

Private Pension _____per month

Workers Compensation \$_____per month

Other Income _____per month

Source _____

_____per month

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If monthly income is not enough to pay applicant's portion of costs, what other resources are available? (*checking, savings, investments, etc.*) RATES ARE SUBJECT TO CHANGE AT ANY TIME.

TEXAS VETERANS SERVICE INFORMATION

Branch of Service	_____	Type of Discharge	_____
Date Entered	_____	State/County of Entry	_____
Date Discharged	_____	Discharge Location	_____
Texas Resident Since	_____	Voter Registration County	_____

X _____
Signature of Applicant/Responsible Party

Date