

# Texas State Veterans Homes

## Application for Admission



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

**Texas Veterans Land Board**

Stephen F. Austin Building • 1700 North Congress Avenue • Austin, Texas 78701-1496

P.O. Box 12873 • Austin, Texas 78711-2873

512.463.5060 • 800.252.8387 • Fax: 512.475.2294

[vlb.texas.gov](http://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**

1020 Tascosa Road  
Amarillo Texas 79124-1504  
Phone: 806-322-8387  
Fax: 806-322-8388

## **Richard A. Anderson**

14041 Cottingham Road  
Houston, Texas 77048  
Phone: 832-208-9414

## **Lamun-Lusk-Sanchez**

1809 North Highway 87  
Big Spring, Texas 79720-0793  
Phone: 432-268-8387  
Fax: 432-268-1987

## **Alfredo Gonzalez**

301 E. Yuma Avenue  
McAllen, Texas 78503-1388  
Phone: 956-682-4224  
Fax: 956-992-0602

## **Clyde W. Cospers**

1300 Seven Oaks Road  
Bonham, Texas 75418-3254  
Phone: 903-640-8387  
Fax: 903-640-4281

## **William R. Courtney**

1424 Martin Luther King Jr.  
Lane Temple, Texas 76504-5941  
Phone: 254-791-8280  
Fax: 254-791-0262

## **Ambrosio Guillen**

9650 Kenworthy Street  
El Paso, Texas 79924-6011  
Phone: 915-751-0967  
Fax: 915-751-0980

## **Watkins-Logan**

11466 Honor Lane  
Tyler, Texas 75708-3296  
Phone: 903-617-6277  
Fax: 903-617-6498

## **Frank M. Tejeda**

200 Veterans Drive Floresville,  
Texas 78114-2709  
Phone: 830-216-2206  
Fax: 830-393-7764

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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 \_\_\_\_\_

Legal Relationship: Self\_\_\_ Power of Attorney\_\_\_ Legal Guardian\_\_\_ Surrogate Decision Maker\_\_\_

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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	_____

### CONFIDENTIALITY OF APPLICANT INFORMATION

To the extent such information is ruled not to constitute protected health information, please indicate whether you would like the Veterans Land Board to withhold the following information from public disclosure: home address, home telephone number, next of kin information, emergency contact information, date of birth, social security number and any other information that reveals whether you or the applicant has family members.

Yes  No

**X**  
\_\_\_\_\_  
**Signature of Applicant/Responsible Party**

\_\_\_\_\_  
**Date**