

Application form For Admission To The Veterans Homes of California



How to Apply

Basic Admission Requirements

Please note, numerous federal and state laws, regulations and licensing requirements govern basic admission requirements. California state laws concerning VHC are contained in the Military and Veterans Code, Sections 1010 through 1050. State regulations concerning VHC are contained in the California Code of Regulations, Title 12, Chapter 4, and Sections 500 through 505.

To be admitted to the Veterans Home of California (VHC), you must be aged or disabled and meet the following basic requirements:

- (1) You must have served on active duty in the armed forces of the United States, for other than training purposes, during wartime or peacetime. Proof of military service must be verified by, or through, the U.S. Department of Defense (DOD) or the United States Department of Veterans Affairs (USDVA). Medal of Honor recipients and wartime veterans are given priority for admission over Peace time veterans.
- (2) Your discharge or release from active duty must have been honorable or under honorable conditions.
- (3) You must be eligible for hospitalization or domiciliary care according to the laws and regulations of USDVA.
- (4) You must be a resident of California at the time you apply for admission.

In addition:

- (5) You must not have active communicable tuberculosis.
- (6) You must not require more care and supervision than we are able to provide at VHC.
- (7) You must not require acute hospitalization at the time of application.
- (8) You must not have a primary need for acute psychiatric care.
- (9) You must not have a past history of violence, mental illness or a criminal record that would create a risk to yourself or other residents of VHC.
- (10) You must be drug-free and sober.

The Application Process

After receiving an application we take the following actions:

- (1) Determine that the application package is complete. You will be contacted if it is incomplete.
- (2) Review medical evidence to determine the actual level of care to which a veteran should be admitted and to determine if VHC is able to provide needed care.
- (3) Verify required military service and conduct a criminal records check as required.

How to Apply

Applying for Admission

Before applying for admission please carefully review all information included in this package. if you feel that you meet all of the requirements you must:

- (1) Complete and sign the attached application (Form A-1) and declaration (Form-B-1) Answer all questions on the forms. Failure to provide required information may result in delay or denial of admission to VHC. Use the comments section if necessary;
- (2) Complete and sign the enclosed Authorization for Use of Disclosure of Medical Information (Form C-1)
- (3) Have a physician complete the Physician's Medical Certificate (Form D-1); Note: You may be required to have a pre-screening interview with a member of the medical staff of the individual campus.
- (4) Have someone who knows you personally, such as a family member, friend, veteran's service officer or social worker, complete the Social Functioning Assessment (Form E-1).

Checklist

Before mailing, please ensure your application includes all of the following:

- Form A (pages A-1 through A-4), the Application for Admission
- Form B (pages B-1 and B-2), Declaration
- Form C (page C-1), Authorization for Use or Disclosure of Medical Information
- Copy of your separation from active duty form or DD 214, if available.
- Form D (pages D-1 through D-5), Physician's Medical Certificate;
- Form E (pages E-1 through E-2), Social Functioning Assessment

Date you mailed the application package: _____
Date Month Year

Veterans Home of California, Admissions Office:

- Barstow, 100 E. Veterans Parkway, Barstow, CA 92311
- Chula Vista, 700 E. Naples Court, Chula Vista, CA 91911
- Lancaster, 45221 30th Street West, Lancaster, CA. 93536
- West Los Angeles, 11500 Nimitz Avenue, Los Angeles, CA 90049-4704
- Yountville, 180 California Drive, Yountville, CA 94599

Veterans Home of California (VHC) Application for Admission

Personal Information

Full name _____

Last

First

Middle

Social security number _____ Date of birth _____

Driver license number _____ State _____

Home address _____

Street

City

State Zip Code

Mailing address (if different from above) _____

Home phone _____ Message phone _____

Place of birth _____ U.S. Citizen? Yes No

If not a U.S. citizen, resident alien number: _____

Are you currently a California resident? Yes No

Are you: Male Female

Are you currently married? Yes No If yes, please answer the following questions:

How long have you been married to your current spouse? _____

Is your spouse a veteran? Yes No

Is your spouse also applying for admission to VHC? Yes No

Spouse's full name _____

Last

First

Middle

Military Service Information

What name did you serve under in the military?

Full name _____

Last

First

Middle

What branch of service were you in? _____

What was your military service number? _____

(Continued on the next page)

Veterans Home of California (VHC) Application for Admission (Continued)

Military Service Information (Continued)

What were your dates of active duty service?

From _____ until _____ Type of discharge _____

From _____ until _____ Type of discharge _____

Are you retired from the military? Yes No

Veterans' Benefits Information

Have you ever applied for U.S. Department of Veterans Affairs (VA) benefits? Yes No

If yes, what is your VA claim number? Claim no.: _____

Do you have any service-connected disabilities? Yes No If yes, what percentage _____

Do you receive nonservice-connected pension benefits? Yes No

Medical Information

Have you received any medical, psychiatric, alcohol or drug treatment at?
any VA or military medical facilities or other medical facility? Yes No

If yes, which ones? _____

Name	Address	
City/State	Zip Code	Dates
Name	Address	
City/State	Zip Code	Dates

Have you ever applied for admission or lived in any state veterans home? Yes No

If yes, where? _____

Name	Address	City/State	Zip Code
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When? From _____ until _____

Do you or your spouse currently have a Cal-Vet loan? Yes No

(Note: On admission, Cal-Vet will be notified.) If yes: Contract no.: _____

A

**Veterans Home of California (VHC)
Application for Admission (Continued)**

Criminal Background Information

Have you ever had any criminal convictions? Yes No

If yes, provide the following: _____

Date Type of conviction

County State

Do you have any criminal charges pending? Yes No

If yes, describe: _____

Are you currently on probation or parole? Yes No

If yes: _____

Name of probation/parole officer

Address Phone number

County State

Are you required by law to register with local law enforcement? Yes No

Are you currently registered in your community? Yes No

If yes: _____

County State

I declare under the penalty of perjury of the laws of the state of California that the information provided herein is true and correct to the best of my knowledge and belief.

Executed this _____ day of _____, _____, at _____ County, California
Date Month Year County

Print name

Sign name

Veterans Home of California (VHC)
Application for Admission (Continued)

Comments (add additional sheets if necessary):

The purpose of the information requested is to obtain:

Personal Information: To identify you for our records. We need your current mailing address and telephone number so that we can communicate with you in a timely manner and expedite the application process. If there is a change to either one please notify us immediately. State law requires that you be a California resident at the time you apply for admission. We need to know whether or not you are married because we do admit married couples whenever possible. If you are married and your spouse is also applying for admission, your spouse will have to complete a spouse application package.

Military Service Information: To comply with state law. We must verify (1) that you served in the armed forces of the United States, (2) that your service was under honorable conditions and (3) that you are eligible for medical treatment according to U.S. Department of Veterans Affairs (VA) laws and regulations.

Veterans Benefits Information: To verify your military service from the VA. Information received will be used to assist you in obtaining all entitlements you have earned as a result of your military service. We need all of your available medical treatment records for the last two years so we can determine the type of care and treatment you may need and whether we can provide such care and treatment if you are admitted. If you have previously resided in a veteran's home, that home may have information that will help us expedite your application. In addition, we need to ensure that you do not owe any fees to that home. Note: Outstanding fees must be paid in full prior to admission or readmission to VHC. We need to know if you have a Cal-Vet home loan to ensure that moving into VHC will not cause you to breach your Cal-Vet home loan contract.

Veterans Home of California (VHC)**Declaration**

Name _____ Social security number _____

Read and initial each appropriate block, then sign your name at the end of this document.

1. Initial here _____ I am a bona fide resident of the state of California.

2. Initial the correct statement concerning your marital status (Initial A, B or C):

A. Initial here _____ I am married to _____ who is also applying for admission to the Veterans Home of California and we have been married to each other, and have been living with each other, for at least one year.

B. Initial here _____ I am married, but my spouse is not applying for admission to the Veterans Home of California.

C. Initial here _____ I am not married, I am widowed, or I am divorced. (circle one).

3. Initial here _____ I understand that if I am admitted to the Veterans Home of California, the Department of Veterans Affairs of the state of California has the right to investigate my financial affairs and I consent to such an investigation.

4. Initial here _____ I understand that if I am admitted to the Veterans Home of California, admission will be on a conditional basis for the first 60 days of my residence. If I am discharged from the Veterans Home of California during the first 60 days of my residence, I understand that it will be my responsibility to arrange and pay for transportation from the Veterans Home of California to wherever I wish to go.

5. Initial here _____ If I am admitted to the Veterans Home of California, I agree to pay the prescribed amount of fees as set forth by California law.

6. Initial here _____ If I am admitted to the Veterans Home of California and I receive aid and attendance from the U. S. Department of Veterans Affairs and I have no dependents, I understand that I must pay the entire amount of my aid and attendance to the Veterans Home of California.

7. Initial here _____ I have fully disclosed the details of the following:

_____ A. Medical history, including any and all medical treatments;

_____ B. Psychiatric treatment or counseling;

_____ C. History or current substance abuse problems;

_____ D. Criminal convictions, probation, parole or mandatory county registration.

Veterans Home of California (VHC)

B

Declaration (Continued)

The information provided in this application has been provided for the purpose of obtaining admission to the Veterans Home of California. I understand that if any information is found to be incorrect or incomplete that I may be denied admission to the Veterans Home of California.

I authorize the California Department of Veterans Affairs (CDVA), its employees, officers, agents or designees to verify the information that has been provided in this application. I further authorize the U.S. Department of Veterans Affairs, the Department of Defense, the California Franchise Tax Board and any applicable law enforcement agency to release information about me to CDVA with the understanding that CDVA shall keep such information confidential.

Executed at _____ County, state of _____

Date _____ Signature _____

Witness signature _____

Print witness name _____

Witness address _____

Veterans Home of California (VHC)

Authorization for Use or Disclosure of Medical Information

Name _____ Social security number _____

1. Explanation: Pursuant to government codes and regulations, no copy fees may be charged. This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, California Civil Code Sections 56, et seq.

2. Authorization: I hereby authorize _____ (Name of physician, hospital, health care provider)

to furnish to _____ (Name/address of campus to which you are applying)

medical records and information pertaining to my medical history, mental or physical conditions, services rendered or treatment for the last two years, including all drug/alcohol and psychiatric/mental illness treatments.

3. Uses: The requestor may use the medical records and type of information authorized only for the following purposes: Application for admission to the Veterans Home of California.

4. Duration: This authorization shall become effective immediately and shall remain in effect for 90 days _____.

5. Restrictions: I understand that the requestor may not further use or disclose my medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

6. Additional copy: I further understand that I have a right to receive a copy of this authorization upon my request. Copy requested [] Yes [] No Initials _____ Copy received [] Yes [] No Initials _____

7. Print name: _____

Original signature: _____ Date: _____

Signature of patient/patient's representative _____ Spouse/financially responsible party*

If not signed by patient, indicate your relationship _____

*A spouse or financially responsible party may only authorize release of medical information for use in processing an application for the patient, as a spouse or dependent, for a health insurance plan or policy, a nonprofit hospital plan, a health care served plan or an employee benefit plan. This blank form may be photocopied.

**Veterans Home of California (VHC)
Physician's Medical Certificate**

THIS CERTIFICATION IS VALID FOR THREE MONTHS.

1. Applicant's full name _____
Last
First
Middle

2. Date of birth _____ Age _____ Social security number _____

3. Date of exam _____ Male Female

4. Upon arrival patient was: Ambulatory In a wheelchair Assisted Other

5. Diagnoses: _____

6. Pertinent history (include allergies, past medical problems, current complaints):

7. Hospitalization and operations for past two years:

8. Current medications:

9. Physical examination:
 Height _____ Pulse _____
 Weight _____ Respiration _____
 Temperature _____ Blood pressure _____

10. Current diet:

**Veterans Home of California (VHC)
Physician's Medical Certificate (Continued)**

11. Prognosis and rehabilitation:

12. Are you currently treating this applicant? Yes No

13. How long have you known this applicant? Years _____ Months _____

Significant/positive findings:

Veterans Home of California (VHC)
Physician's Medical Certificate (Continued)

Physician's Assessment for Care Planning

Last name _____ Social security number _____

1. Level of consciousness:

Alert Yes No Comments _____

Withdrawn Yes No Comments _____

Confused Yes No Comments _____

2. Oriented as to: Person Place Time

3. Memory impairment: Mild Moderate Severe

MMSE Score _____ Comments _____

4. Hx of wandering behavior gets lost: Yes No

Comments _____

5. Communication ability:

Can speak Yes No Understands speech Yes No

Can write Yes No Speaks clearly Yes No

Can hear Yes No Understands writing Yes No

Wears devices Yes No Understands gestures Yes No

(if yes, describe) _____

6. Vision: Adequate Moderately impair

Wears glasses Impaired

Limitations

Uses devices (describe) _____

Severely impaired (describe) _____

**Veterans Home of California (VHC)
Physician's Medical Certificate (Continued)**

7. Personality or behavioral problems: Yes No If yes, please explain: _____
8. Physically or verbally abusive: Yes No If yes, please explain _____
9. History of alcohol abuse: Yes No
- Has patient received treatment? Yes No
- If yes, give dates and where _____
- If yes, does patient continue to drink? Yes No
- Has patient received treatment? Yes No
- If yes, give dates and where _____
- Length of sobriety _____
10. History of drug abuse/use: Yes No
f yes, (what drugs) give dates _____
- If yes, does patient continue to use drugs? Yes No
- Has the patient received treatment? Yes No
- f yes, give dates and where _____
- How long has patient been clean? _____
11. Hx of psychiatric illness/dementia: Yes No
- If yes, give dates and diagnoses _____
- Has patient received treatment? Yes No
- If yes, give dates and where _____
12. Hx of medication or medical non-compliance: Yes No
13. Hx of falling or injury secondary to falls: Yes No
14. Hx of delirium, confusion, agitation: Yes No

**Veterans Home of California (VHC)
Physician's Medical Certificate (Continued)**

15. Able to protect self from hazards of everyday living? Yes No

16. Comments or continuation of medical certification and assessment:

PLEASE CHECK APPROPRIATE BOXES BELOW.**Bathing**

- Completely independent
- Needs assistance
- Needs total assistance

Grooming

- Completely independent
- Needs assistance
- Needs total assistance

Dressing

- Completely independent
- Needs assistance
- Needs total assistance

Feeding

- Completely independent
- Needs assistance
- Must be fed
- Has swallowing disorder

**Veterans Home of California (VHC)
Physician's Medical Certificate (Continued)**

Medication

- Needs assistance
- Incapable of taking own meds
- Able to take own medication

Ambulation

(indicate all that apply)

- Can walk 100 yards
- Can walk 150 yards
- Can climb stairways—one floor
- Can climb stairways—two floors
- Requires wheelchair assistance
- Requires wheelchair, but operates it independently (manual/motorized)
- Can transfer to bed, chair, and toilet
- Requires assist device such as cane, walker, electric cart, prosthesis (indicate all that apply)

Toilet

(indicate all that apply)

- Completely independent
- Uses aides for incontinence
- Occasionally wet and soils self
- Incontinent
- Has external or indwelling catheter, colostomy or related devise

Physician's name _____ License no. _____

Signature* _____

Address _____

Telephone _____ Fax _____

Date signed _____

*NOTE: If this evaluation is being performed by a physician assistant or nurse practitioner, it must be counter-signed by a physician/M.D.

Veterans Home of California (VHC) Social Functioning Assessment

THIS FORM MUST BE COMPLETED BY A FAMILY MEMBER, FRIEND, VETERANS SERVICE OFFICER OR SOCIAL WORKER WHO KNOWS YOU PERSONALLY.

1. Applicant's name _____
Last First
Middle

Social security number _____ Date of birth _____

2. Name of next-of-kin _____ Relationship _____

Address _____

Daytime phone number _____

Evening phone number _____

3. Where is the applicant living?

- Home Hospital ICF
 Homeless Board and care SNF
 Other licensed facilities (specify) _____

Address _____

Who lives with him/her? _____

4. Check the activities of daily living applicant can do without assistance: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Taking medications | <input type="checkbox"/> Carry on a conversation | <input type="checkbox"/> Care for personal property |
| <input type="checkbox"/> Walking or standing | <input type="checkbox"/> Bathing | <input type="checkbox"/> Use community resources |
| <input type="checkbox"/> Hygiene and grooming | <input type="checkbox"/> Eating | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Follow verbal orders | <input type="checkbox"/> Write | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Housecleaning | <input type="checkbox"/> Laundry | <input type="checkbox"/> Prepare meals |
| <input type="checkbox"/> Follow written orders | <input type="checkbox"/> Live alone | <input type="checkbox"/> Handling money |

Veterans Home of California (VHC) Social Functioning Assessment

5. Does the applicant have a conservator? Yes No

Name	Address	Phone number
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6. Does anyone handle his/her financial or personal affairs? Yes No

Name	Address	Phone number
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7. Applicant's hobbies, clubs, groups, veterans' organizations and other interests?

8. Any dangerous behavior to: Self others Property

Describe _____

9. Substance abuse: None Alcohol Drugs Prescription medications

10. Check descriptions of applicant's behaviors: (check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Socially withdrawn | <input type="checkbox"/> Shy | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Quiet | <input type="checkbox"/> Sexually inappropriate |
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Boisterous | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Angry | <input type="checkbox"/> Short temper |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sad | |
| <input type="checkbox"/> Other (describe): _____ | | |

11. Describe typical day

A. Morning _____

B. Afternoon _____

Veterans Home of California (VHC)
Social Functioning Assessment

E

C. Evening _____

D. Night _____

12. Any additional information/comments:

I certify that the answers to the foregoing questions are true, correct and complete to the best of my personal knowledge and belief.

Executed at _____ County _____ State _____

Name (print) _____ Signature _____

Street address _____ City/State/Zip _____

Phone number _____ Length applicant was known _____

Relationship _____ Date signed _____