



APPLICATION FOR ADMISSION

TOLL-FREE: (877) 838-7787

WDVA Veterans Homes

Retsil/Orting/Spokane/Walla Walla

IMPORTANT – PLEASE PRINT CLEARLY AND ANSWER ALL ITEMS

I have lived at one of the Homes in the past: YES NO If yes, which Home and when? _____

Veteran? YES NO

Branch of Service	Service Number	Date of Active Duty Entry	Date of Separation	Type of Discharge

MILITARY INFORMATION:

PERSONAL INFORMATION:

Applicant's name: _____ Last First MI Veteran's name, if different: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone numbers: (Home) (_____) (Cell) (_____) Male Female

Date of Birth: ____/____/____ Social Security Number: ____/____/____ Marital Status: _____
MM DD YYYY

Primary Contact: _____ Relationship of contact: _____

Primary Contact Address: _____ City: _____ State: _____ Zip: _____

Phone numbers: (Home) (_____) (Cell) (_____) (Work) (_____) _____

Secondary Contact: _____ Relationship of contact: _____

Phone numbers: (Home) (_____) (Cell) (_____) (Work) (_____) _____

I have: Medicare Part A: Yes No Medicare Part B: Yes No Medicare Part D: Yes No Medicare Number: _____
I have supplemental health insurance: Yes No Insurance Company: _____ Policy Number: _____
I have long term care insurance: Yes No Insurance Company: _____ Policy Number: _____
I am currently on Medicaid: Yes No Medicaid Client ID Number: _____ I have applied for Medicaid? Yes No
I am currently hospitalized: Yes No Hospital Name: _____ Admission Date: _____
I have had a previous stay in a Skilled Nursing Facility? Yes No Name of Facility: _____ Month/Year: _____

I am applying for admission to a WA State Veterans Home. I am a resident of the State of Washington. All of the statements on this application are true and complete to the best of my knowledge. I hereby give permission to the WA State Department of Veterans Affairs to do a background check and obtain all information concerning my financial records to include the US Department of Veterans Affairs (VA), Social Security, and other benefits and financial institutions. If admitted, I understand that all income, regardless of source, will be considered in the determination of my cost of care. The amount of money I retain for my personal expenses and for my spouse, if applicable, will depend on my income. I understand that all personal expenses and/or prior existing debts are my responsibility. I agree to follow the resident rules of conduct and all policies and procedures of the WA State Department of Veterans Affairs.

Applicant's Signature/Representative Signature

Date

**CHECK LIST OF DOCUMENTS NEEDED WHEN APPLYING TO
ONE OF THE WASHINGTON STATE VETERANS HOMES**

- Application Form**
- Power of Attorney (or) Guardianship Documents - COPY**
- DD-214 or other proof of Military Service - COPY**
- Signed Release of Medical Information**
- Signed Financial Understanding**

**CHECK LIST OF OTHER DOCUMENTS NEEDED
PRIOR TO ADMISSION**

PLEASE SEND COPIES ONLY.

	YES	NO	N/A
Social Security Card (Front & Back)			
Medicare Card (Front & Back)			
Insurance Cards/Proof of Medical Insurance (Front & Back)			
Funeral/Burial Information			
Other Income Producing Sources, CD's, Annuities, Life Insurance, Other			
Verification of Transfer of Assets within the Last 5 Years			
Real Estate Contracts /Other Income-Producing Contracts			
Current and 3 previous months' bank/investment statements (all accounts for applicant and spouse)			
Award Letters (Veterans Administration, Social Security, Military Retirement Pay, Civil Service, or other Retirements, etc.)			
Marriage Certificates/Divorce Decrees			
Applicant's Birth Certificate			
Birth Certificate(s) for any <u>Dependent</u> Children			

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Washington State Department of Veterans Affairs (WDVA)

Name: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Maiden/Other Names Used: _____

PRIMARY DOCTOR: (Who is releasing information?)
DOCTORS NAME OR CLINIC: _____ PHONE: _____
DOCTORS ADDRESS: _____ DOCTORS FAX: _____

RELEASE RECORDS TO:
Spokane Veterans Home: 222 E 5th Avenue, Spokane, WA 99202 (FAX: 509-344-5082)
Washington Veterans Home: PO Box 698, Retsil, WA 98378 (FAX: 360-876-7575)
Washington Soldiers Home: 1301 Orting-Kapowsin Hwy, Orting, WA 98360 (FAX: 360-893-4509)
Walla Walla Veterans Home: PO Box 755, Walla Walla, WA 99362 (FAX: 509-527-4199)

INFORMATION THAT IS BEING REQUESTED RELATED TO TREATMENT WITHIN THE LAST 90 DAYS:

Hospital Stay Medical Discharge Summary Emergency Room Visit Summary Doctor Office/ Clinic Visit Notes	Medication History Height and Weight Diet Recommendation Laboratory Reports	Social Services Summary or Notes Surgical Summary Specialty Consult or Notes Radiology Reports
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PURPOSE OF RELEASE: This information is being requested to facilitate consideration of admission to a WDVA State Veterans Home and to assure continuity of care.

I understand that my medical records may include information on diagnosis and treatment related to any medical treatment, including psychiatric or psychosocial conditions, drug/alcohol abuse, AIDS and/or HIV status. ***I understand and agree that the information, if any pertaining to any such diagnosis/treatment described above may be released.***

PLEASE INITIAL THE STATEMENT THAT APPLIES: I DO ____ DO NOT ____ AUTHORIZE THIS INFORMATION TO BE RELEASED.

TIME LIMIT (if any) _____

SIGNATURE of APPLICANT/LEGAL REPRESENTATIVE: _____
RELATIONSHIP TO APPLICANT: _____ **DATE:** _____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Washington Department of Veterans Affairs

THIS PAGE IS KEPT BY THE APPLICANT FOR HIS/HER RECORDS. IT CONTAINS IMPORTANT INFORMATION REGARDING HOW TO REVOKE YOUR AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

How to REVOKE your AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

You have the right to revoke your Authorization for Release of Medical Information. To do so you must send us a copy of this form or write a letter revoking your authorization. Your letter or this Form should be mailed or faxed to the Home the application was sent to:

Spokane Veterans Home:	222 E 5 th Avenue, Spokane, WA 99202	(FAX: 509-344-5082)
Washington Veterans Home:	PO Box 698, Retsil, WA 98378	(FAX: 360-876-7575)
Washington Soldiers Home:	1301 Orting-Kapowsin Hwy, Orting, WA 98360	(FAX: 360-893-4509)
Walla Walla Veterans Home:	PO Box 755, Walla Walla, WA 99362	(FAX: 509-527-4199)

REVOCAION OF AUTHORIZATION

Name: _____ Date of Birth: ____/____/____ Social Security Number: ____/____/____
MM DD YYYY

Address: _____ Phone Number: (____) _____

I, _____ wish to revoke my Authorization for Release of Medical Information to the: Washington Department of Veterans Affairs. I also realize in the event these records have been released by me, or my legal representative, valid authorization that these records cannot be retracted.

Signature of Applicant/Legal Representative: _____ Date: _____

Relationship to Applicant: _____

PLEASE NOTE:

When your Medical Information has been released to THE "WASHINGTON DEPARTMENT OF VETERANS AFFAIRS" you should be aware of the following:

The information released may be subject to re-disclosure by the recipient and may no longer be protected by the Privacy Rule. *If for any reason the "WASHINGTON DEPARTMENT OF VETERANS AFFAIRS" receives a request to release your medical information – we will make a good faith attempt to obtain your permission in advance.*

STATE OF WASHINGTON
DEPARTMENT OF VETERANS AFFAIRS

1102 Quince Street SE - PO Box 41150
Olympia, Washington 98504-1150
1-800-562-2308

FINANCIAL UNDERSTANDING -- MONTH OF ADMISSION TO STATE VETERANS HOMES

This letter explains why your first month payment may be different from future payments, how your payment amount is decided, and who you can talk to if you have questions.

Why will my first month payment be different?

Your first month payment is based on the number of days you will actually live at the Home multiplied by the Daily Rate. For example, you will be billed for the day you move in through the end of the month.

Daily room rate for residents is as follows:

- Skilled Nursing Care: \$231.00

How is my cost of care determined?

Your cost of care will be determined based on your income or asset level. We take into account the following information when determining your cost of care:

- MEDICAID ELIGIBLE / MEDICAID PENDING: Determined by the Department of Social & Health Services (DSHS).
- PRIVATE PAY: Income and/or Assets exceed the daily rate for level of care.
- INCOME: Medically indigent, Income and/or Assets are less than the daily rate for level of care.
- Medicare admissions require a cost of participation after day 20.

What is the amount of my first month payment?

The Veteran Benefits Specialist will determine your first month payment based on the number of days you will live at the Home and whether you will receive Nursing Home Care.

Who can I call if I have questions?

The Veteran Benefits Specialist is available to answer your questions. Please contact:

Washington Soldier's Home and Colony	(360) 893-4519
The Washington Veterans Home	(360) 895-4711
The Spokane Veterans Home	(509) 344-5779
The Walla Walla Veterans Home	(509) 540-0312

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I understand that my first month payment is due on the day I move in. I also understand that the Veteran Benefits Specialist at the Home will estimate what my first month payment amount is on the day I move in. I agree to give the Veteran Benefits Specialist at the Home all the necessary financial documents to verify my income, assets and expenditures to assist in determining the amount of my first month payment.

Signature: _____

Date: _____

Printed Name: _____

Admissions Verifying Signature: _____

Date: _____

WASHINGTON DEPARTMENT OF VETERAN'S AFFAIRS

Authorized Personal Items

The Washington Veterans Homes strives to create a home-like environment for all residents. We encourage residents to have personal items in their rooms, and we are happy to assist you in hanging up personal pictures and setting up a comfortable living space. Space is limited though, and we ask that you follow the guidelines set forth below. Our goals include ensuring your safety as well as your comfort. The Veterans Home reserves the right to alter this list as necessary to achieve their goals. Thank you.

ELECTRICAL ITEMS

AUTHORIZED	PROHIBITED	CONDITIONAL
Television (with approved stand) Lamp Radio Clock CD Player Fan Electric Razor VCR Audio Recorder Stereo	Blow Dryers (in resident room) Electric Blanket Heating pad Microwave Oven Coffee Pot Hot Plate Electric Frying Pan Space heater Steam/Flat Iron Immersible Water Heater Transformer Operated Lamp	Computer Printer Fax Machine Personal Tools Wheel Chair Battery Charger Refrigerator (Contingent on resident's ability to maintain cleanliness)
	All Items with frayed cords All items with loose plugs	These items require approval by the Veterans Home electrician.

WASHINGTON DEPARTMENT OF VETERAN'S AFFAIRS

Authorized Personal Items

FURNITURE

PROVIDED BY FACILITY	APPROVED TO BRING	CONDITIONAL *
Bed Night Stand (Nursing care) Over the Bed Table (as needed) Small Garbage Can	Wheel Chair Walker	Recliner Dresser Scooter/Electric Chair Book Shelves Laundry Basket Large Trash Can TV Stand Entertainment Systems Rocking Chairs Folding Chairs Plastic Baskets/Storage Bins

**CONDITIONAL: Depending on the size, type and number of items per resident. Restorative (Therapy) approves electric scooter/chair.*

OTHER

Resident rooms vary in size and shape. For safety and to prevent the spread of infections we ask that the following items NOT be brought with you upon admission. If you would like to bring an item or items not listed below please contact the Centralized Admission Coordinator at 1-877-838-7787.

- * All Weapons (including knives)
- * Shelving
- * Boxes
- * Throw Rugs

- * Excessive Bedding
- * Excessive stacks of books, Magazines or papers
- * Excessive Clothing

Excessive means more than can be safely stored in resident's room

DIRECTIONS

Washington Veterans Home

1141 Beach Drive E.
Retsil, WA 98378
(360) 895-4700

- Take I-5 North/South
- Take **BREMERTON EXIT (Highway 16)**
- Take **PORT ORCHARD/SEDGWICK ROAD EXIT** – Turn right on Sedgwick Road
- Travel 1.6 miles to 2nd Traffic Light
- Turn Left onto **Jackson** – Travel 2.8 miles (Through 2 Traffic Lights)
- You will come to a “T” (Sinclair Inlet is directly in front of you)
- Turn left on **Beach Drive** (Sewer Plant is on Left Side)
- Drive up the hill past the Sewage Plant, turn at Home’s Entrance

DIRECTIONS

Washington Soldiers Home

1301 Orting-Kapowsin Hwy
Orting, WA 98360
(360) 893-4515

COMING FROM THE NORTH

- Take I-5 South
- Merge onto I-405 N via Exit 154A on the left toward Renton
- Merge onto WA-167 S via Exit 2 toward Kent/Auburn
- Merge onto WA- 410 E toward Sumner/Yakima
- Take WA-162 E/Valley Ave exit toward Orting
- Turn Right onto Valley Ave E (Route -162 go 7 miles) Turns into Washington Ave.
- Take Right onto Calistoga (2nd stop light in Orting) – Cross over bridge to Orting-Kapowsin Hwy
- When Orting-Kapowsin Hwy makes a 90 degree turn go straight ahead. Homes Entrance is on your left.

COMING FROM THE SOUTH

- Take I-5 North
- Take Exit 127 (Puyallup Highway 512)
- Merge onto WA-167 N toward Seattle/Yakima
- Merge onto WA- 410 E toward Sumner/Yakima
- Take Valley Road – Orting/Sumner Exit
- Turn Right onto Valley Ave E/WA –(Route162 go 7 miles) Turns into Washington Ave.
- Take Right onto Calistoga (2nd stop light in Orting) – Cross over bridge to Orting-Kapowsin Hwy
- When Orting-Kapowsin Hwy makes a 90 degree turn go straight ahead. Homes Entrance is on your left.

DIRECTIONS

Walla Walla Veterans Home

92 Wainwright Drive

PO Box 755

Walla Walla, WA 99362

(509)540-0312

From US-12E

Take 2nd Ave. exit toward City Center

Turn right onto N. 2nd Ave. (changes into S. 2nd)

Follow S. 2nd to Poplar

Turn right on Poplar and follow to S. 9th Ave.

Turn left on S. 9th Ave.

Turn right on W. Chestnut St. (Chestnut leads into Wainwright Dr. as you enter the VA campus)

Look for the tall, blue, onion-shaped "VA" water tower which is directly above the Walla Walla Veterans Home campus

DIRECTIONS