



"Serving Those Who Served"

Thank you for your interest in residing at one of our beautiful State Veterans Homes. On the application form, please designate the facility for which you are applying by circling your selection: Port Orchard, Orting, Spokane, Walla Walla.

You may mail, fax, e-mail, or drop off in-person, your completed application packet (along with the supporting documents):

Washington Veterans Home (Port Orchard) - Admissions

1141 Beach Drive E.

Port Orchard, WA 98366

(360) 895-4730 or (360) 791-0951

(360) 876-7575 (Fax)

Email: robinw@dva.wa.gov or melissaj@dva.wa.gov

Washington Soldiers Home (Orting) - Admissions

1301 Orting-Kapowsin Highway

Orting, WA 98360

(360) 893-4580 or (360) 701-7366

(360) 893-4590 (Fax)

Email: sophiep@dva.wa.gov

Spokane Veterans Home (Spokane) - Admissions

222 E. 5th Ave.

Spokane, WA 99202

(509) 344-5778

(509) 344-5082 (Fax)

Email: traceysm@dva.wa.gov

Walla Walla Veterans Home (Walla Walla) - Admissions

92 Wainwright Drive

Walla Walla, WA 99362

(509) 394-6806

(509) 527-4199 (Fax)

Email: lonnal@dva.wa.gov

If you choose to drop off the application in person, you may call ahead of time if you have questions or would like to meet in person.

You may also contact the Admissions Team at 1-877-838-7787.

Find out more about *your* Washington State Department of Veterans Affairs by visiting www.dva.wa.gov.



APPLICATION FOR ADMISSION- WDVA - WA State Veterans Homes

TOLL-FREE: (877) 838-7787

Port Orchard/Orting/Spokane/Walla Walla (Circle choice)

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

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

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

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

Primary Contact: _____ **Resident's Representative** Self Spouse Family Guardian DPOA(Financial) DPOA(Medical)

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

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

Secondary Contact: _____ **Resident's Representative:** Spouse Family Guardian DPOA(Financial) DPOA(Medical)

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 have a VA Service Connected Disability rating. Yes No Rating ____% **I am currently enrolled in VA Health Care.** 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's 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 Sources, CDs, Annuities, Life Insurance, Other			
Verification of Transfer of Assets within the Last 5 Years			
Real Estate Contracts /Other Income-Related Contracts			
Current and 3 previous months' bank/investment statements (all accounts for applicant and spouse)			
Award Letters (Veterans Administration (VA), 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?)
DOCTOR'S NAME OR CLINIC: _____ PHONE: _____
DOCTOR'S ADDRESS: _____ FAX: _____

RELEASE RECORDS TO:

Spokane Veterans Home:	222 E 5 th Avenue, Spokane, WA 99202	(FAX: 509-344-5082)
Washington Veterans Home:	1141 Beach Drive East, Port Orchard, WA 98366	(FAX: 360-876-7575)
Washington Soldiers Home:	1301 Orting-Kapowsin Hwy, Orting, WA 98360	(FAX: 360-893-4509)
Walla Walla Veterans Home:	92 Wainwright Dr, 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 it pertains 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) NOTE: You have the right to revoke this authorization for release of medical information. Please contact the WDVA Toll-free at (877) 838-7787 to request a Revocation of Authorization Form.

SIGNATURE of APPLICANT/RESIDENT'S REPRESENTATIVE: _____
RELATIONSHIP TO APPLICANT: _____ **DATE:** _____

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 document 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 reside 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: \$240.00 (Effective 05/01/2019 – Rate Reviewed Annually - Subject to change with 60 days advance notice.)

How is my cost of care determined?

- MEDICAID ELIGIBLE / MEDICAID PENDING: Medicaid participation is determined by DSHS. Pending residents are required to pay an estimated participation based on their monthly income.
- FEDERAL VA ENHANCED PER DIEM PROGRAM: Veterans with service connected disability ratings of 70% - 100% receive their nursing care at no cost. The same is true for veterans whose service connected disability is the primary reason they require nursing care, regardless of disability percentage.
- MEDICARE: Medicare requires a daily coinsurance amount beginning on day 21 of a qualifying Medicare stay. Medicare Advantage plans may have deductibles and coinsurance; these amounts are determined by the insurance company.
- PRIVATE PAY: Residents not eligible for Medicaid, the Federal VA Enhanced Per Diem Program, Medicare, or any other government program, are required to pay the current daily rate.

What is the amount of my first month payment?

The Veterans Benefit Specialist will determine your first month payment based on the number of days you will reside at the Home.

Who can I call if I have questions?

The Veterans Benefit Specialist is available to answer your questions. Please contact:

The Washington Soldiers Home	(360) 893-4519
The Washington Veterans Home	(360) 895-4711
The Spokane Veterans Home	(509) 344-5778
The Walla Walla Veterans Home	(509) 394-6806

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I understand that my first month payment is due on the day I move in. I also understand that the Veterans Benefit Specialist at the Home will estimate what my first month payment amount is on the day I move in. I agree to give the Veterans Benefit Specialist at the Home all the necessary documents to verify my income, assets and expenditures to assist in determining the amount of my first month payment and eligibility for any benefits to which I may be entitled.

Signature: _____

Date: _____

Printed Name: _____

Admissions Verifying Signature: _____

Date: _____

DIRECTIONS

Washington Veterans Home

1141 Beach Drive E.
Port Orchard, WA 98366
(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 (Sewage Plant is on Left Side)
- Drive left up the hill past the Sewage Plant, Home’s Main Entrance is on the Right.

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 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. Home’s Entrance is on your left.

DIRECTIONS

Walla Walla Veterans Home

92 Wainwright Drive
Walla Walla, WA 99362
(509) 394-6806

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

Spokane Veterans Home

222 East 5th Avenue
Spokane, WA 99202
(509) 344-5778

EASTBOUND:

- I-90 to Exit #282-B: Second Avenue
- After you exit, remain in left-hand lane and continue west on 2nd Avenue until you come to the stop light on Sherman Avenue.
- Turn LEFT on Sherman, get in the right hand lane, and proceed for 3 blocks until you come to a 4-way stop on 5th Avenue.
- Take a RIGHT on 5th avenue and continue for 2.5 blocks.
- The Spokane Veteran's Home is on the South side of 5th Avenue.

WESTBOUND:

- Take Exit 281 off Interstate 90
- Get into the right hand lane of the exit, and veer left at the stoplight. This road will change from 4th Avenue into 5th Avenue.
- Continue east and the Spokane Veterans Home is the first building on the right, once you have passed through the stop sign on 5th and Crowley.