George E. Wahlen Ogden Veterans Home*

We embrace a reverence for life, and a heart for healing.

Thank you for your expressed interest in placing your loved one at the George E. Wahlen Ogden Veterans Home. We honor America's heroes by providing a safe, comfortable, clean, and loving environment where their individual needs are always our priority. We offer the highest quality medical care while also providing a comfortable home with daily activities, delicious nutritionally complete meals, and beautiful indoor/outdoor living spaces.

ELIGIBILITY REQUIREMENTS

Admission is limited to medically appropriate, honorably discharged veterans their spouses.

To be considered for admission, all of the following information must be provided:

1. The **enclosed Application for Admission** must be filled out completely
2. The **enclosed 10-10EZ** must completely filled out
3. A copy of the Veterans **DD-214 or Honorable Discharge Certificate**
4. Copies of all **Medical Insurance Cards** and **Medicare Card**
5. **Completed copy of Health Questionnaire by Dr. (enclosed)**
6. Any available **Doctors and Nurses Notes**
7. **Copy of Marriage License for a spouse's application**

If available, the following information should also be provided with the application materials.

8. **Advance Health Care Directive** and/or **Living Will**
9. **Power of Attorney**

For your convenience, a Military Records Request has been enclosed in your application packet. Also, please note that the History and Physical, list of medications and doctors and nurses notes can be obtained by contacting the applicant's most recent medical provider.

The enclosed application will ask if the prospective resident would be appropriate for admission to the Special Needs Unit (SNU). If you believe your loved one is a wandering risk, they may be appropriate for the SNU. The final decision regarding admission to the SNU will be made by a medical professional.

The spouse of a veteran/widowed spouse of a veteran will be considered eligible for admission based on the eligibility of the veteran. Spouses must be married to the Veteran

for at least one year prior to the date of application for admission to be considered eligible. Spouses of veterans who are not current residents will not be given priority over any veteran who is ready to be admitted. Married couples will be admitted into the same room whenever possible. If they admit into different rooms, they will be moved together when a semi-private room becomes available.

Daily Rate Information*

Room/Resident	Resident	VA Per Diem
Semi-Private Room (Veteran)	$70.14	$95.82
Private Room (Veteran)	$86.24	$95.82
Semi-Private Room (Spouse)	$160.00	
Private Room (Spouse)	$170.00	

* If a veteran has been given a Service Connected Disability rating of 70%-100%, the Veterans Administration will pay for their complete cost of care.

If the cost outlined above is outside the Veteran's means, an option called Aid and Attendance may be available to them. For more information please see the Aid and Attendance information sheet enclosed for your convenience.

Please return all of the required documentation to the following address:

George E. Wahlen Veterans Home
Attn: Admissions
1102 North 1200 West
Ogden, UT 84404

Please note that all applicants must meet the Veterans Administration's eligibility criteria for health benefits. The final decision regarding Veteran's benefits will be made by the Veteran's Administration upon review of the enclosed 10-10-EZ form. In addition, the applicant's must also be determined medically appropriate for admission by a medical professional, which will be determined upon review of the application materials. After your application has been reviewed, you will be contacted with an admission decision. Eligible applicants will be admitted in the order their application is received, therefore it is advisable to return the application as soon as possible.

If you have any questions regarding the above information or need assistance with the required application materials, please feel free to contact our Admission Department at 801-334-4300.

George E. Wahlen Ogden Veterans Home*

We embrace a reverence for life, and a heart for healing.

Application for Admission

Please read these instructions before completing the application:
Print in black ink or type. Please complete the entire application, leaving no blank spaces. Application is to be completed by applicant or an authorized representative of the applicant, in the presence of the applicant where possible. All information obtained will be used to determine the applicant's eligibility for admission.

1. Applicant's name _____
   Last First Middle
2. Address _____
3. Phone Number (____) _____
4. Date of Birth: ____/____/____ Birth Place: _____
5. Social Security Number: _____-___-_____
6. Military Service Number: _____
7. Primary Language: _____
8. Ethnicity (optional) _____
9. Check one of the following: ____Married ____Widowed____ Divorced____ Single
10. Number of children (if applicable) _____
11. Is the applicant appropriate for admission to the Special Needs Unit? ___yes ___no
    (Please refer to enclosed letter for more information on the Special Needs Unit)
12. Please indicate if you are currently enrolled in the following Medicare benefits:
    Part A _____ Part B _____Part D_____
13. Please list any other Health Insurance that you have: (If more, please include on the back of this form)

    A. Name_____ Policy #_____
    Address_____ Phone # _____

    B. Name_____ Phone # _____
    Address _____ Phone # _____

Please include copies of all your insurance cards, including your Medicare card.

14. Applicant's Branch of Service _____

Date of Enlistment _____ Date of Discharge _____

Please check the following in which you have served:

____World War I	____Cold War	____Panama
____World War II	____Desert Storm	____Kosovo
____Korean War	____Iraqi Freedom	____Granada
____Viet Nam War	____Afghanistan	

Does the applicant have a Service Connected Disability? ____yes ____no

If yes, does the applicant receive compensation from the VA? ____yes ____no

If yes, what percentage is the Service Connected Disability? _____%

15. Are you receiving a pension from the Veterans Affairs? ____yes ____no

If yes, are you on Aid and Attendance? ____yes ____no

*In order to start receiving medications at no cost from the VA Hospital we need a copy of the Aid and Attendance approval letter as soon as possible. Please contact the Director of Nursing or the State Officer.

16. Have you executed an (check all that apply and include copies)

___Advance Directive	___Court appointed Guardian
___Living Will	___Power of Attorney (Medical)
___Medical Treatment Plan	___Power of Attorney (Financial)

17. Please list 3 people who may be contacted regarding this application/admission:

Primary_____Relationship_____Phone (____) _____

_____

Street address City State Zip

Secondary_____Relationship_____Phone(____)_____

_____

Street address City State Zip

Tertiary_____Relationship_____Phone (____) _____

_____

Street address City State Zip

I agree that the information I have given on this application is correct. I agree to enclose, with the application, all of the items requested in order for my name to be place on the waiting list.

_____ _____

Applicant/Representative Date

OMB Approved No. 2900-0091
Estimated Burden Avg. 45 min.

Department of Veterans Affairs

APPLICATION FOR HEALTH BENEFITS

SECTION I - GENERAL INFORMATION

Federal law provides criminal penalties, including a fine and/or imprisonment for up to 5 years, for concealing a material fact or making a materially false statement. (See 18 U.S.C. 1001)

1. VETERAN'S NAME *(Last, First, Middle Name)*
2. OTHER NAMES USED
3. MOTHER'S MAIDEN NAME
4. GENDER ☐ MALE ☐ FEMALE
5. ARE YOU SPANISH, HISPANIC, OR LATINO? ☐ YES ☐ NO
6. WHAT IS YOUR RACE? *(You may check more than one.) (Information is required for statistical purposes only.)* ☐ AMERICAN INDIAN OR ALASKA NATIVE ☐ BLACK OR AFRICAN AMERICAN ☐ ASIAN ☐ WHITE ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
7. SOCIAL SECURITY NUMBER
8. VA CLAIM NUMBER
9. DATE OF BIRTH *(mm/dd/yyyy)*
9A. PLACE OF BIRTH *(City and State)*
10. RELIGION
11. PERMANENT ADDRESS *(Street)*
11A. CITY
11B. STATE
11C. ZIP CODE *(9 digits)*
11D. COUNTY
11E. HOME TELEPHONE NUMBER *(Include area code)*
11F. E-MAIL ADDRESS
11G. CELLULAR TELEPHONE NUMBER *(Include area code)*
12. TYPE OF BENEFIT(S) APPLYING FOR *(You may check more than one)* ☐ ENROLLMENT/HEALTH SERVICES ☐ DENTAL
13. WHICH VA MEDICAL CENTER OR OUTPATIENT CLINIC DO YOU PREFER? *(for listing of facilities visit www.va.gov/directory)*
14. DO YOU WANT AN APPOINTMENT WITH A VA DOCTOR OR PROVIDER AS SOON AS ONE BECOMES AVAILABLE? ☐ YES ☐ NO I am only enrolling in case I need care in the future.
15. CURRENT MARITAL STATUS *(Check one)* ☐ MARRIED ☐ NEVER MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED ☐ UNKNOWN
16. NAME, ADDRESS AND RELATIONSHIP OF NEXT OF KIN
16A. NEXT OF KIN'S HOME TELEPHONE NUMBER *(Include area code)*
16B. NEXT OF KIN'S WORK TELEPHONE NUMBER *(Include area code)*
17. NAME, ADDRESS AND RELATIONSHIP OF EMERGENCY CONTACT *(if different than 16)*
17A. EMERGENCY CONTACT'S HOME TELEPHONE NUMBER *(Include area code)*
17B. EMERGENCY CONTACT'S WORK TELEPHONE NUMBER *(Include area code)*

SECTION II - INSURANCE INFORMATION *(Use a separate sheet for additional information)*

1. ENTER HEALTH INSURANCE COMPANY NAME, ADDRESS AND TELEPHONE NUMBER *(include coverage through spouse or other person)*
2. NAME OF POLICY HOLDER
3. POLICY NUMBER
4. GROUP CODE
5. ARE YOU ELIGIBLE FOR MEDICAID? ☐ YES ☐ NO
5A. EFFECTIVE DATE *(mm/dd/yyyy)*
6 ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART A? ☐ YES ☐ NO
6A. EFFECTIVE DATE *(mm/dd/yyyy)*
7. ARE YOU ENROLLED IN MEDICARE HOSPITAL INSURANCE PART B? ☐ YES ☐ NO
7A. EFFECTIVE DATE *(mm/dd/yyyy)*
8. NAME EXACTLY AS IT APPEARS ON YOUR MEDICARE CARD
9. MEDICARE CLAIM NUMBER

APPLICATION FOR HEALTH BENEFITS, Continued	VETERAN'S NAME *(Last, First, Middle)*	SOCIAL SECURITY NUMBER

SECTION III - EMPLOYMENT INFORMATION

1. VETERAN'S EMPLOYMENT STATUS *(Check one)* ☐ FULL TIME ☐ NOT EMPLOYED ☐ PART TIME ☐ RETIRED *If employed or retired, complete item 1A* *Date of retirement (mm/dd/yyyy)*	1A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER
2. SPOUSE'S EMPLOYMENT STATUS *(Check one)* ☐ FULL TIME ☐ NOT EMPLOYED ☐ PART TIME ☐ RETIRED *If employed or retired, complete item 2A* *Date of retirement (mm/dd/yyyy)*	2A. COMPANY NAME, ADDRESS AND TELEPHONE NUMBER

SECTION IV - MILITARY SERVICE INFORMATION

1. LAST BRANCH OF SERVICE	1A. LAST ENTRY DATE	1B. LAST DISCHARGE DATE	1C. DISCHARGE TYPE	1D. MILITARY SERVICE NUMBER

2. CHECK YES OR NO	YES	NO		YES	NO
A. ARE YOU A PURPLE HEART AWARD RECIPIENT?	☐	☐	E. DO YOU NEED CARE OF CONDITIONS POTENTIALLY RELATED TO SERVICE IN SW ASIA DURING THE GULF WAR?	☐	☐
B. ARE YOU A FORMER PRISONER OF WAR?	☐	☐	F. WERE YOU EXPOSED TO AGENT ORANGE WHILE SERVING IN VIETNAM?	☐	☐
C. DID YOU SERVE IN COMBAT AFTER 11/11/1998?	☐	☐	G. WERE YOU EXPOSED TO RADIATION WHILE IN THE MILITARY?	☐	☐
D. WAS YOUR DISCHARGE FROM MILITARY FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY?	☐	☐	H. DID YOU RECEIVE NOSE AND THROAT RADIUM TREATMENTS WHILE IN THE MILITARY?	☐	☐
D1. ARE YOU RECEIVING DISABILITY RETIREMENT PAY INSTEAD OF VA COMPENSATION?	☐	☐	I. DO YOU HAVE A SPINAL CORD INJURY?	☐	☐

SECTION V - FINANCIAL DISCLOSURE

Disclosure allows VA to accurately determine whether certain Veterans will be charged copays for care and medications, their eligibility for other services and enrollment priority. Veterans are not required to disclose their financial information; however, VA is not currently enrolling new applicants who decline to provide their financial information unless they have other qualifying eligibility factors. **Recent combat Veterans are eligible for enrollment without disclosing their financial information** but like other Veterans may provide it to establish their eligibility for travel assistance, cost-free medication and/or medical care for services unrelated to military experience.

☐ **No, I do not wish to provide financial information in Sections VI through IX.** I understand that VA is not enrolling new applicants who do not provide this information and who do not have other qualifying eligibility factors [i.e., a former Prisoner of War; in receipt of a Purple Heart; a recently discharged Combat Veteran **(e.g., OEF/OIF who were discharged within the past 5 years or were discharged more than 5 years ago and applying for enrollment by Jan. 27, 2011)**; discharged for a disability incurred or aggravated in the line of duty; receiving VA service-connected disability compensation; receiving VA pension; or in receipt of Medicaid benefits.] *Sign and date the form in Section XII.*

☐ **Yes, I will provide my household financial information for last calendar year.** Complete applicable sections VI through IX. *Sign and date the form in Section XII.*

SECTION VI - DEPENDENT INFORMATION *(Use a separate sheet for additional dependents)*

1. SPOUSE'S NAME *(Last, First, Middle Name)*	2. CHILD'S NAME *(Last, First, Middle Name)*
1A. SPOUSE'S MAIDEN NAME OR OTHER NAMES USED	2A. CHILD'S RELATIONSHIP TO YOU *(Check one)* ☐ *Son* ☐ *Daughter* ☐ *Stepson* ☐ *Stepdaughter*
1B. SPOUSE'S SOCIAL SECURITY NUMBER	2B. CHILD'S SOCIAL SECURITY NUMBER / 2C. DATE CHILD BECAME YOUR DEPENDENT *(mm/dd/yyyy)*
1C. SPOUSE'S DATE OF BIRTH *(mm/dd/yyyy)* / 1D. DATE OF MARRIAGE *(mm/dd/yyyy)*	2D. CHILD'S DATE OF BIRTH *(mm/dd/yyyy)*
1E. SPOUSE'S ADDRESS AND TELEPHONE NUMBER *(Street, City, State, ZIP - if different from Veteran's)*	2E. WAS CHILD PERMANENTLY AND TOTALLY DISABLED BEFORE THE AGE OF 18? ☐ YES ☐ NO 2F. IF CHILD IS BETWEEN 18 AND 23 YEARS OF AGE, DID CHILD ATTEND SCHOOL LAST CALENDAR YEAR? ☐ YES ☐ NO
3. IF YOUR SPOUSE OR DEPENDENT CHILD DID NOT LIVE WITH YOU LAST YEAR ENTER THE AMOUNT YOU CONTRIBUTED TO THEIR SUPPORT. SPOUSE $ CHILD $	2G. EXPENSES PAID BY YOUR DEPENDENT CHILD FOR COLLEGE, VOCATIONAL REHABILITATION OR TRAINING *(e.g., tuition, books, materials)* $

APPLICATION FOR HEALTH BENEFITS, Continued	VETERAN'S NAME *(Last, First, Middle)*	SOCIAL SECURITY NUMBER

SECTION VII - PREVIOUS CALENDAR YEAR GROSS ANNUAL INCOME OF VETERAN, SPOUSE AND DEPENDENT CHILDREN
(Use a separate sheet for additional dependents)

	VETERAN	SPOUSE	CHILD 1
1. GROSS ANNUAL INCOME FROM EMPLOYMENT *(wages, bonuses, tips, etc.)* EXCLUDING INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	$	$	$
2. NET INCOME FROM YOUR FARM, RANCH, PROPERTY OR BUSINESS	$	$	$
3. LIST OTHER INCOME AMOUNTS *(eg., Social Security, compensation, pension interest, dividends)*. EXCLUDING WELFARE.	$	$	$

SECTION VIII - PREVIOUS CALENDAR YEAR DEDUCTIBLE EXPENSES

1. TOTAL NON-REIMBURSED MEDICAL EXPENSES PAID BY YOU OR YOUR SPOUSE *(e.g., payments for doctors, dentists, medications, Medicare, health insurance, hospital and nursing home) VA will calculate a deductible and the net medical expenses you may claim.*	$
2. AMOUNT YOU PAID LAST CALENDAR YEAR FOR FUNERAL AND BURIAL EXPENSES (INCLUDING PREPAID BURIAL EXPENSES) FOR YOUR DECEASED SPOUSE OR DEPENDENT CHILD *(Also enter spouse or child's information in Section VI.)*	$
3. AMOUNT YOU PAID LAST CALENDAR YEAR FOR YOUR COLLEGE OR VOCATIONAL EDUCATIONAL EXPENSES *(e.g., tuition, books, fees, materials) DO NOT LIST YOUR DEPENDENTS' EDUCATIONAL EXPENSES.*	$

SECTION IX - PREVIOUS CALENDAR YEAR NET WORTH ***(Use a separate sheet for additional dependents)***

	VETERAN	SPOUSE	CHILD 1
1. CASH AMOUNT IN BANK ACCOUNTS *(e.g., checking, savings accounts, certificates of deposit, individual retirement accounts, stocks and bonds)*	$	$	$
2. MARKET VALUE OF LAND AND BUILDINGS MINUS MORTGAGES AND LIENS. *(e.g., second home and non-incoming producing property. Do not count your primary home.)*	$	$	$
3. VALUE OF OTHER PROPERTY OR ASSETS *(e.g., art, rare coins, collectables)* MINUS THE AMOUNT YOU OWE ON THESE ITEMS. INCLUDE VALUE OF FARM, RANCH OR BUSINESS ASSETS. *Exclude household effects and family vehicles.*	$	$	$

SECTION X - PAPERWORK REDUCTION ACT AND PRIVACY ACT INFORMATION

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 45 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

Privacy Act Information: VA is asking you to provide the information on this form under 38 U.S.C. Sections 1705, 1710, 1712, and 1722 in order for VA to determine your eligibility for medical benefits. Information you supply may be verified through a computer-matching program. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices and in accordance with the VHA Notice of Privacy Practices. Providing the requested information is voluntary, but if any or all of the requested information is not provided, it may delay or result in denial of your request for health care benefits. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

SECTION XI - CONSENT TO COPAYS

By signing this application you are agreeing to pay the applicable VA copays for treatment or services of your NSC conditions as required by law.

SECTION XII - ASSIGNMENT OF BENEFITS

I understand that pursuant to 38 U.S.C. Section 1729, VA is authorized to recover or collect from my health plan (HP) for the reasonable charges of nonservice-connected VA medical care or services furnished or provided to me. I hereby authorize payment directly to VA from any HP under which I am covered (including coverage provided under my spouse's HP) that is responsible for payment of the charges for my medical care, including benefits otherwise payable to me or my spouse.

ALL APPLICANTS MUST SIGN AND DATE THIS FORM. REFER TO INSTRUCTIONS WHICH DEFINE WHO CAN SIGN ON BEHALF OF THE VETERAN.

SIGNATURE OF APPLICANT	DATE

Health Questionnaire

George E. Wahlen Ogden Veterans Home

APPLICATIONS WILL NOT BE REVIEWED UNLESS THIS FORM IS COMPLETED BY A LICENSED PHYSICAN. A COPY OF THE MOST RECENT HISTORY AND PHYSICAL OR DISCHARGE SUMMARY MUST ALSO BE ATTACHED.

APPLICANT NAME: _____ DATE: _____

Current Residence: Acute Hospital _____ Nursing Home_____ Assisted Living _____ Home _____

If at Hospital, Nursing Home, or Assisted Living please list Name, Address, and Phone Number:

_____

If at Home list number of inhabitants: _____

CURRENT DIAGNOSIS(SES):

_____ _____ _____
_____ _____ _____
_____ _____ _____

CURRENT MEDICATIONS: (List name, strength, and dosage)

_____ _____ _____
_____ _____ _____
_____ _____ _____

ALLERGIES AND ALLERGIC REACTIONS:

_____ _____
_____ _____
_____ _____

PLEASE CHECK EACH OF THE FOLLOWING:
(Additional space is provide on page 4 for comments, or attach additional sheets)

1. Is applicant capable of doing the following:	Yes	No	Partially
a. Dress and use lavatory?.....			
b. Bathe?.....			
c. Oral hygiene?.....			
d. Reposition in bed?.....			
e. Ascend and descend steps?.....			
f. Feed self?.....			
g. Operate wheelchair, if needed, without aid?.....			
2. Is applicant:			
a. Aphasic?.....			
b. Deaf?.....			
c. Blind?.....			
d. Cardiac patient?.....			
e. Using oxygen?.....			
f. Continent of bowel?.....			
g. Continent of bladder?.....			
h. Mentally competent?.....			

3. Does applicant require sensory aid? Yes _____ No _____ Specify: _____

4. Does applicant have any present wounds or sores?

If YES, describe: _____

5. Is any infection present? Yes _____ No _____

If YES, describe: _____

6. Is there a history or MRSA, VRE or any other anti-biotic resistant infection? Yes _____ No _____

If YES, describe: _____

7. Is applicant undergoing Cancer/Dialysis Treatment? Yes _____ No _____

If YES, describe: _____

8. Is applicant ambulatory without assistance? Yes _____ No _____
If NO, does applicant require crutches, walker, wheelchair? Yes _____ No _____ or
Applicant requires complete bed care? Yes _____ No _____

9. Does applicant require prosthesis? Yes _____ No _____

If YES, describe: _____

10. Does applicant have a history of: (Explain YES answers on page 4)	Yes	No	Partially
a. Alcoholism?.....			
b. Epilepsy?.....			
c. Dyspnea?.....			
d. Psychiatric treatment?.....			
e. Chemical abuse? (including prescription medications).....			
f. Depression?.....			
g. Verbal Combativeness?.....			
h. Physical Combativeness?.....			
i. Wandering without regard for safety?.....			
11. Does applicant require:			
a. Observation to make his/her needs known?.....			
b. Total assistance with feeding?.....			
c. Tube feeding?.....			
d. Tracheostomy suctioning?.....			
e. Colostomy/ Urostomy Care?.....			
f. Special Diet, Specify: _____.....			
g. Is applicant a smoker?.....			
h. Does applicant use other tobacco products?.....			
i. Does applicant have a Foley catheter?.....			

12. Has applicant been hospitalized or received outpatient treatment for any of the following reasons?

	Hospital	City	Date
Psychiatric treatment			
Surgery			
Alcohol/Subt. Abuse			

NOTICE TO EXAMINING PHYSICIAN- History, symptoms, and physical findings must be recorded in sufficient detail to clearly support the diagnoses.

Based on the applicant's current medical status, my professional recommendation is that 24hr in-patient Skilled Nursing Home Care is appropriate:

YES _____ NO _____

Signed: _____
Examining Physician

Address: _____

Date: _____

City, State, Zip Code: _____

Name: _____
Print Full Name

Phone: (___) _____
Zip Phone Number

ADDITIONAL COMMENTS
(Please attached additional sheets if necessary)

George E. Wahlen
Department of Veterans Affairs Medical Center
VA Salt Lake City Health Care System
500 Foothill Drive
Salt Lake City, UT 84148

In Reply Refer To: 660/119

5/10/2011

George E. Wahlen Ogden Veteran's Home
1102 North 1200 West
Ogden, UT 84404

Dear Veteran,

This letter is to help you understand the process of obtaining personal prescription medications during your stay in the George E. Wahlen Ogden Veterans Home. As you are admitted to the Veterans' Home, some of the routine methods for obtaining prescription medications may change. These changes are normal and facilitate the best environment of care while you reside in the Veterans' Home.

The Veterans' Home staff will review the criteria to see if you are eligible to receive medications from the VA Medical Center Pharmacy (VAMC). These three critera for eligibility are 50 – 60% service connected disability, a 0 – 40% service connected disability for which you are in the Veterans' Home and Aid and Attendance from the VA. If you are eligible by one of these criteria, then some or all of your prescriptions will be provided by the VAMC.

For all veterans at the Veterans Home, the VA pays a daily per diem rate to help decrease the costs for care. Due to the payment of per diem, if you are not eligible under the VA policies listed above, the Veterans' Home cannot accept medications from the VAMC for your care. However, the Veterans' Home does have a process to ensure that all prescription medications are available to you during your stay.

The George E. Wahlen Ogden Veterans Home staff will help you with the process of prescription medications at the time of admission. If you have any questions or concerns, please feel free to contact the Ogden Veterans Home at (801) 334-4300. We want your stay to be a pleasant as possible.

Thanks,

John Horton RPh.
Chief of Pharmacy
George E. Wahlen Department of Veterans Affairs Medical Center.

Utah Veterans' Homes
ADMISSION and WAITING LIST POLICY

PURPOSE: This policy ensures uniform and equitable procedures for admission, placement and maintenance of applicants' names on waiting lists and to provide guidelines for processing applications for admission and transfer of eligible veterans and dependents in need of care offered by the Veterans' Homes in Utah.

This policy becomes effective August 15, 2011

DEFINITIONS:

I. Active Waiting List – The active waiting list is comprised of Veterans and dependents who have had their completed application approved and are waiting for a bed to become available to be admitted to the Home.

II. Inactive Waiting List – The inactive waiting list is comprised of Veterans and dependents, who are not yet ready to be admitted. An application can remain on the inactive list for one year.

III. Financial Eligibility Waiting List – This list is comprised of Veterans and dependents that do not have the financial ability to enter the Home. OVH will work with the Veteran and family to assist in applications for assistance.

IV. Eligible Dependent – Spouse, surviving spouse, former spouse or gold star parent of eligible veteran who meets the criteria for admission.

V. Application Review Committee (ARC) – The committee is responsible to complete a multidisciplinary review of all completed applications. The committee is to assure the applicant's identified needs for nursing home care can be met by the Veterans' Home, to ensure the applicant meets the admission criteria and, if approved, to place the applicant's name on the appropriate waiting list. The ARC will consist of the State Officer, Director of Nursing, Social Worker and Admissions Manager. Other members may be added if the applications warrant additional expertise.

CRITERIA FOR ADMISSION:

I. For admission to the Utah Veterans' Homes, a Veteran is defined as an individual who has served on active duty in the armed forces for more than 180 consecutive days, or who was a member of a reserve component who served in a campaign or expedition for which a campaign medal has been authorized, or any person incurring a service-related injury or disability regardless of length of active service completed, and the veteran must have been separated or retired under honorable conditions. The Veteran must provide proper military documentation to this fact (DD214 or certificate of service). The spouse or surviving spouse of a veteran and Gold Star parents are also eligible for admission to the Utah Veterans' Homes.

II. Provide a Health Questionnaire, signed by the applicant's medical provider attesting to the fact that the applicant requires skilled nursing care. All residents of the Veterans' Homes must require skilled nursing care as a prerequisite of admission and retention in the homes.

III. Be financially able to afford the applicant's portion of the cost of care. Contact the Veterans' Home for the current rates.

DISQUALIFYING CRITERIA include but are not limited to:

I. No medical justification for skilled care. The application must provide a Health Questionnaire including a doctor's statement that the Veteran requires skilled care.

II. The Home's inability to meet the medical, behavioral or psychiatric needs of the Veteran.

III. Financial inability to fund the cost of care.

IV. Inability to provide documentation proving veteran status.

PROCEDURES:

I. The applicant can pick up an application for admission at any Utah Veterans' Home or submit the application on-line at veterans.utah.gov The application waiting file consists of an active waiting list, inactive waiting list, and financial eligibility waiting list.

II. Upon receipt of a complete application, verification of statutory eligibility and a medical evaluation occurs. The application for admission is reviewed to compare the medical level of care needed with service availability. When an appropriate bed is available, arrangements are made for immediate admission. However, when space is not available for a particular care level, the application is placed on the active waiting list.

III. The applicant will be placed on the active waiting list automatically upon completion of the pre-admission evaluations and paperwork unless the applicant specifically requests to be placed on the inactive waiting list.

IV. The applicant will remain on the active waiting list until such time that space becomes available for admission in the appropriate level of care. When an applicant whose application is on the active waiting list is contacted for the purpose of admission, a decision to accept or decline must be given to the Admissions Director within 72 hours. If an applicant declines admission, the application will be placed on the inactive waiting list unless the applicant specifically instructs the Home to cancel the application entirely. The applicant will be informed in advance that a second refusal will result in cancellation of the application. (A new application must be submitted if an applicant changes his decision subsequent to the application being canceled).

V. An application will be allowed to be on the inactive waiting list only once. If the applicant twice refuses admission, the application will be automatically canceled. The applicant will be informed in advance that a second refusal will result in a cancellation of the application. The applicant may reapply, but all forms and procedures must be followed again from the beginning.

VI. It will be the responsibility of the applicant or POA to inform the Veterans' Home at such time that the applicant wishes an inactive application to be placed on the active waiting list. (Applicant will be informed of this at the time the application is placed on the inactive list). The applicant will be considered for admission and be placed on the active waiting list as of the date the application is reactivated. The application must work its way back up to the top of the active waiting list.

VII. If a level of medical care change should occur, the applicant will be placed on the appropriate waiting list, based on the date the application was initially received, and be admitted once the applicant has reached the top of the list and a bed becomes available.

VIII. All applications are the property of the Utah Department of Veterans Affairs and will be maintained and destroyed in compliance with the State of Utah

Retention & Disposal Schedule.

IX. A Veteran or eligible family member who cannot afford the cost of care at the Veterans Home will be placed on the Financial Eligibility Waiting List. The staff of the OVH will work with the Veteran and family to apply for all available assistance. Once the Veteran or eligible family member has the financial ability to afford the cost of care, they will be moved to the Active List.

X. Admissions will be based on the order fully completed applications are received or reactivated, except as expressly provided for in this Policy. However, the Administrator may place pre-screened applicants at the top of the admission list if the veteran or family has information establishing an emergency situation requiring priority admission in an available level of care. This placement must be approved by the ARC.

This policy supersedes any and all previous policies pertaining to admissions.

Military Records

To obtain a copy of your DD-214 call the VA Record Management Center at 1-800-827-1000.

Rebuilding a Lost, Destroyed, Missing, or Never Obtained DD-214

If your military records are missing or were destroyed in the Military Records Center in 1973 you will need to rebuild your DD-214. There is no other resource to obtain a copy.

To rebuild your DD-214 you will need to collect the following military documents from any available source:

- TDY or PCS Orders
- Promotion Orders
- Travel Orders
- Special Duty Orders
- Training Certificates

You may find some helpful information at http://vetrecs.archives.gov

Where to Obtain Copies of Military Orders

When military orders are issued they contain the names of other members of your unit affected by the same Standard of General Order affecting your promotion, transfer, etc.

If you do not have copies of the above orders in your possession you will need to locate members of your former unit(s) who were listed on the same set of orders. To locate these members you will need to access a website or contact a Veterans Association that may have that information. You may also access a veteran's locator service such as The American War Library.

Additionally, you may utilize the Freedom of Information Act (FOIA) to acquire any *existing military records* at the Military & Personnel Records Center of former unit members whose existing military record file you are certain contain copies of orders listed in your name. Please note that it is important that you verify that another veteran's military file exists. To do so, simply contact the veteran with a request to obtain a copy of his/her military file to ensure the necessary orders and documents are contained.

After You Have Collected the Necessary Documents

After you have collected copies of the necessary documents needed to reconstruct your DD-214 you must submit them to the Military Personnel and Records Center for verification.

The copies of documents/orders you submit to the Personnel Center **MUST** be verified and cross-checked for accuracy. If the documents are verified you will be issued a supplemental certificate you may use to provide agency or employers requiring a copy of your DD-214.

Military Records Request

If you would like to keep your original discharge paperwork, you are entitled to a free certified copy. Attached you will find a Military Records Request (SF-180). Once the form has been filled out it must be signed by the veteran, their spouse, or their Power of Attorney. If the form is signed by a POA, you must include a copy of the POA papers. If it is signed by the spouse, a copy of the marriage license must be attached. Once the form is complete, fax it to 314-801-9195. After you have sent the paperwork place a follow-up call approximately a week later to phone number 314-801-0800. You may also call this number for general assistance regarding the Military Records Request. You may also email mprstatus@nara.gov to check the status of your request.

THE AID & ATTENDANCE PROGRAM

The Aid and Attendance (A&A) Special Pension provides benefits for veterans and surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing and undressing or taking care of the needs of nature. It also includes individuals who are blind or a patient in a nursing home because of mental or physical incapacity. Assited care in an assisted living facility also qualifies. The A&A Pension can provide up to $1,632 per month to a veteran, $1055 per month to a surviving spouse, or $1,949 per month to a couple.

ELIGIBLITY FOR THE AID & ATTENDANCE PROGRAM

Any War-Time Veteran with 90 days of active duty, 1 day beginning or ending during a period of War, is eligible to apply for the Aid & Attendance Special Pension. A surviving spouse (marriage must have ended due to death of veteran) of a War-Time Veteran may also apply. The individual applying must qualify both medically and financially.

To qualify medically, a War-Time Veteran or survising spouse must need the assistance of another person to perform daily tasks, such as eating, dressing, undressing, taking care of the needs of nature, etc. Being blind or in a nursing home for mental or physical incapacity, or residing in an assisted living facility also qualifies. Eligibility must be proved by filing the proper Veterans Application for Pension or Compensation.

HOW TO APPLY FOR THE A&A SPECIAL PENSION

To apply for the Aid & Attendance Special Pension, you will need the following documents. Prepare these before making your filing:

1) Discharge/Separation Papers (DD-214)
2) Copy of Marriage Certificate & all marital information (surviving spouse)
3) Copy of Death Certificate (surviving spouse)
4) Copy of current Social Security Award Letter (the letter that Social Security sent at the beginning of the year stating what your monthly amount will be for the following year)
5) Net Worth information, including bank accounts, CDs, Trusts, Stocks, Bonds, Annuities, etc.
6) Proof of all income from pensions, retirement, interest income from investments, annuities, etc.
7) If you are a court-appointed Guardian of the Veteran or a surviving spouse, a certified copy of the court order of the appointment is required.
8) Proof of insurance premiums, medications, medical bills or any other medical expenses that are not reimbursed by insurance, Medicare, or Medicaid.
9) Physician statement that includes current diagnosis, medical status, prognosis, name and address, ability to care for self, ability to travel unattended, etc. If you are a veteran in a nursing home or a family member of a veteran in a nursing home, ou can use a Nursing Home Status Statement as certification.

10) Banking information for Direct Deposit of A&A monthly payments (include a voided check)
11) Employment history (does not apply if you are over age 65)
12) List of all doctors and hospitals visited in the last year

Once you have this information compiled, you will need to obtain and complete VA Form 21-526 and/or VA Form 21-534 for Special Pension Benefits with Aid & Attendance. In most cases, you will send the information to your local or regional Veterans' Administration. If you need assistance with filing your paperwork, you can contact the VA. We encourage you to explore all the available options and services provided through the VA and service agencies to find the option that is right for you and your circumstances.

If mailing your application, we highly recommend that you send your completed application via "Registered Return Receipt" to help avoid the potential of the VA stating that the application was not received. Be certain to keep a copy of the entire application for your own records as well as any other correspondence to and from the VA.

WHAT TO EXPECT DURING FILING

It is hard to speculate on what you will experience while filing for the Aid & Attendance Special Pension. Each case is unique and carries its own set of challenges. One thing you can expect is that it will take 4-6 months for your application to be processed. Fortunately, all benefits are retro-dated back to the original filing date. However, if you or your loved one is ill, it can be a challenge to get everything done quickly.

IMPORTANT CONTACT INFORMATION REGARDING A&A

Service Officers are available to assist you in applying for A&A. We strongly recommend that you contact someone from one of these organizations to assist you:

American Legion: 801-326-2380
550 Foothill Drive, Suite 203
Salt Lake City, UT 84158

VFW: 801-326-2385
550 Foothill Drive, Suite 203
Salt Lake City, UT 84158

DAV: 801-326-2375
550 Foothill Drive, Suite 203
Salt Lake City, UT 84158

Purple Heart: 801-326-2471
550 Foothill Drive, Suite 203
Salt Lake City, UT 84158

FOR VETERAN

NSC PENSION CHECKLIST WITH A&A

VA FM 21-0516-1 Improved Pension Eligibility Verification
VA FM 21-526* Application for Compensation and Pension if first time application

VA FM 21-22 Appointment of Veterans Service Organization as Claimant's Representative Naming Veterans of Foreign Wars in block 2.

Copy of General POA if family member is third party intermediary. This allows me to speak to the family member about the Vet.

VA FM 21-8416 Medical Expense Report (list all unreimbursed medical expenses for past 12 months, include prescriptions, doctor visits, dental care, vision care, health insurance premiums, assisted living/or hospice care, MEDICARE deductible, with receipts)

VA FM 21-2680 Examination for Housebound Status or Permanent Need for Regular Aid and Attendance (with treatment Records to support statement, if applicable)

VA FM 21-0779 Request for Nursing Home Information in Connection with Claim for Aid and Attendance (if in assisted care facility)

VA FM 21-8049 Necessary if care is provided in home

Verification of income, SSA Statements, or bank statements etc.

DD Fm 214 or Discharge, showing 90 days active duty, with at least 1 day during a period of war. You can Google "periods of war" for applicable dates.

Marriage License, not required if Vet is alive, especially if there were no prior marriages for either. But always nice to have.

NOTE 1:When completing forms use address and phone number of responsible person, if you use the address of the person making the claim, they often get confused when the VA sends additional correspondence, and critical deadlines are missed. Causing loss of payments, or worse, an overpayment.

NOTE 2:If there is an overpayment because claimant failed to complete follow up reports, called EVR's, the VA will garnish their SSA Benefits.

NOTE 3:The only person who can sign these documents is the veteran, the VA does not recognize General Power of Attorney, issued by the state.

For Surv. Spouse

DEATH PENSION CHECKLIST WITH A&A

VA FM 21-0518-1 Improved Pension Eligibility Verification Report (Surviving Spouse with No Children)

VA FM 21-534 Application for Death and Indemnity Compensation or Death Pension.

If claimant is already receiving death benefits from VA:

VA FM 21-22 Appointment of Veterans Service Organization as Claimant's Representative Naming Veterans of Foreign Wars in block 2.

VA FM 21-22a Naming 3rd Party Intermediary (This comes to me only)

Copy of General POA if family member is third party intermediary.

VA FM 21-8416 Medical Expense Report (list all unreimbursed medical expenses for past 12 months, include prescriptions, doctor visits, dental care, vision care, health insurance premiums, assisted living/or hospice care, MEDICARE deductible, with receipts)

VA FM 21-2680 Examination for Housebound Status or Permanent Need for Regular Aid and Attendance (with treatment Records to support statement, if applicable)

VA FM 21-0779 Request for Nursing Home Information in Connection with Claim for Aid and Attendance (if in assisted care facility)

VA FM 21-8049 Necessary if care is provided in home

Verification of income, SSA Statements, or bank statements etc.

DD Fm 214 or Discharge, showing 90 days active duty, with at least 1 day during a period of war. You can Google "periods of war" for applicable dates.

Marriage Certificate

Death Certificate of Veteran

When completing forms use address and phone number of responsible person, if you use the address of the person making the claim, they often get confused when the VA sends additional correspondence, and critical deadlines are missed. Causing loss of payments, or worse, an overpayment.

If there is an overpayment because claimant failed to complete follow up reports, called EVR's, the VA will garnish their SSA Benefits.