When completed, this form is CONFIDENTIAL.

APPLICATION FOR ADMISSION TO THE INDIANA VETERANS' HOME

State Form 37561 (R10 / 4-19)

FEDERAL REGULATION Public Law 22

* This State Agency is requesting your Social Security number only to expedite the processing of this form. You are not required to provide this information and cannot be penalized for declining to provide it.

INSTRUCTIONS:

1. *Every blank must be filled in. If the question does not apply, write "N/A".*
2. *Please provide all documentation specified on the Admissions Checklist.*
3. *When completed, please submit fully completed application Indiana Veterans' Home by one of the following ways:*
   E-mail: admissions&marketing@ivh.in.gov
   or Fax: (765) 497-8004
   or certified mail / FEDEX / UPS: Indiana Veterans' Home, ATTN: Admissions, 3851 North River Road, West Lafayette, IN 47906

Name *(first, middle, last)*		Age
Date of birth *(mm/dd/yyyy)*	Place of birth	
Present address in full *(number and street or Rural Route, city, state, and ZIP code)*		
Telephone number *(with area code)* ( )	Religion	Race
Previous occupation	Mother's maiden name	Do Not Resuscitate (DNR) // Full Code

Are you? *(Check one of the below.)*
☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated

Give record of all marriages below. *(If additional space is needed please attach separate list.)*

Name of Spouse	Date *(mm/dd/yyyy)* and Place of Marriage	Date *(mm/dd/yyyy)* and Place of Death / Divorce

Veteran's Military Service

Branch	Dates of Service *(mm/dd/yyyy)*	Place of Enlistment and Discharge	With which VA are you associated?

Where have you resided for the past five (5) years? *(If additional space is needed please attach separate list.)*

Street Address	City	State	From *(mm/dd/yyyy)*	To *(mm/dd/yyyy)*

Additional Military Information

American Legion? ☐ Yes ☐ No
Veterans of Foreign Wars? ☐ Yes ☐ No
Disabled American Veteran? ☐ Yes ☐ No

Is Veteran a former prisoner of war? ☐ Yes ☐ No
Was Veteran awarded the Purple Heart? ☐ Yes ☐ No

Give name, address, and telephone number in order of Emergency Contacts.

Name	Address *(number and street, city, state, and ZIP code)*	Relationship	Telephone Number

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Financial Evaluation

Social Security Number *	Medicare number
Name of other insurance provider	Type of insurance provider *(Check one.)* ☐ Advantage ☐ Supplemental ☐ Part D ☐ Other

Do you have any of the following income sources?

Pension or retirement income	Pension(s) or retirement(s) provider name	Monthly amount(s) $ // $
Social Security income	Do you have a Rep payee? ☐ Yes ☐ No	Monthly amount(s) $ // $
VA income	Aid and Attendance / compensation / retirement	Monthly amount(s) $ // $

VA service connected disability rating	VA service connected disability rating
Supporting documentation attached? ☐ Yes ☐ No	VA facility seen for disability?

Checking account	Name of bank	Current balance $
Savings account	Name of bank	Current balance $

Stocks, bonds, annuities, or certificates of deposit	Name of bank	Type *(stock, bond, etc.)*	Current balance $

Have you owned any real property within the last three (3) years? ☐ Yes ☐ No	If Yes, total real property estimated value $

Do you have a will? ☐ Yes ☐ No	Do you have one of the following? ☐ Power of Attorney (POA) ☐ Health Care Representative (HCR) ☐ Guardian		
Do you have a prepaid funeral? ☐ Yes ☐ No	If Yes, with whom?		
Do you have life insurance? ☐ Yes ☐ No	If Yes, with whom?	Face value	Policy(ies) number(s)
Do you have life insurance? ☐ Yes ☐ No	If Yes, with whom?	Face value	Policy(ies) number(s)

Are you currently a resident of a residential or care facility? ☐ Yes ☐ No	Do you agree to abide by all the laws and regulations governing the Home? ☐ Yes ☐ No

Residency Verification

This verification can be made by an elected township, city or county official, or by an individual not related to the applicant.

Printed or typed name	*Please check one:* ☐ Neighbor ☐ Elected or Appointed Official
Signature	
Address *(number and street, city, state, and ZIP code)*	

Dated this _____ day of _____, 20_____.

Do you, in consideration of being admitted and maintained in the Indiana Veterans' Home, understand that you or your estate are obligated to pay full cost of care and maintenance? (Depending on the amount of your current assets and income from any source this rate may be reduced.) ☐ Yes ☐ No

I acknowledge by signing this form the information provided on this application is accurate to the best of my knowledge and understanding.

Signature of applicant	Date signed *(mm/dd/yyyy)*