Worksheet Checklist -Nebraska Veterans' Home

Complete the Worksheet and obtain all necessary documents BEFORE contacting the Sarpy County Veterans' Service Office at 402-593-2203 to schedule an appointment to complete the application. If any question does not apply, answer "NA or NONE".

Veteran – Spouse, Surviving Spouse – Gold Star Parent

1. Use numbers to indicate your preference for admission to the Nebraska Veterans Home (s) ONLY where you want to reside
2. Provide complete names, addresses, phone numbers, e-mail addresses, SSNs and dates in questions 1 to 13
3. The Medical Report for Admission to Nebraska Veterans' Home **MUST** be completed and signed by Applicant's doctor. It MUST be completed within 30 days prior to your signing and our submission of your Nebraska Veterans' Home application
4. You must provide all financial information including income, assets, investments and life insurance policies
5. Provide all documents as appropriate for your application, to include, but may not be limited to:

- ☐ A copy of Veteran's Military service – all DD214(s) or statements of service
- ☐ All Marriage Certificate(s), All Divorce Decree(s) and spouse Death Certificate(s)
- ☐ Court Orders, Probation Orders, Child Support, Garnishments
- ☐ Power of Attorney (POA), Durable Power of Attorney and/or Durable Power of Health Attorney and/or Durable Power of Attorney that includes health care decisions also Living Will and DNR/DRI
- ☐ Court appointed Guardianship and/or Conservatorship
- ☐ Proof of Nebraska residency – minimum 2 years
- ☐ Nursing Home and/or Long Term Care Insurance Policies
- ☐ Medical Insurance Coverage cards, including Medicare and Medicaid & DVA Healthcare card
- ☐ Supplemental Medicare Insurance Policy or card and documentation of costs
- ☐ Documented sources of All Income, Retirement, VA Benefits, Social Security and Investment Income
- ☐ Documented sources of All Income from Business, Partnership, Farm and/or Rental Income
- ☐ Home and Business/Rental Real Estate valuation to include county assessor's real estate tax assessment
- ☐ Personal property to include, but not limited to, vehicles, farming and/or business equipment
- ☐ Current Bank Account statements for checking and/or savings listing balances and joint owner's information
- ☐ CDs, IRAs, 401Ks, Stocks, Bonds, Investment portfolios, end of year statements and Trusts
- ☐ Life insurance policies – cash/surrender value or face value/value upon death
- ☐ Land Contracts or Sale of Property Contracts, property transaction recordings within the past 2 years

Completed and signed U.S. Citizenship Attestation form

If you have any questions regarding this worksheet or required documents, please contact us at 402-593-2203

Spouse is eligible for admittance with the Veteran simultaneously or after the Veteran has become a resident of the Veteran's Home System. Separate applications are required for the Veteran and the Spouse. Monthly maintenance fees assessed for each member.

Surviving Spouse is eligible for admittance providing they have not remarried since the Veteran's death. Provide a copy of Veteran's Death Certificate and **Affidavit of No Remarriage.**

Gold Star Parent is eligible for admittance providing Veteran's death was during active duty or service connected death. Provide copy of Veteran's Birth Certificate to establish parental relationship.

Nebraska Department of Veterans' Affairs
Veterans' Homes Board Guidelines

Schedule of Allowances

Effective 01/01/2013

$ 3,539.00	Maximum maintenance charge.
$ 7,078.00	Maximum maintenance charge for couples.
$ 9,109.00	Assets allowed for single members.
$ 18,218.00	Assets allowed for married members.
$ 60,730.00	Assets allowed if spouse lives outside the Veterans' home.
$ 7,895.00	Irrevocable burial trust allowed for single members.
$ 15,790.00	Irrevocable burial trust allowed for couples.
$ 244.00	Monthly allowance for single members.
$ 488.00	Monthly allowance for couples.
$1,669.00	Monthly allowance for spouse living outside the Veterans' home except no monthly allowance is given for a spouse in a private or public institution when payment for his/her care is from the public agency.
$ 253.00	Monthly allowance for each dependent child except no monthly allowance is given for a dependent child in a private or public institution when payment for his/her care is from a public agency.
$ 300.00	Maximum monthly allowance for prescriptions for spouse living outside the Veterans' home with proof of such expense.
No Cap	Maximum monthly allowance for health insurance premiums for members and/or their spouses who are not eligible for Medicare coverage with proof of such expense.
No Cap	Maximum monthly allowance for extended Medicare coverage for member with proof of such expense.
No Cap	Maximum monthly allowance for extended Medicare coverage for spouse living outside the Veterans' home with proof of such expense.
No Cap	Maximum monthly allowance for Medicare Part D for member with proof of such expense.
No Cap	Maximum monthly allowance for Medicare Part D for spouse living outside the Veterans' home with proof of such expense.

- ❖ Sale of home is immediately counted as an asset.
- ❖ Personal home is exempt as an asset for 12 months after admission.
- ❖ Hospital credit will be issued if hospitalized off campus for 30 days or more.

MEDICAL REPORT FOR ADMISSION TO NEBRASKA VETERANS' HOME

Patient Name | Birth Date | Gender [ ] Male [ ] Female

I hereby, authorize the release of necessary medical information from hospitals and other medical providers to the Nebraska Health and Human Services, The Nebraska Department of Veterans' Affairs, The appropriate County Veterans' Se Service Office and theVeterans' Home Board in order to establish eligibility for admission the Nebraska Veterans' Home System.

Date: **Patient or Authorized Signature:**

ALL SECTIONS MUST BE COMPLETED. IF IT DOES NOT APPLY MARK WITH N/A OR NONE.

Diagnosis (include alcoholism, drug abuse and psychopathology)

Check any of the following if they are present:						Test	Date	Results
Disabilities	Impairments	Mild	Mod.	Sev.	Activity Tol. Limits	Chest x-ray		
☐ Amputation	Speech				☐ None	C.B.C.		
☐ Paralysis	Hearing				☐ Moderate	Serology		
☐ Contracture	Vision				☐ Severe	Urinalysis		
☐ Decub. Ulcer	Sensation							
☐ Other	Tremors							

☐ **Infections - please specify (MRSA, VRE, IV antibiotics, etc.)**

☐ None

☐**Tetanus Shot**	☐ Yes	☐ No	Date:
☐ **Influenza Shot**	☐ Yes	☐ No	Date:
☐ **Pneumococcal Polysacharide Vaccine**	☐Yes	☐No	Date:

Behavioral issues - please specify (wandering, anger, etc.)

☐ Wandering ☐ Anger outbursts ☐ Delusional Behaviors

☐ Resists cares ☐ Sexual Inappropriateness ☐ None

☐ Compulsive Behaviors Specify:

☐ **Present Medications: (may attach printout)**

Allergies - please specify ☐NKA

Diet: ☐ Regular ☐ Modified (specify e.g., salt free, 1800 calorie limit, etc.)

Patient

Acceptance of illness / disability	Understands reason for placement	Participated in Plan
☐ Good	☐Yes	☐ Yes
☐ Fair	☐Partly	☐ No
☐ Poor	☐No	☐ N/A

Family

Participated in Planning	Accepted Nursing Home Plan	Expected to Visit
☐ Yes	☐Yes	☐ Yes
☐ No	☐Reluctantly	☐ No
☐ N/A	☐No	☐ N/A

Patient Name: **Social Security #**

Self-Care Status	Independent	Needs Assistance	Unable to Do
Personal Hygiene			
Feeding			
Locomotion			
Transfers			

Elimination	Ostomy	Continent	Incontinent
Bowel			
Bladder			

Assistive Devices:	Has	Uses	Needs
Eyeglasses			
Dentures			
Hearing Aid			
Walker			
Crutches			
Cane			
Wheelchair			

Other: (specify)

Remarks:

Patient's Sociability

☐ Sociable ☐ Withdrawn at times ☐ Combative

Patient Mental Status:

☐ Alert / Oriented / Responsive

☐ Occasionally Disoriented / Confused

☐ Diagnosed Mental Illness

☐ Diagnosed Dementia

☐ Hospitalized for Psychiatric Treatment

Does Patient Know Diagnosis ☐ Yes ☐ No

Is Patient Capable of Making Health Care Decisions? ☐ Yes ☐ No

OTHER: (Include observations, instructions given to patient / family regarding illness, treatment, etc.)

☐ None

PHYSICIAN'S RECOMMENDATIONS

Special Treatments:

☐ None

☐ Feeding Tube

☐ Oxygen

Specify:

Prognosis:

Anticipated Rehabilitation needs:

☐ None

Physician's Printed Name, Address & Telephone

____

____

____

Physician's Signature & Date

Anticipated level of care

☐ Assisted Living

☐ Skilled Nursing

☐ Secured Dementia Care Unit

☐ Behavioral Health Unit

*****PLEASE RECHECK TO MAKE SURE ALL SECTIONS ARE COMPLETED OR THE FORM WILL BE RETURNED - THANK YOU!***

Revised 08/30/11

VETERANS HOME SYSTEM

Application for Admission

1. Show order of preference **ONLY** for the Home(s) in which you would want to reside (e.g. 1st, 2nd, etc.):

_______ Grand Island _______ Norfolk _______ Bellevue _______ Scottsbluff

2. Veteran: ______________ Last Name ______________ First Name ______________ Middle Name ______________ Soc. Sec. No. ______________ Date of Birth

3. Applicant: ______________ Last Name ______________ First Name ______________ Middle Name ______________ Soc. Sec. No. ______________ *Date of Birth ☐ Male ☐ Female

   a. Relationship if not veteran: ☐ Spouse ☐ Widow ☐ Widower ☐ Gold Star Father ☐ Gold Star Mother

4. Address of Applicant: ______________ Street Address ______________ City ______________ State ______________ Zip Code

   ______________ Email ______________ ☐ Cell ☐ Home Phone No. ______________ Daytime Phone No.

   a. Present location of applicant: ☐ Hospital ______________ Name of Hospital ☐ Nursing Home ______________ Name of Nursing Home

   ☐ At Home ☐ Other: ______________

   b. Present address: (if other than own home) ______________ Street ______________ City ______________ State ______________ Zip Code ______________ ☐ Cell ☐ Home Phone No.

5. Veteran's Military Information: **ATTACH COPY OF DISCHARGE DOCUMENT**

6. Attestation Form: **ATTACH COPY OF ATTESTATION FORM**

7. Medical Report: Date Completed ______________ **ATTACH COPY OF MEDICAL REPORT**

8. Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated **ATTACH APPROPRIATE DOCUMENTS**

9. Spouse: ______________ Name ______________ Soc. Sec. No. ______________ Date of Birth

   Address: ______________ Street ______________ City ______________ State ______________ Zip Code

   ______________ Email ______________ ☐ Cell ☐ Home Phone No. ______________ Daytime Phone No.

10. Contact Person (other than spouse):

    1. ______________ Name ______________ Relationship

    ______________ Address ______________ City ______________ State ______________ Zip

    ______________ Email ______________ ☐ Cell ☐ Home Phone No. ______________ Daytime Phone Number

11. Name of Legal Dependents (other than spouse):

    1. ______________ Name ______________ Relationship ______________ Date of Birth

    ______________ Address ______________ ☐ Cell ☐ Home Phone No. ______________ Daytime Phone Number

12. Has applicant executed (a) power of attorney? ☐ Yes ☐ No (b) power of health attorney? ☐ Yes ☐ No

(c) power of attorney that includes health care decisions? ☐ Yes ☐ No **ATTACH COPY OF LEGAL INSTRUMENT**

(d) Living Will? ☐ Yes ☐ No **ATTACH COPY OF LEGAL INSTRUMENT**

13. Does applicant have a court-appointed guardian/conservator? ☐ Yes ☐ No

a. If yes, name, address and phone number of guardian/conservator **ATTACH COPY OF LEGAL INSTRUMENT**

_______________________________ Name _______________________________ Relationship

_______________________________ Street Address ______________ City ________ State ____________ Zip Code

_______________________ ☐ Cell ☐ Home Phone No. _______________________ Daytime Phone Number _______________________ Email

14. Has the Veteran lived in Nebraska for two years at any time? ☐ Yes ☐ No

15. Have you, the applicant, lived in Nebraska for two years at any time? ☐ Yes ☐ No

16. Have you ever made application and/or been a member of a Nebraska Veterans Home? ☐ Yes ☐ No

If yes, date of application and/or admission ______________________ Date of Discharge __________________

17. Have you ever been convicted of a felony? ☐ Yes ☐ No If so, state offense ______________________________

18. Does applicant have nursing home insurance? ☐ Yes ☐ No

19. Are you currently enrolled in the USVA Health Care System? ☐ Yes ☐ No

20. Supplemental insurance to Medicare? ☐ Yes ☐ No Premium _________________ ☐ Annual or ☐ Monthly

21. If married, does spouse have supplemental insurance? ☐ Yes ☐ No Premium _________________ ☐ Annual or ☐ Monthly

22. Does applicant have primary health insurance other than Medicare? ☐ Yes ☐ No Premium_________ ☐ Annual or ☐ Monthly

23. Does spouse have primary health insurance other than Medicare? ☐ Yes ☐ No Premium__________ ☐ Annual or ☐ Monthly

FINANCIAL STATEMENT OF APPLICANT

MONTHLY AMOUNT:

24. VA Service Connected Compensation: Percent ___________ ______________

25. VA Non-Service Connected Pension: Aid & Attendance: ☐ Yes ☐ No Housebound: ☐ Yes ☐ No ______________

26. Dependency and Indemnity Compensation (DIC) ______________

27. Death Pension (Dependent) ______________

28. Social Security:
a. Medicare Coverage ☐ Yes ☐ No Medicare #: ______________ Monthly Premium: _____________ Net ______________

29. Other income (list sources and amounts): ____

____

____ ______________

30. APPLICANT'S TOTAL INCOME.. ______________

31. Income of **spouse** if not shown above as the applicant for admission: (list source and amounts) ______________

____ ______________

32. Income of **dependents**: (list source and amounts) ____ ______________

33. TOTAL INCOME OF SPOUSE AND DEPENDENTS.. ______________

ASSETS

Complete entries below showing all assets of the applicant & spouse. Show assets held individually and jointly.

34. Do you own real estate? (Complete entries below) ☐ Yes ☐ No

a. Personal Residence..Assessed Value _______________

Address ____

Does your spouse or other dependents live in this residence? ☐ Yes ☐ No

b. Rental Property (i.e. rental residence, farms, ranch) ....Assessed Market Value _______________

Explain ____

c. Other personal property (includes, but not limited to land holdings, vehicles, livestock, farming/business equipment).

List items with market value for each ____

____ Total Market Value of item "c" _______________

35. **TOTAL WORTH OF REAL ESTATE & PERSONAL PROPERTY (lines 34a through 34c)**........................ _______________

36. Bank checking and savings accounts:

a. Amount in bank checking account.. _______________

1. Name and address of bank(s)

_______________________ _______________________

_______________________ _______________________

2. Is this a joint account? ☐ Yes ☐ No If yes, give name and address of other person(s) _______________

____

b. Amount in savings account.. _______________

1. Name and address of bank(s)

_______________________ _______________________

_______________________ _______________________

2. Is this a joint account? ☐ Yes ☐ No ____

____

37. Other investments & Life Insurance Policies – cash/surrender value and face value/value upon expiration:

(list sources and amounts) ____ _______________

____

____ _______________

a. Are any of the investments held jointly? ☐ Yes ☐ No If yes, identify each security in addition to the name of the person ____

____

38. Have you transferred or assigned ownership of real or personal property to any person or entity up to two years prior to this application? ☐ Yes ☐ No **IF YES, PLEASE PROVIDE COPY OF APPROPRIATE DOCUMENTS.**

39. Have you sold real estate or personal property for which you hold the mortgage, notes or land contract? ☐ Yes ☐ No

40. **TOTAL OF ASSETS (lines 36a through 37a)**.. _______________

WHEN COMPLETED, PLEASE CONTACT THE VETERANS SERVICE OFFICE TO SCHEDULE AN APPOINTMENT AT

402-593-2203