UTAH STATE VETERANS HOME APPLICATION FOR ADMISSION

George E. Wahlen Ogden Veterans Home

Please print clearly. Information provided will be used to determine applicant's eligibility for admission. Additional forms, documentation, and verification may be required before admission can be considered.

Applicant Information

Applicant is a: ☐ Veteran ☐ Spouse of a Veteran ☐ Gold Star Parent

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single

Has the applicant ever been convicted of a felony? ☐ Yes ☐ No

Primary Contact Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Secondary Contact Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Does the Applicant have any of the following documents or legal designations in place?

☐ Advance Directive / Living Will / POLST ☐ Medical Power of Attorney

☐ Financial Power of Attorney ☐ Court-Appointed Guardian or Fiduciary

If yes, Designee Name: _____

Military Service/Benefits

Branch of Service: _____ Type of Discharge: _____

Date of Entry: _____ Date of Discharge: _____

Service-Connected Disability? ☐Yes ☐No *If yes, Disability Rating:* _____

Aid and Attendance Benefit? ☐Yes ☐No

Health Insurance Information

Does the applicant have any of the following? (Please check all that apply)

☐ **Medicare** ☐Part A ☐ Part B ☐Part D Medicare Number: _____

Is coverage through a Medicare Advantage Plan? ☐ Yes ☐No *If yes, Carrier:* _____

☐ **Medicaid** *If yes, Medicaid ID Number:* _____

☐ **Other Health or Prescription insurance**

Provider:_____ Policy Number: _____

Provider:_____ Policy Number: _____

Primary Care Physician Name: _____

Is the applicant currently receiving hospice services? ☐Yes ☐No *If yes, Provider:* _____

Financial Information

Monthly Income *(including social security, pensions, retirement, disability and other income)*

Applicant: $ _____ Spouse: $ _____

Total Assets *(including cash, bank accounts, investments, IRA, 401K, or other property. DO NOT include primary home or vehicle)*

Applicant: $ _____ Spouse: $ _____

Signature

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that additional forms, documentation, and verification may be required before admission can be considered.

_____ _____

Signature of Applicant or Representative *Date*