

Department of Veterans Service

Floyd Veterans Memorial Building, Suite E-970
Atlanta, Georgia 30334-4800

APPLICATION FOR ADMISSION TO A GEORGIA WAR VETERANS HOME

These facilities provide Nursing Home/Domiciliary services **ONLY** and are **not** hospitals!

CHECK BOX to indicate facility to which admission is sought; MAIL one (1) copy of the completed application to the Admissions Coordinator at the address indicated immediately below:

GEORGIA WAR VETERANS NURSING HOME

ADMISSIONS COORDINATOR

1101 Fifteenth Street
Augusta, Georgia 30901-3196
Phone: (706) 721-2405

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GEORGIA WAR VETERANS HOME

ADMISSIONS COORDINATOR

2249 Carl Vinson Highway
Milledgeville, Georgia 31061
Phone: (888) 453-6836

☐

PART I - PERSONAL INFORMATION

1. Applicant: _____
Last First Middle (Maiden)

2. Legal Address: _____
Number Street City State Zip Code

3. Present Address: _____
Number Street City State Zip Code

4. (Area Code) Telephone Number where you can be contacted: _____

5. VA Claim Number: _____ 6. Applicant Social Security Number: _____

7. Date of Birth: _____ 8. Age: _____

9. a. Military Dates of Service: _____ b. Military Retired Pay: YES ☐ NO ☐
(Attach Documentation)

10. Name and address of person to be notified in case of emergency:

Name: _____

Address: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Relationship: _____ Telephone (Home): _____ Telephone (Work): _____
(Include Area Code) (Include Area Code)

Veterans Service Office Use ONLY

Verified By: DD 214: ☐ VA: ☐ Other: ☐ _____
(If "Other," Explain)

Application forms and assistance should be obtained from the nearest office of the Georgia Department of Veterans Service, or from the Augusta or State Veterans Homes. Applicants are advised there may be a delay to allow time for processing applications for eligibility and a waiting list may exist because of bed or funding limitations.

PART II - INFORMATION ON LEGAL RESIDENCY

1. Do you now live in Georgia? (Check One) YES ☐ NO ☐

2. Do you meet the minimum five-year residency requirement? (Check One) YES ☐ NO ☐

3. The following documentary evidence supports my claim of five-year residency *:

☐ Georgia Income Tax Forms (Returns)

☐ Georgia Driver License (in conjunction with other documents)

☐ Voter Registration Card (if dated)

☐ School Attendance Records

☐ Employer Statement on Letterhead

☐ Deed

☐ Homestead Exemption

☐ Record on file in the GDVS Office

☐ Other (List): _____

☐ Other (List): _____

***PLEASE ATTACH DOCUMENTATION TO THE APPLICATION**

4. Name and address of a person who can certify under oath you have resided in Georgia for at least five years immediately preceding the date of this application:

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Relationship: _____

Telephone (Home): _____ Telephone (Work): _____
(Include Area Code) (Include Area Code)

PART III - TERMS & CONDITIONS OF ADMISSION

1. To be eligible for admission, applicants must meet the requirements listed below in accordance with 38 CFR Part 51, of the U. S. Department of Veterans Affairs (VA), January 6, 2000, as amended; Georgia State Laws; and Georgia Department of Veterans Service policies as outlined in Georgia Department of Veterans Service Field Letter No. 19, as amended:

a. Applicant must be domiciled in Georgia and have actually resided in Georgia for at least five years immediately preceding the date of application.

b. The applicant must be a "war veteran." The term war veteran (see Field Letter No. 19 for complete definition) means any veteran who was discharged under other than dishonorable conditions and who served on active duty in the Armed Forces of the United States or on active duty in a Reserve Component of the Armed Forces of the United States during wartime or during the period beginning January 31, 1955 and ending on May 7, 1975.

c. Applicant must be approved as "eligible for care and treatment" by the VA.

d. An applicant with contagious infectious diseases, behavioral, psychiatric problems or other diagnoses the care and treatment for which may exceed the capability of the homes to provide will be reviewed before a decision will be made on accepting the veteran for admission to the homes. However, the facilities are unable to care for some cases of the diseases. When the contagious, infectious disease, behavioral, psychiatric problems or other diagnoses the care and treatment for which may exceed the capability of the homes to provide are resolved, under control, or it is determined the home has the capability to provide the care and treatment required, the applicant may be considered for admission based on facility resources.

e. Applicant must not need to be sustained by line-operated mechanical means (e.g., electrical respirator, external pace makers, dialysis machines, or other life support apparatuses).

f. Applicant must not be in need of hospital level of services (e.g., surgery, transfusions, intravenous infusion of drugs or fluids).

g. Applicant must not be participating in medical research programs that have special medical, treatment or transportation requirements.

h. Applicant must not have criminal charges pending, nor be under restraint or control from any court of law or law enforcement agency.

2. Residents will be required to:

a. Pay some expenses incurred by regulation (e.g., Medicare or health insurance co-pays and deductibles).

b. Pay all costs of transportation to and from the home (e.g., medical or other appointments, special outings, and etc.), unless specifically provided by the VA or the Georgia Department of Veterans Service.

c. **Abide by the rules and regulations established for resident conduct in the resident handbook and other individual policies, rules and regulations that may from time to time be published by the home, the Georgia Department of Veterans Service, or the VA with the understanding that violations will result in discharge from the home.** Operation of a motor vehicle on the premises of the homes is not permitted for residents of the Skilled Nursing Facilities. Operation of a motor vehicle is permitted for residents of a Domiciliary Care Facility, provided they do not have a medical diagnosis or on medication that may limit or impair the resident's ability to operate a motor vehicle.

d. Accept transfer to other medical facilities (including those operated by the VA), if medical considerations indicate and pay all costs of transportation, unless provided by the VA or the Georgia Department of Veterans Service.

e. Accept discharge from the home when medical or administrative review determines such action to be appropriate and in accordance with the medical needs of the resident.

f. Recognize that each of the homes will be operated in full compliance with the Civil Rights Act without discrimination on the basis of a person's race, color, religion, national origin, sex, handicap or age.

PART IV - APPLICANT DECLARATION

Under penalty of law, the undersigned hereby certifies and declares that all answers to questions in this application and the attached documents are correct to the best of my knowledge and belief, that all questions are fully understood and that all questions and answers have been read by me or read and explained to me and that I understand and accept the terms and conditions required in PART III of this application. **FURTHER, I understand misleading statements on this application and any attached forms or documents will be grounds for non-admission to the home or discharge from the home.**

Signature of Veteran or Designated Representative

Date

(Designated Representative Signatures MUST BE Accompanied By
A Power of Attorney or Guardianship Documentation)

Signature of Witness # 1

Signature of Witness # 2

(Two Witnesses Required ONLY If Veteran Or Designated Representative Signs With A Mark Of An "X")

Required Documents to Accompany the Completed Application (CHECK ITEMS INCLUDED:

- ☐ VSO Form 73, Application for Admission to a Georgia War Veterans Home
- ☐ VSO Form 106, Applicant Activities of Daily Living Survey Form
- ☐ VA Form 10-10EZ, Application for Health Benefits (with POA/Guardianship papers, as necessary)
- ☐ VA Form 10-10SH, State Home Program Application for Veteran Care Medical Certification *
- ☐ DD Form 214 or equivalent discharge document

- ☐ Most recent medical summary from primary physician
- ☐ Most recent Hospital discharge summary (when available)

* This form must not be more than 30-days old. It must include a statement by the referring physician that the applicant is or is not chronically ill and whether the applicant has a history of psychiatric disorders or behavioral problems.

PART V - VSO REPRESENTATIVE DECLARATION

Under penalty of law, the undersigned hereby certifies and declares that the applicant provided the documentary evidence listed in PART II, as required by the Georgia Department of Veterans Service, to support fulfillment of the residency requirement identified in PARTS II & III of this application.

Signature of Georgia Department of Veterans Service
Representative

Date

VSO Office Location

(Area Code) Telephone Number