



**Kansas Soldiers' Home**  
**714 Sheridan – Unit 128**  
**Fort Dodge KS 67843**  
**(620)227-2121**  
**FAX (620) 227-0107**

**Kansas Veterans' Home**  
**1220 World War II Memorial Drive**  
**Winfield KS 67156**  
**(620) 221-9479**  
**FAX (620) 229-9050**

**APPLICATION FOR ADMISSION**

I am applying for admission to:  Kansas Soldiers' Home  Kansas Veterans' Home  First Available

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

If in nursing home or hospital, provide: \_\_\_\_\_  
(name)

\_\_\_\_\_  
(phone) (street) (city) (state) (zip code)

Name of individual completing this application (if not applicant) & relationship to applicant:

Phone number, e-mail address and other contact information for questions about this application:

CIRCLE ALL THAT APPLY:

POW      Veteran      Veteran's Spouse      Veteran's Widow/er      Gold Star Parent

Do you have a service-connected disability rated by the VA?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Disability \_\_\_\_\_ Percent \_\_\_\_\_

Have you been convicted of a felony?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain on a separate piece of paper.

Having a local physician is mandatory. Will you need assistance finding a local physician? \_\_\_\_\_

If no, please list your local preferred care physician: \_\_\_\_\_

Choice of Mortuary: \_\_\_\_\_  
(name) (phone)

\_\_\_\_\_  
(address) (city) (state) (zip code)

Where do you wish interment? \_\_\_\_\_  
(cemetery name)

\_\_\_\_\_  
(address) (city) (state) (zip code)

Do you have a pre-paid funeral contract?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a copy of the contract.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**FINANCIAL INFORMATION:** (Please state gross monthly amounts before any deductions)

INCOME:	<u>APPLICANT</u>	<u>SPOUSE</u>
Social Security	\$ _____	\$ _____
US Civil Service	\$ _____	\$ _____
US Railroad Retirement	\$ _____	\$ _____
Military Retirement (not VA)	\$ _____	\$ _____
VA Disability Compensation	\$ _____	\$ _____
VA Pension	\$ _____	\$ _____
Other Retirement (Specify)	\$ _____	\$ _____
Gross Wages (employment)	\$ _____	\$ _____
Paid Up Cash Value of Life Insurance Policies (Please provide a full copy of all policies)	\$ _____	\$ _____
Nursing Home Insurance	\$ _____	\$ _____
Interest/Dividends/Annuity	\$ _____	\$ _____
All Other Income (oil royalty, leases, real estate)	\$ _____	\$ _____
<b>TOTAL MONTHLY INCOME:</b>	<b>\$ _____</b>	<b>\$ _____</b>

ASSETS:		
Cash/Checking Account	\$ _____	\$ _____
Savings	\$ _____	\$ _____
Trusts	\$ _____	\$ _____
Investments	\$ _____	\$ _____
Real Estate (Other than your residence)	\$ _____	\$ _____

ADDITIONAL FINANCIAL Information:		
Health Care Insurance	\$ _____	\$ _____
Burial Insurance/Policy	\$ _____	\$ _____

If admitted to the Kansas Veterans' Home or Kansas Soldiers' Home who will be handling your financial affairs?

DPOA: \_\_\_\_\_ Phone: \_\_\_\_\_

DPOA Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**MEDICAL INFORMATION**

**Dressing**

- Completely Independent
- Needs Minor Assistance
- Needs Total Assistance

**Grooming**

- Completely Independent
- Needs Minor Assistance
- Needs Total Assistance

**Toilet**

- Completely Independent
- Needs Minor Assistance
- Occasionally Wets or Soils Self
- Incontinent
- Has Indwelling Catheter, Colostomy or Related Device

**Feeding**

- Completely Independent
- Needs Assistance
- Must be Fed
- Special Diet \_\_\_\_\_

**Bathing**

- Completely Independent
- Needs Assistance
- Needs Total Assistance

**Supervision Needed**

- None
- Minimum
- Strict

**Ambulation**

- Able to Evacuate Building Without Mechanical or Personal Assistance: No Limiting Factors
- Requires Wheelchair Assistance

- Requires Wheelchair but Operates Independently
- Requires Other Ambulation Devices (Please Specify Below):  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated Level of Care**

- Light
- Moderate
- Heavy
- Total

**The information contained in this assessment was obtained by:**

- KSH Staff
- KVH Staff
- Other (please specify: \_\_\_\_\_ )

**The information contained in this assessment was obtained through:**

- Visit with applicant
- Interview with family member
- Interview with physician
- Interview with health care professional (please specify: \_\_\_\_\_ )

**It is essential that adequate medical data, including a list of medications and treatments, be included with this application.**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Please initial each paragraph then sign and date at the bottom of the page.

\_\_\_\_\_ If I am accepted, I agree to abide by the rules and regulations of the KSH or KVH. I realize that the facility is operated in full compliance with the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990, and that I am to cooperate with the Kansas Veterans' Home in maintaining full compliance.

\_\_\_\_\_ I understand that no alcoholic beverages are allowed on the grounds. I understand that tobacco use (smoking or chewing) is not allowed within the facility buildings.

\_\_\_\_\_ I understand that the divulging of Social Security numbers is required and the refusal to divulge such can result in the denial of any benefits or rights I am otherwise entitled to receive at the KSH or KVH. These Social Security numbers will be used in obtaining information to assist in my case, and failure to divulge such may result in a delay in the processing of this application.

\_\_\_\_\_ I further acknowledge that I am responsible for any monthly financial obligation to the KSH or KVH. In the event I am unable to competently manage my affairs, my legal representative, guardian, or other responsible party may act on my behalf. Notice of changes in charges or services that occur after admission will be made 30 days before the effective date of the change. The changes shall not take place until notice is given.

\_\_\_\_\_ I understand that it may be necessary for me to provide copies of bank statements periodically to verify my financial position, and that I must keep my account current.

\_\_\_\_\_ I understand that any pending application or retroactive receipt (back payment) of any income needs to be reported immediately to the Business Office and that any retroactive receipt of income (whether anticipated or unanticipated) will be applied to my monthly fee charge as an adjustment backdated to the effective date of the award if I am paying less than the maximum fee charge for my room.

\_\_\_\_\_ Income includes but is not limited to Department of Veterans Affairs pension/compensation awards, military retirement/disability benefits, Social Security Retirement, Social Security Disability, Social Security Supplemental Income, State of Kansas Disability Insurance or any other type of federal or state award. Other income also includes but is not limited to private or company retirement benefits such as pension/disability, life insurance benefits, long-term care insurance, dividends or interest from stocks, bonds, savings accounts, Certificates of Deposit, net profit from the sale of real estate or land, inheritances or any other receipt of income.

\_\_\_\_\_ I understand that payment is due on the day of admission.

\_\_\_\_\_ As a condition for continued residency, all veterans and non-veterans must apply for Medicaid benefits if eligible. The expectation is for full monthly payment for services. If a resident does not provide this, Medicaid application is necessary.

\_\_\_\_\_ As a wartime veteran or a surviving spouse of a wartime veteran, I must apply for monetary pension benefits from the United States Department of Veterans Affairs. I must inform the KSH or KVH when benefits are awarded.

**The answers I have provided in this application are true and complete to the best of my knowledge and belief, and I understand that if I knowingly make a false statement of any material facts in completing this application, I may be subject to penalties for fraud, including possible criminal prosecution, as provided for in the Kansas Statutes.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Applicant or POA)