

Idaho State Veterans Home

Application for Admission



Boise

320 Collins Road
Boise, ID 83702
PH: (208) 780-1616
Fax: (208) 780-1617

Lewiston

821 21st Avenue
Lewiston, ID 83501
PH: (208) 750-3638
Fax: (208) 750-3616

Pocatello

1957 Alvin Ricken Drive
Pocatello, ID 83201
PH: (208) 235-7838
Fax: (208) 235-7801

Post Falls

590 S Pleasant View Rd 101
Post Falls, ID 83854
PH: (208) 415-3434
Fax: (208) 780-1617

IDAHO STATE VETERANS HOME APPLICATION FOR ADMISSION

Thank you for considering our Idaho State Veterans Homes (ISVH) as the 24-hour skilled nursing facility to care for your loved one. Idaho has four facilities; located in Boise, Lewiston, Pocatello, and Post Falls.

Applicants for nursing care must be a veteran (wartime or peacetime) or the spouse, widow, or widower of a veteran eligible for admission to a Home. Specific requirements are:

- Proof of honorable service in the United States Military, (DD214 or Military Discharge) showing a minimum of 90 days active-duty service, separated, or discharged from military service earlier than ninety (90) days under honorable conditions because of service-connected disability.
- Spouses, widows, or widowers eligible for nursing care, must provide a copy of the veteran's honorable military service (DD214 or Military Discharge) on whose service they are qualified, and a proof of marriage (license or certificate) and/or a death certificate, when applicable.
- Applicants must be a resident of the State of Idaho at the time of admission to a Home.
- All veteran residents must also either be in receipt of or apply for a VA pension. Application can be made through the Office of Veterans Advocacy; a State Service Officer is located at each Veterans Home and can assist veteran residents with this process.

The admissions committee will review each application carefully to ensure the Veterans Home is able to provide the appropriate level of care and services needed for the applicant. A Home shall not accept applicants or continue to extend care to residents for whom the facility does not have the capability or services to provide an appropriate level of care.

All residents are responsible for the cost of their care; charges are due the first of each month and must be paid in full by the resident or guardian on or before the 10th day of the month.

Payment sources for nursing care can be from income and liquid assets (including social security and pensions), private insurance, Medicaid insurance, or Medicare insurance. If eligible for Medicare, the applicant must elect to participate, unless participation is waived by the Home Administrator. Participation in a Medicare Part D prescription drug coverage plan is also encouraged as this coverage helps to reduce costs for those who are paying privately for their care. The Home can provide a list of participating plans. Care charges are as follows:

SEMI-PRIVATE ROOM RATE BOISE, LEWISTON, POCATELLO

- **VETERAN NURSING CARE** – Effective July 1, 2022, the daily rate for nursing care is **\$219.00 per day** (includes medical supplies) plus other ancillary, special items, and service charges.
- **ELIGIBLE NON-VETERAN NURSING CARE** – Effective July 1, 2022, the current daily rate for all non-Veteran spouses is **\$219.00 per day** (includes medical supplies) plus other ancillary, special items, service charges, and current VA per diem rate.

PRIVATE ROOM RATE POST FALLS

- **VETERAN NURSING CARE** – Effective November 1, 2022, the daily rate for nursing care is **\$370.00 per day** (includes medical supplies) plus other ancillary, special items, and service charges.
- **ELIGIBLE NON-VETERAN NURSING CARE** – Effective November 1, 2022, the current daily rate for all non-Veteran spouses is **\$370.00 per day** (includes medical supplies) plus other ancillary, special items, service charges, and current VA per diem rate.

NOTE: *All rate information listed on this form is subject to change without notice.*

Assistance with completing admissions documents and Medicaid applications is available from the Homes. Some veterans are also eligible for assistance from the Veterans Benefits Administration – service-connected disability claims/ aid and attendance benefits/ non-service-connected pensions. A State Service Officer is assigned to each Veterans Home and will review eligibility for VA benefits and assist with required applications.

Our Admissions Coordinator looks forward to hearing from you. Thank you for your interest in Idaho State Veterans Homes.

IDAHO STATE VETERANS HOME APPLICATION FOR ADMISSION

Today's Date: _____

Requested Admission Date: _____

This application is for placement in the Idaho State Veterans Home located in:

Boise

Pocatello

Post Falls

Lewiston

NOTE: The Idaho State Veterans Home – Post Falls is a non-smoking facility. This restriction applies to staff, residents, and visitors.

Applicant's Name: _____

Applicant Status:

Veteran

Spouse of a Veteran

Personal Information

Date of Birth: _____

(Month) (Day) (Year)

Place of Birth: _____

(City) (State)

Gender: Male Female

Social Security Number: _____

Branch of Service: _____

Religious Preference: _____

Date of Entry: _____

Date of Discharge: _____

Former Occupation: _____

POW: Yes No

Purple Heart Recipient: Yes No

Pearl Harbor Survivor: Yes No

Service Connected: Yes No

Service-Connected Rating _____%

Do you currently receive care at the VA Medical Center? Yes No If yes, which Team? _____

Permanent Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Present Location: Home Assisted Living Nursing Home Hospital

Name of Present Location: _____

(If applicant resides other than at home, please provide the name of the facility, the address and phone number).

Marital Status: Married Widowed Separated Divorced Single

Spouse's Name: _____ Spouse's SSN: _____

Spouse's DOB: _____ Date of Marriage: _____

Does Applicant have an electric wheelchair or scooter? Yes No

If yes, the applicant will need to pass a safe driving evaluation upon admission to operate the device in the facility.

Has applicant ever resided at any Idaho State Veterans Home? Yes No

If yes, which Home? Boise Pocatello Post Falls Lewiston

Has applicant ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony or sexual offense? Yes No

If yes, please explain: _____

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Contact Information

Primary Contact/Responsible Party *(person who handles financial or medical affairs)*

Name: _____ Relationship: _____

Address: _____

(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Secondary Contact

Name: _____ Relationship: _____

Address: _____

(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Health Insurance Information

Please include, with this application, a copy (**front and back**) of the applicant's Medicare, Private Insurance, and Medicaid Cards.

Do you have **Medicare**? Yes No

Medicare Number: _____ Effective Date: _____

Do you have **Medicare D Prescription Coverage**? Yes No

Plan Name: _____

Policy Number: _____ Effective Date: _____

Do you have **Other Health Insurance**? Yes No

Policy Name: _____ Policy Number: _____

Policy Type: _____ Effective Date: _____

Do you have **Long Term Care Coverage**? Yes No

Policy Name: _____ Policy Number: _____

Policy Type: _____ Effective Date: _____

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Financial Information

A copy of the applicant's current bank statements and proof of income is required prior to admission.

Applicant Monthly Income *before* Deductions:

Social Security: \$ _____
Private Pension: \$ _____
Military Retirement: \$ _____
VA Pension: \$ _____
Other Income: \$ _____
Total: \$ _____

Spouse Monthly Income *before* Deductions:

Social Security: \$ _____
Private Pension: \$ _____
Military Retirement: \$ _____
VA Pension: \$ _____
Other Income: \$ _____
Total: \$ _____

Other Resources:

Checking Account: \$ _____ Savings Account: \$ _____
Investments: \$ _____ Other Liquid Assets: \$ _____
Life Insurance Cash Value: \$ _____
Property: \$ _____ Address: _____
Vehicles: \$ _____ Year/model _____
Revocable or Irrevocable Personal Trust: Yes No If yes, date it was done? _____
Pre-Paid Burial Arrangements: Yes No
Funeral Home: _____ Phone: _____
Address: _____
(Street) (City) (State) (Zip)

Has the applicant sold, transferred ownership, or gifted any property or financial asset in the last 5 years?

Yes No If yes, please explain: _____

Financial Responsible Party (name and address where bills should be sent): _____

I do hereby affirm, to the best of my knowledge that the above statements are true and I understand that any falsification regarding my monthly income or assets will be reason for discharge from the Home. If applying for nursing care, I further affirm that my income may be such that I am unable to defray the necessary expenses of the medical care for which I am applying. I further understand that I can be discharged from the Home for refusal or failure to pay the established maintenance charge or related expenses.

Signature of Applicant/Responsible Party

Date