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) 415-3435

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.

SEMI-PRIVATE ROOM RATE BOISE, LEWISTON, POCATELLO

- **VETERAN NURSING CARE –** Effective July 1, 2023, the daily rate for nursing care (includes medical supplies) plus other ancillary, special items, and service charges.
    - **Idaho State Veterans Home – Boise $315.60 per day.**
    - **Idaho State Veterans Home – Lewiston $289.30 per day**
    - **Idaho State Veterans Home – Pocatello $302.45 per day**
- **ELIGIBLE NON-VETERAN NURSING CARE –** Effective July 1, 2023, the current daily rate for all non-Veteran spouses (includes medical supplies) plus other ancillary, special items, service charges, and current VA per diem rate.
    - **Idaho State Veterans Home – Boise $392.97 per day.**
    - **Idaho State Veterans Home – Lewiston $392.97 per day.**
    - **Idaho State Veterans Home – Pocatello $392.97 per day.**

PRIVATE ROOM RATE POST FALLS

- **VETERAN and ELIGIBLE NON-VETERAN SPOUSE NURSING CARE –** Effective July 1, 2023, the daily rate for nursing care is **$388.50 per day** (includes medical supplies) plus other ancillary, special items, and service charges.

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:

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 Staff look 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 Homes are tobacco-free facilities. This restriction applies to staff, residents, and visitors.

Applicant's Name: _____

Applicant Status: ☐ Veteran ☐ Spouse of a Veteran

Personal Information

Date of Birth: _____ Place of Birth: _____

(Month) (Day) (Year) *(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: _____

_____

_____

IDAHO STATE VETERANS HOME APPLICATION FOR ADMISSION

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: _____

IDAHO STATE VETERANS HOME APPLICATION FOR ADMISSION

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*