



# APPLICATION FOR ADMISSION TO THE WISCONSIN VETERANS HOME

**WVH-Chippewa Falls**  
2175 E. Park Ave.  
Chippewa Falls, WI 54729  
(715) 258-4252

**WVH-King**  
N2665 County Rd. QQ  
King, WI 54946-0600  
(715) 258-5586 Fax (715) 256-3207

**WVH-Union Grove**  
21425 G Spring St.  
Union Grove, WI 53182  
(262) 878-6702 Fax (262) 878-6778

### UNION GROVE APPLICANTS

Applying for: Assisted Living   
-or- Skilled Nursing Home

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats., ss. VA 6.01, Wis. Adm. Code. The information collected is used to determine eligibility for programs administered by the department. Contact Facility Admissions for other eligibility requirements. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility for programs.

This department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services. Title II of the American Disabilities Act signed January 26, 1992.

Status of Applicant:  Veteran  Spouse  Surviving Spouse  Parent SSN: \_\_\_\_\_

Seeking Admission:  Immediate Future  Next 6 Months  Other

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Home Address: \_\_\_\_\_  
(Number and Street) (City) (County) (State) (Zip)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/State): \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full (Maiden) Name: \_\_\_\_\_

Applicant Currently Resides At:  Own Home  Rental Property  Relative's Home  Other: \_\_\_\_\_  
 Nursing Home  Assisted Living  Hospital

Name of Facility: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

## PERSONAL AND STATISTICAL DATA

1. Have you ever previously applied to Wisconsin Veterans Home?  No  Yes If so, when? \_\_\_\_\_  
(Month/Year)

2. Do you have a service-connected disability?  No  Yes If yes, \_\_\_\_\_ %  
(Please provide copy of decision rating letter)

3. Have you ever been convicted of a felony?  No  Yes If yes, list Date & State: \_\_\_\_\_  
Nature of felony: \_\_\_\_\_

4. Highest Level of Education: \_\_\_\_\_ 5. Allergies: \_\_\_\_\_

6. Main Occupation Prior to Retirement: \_\_\_\_\_

7. Applicant's Religion: \_\_\_\_\_

8. Funeral Home: \_\_\_\_\_ Location: \_\_\_\_\_ Place of Burial: \_\_\_\_\_  
(City/State)

9. Marital Status:  Single  Married  Separated  Divorced  Widowed

10. Name of Spouse (Birth/Maiden Name of Wife): \_\_\_\_\_

11. Is your spouse living with you?  No  Yes If no, give date & place of death or separation:

12. If previously married or divorced, give names of former spouses, dates and places of marriage, death or divorce:

13. Are you presently enrolled in:

- A. Medicare Part A       No  Yes      Dates Effective: \_\_\_\_\_ If Yes, Claim # \_\_\_\_\_  
 Premium Deducted from SSI      Premium Amount \$ \_\_\_\_\_
- B. Medicare Part B       No  Yes      Dates Effective: \_\_\_\_\_ If Yes, Claim # \_\_\_\_\_  
 Premium Deducted from SSI      Premium Amount \$ \_\_\_\_\_
- C. Medical Assistance/Title 19       No  Yes      Dates Effective: \_\_\_\_\_ If Yes, ID # \_\_\_\_\_
- D. Other Health Insurance:       No  Yes      Dates Effective: \_\_\_\_\_ If Yes, Policy # \_\_\_\_\_  
Name of Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**PERMISSION TO CONTACT AND NOTIFY**

14. I authorize the Wisconsin Veterans Home to contact or notify the following people and to allow them to give information about me or to access information about me, as designated below by checking A box or B box or both.

- A. MEDICAL – When significant accident/injury/adverse change in condition.
- B. NON-MEDICAL – When significant non-medical changes in status (including financial changes, plans for discharge or transfer within facility).

1.	Name _____	Relationship: _____	A	B
	Address: _____	City: _____ State: _____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Home Phone: _____	Cell Phone: _____		
	Best Time to Call: _____	Email Address: _____		
2.	Name _____	Relationship: _____	A	B
	Address: _____	City: _____ State: _____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Home Phone: _____	Cell Phone: _____		
	Best Time to Call: _____	Email Address: _____		
3.	Name _____	Relationship: _____	A	B
	Address: _____	City: _____ State: _____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Home Phone: _____	Cell Phone: _____		
	Best Time to Call: _____	Email Address: _____		
4.	Name _____	Relationship: _____	A	B
	Address: _____	City: _____ State: _____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Home Phone: _____	Cell Phone: _____		
	Best Time to Call: _____	Email Address: _____		
5.	Name _____	Relationship: _____	A	B
	Address: _____	City: _____ State: _____ Zip: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Home Phone: _____	Cell Phone: _____		
	Best Time to Call: _____	Email Address: _____		

**For Facility Use Only:**

The applicant shown herein has been approved by the Facility Commandant for admission to the Wisconsin Veterans Home.

Commandant's Name (print): \_\_\_\_\_

Commandant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Approval Letter Sent: \_\_\_\_\_ Date: \_\_\_\_\_ Admitted: \_\_\_\_\_ Date: \_\_\_\_\_