



APPLICANT ADMISSION CHECKLIST

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

WVH-King
N2665 County Rd. QQ
King, WI 54946-0600
Phone: (715) 258-5586
Toll-free Phone: 888-258-4486
Fax: (715) 256-3207

WVH-Union Grove
21425 G Spring St.
Union Grove, WI 53182
Phone: (262) 878-6702
Toll-free Phone: 866-669-8387
Fax: (262-878-6778

This checklist is provided to assist you with gathering the documents needed for admission application. Please contact Admissions for eligibility information.

- WDVA 4000 – Application for Admission to Wisconsin Veterans Home (WVH):** Basic applicant information; requires applicant to be resident of Wisconsin on date of application and date of admission.
- WDVA 4004 – Medical Care Determination:** Helps determine if the Home will be able to serve the applicant’s health care needs. Please ask your Physician to complete, sign and date form.
- WDVA 4002 – Authorization for Disclosure of Health Information:** Authorizes WVH to contact physicians, psychologists, hospitals, nursing homes and other facilities that have provided you with care.
- VA 10-5345 – Request For and Authorization to Release Medical Records or Health Information:** Authorizes WVH to contact VA hospitals and clinics that have provided you with care, to obtain medical records and determine if the Home can serve the veteran’s health care needs.
- WDVA 1805 – Veterans Residency Affidavit:** Only needs to be completed if veteran did not enter service from Wisconsin. ***SIGNATURE NEEDS TO BE WITNESSED BY A NOTARY PUBLIC.***
- WDVA 4001 – Applicant’s Financial Statement:** Determines financial status of applicant; requires information on current income, assets, liabilities and asset transfers during past 60 months. ***SIGNATURE NEEDS TO BE WITNESSED BY A NOTARY PUBLIC.*** (For **Assisted Living**, applicant must have sufficient income and assets to fund 4 years of residency.)
- DD 214 – Military Discharge Certificate:** Certified copy; confirms veteran’s eligibility with dates of military service, discharge status and state where veteran entered service; an honorable discharge is required; can be obtained through County Veterans Service Office (CVSO), in the county where the veteran resides.
- Birth Information** – Certified copy of the applicant’s Birth Certificate or other acceptable evidence relating to the applicant’s birth; acceptable documents may include but are not limited to a government issued marriage license, government issued death certificate, divorce decree, government issued driver’s license, government issued identification, or government issued passport or passport card.
- VA 10-10EZ – Application for Health Benefits:** For enrollment in VA health care system, and for WVH nursing home benefits; this form must be completed, even if receiving health care benefits from Federal VA system.

IF YOU ALREADY HAVE THE FOLLOWING DOCUMENTS COMPLETED, PLEASE SUBMIT A COPY WITH YOUR APPLICATION:

- Power of Attorney for Health Care (POAHC):** Complete this advance directive form if you wish to designate an agent to act on your behalf in healthcare matters, should you become incapacitated.
- Power of Attorney for Finances (POAF):** Complete this advance directive form if you wish to designate an agent to act on your behalf in financial matters, should you become incapacitated.
- Statement of Incapacity:** **To activate the POAHC for a person who is incapacitated (unable to make healthcare decisions), two physicians (or one physician and one psychologist) must sign this document.**
- Guardianships:** Include a copy of the Guardianship of Person and/or Estate court orders.
- Protective Placement:** Include a copy of Protective Placement court order allowing admission.