Texas State Veterans Homes

Application for Admission

Jerry Patterson, Chairman

For assistance, please contact the Texas Veterans Land Board
toll free at 1-800-252-VETS (8387).

Last Update 7-11-2007

Texas Veterans Land Board • 1700 N. Congress Ave. • Austin, Texas 78701-1496
Mailing Address • P.O. Box 12873 • Austin, Texas 78711-2873
www.texasveterans.com

TEXAS STATE VETERANS HOMES

AMARILLO - BIG SPRING - BONHAM - EL PASO - FLORESVILLE - MCALLEN - TEMPLE

Thank you for making an application to a Texas State Veterans Home. Please attach a copy of the veteran's discharge document (DD 214 or equivalent). If acting on behalf of the proposed resident, also attach a copy of guardianship documentation or a signed durable medical power of attorney. Mail the application directly to the home of choice.

If you have questions as you are completing the application, please contact the home directly, or call the Texas Veterans Land Board at 1-800-252-VETS (8387).

Ussery-Roan
Texas State Veterans Home
1020 Tascosa Road
Amarillo, Texas 79124
Phone: 806-322-8387
Fax: 806-322-8388

Lamun-Lusk-Sanchez
Texas State Veterans Home
1809 North Highway 87
Big Spring, Texas 79720-0793
Phone: 432-268-VETS (8387)
Fax: 432-268-1987

Clyde W. Cosper
Texas State Veterans Home
1300 Seven Oaks Road
Bonham, Texas 75418-3254
Phone: 903-640-VETS (8387)
Fax: 903-640-4281

Ambrosio Guillen
Texas State Veterans Home
9650 Kenworthy Street
El Paso, Texas 79924
Phone: 915-751-0967
Fax: 915-751-0980

Frank M. Tejeda
Texas State Veterans Home
200 Veterans Drive
Floresville, Texas 78114-2709
Phone: 830-216-9456
Fax: 830-393-7764

Alfredo Gonzalez
Texas State Veterans Home
301 E. Yuma Avenue
McAllen, Texas 78503-1388
Phone: 956-682-4224
Fax: 956-682-4668

William R. Courtney
Texas State Veterans Home
1424 Martin Luther King Jr. Lane
Temple, Texas 76504-5941
Phone: 254-791-8280
Fax: 254-791-0262

TEXAS STATE VETERANS HOMES

AMARILLO - BIG SPRING - BONHAM - EL PASO - FLORESVILLE - MCALLEN - TEMPLE

APPLICATION FOR ADMISSION

Today's Date _____

This application is for placement in the veterans home located in _____

Applicant's Name _____

Category: Veteran_____ Spouse_____ Surviving Spouse_____ Gold Star Parent_____

PERSONAL INFORMATION

How did you hear about Texas State Veterans Homes? _____

Applicant's Name _____

Date of Birth _____ Current Age _____ Gender: M_____ F_____

VA Claim # _____ Social Security Number _____

Marital Status _____ Spouse's Name _____

Permanent Address _____
(Street) (City) (State) (Zip Code)

Email Address _____

Home Phone _____ Other Phone _____

Present Location of Applicant: Home___ Hospital____ Nursing Facility____ Other____

Current Address *(If applicant resides other than at home, please provide the name, address and telephone number of the hospital, nursing facility or other location.)*

_____

Primary Responsible Party *(party who handles applicant's financial and/or medical affairs)*

Name _____ Relationship _____ Financial _____ Medical_____

Address _____

Home Phone _____ Work Phone _____

Legal Relationship: Self___ Power of Attorney___ Legal Guardian___ Surrogate Decision Maker___

Secondary Responsible Party *(party who handles applicant's financial and/or medical affairs)*

Name _____ Relationship _____ Financial _____ Medical_____

Address _____

Home Phone _____ Work Phone _____

Legal Relationship: Self____ Power of Attorney___ Legal Guardian___ Surrogate Decision Maker___

TEXAS STATE VETERANS HOMES

AMARILLO - BIG SPRING - BONHAM - EL PASO - FLORESVILLE - MCALLEN - TEMPLE

MEDICAL INFORMATION

Primary Physician _____

Address _____

_____

Phone_____ Fax_____

Is your physician willing to come to the Texas State Veterans Home to continue caring for you?

Yes_____ No_____

Diagnosis Requiring Long-Term Care *(attach copy of medical records or fill out completely)*

_____

_____

_____

_____

_____

Other Pertinent Diagnosis _____

_____

_____

Current Medications

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on additional page, if necessary.)

Known Allergies _____

_____

Additional Information _____

_____

TEXAS STATE VETERANS HOMES

AMARILLO - BIG SPRING - BONHAM - EL PASO - FLORESVILLE - MCALLEN - TEMPLE

HEALTH INSURANCE INFORMATION

Primary Medical

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Secondary Medical

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Dental Insurance

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Other Health Insurance/Long-Term Care Insurance

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

TEXAS STATE VETERANS HOMES

AMARILLO - BIG SPRING - BONHAM - EL PASO - FLORESVILLE - MCALLEN - TEMPLE

MEDICARE INFORMATION

Do you have Medicare Part A? Yes_____ No_____

Do you have Medicare Part B? Yes_____ No_____

Do you have Medicare Part D? Yes_____ No_____

Do you have pharmacy coverage? Yes_____ No_____

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

INCOME INFORMATION

Usual Occupation _____ Date Last Employed _____

Last Employer

Name *Address* *Phone*

If applicant is receiving VA income benefits:

Service Connected (SC) Disability Pension
$_____per month

Service Connected Disability Rating by VA
_____%

Non-Service Connected (NSC) Pension
$_____per month

Aid and Attendance
$_____per month

House Bound
$_____per month

Monthly income *before* deductions

Social Security _____per month

Private Pension _____per month

Other Income _____per month

_____per month

Military Retirement $_____per month

Workers Compensation $_____per month

Source _____

_____

TEXAS STATE VETERANS HOMES

AMARILLO - BIG SPRING - BONHAM - EL PASO - FLORESVILLE - MCALLEN - TEMPLE

If monthly income is not enough to pay applicant's portion of costs, what other resources are available? *(checking, savings, investments, etc.)* RATES ARE SUBJECT TO CHANGE AT ANY TIME.

_____ _____

_____ _____

TEXAS VETERANS SERVICE INFORMATION

Branch of Service	_____	Type of Discharge	_____
Date Entered	_____	State/County of Entry	_____
Date Discharged	_____	Discharge Location	_____
Texas Resident Since	_____	Voter Registration County	_____

X_____ _____

Signature of Applicant/Responsible Party **Date**

TEXAS STATE VETERANS HOMES

AMARILLO - BIG SPRING - BONHAM - EL PASO - FLORESVILLE - MCALLEN - TEMPLE

AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name _____

Social Security Number _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any hospital, clinic, medical service facility, medical practice, doctor, insurance company, or other person or institution in possession of any records pertaining to my health, medical condition(s), or medical treatments(s) to release originals or copies of the same to the Texas State Veterans Home, its authorized professional medical service providers, long-term care facilities operators, and/or the medical director for each Texas State Veterans Home. A photocopy or facsimile copy of this authorization/release is as valid as the original.

I hereby release, indemnify and hold harmless forever any party who complies in good faith with this authorization from any claim by me, my guardian, my attorney in fact or any other representative, or my estate, based on an assertion of breach of privilege, privacy or other right or duty owed to me.

_____ _____

Signature of Applicant/Responsible Party Date

_____ _____

Signature of Witness Date

_____ _____

Printed Name of Witness Date

If you have questions, please contact the home or call the Texas Veterans Land Board at 1-800-252-VETS (8387).