



**APPLICATION FOR FURNISHING LONG-TERM CARE SERVICES TO BENEFICIARIES OF VETERANS AFFAIRS**

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|--|--|---|--|---|
| 1A. NAME/ADDRESS OF PROVIDER<br><b>(Name, City, State, County &amp; Zip)</b>   |  | 1B. TELEPHONE NUMBER  | 3. IF THIS AGENCY IS PART OF A CHAIN, SPECIFY WHICH ONE  | 4. IS PROVIDER LICENCED OR APPROVED BY STATE IN WHICH LOCATED<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|  |  | 2. MEDICARE PROVIDER NO.  |  |   |
| 5. PROVIDER IS CERTIFIED FOR PARTICIPATION IN MEDICARE/ MEDICAID PROGRAM<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO | 6. TOTAL CAPACITY<br><b>(Specify number)</b>             | 7. NUMBER OF CLIENTS ON FILING DATE   | 8. NAME OF PHYSICIAN WHO ADVISED AGENCY ON PROFESSIONAL MATTERS  |   |
| 9A. NAME OF DIRECTOR OF NURSING SERVICE  |  | 9B. IS DIRECTOR CURRENTLY LICENCED IN STATE WHERE NURSING HOME IS LOCATED<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | 9C. REGISTRATION NO.  |
| 9D. IS THERE AN IN-SERVICE TRAINING PROGRAM FOR ALL NURSING PERSONNEL<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO    | 10A. DATE FACILITY BUILT<br><b>(N/A for home health)</b> |   | 10B. IS THERE AN AUTOMATIC FIRE SPRINKLER SYSTEM THROUGHOUT THE FACILITY<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| 11. INITIAL SCHEDULE OF SERVICES <b>(Case-mix/level of care)</b>   |  |   | 12. AMOUNT <b>(Price)</b>  |   |
| <b>(Attach additional sheets as necessary.)</b>  |  |   |  |   |

# APPLICATION FOR FURNISHING LONG-TERM CARE SERVICES TO BENEFICIARIES OF VETERANS AFFAIRS, CONTINUED

|  |                             |
|--|-----------------------------|
| 13. FINAL SCHEDULE OF SERVICES ( <b>Case-mix/level of care</b> ) | 14. AMOUNT ( <b>Price</b> ) |
| (Attach additional sheets as necessary.)                         |                             |

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| <b>15A. THE PROVIDER IS REQUESTED TO SIGN THIS DOCUMENT AND RETURN THE NUMBER OF COPIES SPECIFIED BELOW TO THE ISSUING OFFICE. PROVIDER AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEET SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.</b> | 16. PROVIDER AGREEMENT NUMBER                                      |
| 15B. NUMBER OF COPIES REQUIRED BY ISSUING OFFICE   | 17. EFFECTIVE DATES OF AGREEMENT<br>( <b>Start date/end date</b> ) |

|   |                  |   |                  |
|---|------------------|---|------------------|
| 18A. SIGNATURE OF PROVIDER                                |                  | 19A. SIGNATURE OF VA CENTER DIRECTOR OR DESIGNEE                        |                  |
| 18B. NAME AND TITLE OF SIGNER<br>( <b>Type or Print</b> ) | 18C. DATE SIGNED | 19B. NAME OF VA CENTER DIRECTOR OR DESIGNEE<br>( <b>Type or Print</b> ) | 19C. DATE SIGNED |

20. COMMENTS