



Dear Veteran and/or family member:

Thank you for your interest in the Oregon Veterans' Home. The Oregon Veterans' Home is a 151 bed long-term health care facility that provides: professional medical, nursing, rehabilitative, social and other supportive services exclusively for all Honorably Discharged Veterans of the United States, spouses of Veterans and Gold Star Parents of Veterans.

The following information must be received by the Oregon Veterans' Home prior to your admission:  
(This information may be faxed to us at 541-296-7862)

- 1) A copy of the Veteran's DD-214 (Military discharge papers)
- 2) A copy of the Veteran's (or admitting resident) current Medicare and/or insurance card

Once the Oregon Veterans' Home has received and verified the above information, additional paperwork will be required. For your convenience, the following has been included for your completion:

- a) Notice of privacy practices. Please read and sign the two authorization forms and the acknowledgement form. This will enable the Oregon Veterans' Home to obtain information from your physician, as well as protect your medical information.
- b) Income assessment form. This will enable the Oregon Veterans' Home to determine if you are eligible for other veteran benefits, or Medicaid.
- c) Admission Application.

When you are admitted into the Oregon Veterans' Home, you will be given a large amount of information to review and sign. These documents must be reviewed and signed upon your admission to the facility. If you, your family member, or responsible party would prefer, an Oregon Veterans' Home staff member will make arrangements to meet prior to the admission to review all of the required paperwork.

We know this can be an overwhelming amount of information and we are here to help you. Our staff is ready to answer any questions you have regarding the admission process, so please do not hesitate to call us at 541-296-7190, or toll free at 1-800-846-8460.

We look forward to your admission to our facility.

Sincerely,

Cheryl Maitland, Administrator

Glenn Avila, Admissions Coordinator



## APPLICATION FOR ADMISSION

Last Name First Name Middle Initial

Mailing Address

City State Zip

County Home Telephone # (including area code)

Date of Birth Sex  Male  Female  Veteran  Spouse of a Veteran

U.S. Citizen Resident of Oregon Religious Preference  
 Yes  No  Yes  No

Marital Status  
 Single  Married  Divorced  Widowed  Separated

Military Service  
 Army  Navy  Coast Guard  Air Force  Marine Corps  Other (Specify) \_\_\_\_\_

Period of Service  
 WWI  WWII  Korean Conflict  Vietnam Era  Post Vietnam Era  Peacetime Era

POW Service Number  
 Yes  No

Social Security Number VA Claim number

Do you have a service-connected disability?  
 Yes  No If yes, what percent?

Have you received medical care from the VA?  
 Yes  No If yes where?

How did you hear about the Oregon Veterans Home?

Does anyone have power of attorney/ guardianship for your affairs?  Yes  No

If yes, please specify and identify below:  Power of Attorney  Guardianship  Other:

Name of Person Relationship

Home Phone (including area code) Work Phone (including area code)

Name of personal physician

Office Telephone # (include area code)

Fax # (include area code)

Medicare Number

A

B

Medicare D Plan:

Do you have any supplemental medical/ dental insurance(s)?

Yes  No

Have you been a patient in a nursing home anytime in the last year?

Yes  No

Facility name

Phone Number (including area code)

Fax #(including area code)

Where do you currently live?

Home

Hospital

Nursing Home

Other

Phone# (including area code)

Fax # (including area code)

According to the Federal Requirement on Abuse (F223,483,13b), the resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion Effective 3/15/99, all potential admissions will be screened, via their medical records, for evidence of any history of abuse (physical, or verbal) behavior within the last three months. Potential residents will not be admitted if their records indicate this type of behavior has been present within the last three months.

I fully understand all requirements that must be met and all qualifications that must be possessed for admission to the Oregon Veterans' Home. I hereby certify that this application contains no willful misrepresentation or falsification and that the information given is true and complete to the best of my knowledge and belief. I also understand that failure to supply this information may mean my eligibility cannot be determined.

✘

\_\_\_\_\_  
Signature of Veteran of responsible party

\_\_\_\_\_  
Date

The Oregon Department of Veterans Affairs (ODVA) complies with title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The ODVA privacy program policies ensure the privacy of residents and all information regarding protected health information (PHI).

ODVA complies with the Americans with Disabilities Act (ADA) PL101-336. The ADA provides that no qualified person with a disability shall be kept from participation in (or be denied a benefit of) the services, programs, or activities of ODVA because of that disability. For additional information or how to file a complaint, please contact ODVA's ADA Coordinator.

ADA Coordinator 503-373-2380

This information is also available in alternative formats upon request.

## Oregon Veterans' Home Income Assessment Form

Veteran Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Birthday: \_\_\_\_\_ Spouse SS#: \_\_\_\_\_

Spouse Maiden Name: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Did the veteran retire with 20+ years in the military?  Yes  No

When did the veteran retire from employment? Date: \_\_\_\_\_

Who was the veterans' employer: \_\_\_\_\_

When did the veterans' spouse retire from employment? Date: \_\_\_\_\_

Who was the veterans' spouse's employer? \_\_\_\_\_

Please complete this form with GROSS (before taxes) dollar amounts

Monthly income	Veteran	Spouse
Income from Farm/ Ranch/ Business	\$	\$
Social Security Retirement/ Disability	\$	\$
Non Service Connected VA Pension – A&A	\$	\$
Service Connected Disability Compensation Percent of Disability ( )	\$	\$
Military Retirement Pay	\$	\$
Retirement Income From Employer	\$	\$
Civil Service Retirement Income	\$	\$
U.S. Railroad Retirement Income	\$	\$
Interest/ Dividend (i.e. interest income, standard dividend income from non tax deferred annuities)	\$	\$
Rental Income From Rental Property	\$	\$
Real Estate Contracts You Hold For Property Sold	\$	\$
Other Income	\$	\$
Other Income	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

Assets for both veteran and spouse:  
(Not including your home)

Type of asset	Veteran	Spouse
Interest bearing Savings Account	\$	\$
Interest Bearing Checking Account	\$	\$
Non Interest Bearing Savings Account	\$	\$
Mutual Fund	\$	\$
Stocks & Bonds	\$	\$
Certificates of Deposits (CDs)	\$	\$
IRA/ KEOGHS/ 401K	\$	\$
Real Estate	\$	\$
Real Estate Contracts	\$	\$
Other Assets	\$	\$
Other Assets	\$	\$
<b>Total Assets</b>	<b>\$</b>	<b>\$</b>

Non-Reimbursed Medical expenses Veterans' & Spouse

Medicare B Premium	\$	\$
Supplemental Insurance Premium	\$	\$
Other Ongoing Medical Expense	\$	\$

Name, Address and Relationship of Next Of Kin

Home Phone ( )

Work Phone ( )

Name Address and Relationship of Emergency Contact

Home Phone ( )

Work Phone ( )

Veterans' Supplemental Insurance

Spouses' Supplemental Insurance

Name of Insurance:		Name of Insurance	
Policy #	Group #	Policy #	Group #



## ACKNOWLEDGEMENT OF RECEIPT OF THE NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices, ODVA Form 4000-P, tells you how the Oregon Department of Veterans' Affairs (ODVA) may use and disclose information about you. Not all situations will be described. ODVA is required to give you a notice of our privacy practices for the information we collect and keep about you.

### ACKNOWLEDGEMENT and SIGNATURE

To be completed and signed by the individual receiving the Notice of Privacy Practices

I have been given a copy of ODVA's Notice of Privacy Practices and have had a chance to ask questions about how my information will be used.

Printed Name of Client		<u>Date of Birth</u>
<u>Social Security Number</u>	<u>Military Service Number</u>	<u>OVH Resident Number</u>
<u>Veteran VA File/Claim Number</u>	Conservator ship <u>Number</u>	<u>Medicaid Number</u>
Signature of Client		Date
Legal or Personal Representative of Client (if applicable)		Relationship

This information is also available in alternate formats, upon request.





## Authorization for Health Provider to Disclose Protected Health Information (PHI) To The Oregon Veterans' Home

### Client Information

Printed Name of Client		Date of Birth	
Social Security Number	Military Service Number	OVH Resident Number	
Veteran VA File/ Claim Number	Conservator ship Number	ODVA Customer Number *	

\* If client currently does not have a claim number

I authorize \_\_\_\_\_ to disclose a copy of specific health information  
(Provider/s)

regarding \_\_\_\_\_ and consisting of any/ all medical information  
(Name)

for the past six (6) months to: The Oregon Veterans' Home  
 700 Veterans' Drive  
 The Dalles OR, 97058

If the information to be released contains any types of records or information listed below, additional laws relating to the release of the information may apply. I understand and agree that this information will be released if I place my initials in the applicable space next to the type of information:

HIV/ AIDS information       Mental Health information  
 Genetic Testing information       Drug/Alcohol diagnosis, treatment, or referral information.

### Notice to The Provider

The undersigned may revoke this authorization in writing at anytime. If the authorization is revoked, the information described above may no longer be disclosed to OVH for the purposes described in this written authorization. To expedite the disclosure of PHI to OVH, the signer below has authorized disclosure prior to signing your individual authorization form.

### Signature and Authorization

Unless revoked this authorization expires upon the following date or event:  
 The Death or Discharge of the Resident from Facility.

I understand that the information used or disclosed, pursuant to this authorization, may be subject to restrict re-disclosure and no longer be protected under federal law. However, I also understand that federal or state law may re-disclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment, or referral information. I have read this authorization and I understand it.

Signature	Date
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Description of personal representative's authority: ( if applicable)



## "The place where honor lives."

Opened in the fall of 1997, the Oregon Veterans' Home is a 151-bed long-term care facility that provides skilled nursing, Alzheimers and other dementia, and inpatient and outpatient rehabilitative care to veterans, spouses of veterans, and parents all of whose children died while serving in the U.S. Armed Forces.

The Oregon Veterans' Home is located in the historic Columbia Gorge community of The Dalles, 2 miles southeast of the point where Interstate 84 meets U.S. Highway 197 (exit 87). Situated on 15 acres, the Oregon Veterans' Home has a panoramic view of the city of The Dalles, the Columbia River and the The Dalles Dam.



The Oregon Veterans' Home is owned by the State of Oregon and is not a U.S. Department of Veterans Affairs (USDVA/Federal VA) Medical Center. The Oregon Veterans' Home is a **Medicare** and **Medicaid** certified facility.

## Eligibility For Care

The Oregon Veterans' Home is a Medicare and Medicaid certified facility. To be admitted to the Home, an applicant must be:

- A veteran of the U.S. Armed Forces as defined by the U.S. Department of Veterans Affairs (USDVA) discharged under honorable conditions or
- The spouse, or surviving spouse as defined by the USDVA or
- A parent, all of whose children died while serving in the U.S. Armed Forces.

An applicant must also:

- Be able to pay the resident's portion of the cost of care
- Be in need of skilled or intermediate nursing home care
- Not require medical care for which the Home is not equipped or staffed to provide

Not have violent traits that may prove dangerous to the veteran, residents of the Home, staff or others. However, this should not be interpreted as to prevent the admission of residents diagnosed with Alzheimer's disease or other dementia. The facility is equipped and prepared to provide care for common behavior problems and recommended behavior management.

## Cost

The cost of general nursing care as of October 1, 2009 is \$130.00 per day (\$3900.00 for a 30-day month). The cost of Alzheimer/Dementia care is \$137.00 per day (\$4110.00 for a 30-day month).

The amount paid by the veteran or his/her family may come from military or civilian retirement, VA compensation or VA non-service connected pension, Social Security or personal funds. An additional \$2 per day for residents to purchase incidental and comfort items is recommended. The amount the veteran is required to pay is considerably less than the actual cost of care because the U.S. Department of Veterans

Affairs (VA) provides a daily subsidy.

The rate for non-veterans (spouses, surviving spouses, or parents, all of whose children died while serving in the U.S. Armed Forces) is currently \$182.00 per day for general care, and \$189.00 per day for Alzheimer's care.

The above rates do not include a pharmacy benefit. Pharmacy costs are charged in addition to the daily rate.

## **Covered Benefits**

At the present time, the daily charge includes the following services and amenities:

- A semi-private room
- 24-hour nursing care
- medical supplies and equipment
- some orthotic/prosthetic devices
- dietary supplements
- transportation
- housekeeping services
- basic personal care supplies
- color TVs with remote controls
- recreational and social activities
- haircuts
- personal laundry (except dry cleaning)
- sightseeing excursions
- wheelchair accessible walking trails with scenic viewpoints
- use of lounges, library, and chapel
- gift shop

## **Application Process**

Applications for residency to the Oregon Veterans' Home can be obtained from the Home or from county veterans' service officers located in each county. Once applications are received at the Home, the Home's Admissions Coordinator contacts the applicant or responsible party and reviews the information contained in the application. Normally, the application process takes up to five working days. Once applications are approved, the veteran is scheduled for admission on a bed available basis.

## Who to contact...

The Oregon Veterans' Home staff will be glad to answer your questions and/or provide a guided tour of the facility. You may contact the Oregon Veterans' Home toll free at 1-800-846-8460 or 541-296-7190. Our address is:

Oregon Veterans' Home  
700 Veterans' Drive  
The Dalles, Oregon 97058