MISSOURI VETERANS HOMES PROGRAM

Thank you for your interest in applying for admission into a Missouri Veterans Home. The Missouri Veterans Homes Program manages a total of 1,238 beds that provide long term skilled nursing care in compliance with 157 Federal Department of Veteran Affairs regulations. The seven Veteran Homes are spread out across the state in Cameron, Cape Girardeau, Mexico, Mount Vernon, St. James, St. Louis, and Warrensburg.

We pride ourselves on providing high-quality compassionate care to Veterans who are in need of 24-hour long-term nursing care. There is a fixed monthly fee that includes the following:

- Licensed nursing home administrator
- Registered nurses on duty 24 hours per day
- Physician care
- Restorative and Recreational Therapy
- Prescription and Non-Prescription Medications
- Barber/Cosmetology
- Maintenance, environmental, laundry, and dietary specialists
- Medical and Personal Care Supplies
- Social Services
- Transportation to VA Specialty Appointments
- Personal Shopping Service
- Laundry Service
- Dementia Care

In this packet you will find several forms that need to be filled out by the applicant/family/caregiver and a physician/nurse practitioner. An application is not considered complete unless all forms in the packet are completed. You will be contacted by a Missouri Veterans Home designee for a pre-screen assessment once the application is complete.

A monthly rate is fixed each year by the Missouri Veterans Commission. If the monthly rate is not affordable, assistance may be available through the federal VA aid program if the Veteran qualifies. Additionally, if applicable, a hardship application can be submitted to your first choice Veterans Home with supporting documentation for consideration.

If you have questions about a form, or need assistance filling out information, please contact the Admission Coordinator for the home you are most interested in residing.

GENERAL INFORMATION

There is a three step applicant qualifying process:

- All documents required by Homes Program must be completed and submitted in their entirety before the application can be processed for review
- Once submitted in its entirety, the application is then reviewed by our interdisciplinary team which is comprised of the Administrator, Director of Nursing, Social Services, Veterans Service Officers and other professionals
- An applicant/representative will be notified of the decision by a member of our team by phone or mail

ADMISSION CRITERIA

To be eligible for admission into a Missouri Veterans Home an individual must:

- Meet criteria established by the VA for Veterans status
- Require 24-hour skilled nursing health care services, including documentation from a physician
- Be a citizen of Missouri who has maintained a physical residency in Missouri for one hundred eighty (180) consecutive days immediately prior to application.
- Not appear on any sex offender registry
- Not have a criminal history including conviction or guilty plea/nolo contendere in any state (which if committed in Missouri would be) a Class A or B felony violation
- The Veteran's condition must be such that the Home has the resources to care for him/her
- Be ready to admit to a Veterans Home

APPLICATION PROCESS

For the facility to process the application, the following must occur:

- The application packet must be completed in its entirety and may be submitted via fax, mail, in-person, or via email to the Admission Coordinator for the first choice Veterans Home. (If you are interested in multiple locations, mark the choices on the application but only send the completed packet to the first choice)
- The application will be reviewed by the interdisciplinary team for a decision to be made
- The Veteran/representative will be notified of a decision by a member of our team via phone, email, or mail
- When an applicant is approved and placed on our waiting list, a reassessment could be scheduled before being admitted to determine if there are any changes in the Veterans condition

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME APPLICATION FOR ADMISSION CHECKLIST

The following must be completed and received for a complete application of admission. Only submit documentation to the first choice Home.

Forms to be completed/submitted by **Veteran or representative**

- ☐ MVC-38 Application For Admission
- ☐ MVC-47 Application Medical Information
- ☐ MVC-48 Criminal Background Check
- ☐ MVC-49 Financial Income & Asset Worksheet
- ☐ MVC-50 Notice of Privacy Practices

Forms to be completed by **Health Care Provider**

- ☐ MVC-52 Health Care Provider Medical Certification

These documents must be submitted with application if applicable

- ☐ Copy Of DD-214 or Equivalent
- ☐ Award Letter For Service Connected Disability
- ☐ Proof Of Residency – Last 6 Consecutive Months
- ☐ Driver's License Or Identification Card
- ☐ Medicare Care/Supplemental Insurance Card
- ☐ VA Medical Card
- ☐ Dental Or Other Insurance Cards
- ☐ Covid-19 Vaccination Card
- ☐ Durable Power of Attorney Documents, Advance Directives or Guardianship/Conservatorship

If a physician has certified a Veteran lacks the capacity to make medical decisions and there is an activated Durable Power of Attorney for Healthcare/finances, the person may sign the paperwork submitted with Durable Power of Attorney Documents. Please provide copies of all letters of incapacity.

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME APPLICATION FOR ADMISSION

RESET FORM

DATE:

GENERAL INFORMATION

In compliance with the eligibility requirements, I do hereby apply for admission to the Missouri Veterans Home and declare the following statements to be true:

NAME	PREFERRED NAME	MOTHER'S MAIDEN NAME

DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER

PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)	CITY	STATE	ZIP CODE	COUNTY

EMAIL ADDRESS	TELEPHONE: PRIMARY	TELEPHONE - SECONDARY	VA CLAIM NUMBER
			C-

MARITAL STATUS	SELF-IDENTIFIED GENDER IDENTITY	BIRTH SEX
SINGLE WIDOWED DATE MARRIED DIVORCED DATE	MALE FEMALE TRANSGENDER MALE TRANSGENDER FEMALE OTHER DOES NOT WISH TO DISCLOSE	MALE FEMALE

WHAT IS YOUR RACE? (You may check more than one. Information is required for statistical purposes only.)

ASIAN AMERICAN INDIAN OR ALASKA NATIVE BLACK OR AFRICAN AMERICAN WHITE
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER CHOOSE NOT TO ANSWER

ARE YOU SPANISH, HISPANIC OR LATINO?	ARE YOU INDIAN? (see definition)	RELIGION
YES NO	YES NO	

SPOUSE INFORMATION

NAME OF SPOUSE	SPOUSES DATE OF BIRTH	SPOUSES SOCIAL SECURITY NUMBER

SPOUSES ADDRESS (STREET AND NUMBER OR RFD)	CITY	STATE	ZIP CODE	COUNTY

SPOUSE TELEPHONE PRIMARY	SPOUSE TELEPHONE SECONDARY	PLACE OF MARRIAGE	DATE OF MARRIAGE

HAVE YOU MAINTAINED PHYSICAL RESIDENCY IN MISSOURI FOR 180 DAYS? YES NO

SERVICE CONNECTED DISABILITY RATING (IF APPLICABLE)

SERVICE CONNECTED DISABILITY RATING

REASON FOR DISABILITY RATING (DIAGNOSIS)

INSURANCE INFORMATION

DO YOU HAVE MEDICARE?	MEDICARE NUMBER	EFFECTIVE DATES
NO PART A PART B PART C (Advantage) PART D		

OTHER INSURANCE: NAME OF COMPANY	POLICY NUMBER:	GROUP NUMBER

Certain services provided may be billed to Medicare Part B and/or supplemental insurance.

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME APPLICATION FOR ADMISSION

MEDICAL INFORMATION

HAVE YOU BEEN HOSPITALIZED IN THE PAST YEAR?	NO	YES	ADMITTING DATE	DISCHARGE DATE
HAVE YOU RESIDED IN A NURSING HOME WITHIN THE PAST YEAR?	NO	YES	ADMITTING DATE	DISCHARGE DATE
HAVE YOU EVER RESIDED IN A MISSOURI VETERANS HOME?	NO	YES	ADMITTING DATE	DISCHARGE DATE

LIST NAME AND ADDRESS OF PREVIOUS FACILITY			LIST NAME AND ADDRESS OF PREVIOUS FACILITY		
FACILITY NAME			FACILITY NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

EMERGENCY INFORMATION

List two persons to be notified in an emergency. (If applicant has a guardian, conservator, or power of attorney, list this person first. Attach copies of legal documents establishing such.)

NAME				RELATIONSHIP
ADDRESS				TELEPHONE PRIMARY
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE SECONDARY
NAME				RELATIONSHIP
ADDRESS				TELEPHONE PRIMARY
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE SECONDARY

BURIAL INFORMATION

NAME OF FUNERAL HOME	TELEPHONE	DESIRED LOCATION OF BURIAL
ADDRESS OF FUNERAL HOME		

SIGNATURE

I fully understand all requirements that must be met and all qualifications that must be possessed by an applicant for admission to a Missouri Veterans Home. I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given is true and complete to the best of my knowledge and belief. This application is my free and voluntary act. I understand that verification of current financial information must be provided upon admission the Missouri Veterans Home.

SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE	DATE
WITNESS IF SIGNED BY AN "X"	DATE
WITNESS IF SIGNED BY AN "X"	DATE

HOME PREFERENCE

Mark the Home you are interested in with a 1. If you have more than one preference, please mark them numerically by preference. Only mark homes in which you are interested. **SEND APPLICATION TO FIRST CHOICE HOME ONLY.**

____ Missouri Veterans Home – Cameron
1111 Euclid
Cameron, MO 64429
816–632-6010 | Fax 816-632-1361

____ Missouri Veterans Home – Cape Girardeau
2400 Veterans Memorial Drive
Cape Girardeau, MO 63701
573-290-5870 | Fax 573-290-5909

____ Missouri Veterans Home – Mexico
#1 Veterans Drive
Mexico, MO 65265
573-581-1088 | Fax 573-581-2083

____ Missouri Veterans Home – Mt. Vernon
1600 South Hickory
Mt. Vernon, MO 65712
417-466-7103 | Fax 417-466-4040

____ Missouri Veterans Home – St. James
620 North Jefferson
St. James, MO 65559
573-265-3271 | Fax 573-265-5771

____ Missouri Veterans Home – St. Louis
10600 Lewis and Clark Blvd.
St. Louis, MO 63136
314-421-8606 | Fax 314421-8663

____ Missouri Veterans Home – Warrensburg
1300 Veterans Road
Warrensburg, MO 64093
660-429-4605 | Fax 660-543-5075

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME APPLICATION – MEDICAL INFORMATION

INSTRUCTIONS

This form is to collect necessary medical information of the Veteran applying for residency a Veterans Home.

The form should be completed by the Veteran or family/caregiver of the Veteran applying for residency.

GENERAL INFORMATION

VETERAN NAME		DATE
INDIVIDUAL PROVIDING INFORMATION	RELATIONSHIP TO VETERAN	TELEPHONE

SELF-CARE STATUS (CHECK LEVEL OF ASSISTANCE NEEDED)

	NO HELP NEEDED	NEEDS SUPERVISION	A LITTLE ASSISTANCE	A LOT OF ASSISTANCE	TOTAL ASSISTANCE
CAN THE APPLICANT FEED THEMSELVES?					
CAN THE APPLICANT DRESS THEMSELVES?					
CAN THE APPLICANT BATHE THEMSELVES?					
CAN THE APPLICANT TRANSFER THEMSELVES?					
DOES THE APPLICANT WALK?					

		SELECT ONE	
EATING	ANY DIFFICULTY CHEWING OR SWALLOWING?	YES	NO
	IF YES, DESCRIBE		
	IN THE LAST 3 MONTHS, HAS THERE BEEN A DECLINE IN THE ABILITY TO FEED SELF?	YES	NO
	COMMENTS		
	PLEASE LIST SPECIAL DIET ORDERS		
	PLEASE LIST ANY FOOD ALLERGIES		
WEIGHT	ANY CHANGES IN WEIGHT IN THE PAST MONTH?	YES	NO
	ANY CHANGES IN WEIGHT IN THE PAST 6 MONTHS?	YES	NO
	IF YES, DESCRIBE		
	USUAL ADULT BODY WEIGHT (AVERAGE WEIGHT OVER PAST 2 YEARS)		
DRESSING	IN THE LAST 3 MONTHS, HAS THERE BEEN A DECLINE IN THE ABILITY TO DRESS SELF?	YES	NO
	COMMENTS		
WALKING	DOES THE APPLICANT NEED ASSISTANCE?	YES	NO
	IF YES, HOW MUCH?		
	DOES THE APPLICANT USE ONE THE FOLLOWING (CHECK ONE):		
	CANE WALKER WHEELCHAIR GERICHAIR		

	HAS THE APPLICANT FALLEN IN THE PAST MONTH?	YES	NO
	HAS THE APPLICANT FALLEN IN THE PAST 6 MONTHS?	YES	NO
	COMMENTS:		
SELF-CARE STATUS CONTINUED (SELECT ONE)			
BLADDER/BOWELS	IS THE APPLICANT ABLE TO CONTROL BLADDER?	YES	NO
	DOES THE APPLICANT USE A URINARY CATHETER?	YES	NO
	DOE STHE APPLICANT HAVE A HISTORY OF URINARY TRACT INFECTIONS?	YES	NO
	HAS THE APPLICANT BEEN HOSPITALIZED OR TREATED FOR URINARY TRACT INFECTIONS IN THE PAST 6 MONTHS?	YES	NO
	IF YES, WHEN?		
	IN THE PAST 3 MONTHS, HAS THERE BEEN A DECLINE IN ABILITY TO CONTROL BLADDER?	YES	NO
	IS THE APPLICANT ABLE TO CONTROL BOWELS?	YES	NO
	DOES THE APPLICANT HAVE A HISTORY OF CONSTIPATION?	YES	NO
MENTAL	IS THE APPLICANT CONFUSED?	YES	NO
	DOES THE APPLICANT WANDER?	YES	NO
	IS THE APPLICANT COMBATIVE?	YES	NO
	IN THE PAST 3 MONTHS, HAS THERE BEEN A DECLINE IN MEMORY AND/OR DECISION MAKING?	YES	NO
	COMMENTS		
	ANY SLEEPING PROBLEMS?	YES	NO
	COMMENTS		
	IN THE PAST 3 MONTHS, HAS THERE BEEN A DECLINE IN MOOD AND/OR BEHAVIOR	YES	NO
	IF YES, DESCRIBE		
COMMUNICATION	CAN THE APPLICANT SPEAK?	YES	NO
	CAN THE APPLICANT WRITE?	YES	NO
	DOES THE APPLICANT UNDERSTANDING SPEAKING?	YES	NO
	DOES THE APPLICANT UNDERSTAND WRITING?	YES	NO
	DOES THE APPLICANT UNDERSTAND GESTURES?	YES	NO
	DOES THE APPLICANT UNDERSTAND ENGLISH?	YES	NO
	IF NO, STATE LANGUAGE SPOKEN:	YES	NO
	DOES THE APPLICANT HAVE ANY DIFFICULITIES WITH SPEECH?	YES	NO
	DOES THE APPLICANT HAVE ANY DIFFICULTIES WITH HEARING?	YES	NO
	DOES THE APPLICANT HAVE ANY DIFFICULTIES WITH EYESIGHT?	YES	NO
	IN THE PAST 3 MONTHS, HAS THERE BEEN A DECLINE IN ABILITY TO EXPRESS THEMSELVES, UNDERSTAND, OR HEAR?	YES	NO
	COMMENTS		

SELF-CARE STATUS CONTINUED (SELECT ONE)			
OXYGEN	DOES THIS APPLICANT USE OXYGEN?	YES	NO
	IF YES, DESCRIBE HOW OFTEN:		
	HOW MANY LITERS OF OXYGEN ARE NEEDED?	YES	NO
	ANY RESPIRATORY TREATMENTS?	YES	NO
	IF YES, DESCRIBE		
GENERAL	DOES THE APPLICANT HAVE ANY SKIN BREAKDOWNS OR BED SORES?	YES	NO
	DOES THE APPLICANT HAVE PAIN DAILY?	YES	NO
	IF YES, DESRIBE PAIN AND TREATMENTS	YES	NO
	HAS THERE BEEN ANY NEW DIAGNOSIS SINCE THE INITIAL APPLICATION?	YES	NO
	IF YES, DESCRIBE		
	HAS THE APPLICANT BEEN HOSPITALIZED IN THE PAST 3 MONTHS?	YES	NO
	IF YES, WHERE?		
	HAS THE APPLICANT BEEN SEEN IN THE ER IN THE PAST 3 MONTHS?	YES	NO
	IF YES, WHERE?		
	ANY VISITS TO THE PSYCHOLOGIST, PSYCHIATRIST, OR SOCIAL WORKER?	YES	NO
	IF YES, WHO WERE THEY SEEN BY, WHEN, AND WHERE?	YES	NO
5 YEARS PRIOR TO ENTRY			
HISTORY	HAS THE APPLICANT HAD A PRIOR STAY AT A MISSOURI VETERANS HOME?	YES	NO
	HAS THE APPLICANT HAD A PRIOR STAY AT ANOTHER NURSING HOME?	YES	NO
	HAS THE APPLICANT HAD A PRIOR STAY AT OTHER RESIDENTAIL FACILITIES (BOARD AND CARE HOME, ASSISTED LIVING, GROUP HOME, ETC.)	YES	NO
	HAS THE APPLICANT HAD A PRIOR STAY IN A MENTAL HEALTH/PSYCHIATRIC SETTING?	YES	NO
	IS THE APPLICANT INTELLECTUALLY/DEVELOPMENTALLY DISABLED	YES	NO
ANSWER THE FOLLOWING QUESTIONS FOR THE TIME FRAME OF THE YEAR PRIOR TO DATE OF ENTRY TO THIS FACILITY OR YEAR THE APPLICANT WAS LAST IN A COMMUNITY (IF NOW BEING ADMITTED FROM ANOTHER NURSING HOME)			
CYCLE OF DAILY EVENTS	DOES THE APPLICANT STAY UP LATE AT NIGHT (AFTER 9PM)?	YES	NO
	DOES THE APPLICANT NAP REGULARY DURING THE DAY (ATLEAST 1 HOUR)?	YES	NO
	DOES THE APPLICANT GO OUT 1 OR MORE DAYS A WEEK?	YES	NO
	DOES THE APPLICANT STAY BUSY WITH HOBBIES, READING, OR FIXED DAILY ROUTINE?	YES	NO
	DOES THE APPLICANT SPEND MOST OF THE TIME ALONE OR WATCHING TV?	YES	NO
	DOES THE APPLICANT MOVE INDEPENDENTLY INDOORS (WITH ASSITVE DEVICES, IF USED)?	YES	NO
	DOES THE APPLICANT USE TOBACCO PRODUCTS, DAILY?	YES	NO
EATING PATTERN	DOES THE APPLICANT HAVE DISTINCT FOOD PREFERENCES?	YES	NO
	DOES THE APPLICANT EAT BETWEEN MEALS?	YES	NO
	DOES THE APPLICANT USE ALCOHOLIC BEVERAGES WEEKLY?	YES	NO

ACTIVITIES OF DAILY LIVING	DOES THE APPLICANT STAY IN BED CLOTHES MOST OF THE DAY?	YES	NO
	DOES THE APPLICANT WAKEN TO TOILET ALL OR MOST NIGHTS?	YES	NO
	DOES THE APPLICANT HAVE IRREGULAR BOWEL MOVEMENT PATTERNS?	YES	NO
	DOES THE APPLICANT PREFER SHOWERS FOR BATHING?	YES	NO
	DOES THE APPLICANT BATHE IN THE PM?	YES	NO
	DOES THE APPLICANT BATHE IN THE AM?	YES	NO
INVOLVEMENT PATTERNS	DOES THE APPLICANT HAVE DAILY CONTACT WITH RELATIVES/CLOSE FRIENDS?	YES	NO
	DOES THE APPLICANT USUALLY ATTEND CHURCH, TEMPLE, SYNAGOGUE, ETC.?	YES	NO
	DOES THE APPLICANT FIND STRENGTH IN FAITH?	YES	NO
	DOES THE APPLICANT HAVE A DAILY ANIMAL COMPANION/PRESENCE?	YES	NO
	IS THE APPLICANT INVOLVED IN GROUP ACTIVITIES?	YES	NO

IS THERE ANY OTHER MEDICAL OR SOCIAL INFORMATION CONCERNING THE APPLICANT THAT WOULD BE HELPFUL?

NAME OF APPLICANT	
SIGNATURE	DATE

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME
APPLICATION - CRIMINAL BACKGROUND INFORMATION

CRIMINAL BACKGROUND INFORMATION		
NAME	SSN:	DOB

CRIMINAL CONVICTIONS			
HAVE YOU EVER HAD ANY CRIMINAL CONVICTIONS?	YES ☐ NO ☐		
IF YES, ANSWER THE FOLLOWING			
CONVICTION	DATE	COUNTY	STATE
CONVICTION	DATE	COUNTY	STATE
CONVICTION	DATE	COUNTY	STATE
CONVICTION	DATE	COUNTY	STATE

PENDING CHARGES	
DO YOU HAVE ANY PENDING CRIMINAL CHARGES?	YES ☐ NO ☐
IF YES, DESCRIBE THE CHARGES	

PROBATION/PAROLE			
ARE YOU CURRENTLY ON PROBATION OR PAROLE?	YES ☐ NO ☐		
IF YES, PROVIDE THE PROBATION/PAROLE OFFICERS INFORMATION			
PROBATION/PAROLE OFFICER NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP

SEX OFFENDER REGISTRY	
ARE YOU ON ANY STATE'S SEX OFFENDER REGISTRY	YES ☐ NO ☐
IF YES, WHERE ARE YOU REGISTERED?	
COUNTY	STATE

SIGNATURE	DATE

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME
FINANCIAL INCOME AND ASSETS WORKSHEET

INSTRUCTIONS

1. Application must be typewritten or printed in ink.
2. If applicant chooses not to release financial information, complete only the "General Information" and "Financial Information Waiver" sections, and then sign and date.
3. If applicant is seeking financial assistance they must provide verification of current financial information at the time of admission. Spouse and dependent information is needed to assist in filing for possible VA benefits.
4. Indicate whether items in "Assets" section are held solely or jointly. If assets are held jointly, please indicate with whom.

GENERAL INFORMATION

VETERANS NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

SPOUSES NAME	SPOUSES EMPLOYMENT STATUS
SPOUSE'S OCCUPATION	☐ EMPLOYED FULL TIME ☐ SELF EMPLOYED ☐ UNKNOWN ☐ EMPLOYED PART TIME ☐ RETIRED ☐ NOT EMPLOYED ☐ ACTIVE MILITARY DUTY

EMPLOYER NAME	EMPLOYER STREET ADDRESS

CITY	STATE	ZIP	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

FINACIAL INFORMATION WAIVER

☐ I choose not to release financial information and agree to pay the Missouri Veterans Home the maximum monthly charge.

SIGNATURE	DATE

ASSETS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

LIST ALL REAL ESTATE YOU OWN OR IN WHICH YOU HAVE ANY INTEREST. (GIVE LOCATION, DESCRIPTION, AND APPROXIMATE VALUE AND INDICATE OWNERSHIP.)

LOCATION	VALUE	SIZE	OWNERSHIP
			SOLELY JOINTLY
			SOLELY JOINTLY
			SOLELY JOINTLY

LIST ALL PERSONAL PROPERTY WHICH YOU OWN. (INCLUDE AUTO, TRUCK, LIVESTOCK, FURNITURE, FARM EQUIPMENT, BUSINESS INVENTORY, ETC. – GIVE APPROXIMATE VALUE AND LOCATION.)

LOCATION	VALUE	SIZE	OWNERSHIP
			SOLELY JOINTLY
			SOLELY JOINTLY
			SOLELY JOINTLY

LIST ALL CASH SECURITIES WHICH YOU OWN (INCLUDE CASH ON HAND OR IN SAFETY DEPOSIT BOX, SAVINGS, CHECKING ACCOUNTS, TIME DEPOSITS/STOCKS, BONDS, POSTAL SAVINGS, NOTES, MORTGAGES, OR ANY OTHER MONEY OR SECURITIES – GIVE AMOUNT AND WHERE LOCATED)			
LOCATION	VALUE	SIZE	OWNERSHIP
			SOLELY JOINTLY
			SOLELY JOINTLY
			SOLELY JOINTLY

LIST ALL INSURANCE POLICIES WHICH YOU HAVE. (INCLUDE LIFE, HOSPITAL, HEALTH, AND ACCIDENT – GIVE NAME OF THE COMPANY AND CASE SURRENDER VALUE.)			
INSURANCE POLICY	CASH SURRENDER (IF APPLICABLE)	TYPE	COMPANY

SOURCE	VETERAN	SPOUSE	DEPENDENTS
VA BENEFITS	$	$	$
SOCIAL SECURITY (NOT SSI)			
SUPPLEMENTAL SECURITY INCOME (SSSI)			
U.S. CIVIL SERVICE			
U.S. RAILROAD RETIREMENT			
MILITARY RETIREMENT			
UNEMPLOYMENT COMPENSATION			
OTHER RETIREMENT (COMPANY, STATE, LOCAL, ETC.)			
TOTAL INCOME FROM EMPLOYMENT (WAGES, SALARY, EARNINGS, TIPS			
INTEREST, DIVIDENT OR ANNUITY INCOME			
WORKERS COMPENSATION OR BLACK LUNG BENEFITS			
ALL OTHER INCOME			
TOTAL INCOME			

SIGNATURE

I fully understand all requirements that must be met and all qualifications that must be possessed by an applicant for admission to a Missouri 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. This application is my free and voluntary act. I understand that verification of current financial information must be provided upon admission to the Missouri Veterans Home.

SIGNATURE OF APPLICANT OR LEGAL REPRESENTATIVE	DATE
WITNESS IF SIGNED BY AN "X"	DATE
WITNESS IF SIGNED BY AN "X"	DATE

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME NOTICE OF PRIVACY PRACTICES

NOTICE EFFECTIVE DATE: AUGUST 20, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

MISSOURI VETERANS COMMISSION'S COMMITMENT TO YOU

I. We at the Missouri Veterans Commission understand that information we collect about you and your health is personal. Keeping your health information confidential and secure is one of our most important responsibilities. We are committed to protecting your health information and abiding by all state and federal laws regarding the protection of your health information. This notice tells you how we may use or disclose your health information.

YOUR HEALTH AND INFORMATION RIGHTS

II. **You have the following rights regarding health information that the Missouri Veterans Commission maintains about you:**

RIGHT TO INSPECT AND COPY

You have the right to inspect and obtain a paper or electronic copy of your health information, including your Electronic Medical Record. This request may include your medical, billing or health care payment information. It does not include information that is needed for civil, criminal or administrative actions or proceedings. You must submit a written request to the Missouri Veterans Commission's HIPAA Compliance Officer, or designee, in order to inspect or obtain a paper or electronic copy of your health information. We may charge a fee for the costs of copying, mailing or other supplies associated with your request.

RIGHT TO AMEND

If you feel that the health information the Missouri Veterans Commission has created about you is incorrect or incomplete, you may ask us to amend that information. The Missouri Veterans Commission may deny your request in writing within sixty (60) days if you ask to amend information that:

1. Was not created by the Missouri Veterans Commission;
2. Is not part of the health information kept by the Missouri Veterans Commission;
3. Is not part of the information which you would be permitted to inspect or copy; or
4. The information is determined to be accurate and complete.

RIGHT TO ACCOUNTING OF HEALTH INFORMATION DISCLOSURES

You have the right to request a list of disclosures that the Missouri Veterans Commission has made of your health information. You must submit a written request to Missouri Veterans Commission's HIPAA Compliance Officer, or designee, in order to obtain the list. You may receive one free list each year. A reasonable cost-based fee will be charged for more than one request per year. The list will not include:

1. Health information disclosures made for purposes of providing treatment to you, obtaining payment for service or disclosures made for administrative or operational purposes;
2. Health information disclosures made for national security;
3. Health information disclosures made to correctional institutions and other law enforcement custodial situations;
4. Health information disclosures the Missouri Veterans Commission has made based on your written authorization;
5. Health information disclosures to you or persons who are involved in your care;
6. Health information disclosures made more than six years prior to your request.

RIGHT TO REQUEST RESTRICTIONS:

You have the right to request a restriction of limitation of the health care information the Missouri Veterans Commission uses or disclosures for treatment, payment or operational purposes. We may deny your request if it would affect your care. Such right does not apply if:

1. You are transferred to another health care institution;
2. Record disclosure is required by law;
3. You pay for a service out of pocket, in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATION:

You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can request that we only contact you at work or by phone. The Missouri Veterans Commission will accommodate all reasonable requests. To request confidential communications you must complete and submit the *Authorization to Restrict, Limit and/or Revoke* form to the Missouri Veterans Commission HIPAA Compliance Officer, or designee. You must specify on the form how or where you wish to be contacted.

RIGHT TO CHOOSE SOMEONE TO ACT FOR YOU:

If you have given someone durable power of attorney (DPOA) or if someone is your legal guardian, that person may exercise your rights and make choices about your health care.

RIGHT TO A PAPER COPY OF THIS NOTICE:

You have the right to request a paper copy of this notice from the Missouri Veterans Commission at any time, even if you received an electronic copy.

HOW THE MISSOURI VETERANS COMMISSION USES AND DISCLOSES HEALTH CARE INFORMATION

III. Your health information may be used and disclosed by the Missouri Veterans Commission for the purpose of providing treatment to you, obtaining payment for services, for administrative and operational purposes and to evaluate the quality of services that you receive. The Missouri Veterans Commission provides a wide range and variety of health care and social services to Veterans and their dependents. For this reason, not all types of uses and disclosures can be described in this document. We have listed some common examples of permitted uses and disclosures below.

FOR TREATMENT

We may disclose health information about you to caregivers, such as nurses, doctors, therapists, social workers, volunteers and other workforce members to determine your plan of care. Individuals and programs within the Missouri Veterans Commission may share health information about you to coordinate the services you may need, such as clinical examination, therapy, nutritional services, medications, hospitalization or follow-up care. We may also use your health information to determine if your treatment is medically necessary or to ensure that proper treatment is being given.

FOR PAYMENT

The Missouri Veterans Commission may disclose information about you to your health plan, your health insurance carrier, and other companies we contract with to provide services needed for your care to obtain payment for our services. For example, we may give your health plan information about treatment or vaccinations that you received so your health plan will pay us or reimburse you for treatment or services the Missouri Veterans Commission provided. We may also share your information, when appropriate, with other government programs such as Workers' Compensation or the U.S. Department of Veterans Affairs in order to coordinate your benefits and payments. We may also

contact your health plan about a treatment you are going to receive in order to obtain prior authorization or to determine whether your plan will cover the treatment.

FOR OPERATIONS

The Missouri Veterans Commission may use and disclose information about you to ensure that the services and benefits provided to you are appropriate and are high quality. For example, we may use your information to evaluate our treatment and service programs or to evaluate the services of other providers that use government funds to provide health care services to you. We may combine health information about many individuals to research health trends, to determine what services and programs should be offered, or whether new treatments or services are useful. For example, our business associates may use your information to perform case management, coordination of care and other activities. The Missouri Veterans Commission requires that our business associates abide by the same level of confidentiality and security as the Missouri Veterans Commission when handling your health information.

SPECIAL SITUATIONS FOR USE AND DISCLOSURE OF HEALTH CARE INFORMATION

IV. MVC is permitted to use or disclose your health information without your authorization under the following circumstances:

TO OTHER GOVERNMENT AGENCIES PROVIDING BENEFITS OR SERVICES

The Missouri Veterans Commission may disclose information about you to your health plan, your health insurance carrier, and other companies we contract with to provide services needed for your care to obtain payment for our services. For example, we may give your health plan information about treatment or vaccinations that you received so your health plan will pay us or reimburse you for treatment or services the Missouri Veterans Commission provided. We may also share your information, when appropriate, with other government programs such as Workers' Compensation or the U.S. Department of Veterans Affairs in order to coordinate your benefits and payments. We may also contact your health plan about a treatment you are going to receive in order to obtain prior authorization or to determine whether your plan will cover the treatment.

TO KEEP YOU INFORMED

The Missouri Veterans Commission may contact you to tell you about health related benefits or services that may be of interest to you. We may use and disclose medical information to contact you, or someone involved in your care, about medical appointment reminders.

FOR PUBLIC HEALTH

The Missouri Veterans Commission may disclose your health information to public health agencies, subject to the provisions of applicable state and federal law, for the following kinds of activities:

1. To prevent or control disease, injury or disability or to keep vital statistic records such as births and deaths;
2. To notify social service agencies that are authorized by law to receive reports of abuse, neglect or domestic violence;
3. To report reactions to medications or problems with products to the Food and Drug Administration (FDA), or to report defects or problems with products.

FOR HEALTH OVERSIGHT ACTIVITIES

The Missouri Veterans Commission may share your health information with other government agencies for oversight activities as required by law. Examples may include audits, inspections, investigations and licensure.

FOR LAW ENFORCEMENT

The Missouri Veterans Commission may disclose health information to a law enforcement official, subject to applicable federal and state law and regulations, for purposes that are required by law or in response to a court order or subpoena. We may disclose limited information for identification and location purposes or to prevent or lessen a serious and imminent threat to you or the public.

FOR RESEARCH

The Missouri Veterans Commission may disclose your health information for research projects that have been reviewed and approved by an institutional review board or privacy board to ensure the continued privacy and protection of the health information.

LAWSUITES AND DISPUTES

The Missouri Veterans Commission may disclose health information about you in response to a subpoena, discovery request, court order, other lawful process by someone else involved in the dispute, or to defend ourselves against a lawsuit brought against us. All efforts will be made to tell you about the request and/or to obtain an order protecting the information requested.

FOR CORONERS, MEDICAL EXAMINERS, FUNERAL DIRECTORS AND ORGAN AND TISSUE DONATION

The Missouri Veterans Commission may disclose health information to identify a body or to determine cause of death. If you are an organ or tissue donator, we may disclose information to organizations that procure, bank, or transport organs.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY

The Missouri Veterans Commission may disclose your health information if it is necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

FOR NATIONAL SECURITY AND PROTETION OF THE PRESIDENT

The Missouri Veterans Commission may disclose your health information to an authorized federal official or other authorized persons for purposes of national security, providing protection to the President, or to conduct special investigations, as authorized by law.

TO A CORRECTIONAL INSTITUTION

If you are an inmate of a correctional institution or under the custody of a law enforcement officer, the Missouri Veterans Commission may disclose your health information to the correctional institution or law enforcement officer. The information disclosed must be necessary for the institution to provide you with health care, protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

TO THE MILITARY

If you are a Veteran or a current member of the U.S. Armed Forces, the Missouri Veterans Commission may disclose your health information as required by military command or Veterans Administration authorities.

FOR WORKERS' COMPENSATION

The Missouri Veterans Commission may disclose your health information for workers' compensation or similar programs.

AS REQUIRED BY LAW

The Missouri Veterans Commission may disclose your health information when required to do so by federal or state law.

INCIDENTAL DISCLOSURES

The Missouri Veterans Commission will take reasonable measures to ensure the privacy of your health information. Certain disclosures of your information may occur incidentally. For example, other individuals may see your name on a sign-in sheet or another individual may overhear a confidential conversation.

OTHER PERMITTED USES AND DISCLOSURES, MADE WITH YOUR CONSENT, AND WITH OPPORTUNITY TO OBJECT

V. If you **DO NOT** object and the situation is not an emergency and disclosure is not otherwise prohibited by stricter law, the Missouri Veterans Commission is permitted to disclose your information under the follow circumstances:

TO INDIVIDUALS INVOLVED IN YOUR CARE

The Missouri Veterans Commission may disclose your health information to a family member, other relative, friend or other person whom you have identified to be involved in your health care or the payment of your health care.

TO FAMILY

The Missouri Veterans Commission may disclose your health information to notify a family member, a personal representative or a person responsible for you care of your location, general condition, or death.

TO MEMBERS OF THE CLERGY

The Missouri Veterans Commission may disclose your religious affiliation to members of the clergy in an effort to meet your spiritual needs.

TO INDIVIDUALS INVOLVED IN DISASTER RECOVERY OR RELIEF

Should a disaster occur, the Missouri Veterans Commission may disclose your health information to an assisting government agency, private entity, or disaster relief organization assisting in disaster relief and/or disaster recovery efforts.

IN A DIRECTORY, ON AN INTERNAL BULLETIN BOARD, AND ON A PHOTO AND/OR NAME PLATE

The Missouri Veterans Commission may list your name and room number in a resident directory. We may post your birthday or other special event on a calendar or bulletin board that is visible to guests inside one of our facilities. We may display your photo and/or name plate near the door of your room. We will not give photographs of you to anyone outside of the Missouri Veterans Commission without your written authorization.

FOR FUNDRAISING

The Missouri Veterans Commission may use contact information such as your name and address to send you fundraising communications. You have the option to opt-out of receiving fundraising information at any time.

THE MISSOURI VETERANS COMMISSION’S REQUIREMENTS

VI. The Missouri Veterans Commission is required by state and federal law to maintain the privacy and security of your health information. We are required to give you this notice of our legal duties and privacy practices with respect to the health information that the Missouri Veterans Commission collects and maintains about you. We are required to notify you, as required by law, if a breach of your health

information occurs that may have compromised the privacy and security of your information. We are required to follow the terms of this notice.

This notice describes and gives some examples of the permitted ways that your health information may be used or disclosed. Disclosures of your information outside of the boundaries of the Missouri Veterans Commission-related treatment, payment or operations, or as otherwise permitted by state or federal law, will be made only with your specific written authorization. You may revoke specific authorization to disclose your information, in writing, at any time. If you revoke an authorization, we will no longer disclose your health information to the authorized recipient(s), except to the extent that the Missouri Veterans Commission has already disclosed or used that information in reliance of the original authorization.

The Missouri Veterans Commission reserves the right to revise this notice. We reserve the right to make the revised notice effective for the health information we already have about you, as well as any information we create or receive in the future. We will provide a copy of our revised notice to you upon request. We will post a copy of the current notice in all Missouri Veterans Commission facilities, offices and on our website listed below. In addition, you may ask for a copy of our current Notice of Privacy Practices anytime you visit a Missouri Veterans Commission facility or office.

You may also request an oral translation of this notice into your native language. When possible, a written translation will be provided. Please contact the HIPAA Compliance Officer, or designee to arrange for translation service or materials.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

VII. If you believe your privacy rights have been violated, you are encouraged to notify the Missouri Veterans Commission HIPAA Compliance Officer, or designee. You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. There will be no penalty or retaliation for filing a complaint.

Kansas City Office for Civil Rights
U.S. Department of Health and Human Services
601 E. 12th Street, Room 353
Kansas City, MO 64106
Email: ocrmail@hhs.gov
Phone: 1-800-368-1019
hhs.gov/ocr/privacy/hipaa/complaints

Missouri Veterans Commission
HIPAA Compliance Officer
205 Jefferson St. P.O. Drawer 147
Jefferson City, MO 65102
Email: privacy@mvc.dps.mo.gov
Phone: 573-751-3779
mvc.dps.mo.gov

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you agree that you have received a copy of the Missouri Veterans Commission Notice of Privacy Practices. Our Notice of Privacy Practices tells you how we may use and disclose your protected health information. We ask that you read all of it.

I received a copy of the Notice of Privacy Practices of the Missouri Veterans Commission.

VETERAN NAME (PRINT)			VETERAN D.O.B
DATE	TIME	VETERAN OR LEGAL REPRESENTATIVE SIGNATURE	
If signed by someone other than the Veteran, indicate relationship:			
LEGAL REPRESENTATIVE NAME (PRINT)			

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME
HEALTH CARE PROVIDER MEDICAL CERTIFICATION

HEALTH CARE PROVIDER INSTRCUTIONS

Please read these instructions in their entirety before filling out this form. This form is to determine the eligibility for residency at the Missouri Veterans Home. This Veteran is a prospective resident of 1 of the 7 Missouri Veterans Homes. The information requested is required to determine if this Veteran meets the need for 24-hour skilled nursing care. It is important that all questions are answered accurately and completely.

Please complete the form, and provide ALL the following documents and health information to support this application.

- Recent History and Physical
- Any Hospitalization/Surgeries/Procedures/Acute Events
- Diagnoses
- Medications
- Current labs, X-Rays, Scan

Please mail/fax the completed, signed form, and supporting documents to the Missouri Veterans Home of Veterans choice below.

- Missouri Veterans Home - Cameron
  1111 Euclid
  Cameron, MO 64429
  816-632-6010 FAX 816-632-1361
- Missouri Veterans Home - Cape 2400
  Veterans Memorial Drive Cape
  Girardeau, MO 63701
  573-290-5870 FAX: 573-986-3901
- Missouri Veterans Home - Mexico
  #1 Veterans Drive
  Mexico, MO 65265
  573-581-1088 FAX: 573-581-2083
- Missouri Veterans Home - Mt. Vernon
  1600 South Hickory
  Mt. Vernon, MO 65712
  417-466-7103 FAX: 417-466-4040
- Missouri Veterans Home - St. James 620
  North Jefferson
  St. James, MO 65559
  573-265-3271 FAX: 573-265-5771
- Missouri Veterans Home - St. Louis
  10600 Lewis and Clark Blvd.
  St. Louis, MO 63136
  314-421-8606 FAX: 314-421-8663
- Missouri Veterans Home - Warrensburg
  1300 Veterans Road
  Warrensburg, MO 64093
  660-429-4605 FAX 660-543-5075

MISSOURI VETERANS COMMISSION

MISSOURI VETERANS HOME
HEALTH CARE PROVIDER MEDICAL CERTIFICATION

GENERAL INFORMATION

PATIENT'S NAME			BIRTHDATE
PLACE OF RESIDENCE AT TIME OF APPLICATION			SOCIAL SECURITY NUMBER
CITY	STATE	ZIP CODE	TELEPHONE NUMBER

HISTORY/PHYSICAL INFORMATION

HEIGHT	WEIGHT	DATE OF LAST TETANUS	DATE OF LAST PNEUMOVAX	IMMUNIZATIONS	SPECIFIC ALLERGIES
ft in	lbs				

LIST ALL RECENT MEDICAL INCIDENTS (I.E., CVA, SURGERY, FRACTURES, HEAD INJURY, AND GIVEN DATES)

DIAGNOSES

HEALTH CARE PROVIDER
FILLS OUT THIS FORM

MEDICATION

LIST ALL MEDICATIONS, DOSAGE AND FREQUENCY OF ADMINISTRATION OR ATTACH A COPY OF THE CURRENT PHYSICIAN ORDERS.

FUNCTIONAL INFORMATION

CHECK IF PRESENT AND DESCRIBE IN "PERTINENT NURSING INFORMATION" SECTION

DEVICES/APPLIANCES

☐ Colostomy ☐ Catheter ☐ Side Rails ☐ Prosthesis ☐ Appliance ☐ Cane ☐ Walker

☐ Crutches ☐ Wheelchair ☐ Geri Chair ☐ Special Cushion If so, type:

☐ Special Mattress ☐ Motorized Wheelchair/Scooter ☐ Chair If so, type:

DISABILITIES

☐ Paralysis ☐ Amputation ☐ Contracture

IMPAIRMENTS

☐ Mentality ☐ Speech ☐ Hearing ☐ Sensation ☐ Vision

INCONTINENCE

☐ Bladder ☐ Bowel ☐ Saliva

ACTIVITY TOLERANCE LIMITATIONS

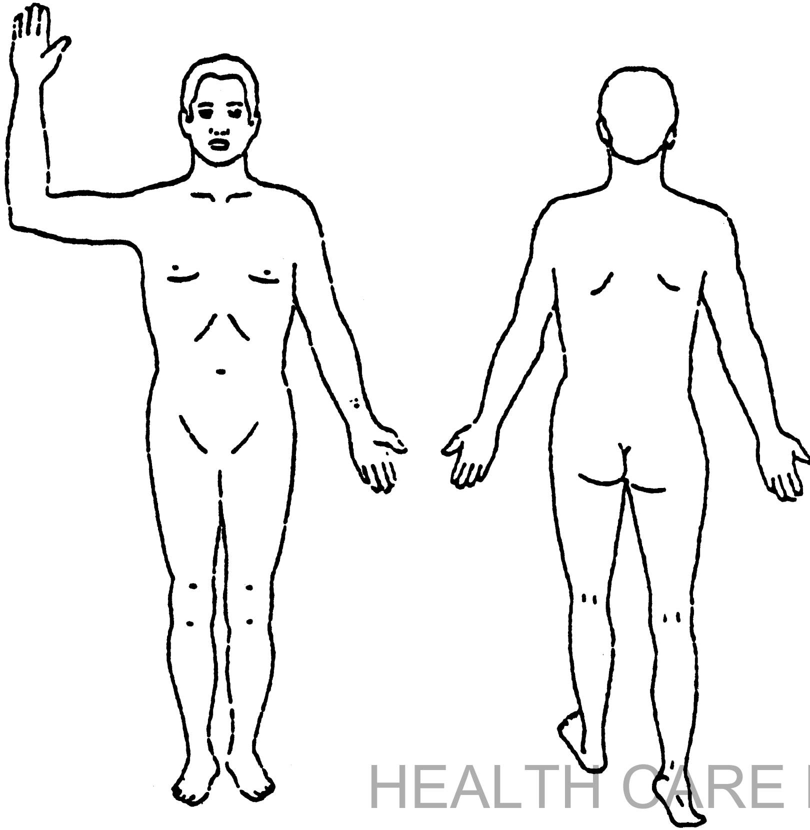
☐ None ☐ Moderate ☐ Severe

DIET

☐ Regular ☐ Bland ☐ Low Salt ☐ Diabetic ☐ Mechanical ☐ Tube Feeding

SKIN CONDITION

DIMINISHED SKIN INTEGRITY (INCLUDE REDNESS). DESCRIBE LOCATION, SIZE, AND TREATMENT.



HEALTH CARE PROVIDER
FILLS OUT THIS FORM

ASSISTANCE WITH DAILY LIVING ACTIVITIES

ADLS	NO ASSIST	MINIMAL ASSIST	MOD	MAX
Meal/Food Consumption	☐	☐	☐	☐
Medication Administration	☐	☐	☐	☐
Mobility	☐	☐	☐	☐
Transfers	☐	☐	☐	☐
Bathing	☐	☐	☐	☐
Dressing	☐	☐	☐	☐
Grooming	☐	☐	☐	☐
Toileting	☐	☐	☐	☐

OTHER THERAPIES/TREATMENTS

RESPIRATORY AIDS	YES	NO	INDICATE SPECIFIC ORDERS
Oxygen Usage	☐	☐	
C-Pap	☐	☐	
Bi Pap	☐	☐	
Intermittent	☐	☐	
Continuous	☐	☐	

COMMENTS

BEHAVIOR ASSESSMENT

- Does this veteran show any signs or symptoms of major mental disorder?

  ☐ YES ☐ NO If yes, list here: ____________________

- Has this veteran ever been diagnosed as having a major mental disorder?

  ☐ YES ☐ NO If yes, list here: ____________________

- Is the primary reason for nursing facility placement due to dementia, including alzheimers disease or related disorder?

  ☐ YES ☐ NO If yes, list diagnosis: ____________________

- Has this veteran received in-patient psychiatric treatment is the last 2 years?

  ☐ YES ☐ NO If yes, list dates and location and submit medical: ____________________

MENTAL STATUS	ALL THE TIME	FREQUENTLY	OCCASIONALLY	NEVER	BEHAVIOR	ALL THE TIME	FREQUENTLY	OCCASIONALLY	NEVER	BEHAVIOR	ALL THE TIME	FREQUENTLY	OCCASIONALLY	NEVER
ALERT					WITHDRAWN					SUNDOWNING				
FORGETFUL					BELLIGERENT/ AGITATED					ABLE TO FOLLOW DIRECTIONS				
CONFUSED/ DISORIENTED					SUSPICIOUS					DEPRESSION				
					COMBATIVE/AGGRESSIVE					ANXIOUS				
					MAY WANDER/EXIT SEEKING					SUICIDAL IDEATIONS				
					INAPPROPRIATE BEHAVIOR					ABLE TO COMMUNICATE NEEDS				

HEALTH CARE PROVIDER FILLS OUT THIS FORM

- History of drug abuse?

  ☐ YES ☐ NO

- History of alcohol abuse?

  ☐ YES ☐ NO

- History of mental illness?

  ☐ YES ☐ NO *If applicant has a psychiatric diagnosis, please attach a copy of most recent evaluation.*

Please ensure this form is completed in its entirety and all documentation required on page one of this document is included with this form before submitting.

I ATTEST THAT THE INFORMATION ON THIS FORM IS COMPLETE, AND ACCURATE AS KNOWN TO ME.

NAME OF EXAMINING PHYSICIAN/REGISTERED NURSE PRACTITIONER (PLEASE PRINT OR TYPE)	DATE
SIGNATURE OF PERSON COMPLETING THE FORM	TITLE OF PERSON COMPLETING FORM
ADDRESS (CITY, STATE, ZIP CODE)	TELEPHONE NUMBER