

MINNESOTA DEPARTMENT OF VETERANS AFFAIRS

ADMISSION APPLICATION

Bemidji	C/O 5101 Minnehaha Ave. S.	Minneapolis MN 55417	(833) 886-0563
Fergus Falls	1821 N. Park St.	Fergus Falls, MN 56537	(218) 321-2500
Luverne	1300 N. Kniss Ave	Luverne, MN 56156	(507) 283-6200
Minneapolis	5101 Minnehaha Ave. S.	Minneapolis MN 55417	(612) 548-5731
Montevideo	C/O 5101 Minnehaha Ave. S.	Minneapolis MN 55417	(888) 896-0101
Preston	C/O 5101 Minnehaha Ave. S.	Minneapolis MN 55417	(833) 886-0564
Silver Bay	56 Outer Drive	Silver Bay, MN 55614	(218) 353-8700
Hastings	1200 East 18th St.	Hastings, MN 55033	(651) 539-2400

Program You are Applying For:

- Skilled Nursing Care
Site Preference
-
- Domiciliary Care - Hastings
 Domiciliary Care - Minneapolis
- Adult Day Center (Minneapolis)

Please return your completed application form to the Home where you wish to apply. Return in person, U.S. Mail to the address noted above or via email to: NewHomesAdmissions@state.mn.us. In-person submissions are also accepted in Fergus Falls, Hastings, Luverne, Minneapolis and Silver Bay only.

Include the following information with your signed application:

- A copy of your (or your spouse's) Armed Forces Discharge Forms (DD214)
- Legal Documents that reflect a decision maker such as: Power of Attorney for Health Care/Finances; Health Care Directive or Legal Guardianship/Conservatorship
- Marriage certificate (Only required if applying as a spouse of a Veteran)

Have you ever been a Resident of any Minnesota Veterans Home or a client of the Minn. Veterans Adult Day Center? Yes No

If so, which Home or program? _____

Comment: _____

Per MN Rule 9050, the Minnesota Veterans Home maintains an active and inactive waiting list. The active waiting list is for potential Residents who are currently seeking placement and meet clinical criteria. The inactive waiting list is for potential Residents to submit their demographic information now and be maintained until placement is needed in the future.

- Requesting immediate placement (Active Waiting List)
 Do not wish placement at this time (Inactive Waiting List)

Name (Last, First, Middle Initial)		Social Security Number	Today's Date
Address (Please note if currently in a Skilled Nursing Home)		City, State, Zip	County
Age	Date of Birth	Place of Birth	Phone Number
Medicare Number	Medicaid Number	Private Insurance (Company and Number)	

Individuals who are deaf, deafblind, hard of hearing or speech disabled can contact the Minnesota Veterans Homes via the MN Relay Service at 1-800-627-3529.



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Military Service Record	War	Date of Enlistment	Place of Enlistment
<input type="checkbox"/> Self <input type="checkbox"/> Spouse	<input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Persian Gulf <input type="checkbox"/> Peacetime <input type="checkbox"/> Other		
Date of Discharge	Type of Discharge	Branch of Service	Service Number
			Service Connected Disability Rating %

Marital Status			
<input type="checkbox"/> Single	<input type="checkbox"/> Married (Date of Marriage)	<input type="checkbox"/> Widowed (Date of Death)	<input type="checkbox"/> Divorced (Date of Divorce)

Spouse Name	Spouse SSN	Spouse Birthdate

Funeral Home Preference (Name / Address / Phone)	Cemetery (Name / Address / Phone)

To whom may we send financial information / financial statements, etc.		
Name:	Address:	Phone Numbers:
Relationship:		
Email:		

First Emergency Contact		
Name:	Address:	Phone Numbers:
Relationship:		
Email:		

Second Emergency Contact		
Name:	Address:	Phone Numbers:
Relationship:		
Email:		

If you are receiving VA Benefits, which County Veteran Service Office or Veterans Service Organization provided assistance?

Name of person assisting with the application process	Relationship (i.e. social worker, family, CVSO)
Address	Phone Number

Veteran or Decision Maker Signature

Date



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If you need assistance completing this application, please contact your County Veterans Service Officer.