



## IMPORTANT SUBMISSION INSTRUCTIONS

I am applying for admission to Eastern Montana Veterans Home under the provisions of Montana Statute 10-2-403. It is my understanding that access to the information in this application will be used by Eastern Montana Veterans Home Staff. No other use, specifically authorized by law, will be made of this information without my prior consent. I also understand that I am under no obligation to supply the information requested by this form, however, my eligibility cannot be determined without providing such information and the consequences of such a refusal would make me ineligible for admission.

## REQUIRED DOCUMENTATION

Application for Admission

*To be completed by the prospective resident and/or the person who is responsible the handing the financial and/or medical affairs of the perspective resident*

The Veteran's DD Form 214, Certificate of Release or Discharge from Active Duty (military discharge papers)

VA Form 1010EZ Application for Health Benefits

Medicare Card, Rx Drug Insurance, Health Insurance Card

A marriage certificate (only for spouses of veterans)

Power of attorney, letters of conservatorship, and/or letters of guardianship (if applicable)

Medical records

## SUBMIT ALL OF THE REQUIRED DOCUMENTATION TO

Eastern Montana Veterans Home  
Admissions  
2000 Montana Ave  
Glendive, MT 59330

For questions, please contact Social Services at 406-377-8166.

***Please note the completion of the pre-admission form does not guarantee placement at the Eastern Montana Veterans Home.***



## APPLICATION FOR ADMISSION

<b>APPLICANT INFORMATION</b>					
Name (Last, First, Middle)			Gender		
			Male	Female	Other: _____
Social Security Number		Date of Birth (mm-dd-yyyy)		Religious Preference	
Marital Status					
Married	Separated	Divorced	Widowed	Never Married	Other
Where are you admitting from?				Phone #	Fax #
Home	Hospital	Nursing Home	Other		
Home Address			City	State	Zip Code
County		Home Phone	Mobile Phone	Email Address	
Education Level		Previous Occupation		Preferred Name	
Primary Language					
<b>National/ Ethnic Background</b>					
Asian/ Pacific Islander		Black/ African American		Hispanic	White/ Non-Hispanic
Native American/ American Indian		Other: _____		Opt not to answer	

**STATUS INFORMATION**

Veteran Status

Veteran of U.S. Armed Forces

Spouse or Surviving Spouse

Parent who has lost a child to war-time service (Gold Star)

If you are the non-veteran, complete the following information about the veteran:

Name

Date of Birth (mm-dd-yyyy)

Social Security  
Number

Date of Death (if applicable)

**Veteran's Military Service Information (all applicants must complete)**

Branch of U.S. Service

Air Force

Army

Coast Guard

Navy

Marine Corps

Space Force

Other (specify): \_\_\_\_\_

Period of Service

World War II

Korean War

Vietnam

Persian Gulf

Peacetime

Iraq/ Afghanistan

Other (specify): \_\_\_\_\_

Character of Service

Honorable

General, Under honorable conditions

Other: \_\_\_\_\_

Service Number

Last Discharge Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Does/did the veteran have a Service-Connected Disability?

Yes

No

If yes, percent

\_\_\_\_\_ %

## GENERAL INFORMATION FOR APPLICANT

How did you hear about Eastern Montana Veterans Home?

Friend/ Family	Website	Media	Other: _____	
Does anyone have Power of Attorney or Conservatorship for you?		Yes	No	
Is anyone a Guardian or Healthcare Power of Attorney for you?		Yes	No	
Is anyone a Representative Payee for you?		Yes	No	
Name of Financially Responsible Person				
Relationship				
Address (Where statement gets sent)	City	State	Zip	
Email Address	Home Phone	Mobile Phone	Work Phone	
Do you have a pre-paid burial fund?		Yes	No	
If so, address or location:				
Do you have a criminal record?		Yes	No	
Have you ever been convicted of a felony?		Yes	No	

<b>Emergency Contacts</b>			
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Primary Contact Name	Home Phone	Mobile Phone	Work Phone
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Address	City	State	Zip
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Email	
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Relationship	
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Second Contact Name	Home Phone	Mobile Phone	Work Phone
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Address	City	State	Zip
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Email	
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Relationship	
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Third Contact Name	Home Phone	Mobile Phone	Work Phone
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Address	City	State	Zip
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Email	
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Relationship	
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<b>INSURANCE INFORMATION FOR APPLICANT</b>					
Medicare			Number	Medicare Part D	
Part A	Part B	Part C		Yes	No
Have you applied for Medicaid to cover the cost of your care?				Yes	No
Caseworker Name					
Caseworker Phone Number					
Do you have supplemental medical insurance?				Yes	No
Supplemental Medical Insurance # (please provide a copy of insurance card)					
Do you have dental insurance?				Yes	No
Dental Insurance #					
Have you been a resident in a nursing home in the last year?				Yes	No
Facility Name(s)				Phone Number	Fax Number
Have you been hospitalized in the last year?				Yes	No
Hospital Name(s)				Phone Number	Fax Number
Name of Primary Care Provider (PCP)/ Specialists				Office Phone	Fax Number
List any special devices or implanted medical equipment:					
List any procedures or surgeries you have had:					



## CERTIFICATION AND SIGNATURE

I fully understand all requirements that must be met and all qualifications that must be possessed for admission to the Eastern Montana 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 OR RESPONSIBLE PERSON	DATE
X	

*All services and benefits are provided by the home on a non-discriminatory basis as required by the Civil Rights Act and regulations of the Veterans Administration on the ground of race, color, or national origin.*