

Idaho State Veterans Home

Application for Admission



Boise

**320 Collins Road
Boise, Idaho 83702
(208) 334-5000**

Lewiston

**821 21st Avenue
Lewiston, Idaho 83501
(208) 799-3422**

Pocatello

**1957 Alvin Ricken Drive
Pocatello, Idaho 83201
(208) 236-6340**

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Boise Lewiston Pocatello



Admission Requirements

Below are the basic eligibility requirements for admission to the Idaho State Veterans Home.

1. Wartime and/or Peacetime service is required. The total service time must be at least ninety days, with an honorable discharge. **A copy of the Veterans Discharge papers will need to be provided with the application.** If the Discharge papers are unavailable, a copy can be requested through the Department of Veteran Affairs. We will assist with the request.
2. The Veteran must be a resident of the State of Idaho at the time of application.
3. The Veteran must either be eligible and apply for Medicaid benefits, or pay the current maximum monthly charge. **A copy of current bank statements and proof of income is required prior to admission.**
4. Please include with this application a copy (**Front and Back**) of the Veterans **Medicare**, Private Insurance, and Medicaid Cards.
5. Veteran spouse or widow applicants (eligible for nursing care only) will need to provide proof of marriage.

If you are interested in admission, please complete the attached application, and return it to:

Idaho State Veterans Home
Admission Department
320 Collins Road
Boise, ID 83702

If you have any questions, please feel free to contact the Admission Department at (208)246-8736.

We are “Caring for Americas Heroes”.

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Current Maximum Monthly Charges

Nursing Care

Veterans- \$158.00 per day, plus ancillary charges

Veteran Spouses- \$232.42 per day, plus ancillary charges

Residential Care-Assisted Living

Veterans- \$1,234.00 per month

If Veteran has less than \$1500.00 in liquid assets, the charge could be as little as 75% of income.

Domiciliary-Short Term Assisted Living

Veterans- \$987.00 per month

If Veteran has less than \$1500.00 in liquid assets, the charge could be as little as 60% of income.

These charges do not reflect a deduction of \$90.00 for personal allowance. Other deductions may apply.

(All prices subject to change without notice.)

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APPLICATION FOR ADMISSION

Applicant's Name: _____ Date _____

Level of Care required Nursing Care Assisted Living Domiciliary

Personal Information

Date of Birth: _____ Place of Birth: _____

Gender: Male Female Social Security Number: _____
(Month) (Day) (Year) (City) (State)

Branch of Service: _____ Date of Entry: _____ Date of Discharge: _____

Applicant's Former Occupation: _____ Religious Preference: _____

Do you currently receive care at the VAMC? _____ What Team? _____

Service Connected? Yes No Service Connected Rating _____% POW Yes No

Permanent Address: _____

Phone : _____ Alternate Phone : _____

Present Location: _____

Marital Status: Married Widowed Separated Divorced Single

Spouse's Maiden Name: _____ Spouse's SSN: _____

Spouse's DOB: _____ Date of Marriage: _____

Has the applicant ever been convicted of a felony or sexual offense? Yes No

If Yes, explain _____

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Financial Information

Applicant Name: _____

Date: _____

Applicant Monthly Income before Deductions:

Spouse Monthly Income:

Social Security: \$ _____

Social Security: \$ _____

Private Pension: \$ _____

Private Pension: \$ _____

Military Retirement: \$ _____

Military Retirement: \$ _____

Service Connected Disability \$ _____

Other Income: \$ _____

Other Income: \$ _____

Total: \$ _____

Total: \$ _____

Other Resources:

Checking Account: \$ _____ Savings Account: \$ _____

Investments: \$ _____ Life Insurance Policy-Cash Value: \$ _____

Property: \$ _____ Address: _____

Vehicles: \$ _____ year/model _____

Other Liquid Assets: _____

Revocable or Irrevocable Personal Trust Yes No Pre-Paid Burial Arrangements: Yes No

Funeral Home: _____ Phone: _____

Address: _____

Has the applicant sold, transferred ownership, or gifted any property or financial asset in the last 5 years?

Yes No

I do hereby affirm, to the best of my knowledge that the above statements are true and I understand that any falsification regarding my monthly income or assets will be reason for discharge from the Home. If applying for nursing care, I further affirm that my income is such that I am unable to defray the necessary expenses of the medical care for which I am applying. I further understand that I can be discharged from the Home for refusal or failure to pay the established maintenance charge or related expenses.

Applicant/Responsible Party _____ Date _____

Boise **Idaho State Veterans Home** **Pocatello**
Lewiston



Authorization for Release of Information

Applicant's Name: _____

Social Security Number: _____

To: _____

From: The Idaho State Veterans Home

I hereby authorize and direct any hospital, clinic, medical service facility, medical practice, doctor, insurance company, or other person or institution in possession of any records pertaining to my health, medical condition(s), or medical treatment(s) to release originals or copies of the same to the Idaho State Veterans Home, its authorized professional medical services providers, long-term care facilities operators, and/or medical director for each Idaho State Veterans Home. A photocopy or facsimile copy of this authorization/release is as valid as the original.

I hereby release, indemnify and hold harmless forever any party who complies in good faith with this authorization and from any claim by me, my guardian, my attorney in fact or any other representative, or my estate, based on an assertion of breach of privilege, privacy or other right or duty owed to me.

Signature of Applicant/Responsible Party

Date

Signature of Witness

Date

Printed Name of Witness

Date