



STATE OF ILLINOIS
DEPARTMENT OF VETERANS' AFFAIRS

ILLINOIS VETERANS' HOME
1707 NORTH 12TH STREET QUINCY, ILLINOIS 62301
TELEPHONE: 217/222-8641 * FAX: 217/222-8578

Thank you for your interest in the Quincy Illinois Veterans Home. For us to review the Application you will need to submit the following information.

- 1) Application Attached
- 2) DD214 (Discharge from the Military)
- 3) Health Questionnaire (attached)
- 4) History and Physical (or Progress note) from the last 60 days (This in addition to the Health Questionnaire)
- 5) Immunization records
- 6) Physical/Occupational and/or Speech therapy notes
- 7) If the veteran is in a Skilled Nursing unit, they will also need to provide the following items:
 - a. MDS
 - b. Care plan
 - c. Nursing Notes for the last 90 days **OR** since admission
- 8) If applying for a Widow or a Spouse (non-veteran)
 - a. Marriage Certificate
 - b. Death Certificate for Veteran (if applicable)
- 9) Please also provide copies of the following:
 - a. Medicare card
 - b. Power of Attorney documents for Health and Property
 - c. Supplemental insurance cards
 - d. Tax return (if applicable)
 - e. Most recent Bank statement for all accounts
 - f. Most recent Pension statements
 - g. Most recent Investment account statements
 - h. Most recent Social Security Statement
 - i. Copy of the Last Will and Testament

Should you have any questions, please feel free to contact our office at 217-222-8641, extension 209 or 210.

ILLINOIS DEPARTMENT OF VETERANS AFFAIRS
Illinois Veterans Home at Quincy

ELIGIBILITY INFORMATION

Honorably discharged Veterans who meet the following admission guidelines as follows:

Served in the armed forces of the U.S. at least one (1) day of war-time service between the dates recognized by the U.S. Department of Veterans Affairs as listed below:

WAR-TIME SERVICE PERIODS:

World War II	December 7, 1941	through	December 31, 1946
Korea	June 27, 1950	through	January 31, 1955
Vietnam	February 28, 1961	through	August 4, 1964 (served in-country)
	August 5, 1964	through	May 6, 1975
Gulf War	August 2, 1990	through	November 30, 1995

Served and has been honorable discharged or retired for a service connected disability or injury.

Served on active duty in the armed forces of the U.S. for 24 months of continuous service, or more and enlisted after 9/7/80.

Served as a Reservist or National Guard member, and the service included being called to Federal Active Duty (excluding service on active duty for training purposes only) and completed the term.

Has been discharged for reasons of hardship or released from active duty due to a reduction in the U.S. armed forces prior to the completion of the required period of service.

90 DAYS ACTIVE DUTY (1) have served as an enlisted person at least 90 days on active duty in the armed forces of the U.S., and entered active duty before 9/8/80, (2) have served as an officer at least 90 days on active duty in the armed forces of the U.S., and entered active duty before 10/17/81. Reservist and National Guardsman with 20 years of service are eligible for Domiciliary Care only.

All applicants must have entered the service from the State of Illinois or resided in Illinois for one year immediately preceding the date of application for admission.

Spouses or widows of Honorably discharged veterans meeting the eligibility requirements, with most recent marriage to veteran and married for at least five (5) years are eligible for Domiciliary Care only.

Applicants who have served during a time of conflict have preference over all other qualifying candidates.

APPLICATION FOR ADMISSION

APPLICATION FOR ADMISSION FORM - Questions and financial information must be fully completed in detail, with applicant's signature. In cases of:

Incompetent Applicants - Applicants unable to sign themselves must have a responsible person sign on their behalf (e.g. - Power of Attorney for Healthcare, Legal Guardian, or Conservator).

A copy of the legal appointment must accompany the application.

Spouses - The spouse of a veteran must also provide copy of marriage license.

Widows - The widow of a veteran must provide a copy of the marriage license and a copy of the veteran's death certificate.

Proof of Monthly Income - Applicants must provide proof of income reported on the financial portion of the application. Acceptable documentation would include V.A. & S.S. award notices, copies of pension pay statements or copies of bank statements. If the applicant files Federal Income Tax, a copy of the most recent tax form is required. If a health insurance or spousal credit is applicable, proof of these expenses and/or incomes is also required.

APPLICATION HEALTH QUESTIONNAIRE FORM : This form must be completed by a licensed physician. Recent medical information (within the last ninety (90) days) should include any current diagnoses. History, symptoms, and physical findings must be recorded in sufficient detail to clearly support a diagnosis. Additional psycho/social information and a complete record of immunizations should also accompany the questionnaire. If the applicant has been hospitalized in the last six (6) months, a copy of the hospital discharge summary should also be included. If the applicant is a resident in a nursing home, the last three (3) months' nursing notes, MDS, and Care Plan should be included.

NOTE: The purpose of the Health Questionnaire is to determine the applicants 'level of care' requirements. Sufficient information is needed to make this determination. An applicant can not be approved or placed on a waiting list until a 'level of care' determination is made.

PROOF OF MILITARY SERVICE A copy of the veteran's DD Form 214, *Report of Separation and Honorable Discharge* must accompany the application. In order to constitute proof of eligible service, the form must show the date and place of entry into active federal service, the date and place of separation from active federal service and character of service. A certified copy is preferred.

APPLICATION PROCEDURE

A completed application packet, containing all pertinent documentation listed above, is submitted to the Office of the Adjutant, Illinois Veterans Home, 1707 North 12th St., Quincy, IL 62301.

The Adjutant verifies and determines applicant's legal eligibility, and forwards the application to the Application Review Committee.

The Application Review Committee reviews the Application, Health Questionnaire, and supporting medical documentation to determine Applicant's level of care. (Domiciliary, Intermediate, Skilled Nursing Care and Secured Dementia)

The applicant will be notified by mail concerning what determination was made, and will be placed on the appropriate waiting list pending receipt of an Illinois State Police Criminal Background check.

When the applicant's name nears the top of the waiting list, the Adjutant's Office will contact the applicant and schedule an admission date. Domiciliary Applicants must have a personal evaluation from the Veteran's Home Physician before an admission date is assigned.

Important Note: Applications for admission to the Illinois Veterans Home will not be reviewed until all required information has been submitted to the Adjutant's Office.

MAINTENANCE CHARGES

Residents with income will pay a monthly maintenance charge toward the total cost of their care. The inability to contribute to the cost of care does not prevent admission into the Home.

The maintenance charge is based only on the amount of the resident's monthly income. No attachment is made to a resident's assets. Maintenance charges are 90% of total income, less an expense allowance of \$200.00 a month. For example:

If monthly income is \$		1500.00
Less expense allowance		<u>200.00</u>
Balance	=	1300.00
	X	<u>90%</u>
Maintenance Charge \$		1170.00

The maximum monthly maintenance charge is **\$1464.00**, regardless of income.

Residents whose income and assets are within guidelines specified by the US Department of Veterans Affairs may qualify for non service-connected pension from the US DVA. Those persons who qualify for the Aid & Attendance allowance from the US DVA pay a separate Aid & Attendance charge in addition to the monthly maintenance charge. (The Aid & Attendance charge is equal to the amount of the allowance).

For a veteran and spouse both living at the Veterans Home, individual maintenance charges will be based upon one-half their combined monthly income, less exclusion \$200.00 each, not to exceed \$1464.00 each.

If you are in need of assistance please contact your area Illinois Department of Veterans Affairs Field Service Office, they will gladly assist you with your application.

FREQUENTLY ASKED QUESTIONS

1. What type of a facility are the Illinois Veterans' Homes? The Illinois Veterans Homes (Homes) are skilled nursing homes operated by the Illinois Dept. of Veterans' Affairs. The Homes are not hospitals; geriatric behavior health facilities; or a Federal Veterans' Affairs facility. Unfortunately, we cannot care for every type of illness or medical problem. Veterans that need; psychiatric treatment, or who have combative or aggressive behaviors, or who require a ventilator, or who have an active substance abuse problems are examples of clinical needs which cannot be met at our Homes.
2. Is Skilled Care the only care level available? No. Our Homes located in Anna and Quincy also offer independent living beds.
3. Who is eligible to become a resident of the Homes? Honorably Discharged Veterans who need skilled nursing care and who served in the U.S. Armed Forces at least one (1) day of war time service or 90 days of active duty (active duty for training purposes does not qualify) and who have service credited to Illinois or who have resided in Illinois for at least (1) year prior to application. Priority for admission is given to those Veterans who served during a time of conflict. (WWII, Korea, Vietnam, Persian Gulf War). If the veteran enlisted after 9/7/1980 the requirement is 24 months of continuous service.
4. What is the cost to stay at the Homes? Residents who have a monthly income will pay a monthly maintenance charge towards the total cost of their care. (NOTE: The inability to contribute to the cost of care does not prevent admission into the Home). The monthly cost is based only on the monthly income of the Veteran and spouse and does not include other assets. The maximum monthly maintenance charge is **\$1,464.00***. Veterans who have a 70%-100% service connected disability rating from the U.S. Department of Veterans Affairs do not pay a monthly maintenance charge.

* Members whose income and assets are within guidelines specified by the US Department of Veterans Affairs may qualify for non-service connected pension from the US DVA. Those who qualify for the Aid & Attendance allowance from the US DVA will pay an **additional, separate Aid & Attendance charge to the Home.in addition to the monthly maintenance charge.** The Aid & Attendance charge is equal to the amount of the allowance provided by the US DVA.
5. Do I need healthcare insurance? Residents are required to carry Medicare Insurance if they are eligible. They are also required to apply for any other Federal, State, or VA benefits to cover medical expenses. The cost of this coverage is deducted from monthly income consideration.
6. What does the Maintenance Charge cover? Fully furnished semi-private rooms with shared ½ bathrooms, food, laundry, linens, barber or beautician, medications, medical treatments, hospitalization, transportation by ambulance or medi-car to **facility authorized** appointments and insurance co-pays.
7. What is **NOT** covered and must be provided at the Veteran's expense? Dental care, clothing, electric razors, eyeglasses, hearing aids, dentures, wheelchairs, Geri-chairs, walker, prosthesis (including braces), telephone, and cable TV. This list is not all inclusive. Any special requests by the Veteran or family to use an outside physician or facility the Home does not have a transfer agreement with, is not covered by the monthly maintenance charge and will be the responsibility of the resident.
8. How large are the Homes? The Anna Home has 50 skilled nursing beds and 12 independent living beds; the La Salle Home has 190 skilled nursing beds; the Manteno Home has 304 skilled nursing beds; the Quincy Home has 380 skilled nursing beds and 60 independent living beds.

9. Is smoking allowed at the Homes? There are designated smoking areas for residents in the Homes.
10. What items should the Veteran bring? On admission day, you should bring any medications you have for clinical staff to review; any medical equipment such as a wheelchair, cane, walker, or prosthesis; and a (10) day supply of clothing. **Storage space is very limited**; there is no storage available for excess clothing. Seasonal clothing should be rotated in by family as needed. If you are planning on bringing a personal television, it should not be larger than 24".
11. Can a Veteran have a telephone in their room? Not all building within the Homes are set up to have individual hardwired phones in the rooms. Please contact the Home you are interested in to determine if that option is available. The expense of installation and any charges is the responsibility of the resident. If a resident can use a phone independently, they are encouraged to have a cell phone, at their expense and responsibility.
12. Can a Veteran leave the Home to visit family/friends? Yes. For skilled care residents, they may go out on a daily pass ensuring they return to Home on the same day or on an overnight "Leave." In both cases a physician's order is needed. Leaves are limited to 30 consecutive days and up to 60 days per year. Absences exceeding these limits may be construed as a voluntary discharge. Those residents who live in independent housing, are free to come and go, but need to sign in and out of the Home. In all cases, monthly maintenance fees will continue to accrue and must be paid.
13. Do you have any type of rehabilitation therapy available? Yes, the Homes have physical, speech, and occupational therapy available, in addition to having a complete restorative nursing program.
14. Do you have physicians at the Home? All the homes have physician coverage provided either by employed physicians or contracted physicians and have a dedicated group of consultant physicians who see Veterans as care needs require.
15. If a Veteran needs special medical treatment, what happens? If needed, a consultant physician may be called to the Home or the resident may be sent to a VA Medical Center for treatment. In an emergency, a resident would be sent to a local hospital.
16. Are there any activities for Veterans? Yes! The Homes have activity staff who plan trips, parties, hobbies, entertainment groups, and projects. The Anna, Manteno, and Quincy Homes have small lakes on site stocked with fish on a "catch and release" basis for residents and their visitors to use.
17. What security and safety precautions are taken? The Homes have Security and Safety staff for the Veteran's safety and protection. The facilities are fire sprinkled, receive inspections by the State of Illinois Fire Marshal and have comprehensive fire alarm systems that alert local Fire Departments.

FOR MORE INFORMATION ABOUT ANY OF THE HOMES OR TO REQUEST AN APPLICATION PLEASE
CONTACT THE FOLLOWING:

Illinois Veterans Home at Anna, Adjutant's Office, (618) 833-6302, x229. Illinois

Veterans Home at La Salle, Adjutant's Office, (815) 223-0303, x222.

Illinois Veterans Home at Manteno, Adjutant's Office, (815)468-6581, x226.

Illinois Veterans Home at Quincy, Adjutant's Office, (217) 222-8641, x209.

**DEPARTMENT OF VETERANS' AFFAIRS
APPLICATION FOR ADMISSION
TO THE ILLINOIS VETERANS' HOMES**

Quincy Veterans' Home
1707 North 12th Street
Quincy, IL 62301

(217) 222-8641, Ext. 209
FAX # 217-222-8578

Manteno Veterans' Home
One Veterans Drive
Manteno, IL 60950

(815) 468-6581, Ext. 226

LaSalle Veterans' Home
1015 O'Connor Avenue
LaSalle, IL 61301

(815) 223-0303, Ext. 261

Anna Veterans' Home
792 North Main Street
Anna, IL 62906

(618) 833-6302, Ext. 123

READ INSTRUCTIONS BEFORE COMPLETING APPLICATION:

Print in black ink or type. Answer all questions. Assistance in completing this application can be obtained from any Department of Veterans' Affairs Field Service Office, call 800-437-9824 to find the nearest location. The information that you provide as part of this application will be used to determine the eligibility and appropriate level of care and to do preliminary planning for care and treatment. The financial section is needed to determine the appropriate charges based on the charge statement. This application can only be signed by the applicant or their legal representative.

SOC. SEC #: _____

APPLICANT'S FULL NAME: _____
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PH. # (____) _____

SERVICE #: _____ V.A. CLAIM #: C- _____ RELIGION: _____

TYPE OF DISCHARGE: _____ WERE YOU A P.O.W.? _____ YES _____ NO

BRANCH OF MILITARY SERVICE: _____ ARMY _____ NAVY _____ MARINE _____ AIR FORCE _____
_____ COAST GUARD _____ MERCHANT MARINE

SERVED DURING: _____ WORLD WAR II _____ KOREAN _____ VIETNAM _____ GULF WAR-OEF/OIF _____ OTHER

DATE ENTERED ACTIVE SERVICE: _____ PLACE ENLISTED: _____

DATE OF DISCHARGE: _____ PLACE DISCHARGED: _____

RANK AT DISCHARGE: _____ UNIT NO. AND NAME: _____

OTHER SIGNIFICANT MILITARY INFORMATION: _____

DATE OF BIRTH: _____ BIRTHPLACE: _____ AGE: _____ SEX _____

MARITAL STATUS: _____ MARRIED _____ WIDOWED _____ DIVORCED _____ SEPARATED _____ SINGLE

NUMBER OF DEPENDENTS: _____ FORMER OCCUPATION OF VETERAN: _____

HAVE YOU PREVIOUSLY RESIDED AT OR APPLIED FOR MEMBERSHIP AT THIS HOME OR ANOTHER ILLINOIS VETERANS' HOME?
_____ YES _____ NO IF YES, WHICH HOME? _____

ARE YOU PRESENTLY ON A WAITING LIST AT ANOTHER ILLINOIS VETERANS' HOME?
_____ YES _____ NO IF YES, WHICH HOME? _____

I (HAVE / HAVE NOT) LIVED IN THE STATE OF ILLINOIS CONTINUOUSLY FOR THE PAST ONE YEAR.

RESIDENCE FOR LAST ONE YEAR: _____ FROM: _____ TO: _____

SOCIAL INFORMATION

LIST ALL INFORMATION ON SPOUSE (INCLUDE MAIDEN NAME IF FEMALE) AND ALL CHILDREN BORN OR LEGALLY ADOPTED OF THIS UNION. LIST CHILDREN BORN OF PREVIOUS MARRIAGE (S). USE ADDITIONAL SHEET IF NECESSARY.

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>ADDRESS</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

PLEASE LIST PERSONS TO NOTIFY IN CASE OF EMERGENCY, OR IF ADDITIONAL INFORMATION IS NEEDED.

#1 PERSON _____	RELATIONSHIP: _____
ADDRESS _____	PHONE #: _____
CITY _____ STATE: _____ ZIP: _____	WORK #: _____
#2 PERSON _____	RELATIONSHIP: _____
ADDRESS _____	PHONE #: _____
CITY _____ STATE: _____ ZIP: _____	WORK #: _____
#3 PERSON _____	RELATIONSHIP: _____
ADDRESS _____	PHONE #: _____
CITY _____ STATE: _____ ZIP: _____	WORK #: _____

(PLEASE LIST ANY ADDITIONAL PERSONS ON A SEPARATE SHEET.)

FINANCIAL INFORMATION

The applicant is charged a Monthly Maintenance Charge to live at an Illinois Veterans' Home. The following financial information is needed for both the veteran and spouse to properly advise an applicant and spouse about V.A. Benefits.

Name of Bank or Savings & Loan	Amount	Type of Account	Location
1. _____	\$ _____	_____	_____
2. _____	\$ _____	_____	_____
3. _____	\$ _____	_____	_____
4. _____	\$ _____	_____	_____
5. _____	\$ _____	_____	_____

MONTHLY INCOME AMOUNTS

BRING SUPPORTING DOCUMENTATION AT ADMISSION

VETERAN

SPOUSE

MILITARY RETIREMENT, VETERAN'S PENSION OR SERVICE

MONTHLY AMOUNT

MONTHLY AMOUNT

(Rev. 01/05)
IL-97-0290)

CONNECTED COMPENSATION (DISABILITY%? _____)

\$ _____

\$ _____

SOCIAL SECURITY

\$ _____

\$ _____

MONTHLY INTEREST / DIVIDENDS

\$ _____

\$ _____

PENSION BENEFITS

\$ _____

\$ _____

ANNUITY

\$ _____

\$ _____

RENTAL PROPERTY (NET)

\$ _____

\$ _____

OTHER

\$ _____

\$ _____

TOTAL MONTHLY INCOME

\$ _____

\$ _____

IF ABOVE INCOME GOES TO A REPRESENTATIVE PAYEE, PLEASE PROVIDE THEIR NAME, ADDRESS, AND PHONE #:

FINANCIALLY RESPONSIBLE PERSON

FULL NAME

RELATIONSHIP

BIRTHDATE

STREET ADDRESS, CITY STATE AND ZIP

INSURANCE POLICIES

HEALTH INSURANCE (NON-MEDICARE) YES _____ NO _____ MONTHLY PREMIUM COST: _____

COMPANY: _____ POLICY NO: _____

PLEASE PROVIDE A COPY OF INSURANCE CARD (FRONT AND BACK)

MEDICARE PARTICIPATION IS MANDATORY (IF NOT CURRENTLY PARTICIPATING, RESIDENT WILL BE SIGNED UP AT ADMISSION)

MEDICARE: PART A (HOSPITALIZATION) YES _____ NO _____ EFFECTIVE DATE _____

MEDICARE: PART B (MEDICAL COVERAGE) YES _____ NO _____ EFFECTIVE DATE _____

PREPAID FUNERAL ARRANGEMENTS YES _____ NO _____ **PROVIDE COPY.**

ADVANCE DIRECTIVES AND LEGAL AUTHORITY

DO YOU HAVE ANY OF THE FOLLOWING ADVANCE DIRECTIVES OR LEGAL APPOINTMENTS:

LIVING WILL _____ YES _____ NO _____ CONSERVATOR _____ YES _____ NO _____

LEGAL GUARDIANSHIP _____ YES _____ NO _____

POWER OF ATTORNEY _____ YES _____ NO _____ WHAT TYPE _____

NOTE: IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS REGARDING ADVANCE DIRECTIVES OR LEGAL AUTHORITY YOU MUST PROVIDE A COPY OF THOSE DOCUMENTS BEFORE OR UPON ADMISSION.

I agree to abide by and obey the rules and regulations governing the Illinois Veterans' Homes and to accept transfer to another hospital, special treatment center, or Home if in the opinion of the Medical Staff, such transfer is deemed advisable. I/We understand that should I/We receive additional income or be eligible for any additional income at any future date, from any sources, that it is mandatory that it be reported to the Home, and that failure to do so shall be cause for discharge.

This authorizes the Administrator of the Home or his/her representative to verify any facts relative to my/our financial status or income.

I have read or have had read to me all questions and answers on this form and the answers are true and complete to the best of my knowledge and belief. I also understand that any falsification regarding the aforementioned information will be reason for discharge from the Home.

SIGNED: _____

DATE: _____

IMPORTANT NOTICE: This application must be fully completed in all portions and accompanied by a Photostatic copy of your HONORABLE DISCHARGE (DD 214), and the DEPARTMENT OF VETERANS' AFFAIRS HEALTH QUESTIONNAIRE. If this form is signed by anyone other than the applicant, a copy of their legal authority must accompany the application.

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TO BE COMPLETED BY DEPARTMENT PERSONNEL

Applicant (meets) (does not meet) Veterans' eligibility criteria.

Signature of Adjutant

Applicant medically (eligible) (ineligible)

Signature of Medical Officer

This application has been carefully investigated and it is recommended that the Applicant
(be admitted) (not be admitted) to reside in the Illinois Veterans' Home.

This State Agency is requesting disclosure of information necessary to accomplish the statutory purpose of P.A. 79-1384, Paragraph 5. Inasmuch as this information is VOLUNTARY, failure to provide same may prevent admission to the Veterans' Home.

DATE

SIGNATURE OF ADMINSTRATOR

**HEALTH QUESTIONNAIRE
DEPARTMENT OF VETERANS' AFFAIRS
ILLINOIS VETERANS' HOMES**

**APPLICATION WILL NOT BE REVIEWED UNLESS THIS FORM IS COMPLETED AND A COPY OF THE
LAST OR MOST RECENT HISTORY AND PHYSICAL OR DISCHARGE SUMMARY IS ATTACHED.
(TO BE COMPLETED BY LICENSED PHYSICIAN)**

APPLICANT NAME: _____ DATE: _____

Current residence: Acute hospital _____ Nursing home _____ Home _____

Name, Address and Phone Number of Hospital or Nursing Home

If at home, number of inhabitants _____

HEIGHT : _____ WEIGHT: _____

CURRENT DIAGNOSIS(SES):

Present medications taken (Type, strength, dosage)

Allergies and Allergic Reactions

PLEASE CHECK EACH OF THE FOLLOWING:

(Space provided on page 4 for additional comments or attach additional sheets.)

	YES	NO	PARTIALLY
1. <u>Can applicant do the following:</u>			
a. Dress and use lavatory?	_____	_____	_____
b. Bathe?	_____	_____	_____
c. Oral hygiene?	_____	_____	_____
d. Reposition in bed?	_____	_____	_____
e. Ascend and descend steps?	_____	_____	_____
f. Feed self?	_____	_____	_____
g. Operate wheelchair, if needed, without aid?	_____	_____	_____

		YES	NO	PARTIALLY
2.	<u>Is applicant:</u>			
	a. Aphasic?	_____	_____	_____
	b. Deaf?.....	_____	_____	_____
	c. Blind?.....	_____	_____	_____
	d. Cardiac Patient?.....	_____	_____	
	e. Using oxygen?	_____	_____	
	f. Continent of bowel?.....	_____	_____	_____
	g. Continent of bladder?.....	_____	_____	_____
	h. Mentally competent?.....	_____	_____	
	i. Able to walk 1 block?	_____	_____	
3.	Does applicant require sensory aid? _____ Specify: _____			
			YES	NO
4.	Does applicant have decubiti (bedsores)?	_____	_____	
	If yes, describe: _____			
5. **	Is any infection present?	_____	_____	
	** Is there a history of MRSA, VRE or any other anti-biotic resistant infection?.....	_____	_____	
6. **	Is applicant undergoing Cancer/Dialysis treatment?	_____	_____	
	** Is there a past history of Cancer/Dialysis?	_____	_____	
7. **	Is applicant ambulatory without assistance?	_____	_____	
	a. Require crutches, walker, wheelchair?	_____	_____	
	b. Require complete bed care?	_____	_____	
8. **	Does applicant require prosthesis?	_____	_____	
	** If answer to questions 5, 6, 7, or 8 is YES, please give brief explanation:			

			YES	NO
9.	Is applicant mentally capable of managing personal needs or self-administering oral medications without supervision? (Explain on page 4).....	_____	_____	
10.	<u>Does applicant have a history of: (Explain YES answers on page 4)</u>			
	a. Alcoholism? (Treatment program; see #15)	_____	_____	
	b. Epilepsy?	_____	_____	
	c. Dyspnea?	_____	_____	
	d. Psychiatric treatment? (When, where; see #15).....	_____	_____	
	e. Chemical abuse? (Include prescription meds).....	_____	_____	
	f. Depression?.....	_____	_____	
	g. Verbally combative? (Give examples on Page 4).....	_____	_____	
	h. Physically combative? (Give examples on Page 4).....	_____	_____	

YES NO

11. Does applicant require:

- a. Observation to make his/her wants known?
- b. Spoon-feeding?
- c. Tube feeding?
- d. Tracheostomy suctioning?
- e. Colostomy / Urostomy care?.....
- f. Special Diet? Specify:
- g. Appetite? Specify:
- h. Is applicant a cigarette smoker?
Use of other tobacco products? Specify:
- i. Does applicant have Foley catheter?

12. Will applicant require supervision to prevent wandering from assigned unit? If YES, please give a brief explanation:

13. Most recent date applicant had the following vaccine/tests:

- Pneumonia
- Influenza
- Tetanus/Diphtheria (DT)
- Mantoux . . . If positive - Millimeter of Induration
- Treatment received:

14. Has applicant been hospitalized or received outpatient treatment for any of the following reasons?

	Hospital	City	Date
Psychiatric treatment	_____	_____	_____
Surgery	_____	_____	_____
Alcohol/Substance Abuse	_____	_____	_____
Please give brief explanation:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

.....

NOTICE TO EXAMINING PHYSICIAN - History, symptoms and physical findings must be recorded in sufficient detail to clearly support the diagnoses. Include recent history or current diagnosis of infectious disease with pertinent pathology information.

PUBLIC ACT 90-366 REQUIRES THAT BEFORE A PROSPECTIVE RESIDENT'S ADMISSION TO A FACILITY, THE FACILITY SHALL ADVISE THE PROSPECTIVE RESIDENT TO CONSULT A PHYSICIAN TO DETERMINE WHETHER THE PROSPECTIVE RESIDENT SHOULD OBTAIN A VACCINATION AGAINST PNEUMOCOCCAL PNEUMONIA.

PLEASE ADD COPIES OF PATIENT'S LAST HOSPITALIZATION (H & P) OR
MOST RECENT DISCHARGE SUMMARY AND MOST RECENT NINETY DAYS OF
NURSING NOTES IF CURRENTLY IN A NURSING HOME

ADDITIONAL COMMENTS
(Please attach additional sheets if necessary)

Based on the applicant's current medical status, placement for nursing home care is appropriate.

YES _____ NO _____

Signed: _____
Examining Physician

Address: _____

Date: _____

City, State
Zip Code _____

Name: _____
Printed / Typed

Phone: (____) _____
Area Code Phone Number

IMPORTANT NOTICE: This State Agency is requesting disclosure of information necessary to accomplish the statutory purposes of ILCS Chapter 20, Act 2805. Inasmuch as this information is **VOLUNTARY**, failure to provide it may prevent admission to the Veterans Home. This form has been approved by the Forms Management Center.

**APPLICATION WILL NOT BE REVIEWED UNLESS THIS FORM IS COMPLETED AND A COPY OF THE
LAST OR MOST RECENT HISTORY AND PHYSICAL OR DISCHARGE SUMMARY IS ATTACHED.**