



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, extensions x02454, x 02253, or x02247

ILLINOIS DEPARTMENT OF VETERANS AFFAIRS
Illinois Veterans Home at Quincy

ELIGIBILITY INFORMATION

Honorably discharged Veterans who meet the list below admission guidelines:

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 DATES:

World War II	December 7, 1941	through	December 31, 1946
Korea	June 27, 1950	through	January 31, 1955
Vietnam	November 1, 1955	through	August 4, 1964 (served in country)
Vietnam	August 5, 1964	through	May 7, 1975
Gulf War	August 2, 1990	through	November 30, 1995

Served and has been honorably 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 September 7, 1980.

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 the 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 September 8, 1980. (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 October 17, 1981. 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 their most recent marriage to veteran and married for at least five years are eligible for domiciliary care only.

APPLICATION FOR ADMISSION

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

Incompetent Applicants-Applicants unable to sign for 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 a copy of their 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.

APPLICATION HEALTH QUESTIONNAIRE FORM: This form must be completed by a licensed physician, CNP or PA. Recent medical information (within the last sixty (60) days) and should include any current diagnoses. History, symptoms, and physical findings must be recorded in enough 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 months, a copy of the hospital discharge summary should be included. If the applicant is a resident of a nursing home please provide; 90 days of nursing notes, MDS, care plan, PT, OT and ST notes.

NOTE: The purpose of the Health Questionnaire and medical information is to determine the applicant's "level of care" requirements. Adequate information is needed to make this determination. An applicant cannot 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. To constitute proof of eligible service, the DD 214 must show the date and place of entry and the date and place of separation from active federal service along with 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, skilled nursing or dementia care).

The applicant will be notified by mail concerning what determination was made, and their name will be placed on the appropriate waiting list.

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 and dementia care 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 \$	1,500.00
Less expense allowance -	<u>200.00</u>
Balance	= 1,300.00
	X <u>90%</u>
Maintenance Charge \$	1,170.00

The maximum monthly maintenance charge is **\$1,540.00**, regardless of income.

Members whose income and assets are within guidelines specified by the U.S. Department of Veterans Affairs may qualify for non-service-connected pension from the USDVA. Those persons who qualify for the Aid & Attendance allowance from the USDVA 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 \$1,540.00 each.

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

FREQUENTLY ASKED QUESTIONS

1. **What type of facility are the Illinois Veterans' Homes? The Illinois Veteran's Home (Homes) are skilled nursing homes operated by the Illinois Department of Veterans' Affairs. The Homes are not hospitals/geriatric behavior health facilities; or a Federal Veterans' Administration 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 problem, have clinical needs which cannot be met at our Homes.**
2. **Is skilled nursing care the only care level available? No, our Homes located in Anna and Quincy 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 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 making 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 \$1,468.00*. 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 a 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.**
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, walkers, prosthesis (including braces), telephone and cable TV. This list is not all inclusive. Any special requests by the veteran or family to use and 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 Chicago Home has 200 skilled beds, the La Salle Home has 190 skilled nursing beds, the Manteno Home has 304 skilled nursing beds and 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 a 32” for wall mounting.
11. Can a veteran have a telephone in their room? Not all buildings within the Homes are set up to have individual hardwired phones in the rooms. Please contact the Home you are applying 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, skilled care residents may go out on a daily pass if they return to the Home on the same day or on an overnight “Leave”. In both cases a physician’s order is needed. Overnight 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 from the Home. 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 activities for veterans? Yes! The Home 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 and 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 HOME 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 Chicago, Adjutant’s Office, 773-794-3763

Illinois Veterans’ Home at La Salle, Adjutant’s Office, 815-223-0303 x 222.

Illinois Veterans’ Home at Manteno, Adjutant’s Office, 815-468-6581 x 226

Illinois Veterans’ Home at Quincy, Adjutant’s Office, 217-222-8641 x 02454, x02253, or x02247

**ILLINOIS DEPARTMENT OF VETERANS' AFFAIRS
APPLICATION FOR ADMISSION TO AN ILLINOIS VETERANS HOME**

Anna Veterans Home
792 N. Main Street
Anna, IL 62906
(618) 833-5394

LaSalle Veterans Home
1015 O'Conor Avenue
LaSalle, IL 61301
(815) 410-8375

Chicago Veterans Home
4250 N. Oak Park Ave.
Chicago, IL 60634
(773) 794-3763

Manteno Veterans Home
One Veterans Drive
Manteno, IL 60950
(815) 468-6581, x226

Quincy Veterans Home
1707 N. 12th Street
Quincy, IL 62301
(217) 222-8641, x02454

PLEASE READ INSTRUCTIONS BEFORE COMPLETING APPLICATION

Assistance in completing this application may be obtained from any of the above offices. All questions on this form must be answered. The information provided will be used to determine eligibility; appropriate level of care; and to allow preliminary planning for care and treatment. **This application can only be signed by the applicant or their legal representative.**

APPLICANT INFORMATION

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

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PRIMARY PHONE NUMBER: (____) _____ ALTERNATE PHONE NUMBER: (____) _____

EMAIL ADDRESS: _____ SOCIAL SECURITY #: _____

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

MARITAL STATUS: MARRIED WIDOWED SEPARATED DIVORCED NEVER MARRIED

NUMBER OF DEPENDENTS: _____ FORMER OCCUPATION OF VETERAN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO WHEN? _____

PERSON TO CONTACT IF DIFFERENT FROM APPLICANT

FULL NAME: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PRIMARY PHONE NUMBER: (____) _____ ALTERNATE PHONE NUMBER: (____) _____

EMAIL ADDRESS: _____ RELATIONSHIP: _____

MILITARY INFORMATION

STATUS: VETERAN NON-VETERAN GOLD STAR PARENT OTHER: _____

SERVICE BRANCH: ARMY NAVY MARINES AIR FORCE COAST GUARD MERCHANT MARINE

SERVED DURING: WORLD WAR II KOREA VIETNAM PERSIAN GULF/OEF/OIF OTHER: _____

DID YOU RECEIVE AN EXPEDITIONARY MEDAL? YES NO WERE YOU A P.O.W? YES NO

DATE ENTERED ACTIVE SERVICE: _____ PLACE ENLISTED: _____

DATE OF DISCHARGE: _____ PLACE DISCHARGED: _____

TYPE OF DISCHARGE: _____ SERVICE #: _____

DO YOU HAVE A VA CLAIM #? YES NO VA CLAIM # _____

DEMOGRAPHICS INFORMATION

HAVE YOU PREVIOUSLY LIVED IN OR APPLIED FOR ADMISSION AT AN ILLINOIS VETERANS' HOME? YES NO
IF YES, WHICH HOME? _____ WHEN? _____

ARE YOU PRESENTLY ON A WAITING LIST AT ONE OF THE ILLINOIS VETERANS' HOMES? YES NO
IF YES, WHICH HOME? _____ WHEN? _____

WHAT CARE LEVEL ARE YOU APPLYING FOR? SKILLED NURSING INDEPENDENT LIVING

I HAVE LIVED IN THE STATE OF ILLINOIS CONTINUOUSLY FOR THE PAST YEAR / 12 MONTHS. YES NO
RESIDENCE ADDRESS FOR LAST 12 MONTHS: _____ FROM: _____ TO: _____

NEXT OF KIN/FRIENDS INFORMATION

LIST ALL INFORMATION ON SPOUSE (INCLUDING MAIDEN NAME) 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>DOB</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

#1 PERSON _____ RELATIONSHIP: _____
ADDRESS: _____ PRIMARY PHONE #: _____
CITY: _____ STATE: _____ ZIP: _____ ALTERNATE PHONE #: _____
EMAIL ADDRESS: _____

#2 PERSON _____ RELATIONSHIP: _____
ADDRESS: _____ PRIMARY PHONE #: _____
CITY: _____ STATE: _____ ZIP: _____ ALTERNATE PHONE #: _____
EMAIL ADDRESS: _____

#3 PERSON _____ RELATIONSHIP: _____
ADDRESS: _____ PRIMARY PHONE #: _____
CITY: _____ STATE: _____ ZIP: _____ ALTERNATE PHONE #: _____
EMAIL ADDRESS: _____

FINANCIAL INFORMATION – BANK ACCOUNTS

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 / Credit Union / Savings & Loan	Amount	Account Type	Location

FINANCIAL INFORMATION - MONTHLY INCOME AMOUNTS

(BRING SUPPORTING DOCUMENTATION AT ADMISSION)

VETERAN

SPOUSE

MILITARY RETIREMENT, VETERAN’S PENSION OR SERVICE
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

BIRTH DATE

STREET ADDRESS, CITY, STATE, AND ZIP

INSURANCE POLICIES

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

COMPANY: _____ POLICY NO: _____

PLEASE BRING INSURANCE CARD ON ADMISSION. MEDICARE PARTICIPATION IS MANDATORY (IF NOT CURRENTLY PARTICIPATING, YOU WILL BE ENROLLED AT ADMISSION)

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

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

PRE-PAID FUNERAL ARRANGEMENTS YES NO **(PROVIDE COPY OF AGREEMENT)**

**HEALTH QUESTIONNAIRE
ILLINOIS 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 COMPLETED BY A LICENSED PROVIDER IS ATTACHED. ALSO INCLUDE THE MOST RECENT 90 DAYS OF NURSING PROGRESS NOTES.

APPLICANT NAME: _____ DATE OF EXAM: _____

Current Residence?	Home:	Hospital:	Nursing Home:
Nursing Home/Hospital Name and Address:			

1. DIAGNOSIS:

2. CURRENT MEDICATIONS/SUPPLEMENTS: (Type; Strength; Dosage)

3. ALLERGIES:

4. HX OF INFECTIOUS DISEASES

DISEASE	DATE	SITE OF INFECTION
VRE		
ESBL		
C-DIFF		
HERPES ZOSTER		
COVID-19		
OTHER:		

5. VACCINATIONS

VACCINE	YES	NO	DATE	DATE	TB/MANTOUX RESULTS
TB TEST/MANTOUX					
PREVNAR					
PNEUMOVAX					
INFLUENZA					
TDAP					
SHINGLES / HERPES ZOSTER					
COVID-19 SERIES			#1-	#2-	

6. PAST SURGERIES (When and What)

7. PAST INJURIES (When and What)

8. PAST MAJOR DISEASES (When and What)

9. FAMILY MEDICAL HISTORY (When and What)

10. LIFESTYLE HISTORY

TOBACCO USER	YES / NO	AGE STARTED		TYPE	
AGE STOPPED USING TOBACCO					

ALCOHOL USER	YES / NO	AGE STARTED		TYPE	
AGE STOPPED USING ALCOHOL			DATE COMPLETED ALCOHOL PROGRAM		

RECREATIONAL DRUG USER	YES / NO	AGE STARTED		TYPE	
AGE STOPPED USING DRUGS			DATE COMPLETED DETOX PROGRAM		

EXPLANATION:

11. BEHAVIORAL HEALTH (Does applicant have a history of the following. Explain all "yes answers)

PSYCHIATRIC TREATMENT	YES / NO	VERBALLY / PHYSICALLY COMBATIVE	YES / NO
CHEMICAL ABUSE	YES / NO	RESISTIVE TO CARE	YES / NO
ALCOHOLISM	YES / NO	"SUNDOWN" SYNDROME	YES / NO
DEPRESSION	YES / NO	ELOPEMENT RISK	YES / NO
PTSD	YES / NO	INVOLUNTARY DISCHARGE FROM HEALTHCARE FACILITY	YES / NO
SUICIDAL	YES / NO		

EXPLANATION:

12. ACTIVITIES OF DAILY LIVING (Can applicant do the following by themselves)

GET DRESSED	YES / NO / PARTIALLY	USE STAIRS SAFELY	YES / NO / PARTIALLY
TOILET SELF	YES / NO / PARTIALLY	REPOSITION IN BED	YES / NO / PARTIALLY
CONTINENT OF BOWEL	YES / NO / PARTIALLY	OPERATE WHEELCHAIR	YES / NO / PARTIALLY
CONTINENT OF BLADDER	YES / NO / PARTIALLY	OPERATE MEDICAL EQUIPMENT	YES / NO / PARTIALLY
BATHE	YES / NO / PARTIALLY	FEED SELF	YES / NO / PARTIALLY
ORAL HYGIENE	YES / NO / PARTIALLY	AMBULATE SELF	YES / NO / PARTIALLY
TRANSFER SELF	YES / NO / PARTIALLY	MENTALLY COMPETENT	YES / NO / PARTIALLY
MAKE NEEDS KNOWN	YES / NO / PARTIALLY	ABLE TO CLEARLY SPEAK	YES / NO / PARTIALLY
PREPARE & TAKE MEDICATION	YES / NO / PARTIALLY	ABLE TO UNDERSTAND SPEECH	YES / NO / PARTIALLY

EXPLANATION:

13. SPECIAL NEEDS (Explain any "Yes" answers below)

OXYGEN	YES / NO	COMPLETE BED CARE	YES / NO	COLOSTOMY	YES / NO
NEBULIZER TX	YES / NO	APHASIC	YES / NO	STOMA	YES / NO
INHALER	YES / NO	EPILEPSY	YES / NO	DEAF	YES / NO
TRACH CARE	YES / NO	CARDIAC PATIENT	YES / NO	BLIND	YES / NO
DYSPNEA	YES / NO	PACEMAKER / DEFIB	YES / NO	PRESSURE INJURY	YES / NO
ACCU CHECKS	YES / NO	FOLEY CATHETER	YES / NO	SPECIAL DIET	YES / NO

EXPLANATION:

14. DURABLE MEDICAL EQUIPMENT

GLASSES	YES / NO	CONTACTS	YES / NO	WHEELCHAIR	YES / NO
DENTURES	YES / NO	WALKER	YES / NO	CRUTCHES	YES / NO
HEARING AIDS	YES / NO	CANE	YES / NO	BRACE	YES / NO

COMMENTS:

15. FALLS

RECENT FALLS?	YES / NO	DATE:		INJURIES?	
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COMMENTS:

