

Veterans Hospice Homestead  
Hero Homestead and Armistice Homestead  
Application for Admission

Accepted  
 Denied  
Admission Date \_\_\_\_\_

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_

In Case of Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Income Sources: \_\_\_\_\_ Amounts: \_\_\_\_\_

- Homelessness Verification Form signed
- Military Discharged Papers (DD-214)
- Signed medical records?

Medical Records:

- History & Physical, Summary of last hospital admission
- Allergies
- Last TB test and/or Chest X-Ray
- List of Medications
- Height & Weight
- What other agencies are involved with this veteran's care (visiting nurses etc.)?  
\_\_\_\_\_

Who is your Primary Care Physician? Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

- Will this physician follow the veteran after their admission to the hospice? \_\_\_\_\_
- Have you been diagnosed with a terminal illness? \_\_\_\_\_

When: \_\_\_\_\_ What: \_\_\_\_\_

Where: \_\_\_\_\_ By Whom: \_\_\_\_\_

Do you had/have any...

Substance Abuse/Psych History? \_\_\_\_\_ Pending legal issues? \_\_\_\_\_

- What is your length of sobriety? \_\_\_\_\_

Health Insurance:

<i>Health Care Plan</i>	<i>Plan Number</i>
1. _____	_____
2. _____	_____

Do you have any advanced directives?

- Living Will
- Health Care Proxy
- DNR (Do not resuscitate)
- Durable Power of Attorney

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_