



MAINE VETERANS' HOMES

caring for those who served

APPLICATION FOR ADMISSION

1. **Applicant Information:** Veteran Spouse Widow/Widower Gold Star Parent

Please include Veteran's copies of Military Discharge Papers (DD-214) as they are required prior to admission.

Last Name _____

First Name _____ Middle Initial _____

Applicant's Date of Birth _____

Applicant's Social Security Number _____

2. **If the Applicant is a Veteran:**

Does the Veteran have a Service-Connected Disability? No Yes-If Yes, please provide percentage rating and explain the disability: _____

Does the Veteran receive a VA pension, other than for Service-Connected disability? Yes No

3. **Level of care interested in:** Skilled Nursing Rehabilitation Long-Term Care Residential Care
 Dementia/Long-Term Care Dementia/Residential Care

4. **Veteran's Information:** (if applicant is spouse, widow/widower or gold star parent)

Veteran's Last Name _____

First Name _____ Middle Initial _____

Veteran's Date of Birth _____

5. **Military Service Information:** Branch of Service _____

Date of Entry into Active Duty _____ Date of Discharge _____

Service (Serial) Number _____ VA File Number (if any) _____

6. **Applicant's Contact Information:** Private Home Nursing Home Boarding Home
 Hospital Togus (VA) Other

Name of facility (if other than Private Home) _____

Number and Street _____

City/Town _____ Zip Code _____ Telephone Number _____

7. **Name and Address of Responsible Person to Contact:**

Name _____ Relationship _____

Number and Street _____

City/Town _____ Zip Code _____ Telephone Number _____

8. **I understand the above questions. All answers are true to the best of my knowledge.**

Signature of Applicant or Representative

Date