Texas State Veterans Homes

Application for Admission

SERVING TEXAS VETERANS

VLB™

VETERANS LAND BOARD

CHAIRMAN GEORGE P. BUSH

George P. Bush, Chairman

For assistance, please contact the Texas Veterans Land Board
toll free at 1-800-252-8387

Texas Veterans Land Board
Stephen F. Austin Building • 1700 North Congress Avenue • Austin, Texas 78701-1496
P.O. Box 12873 • Austin, Texas 78711-2873
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vlb.texas.gov

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TEXAS STATE VETERANS HOMES

AMARILLO ♦ BIG SPRING ♦ BONHAM ♦ EL PASO

FLORESVILLE ♦ HOUSTON ♦ MCALLEN ♦ TEMPLE ♦ TYLER

Thank you for making an application to a Texas State Veterans Home. Please attach a copy of the Veteran's discharge document (DD 214). If acting on behalf of the proposed resident, also attach a copy of guardianship documentation or a signed durable medical power of attorney. For your own security, applications are not accepted online due to the personal nature of the information contained in them. You will need to hand deliver, mail or fax the application directly to the home of choice.

If you have questions as you are completing the application, please contact the home directly or call the Texas Veterans Land Board at 1-800-252-8387.

Ussery-Roan
1020 Tascosa Road
Amarillo Texas 79124-1504
Phone: 806-322-8387
Fax: 806-322-8388

Lamun-Lusk-Sanchez
1809 North Highway 87
Big Spring, Texas 79720-0793
Phone: 432-268-8387
Fax: 432-268-1987

Clyde W. Cosper
1300 Seven Oaks Road
Bonham, Texas 75418-3254
Phone: 903-640-8387
Fax: 903-640-4281

Ambrosio Guillen
9650 Kenworthy Street
El Paso, Texas 79924-6011
Phone: 915-751-0967
Fax: 915-751-0980

Frank M. Tejeda
200 Veterans Drive Floresville,
Texas 78114-2709
Phone: 830-216-2206
Fax: 830-393-7764

Richard A. Anderson
14041 Cottingham Road
Houston, Texas 77048
Phone: 832-208-9414

Alfredo Gonzalez
301 E. Yuma Avenue
McAllen, Texas 78503-1388
Phone: 956-682-4224
Fax: 956-992-0602

William R. Courtney
1424 Martin Luther King Jr.
Lane Temple, Texas 76504-5941
Phone: 254-791-8280
Fax: 254-791-0262

Watkins-Logan
11466 Honor Lane
Tyler, Texas 75708-3296
Phone: 903-617-6277
Fax: 903-617-6498

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APPLICATION FOR ADMISSION

Today's Date _____

This application is for placement in the veterans home located in _____

Applicant's Name _____

Category: Veteran☐ Spouse☐ Surviving Spouse☐ Gold Star Parent☐

PERSONAL INFORMATION (APPLICANT)

How did you hear about Texas State Veterans Homes? _____

Date of Birth _____ Current Age _____ Gender: M☐ F☐

VA Claim # _____ Social Security Number _____

Marital Status _____ Spouse's Name _____

Permanent Address _____
(Street) (City) (County) (State) (Zip Code)

Email Address _____

Home Phone _____ Other Phone _____

Present Location of Applicant: Home☐ Hospital☐ Nursing Facility☐ Other☐

Current Address *(If applicant resides other than at home, please provide the name, address and telephone number of the hospital, nursing facility or other location.)*

_____

Primary Responsible Party *(party who handles applicant's financial and/or medical affairs)*

Name _____Relationship _____ Financial ☐ Medical☐

Address _____

Email Address_____

Home Phone _____ Cell Phone _____

Legal Relationship: Self☐ Power of Attorney☐ Legal Guardian☐ Surrogate Decision Maker☐

Secondary Responsible Party *(party who handles applicant's financial and/or medical affairs)*

Name _____Relationship _____ Financial ☐ Medical☐

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Legal Relationship: Self☐ Power of Attorney☐ Legal Guardian☐ Surrogate Decision Maker☐

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MEDICAL INFORMATION

Primary Physician _____

Address _____

_____

Phone_____ Fax_____

Is your physician willing to come to the Texas State Veterans Home to continue caring for you?

Yes☐ No☐

Diagnosis Requiring Long-Term Care *(attach copy of medical records or fill out completely)*

_____

_____

_____

_____

_____

Other Pertinent Diagnosis _____

_____

_____

Current Medications

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on additional page, if necessary.)

Known Allergies _____

_____

Additional Information _____

_____

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HEALTH INSURANCE INFORMATION

Primary Medical

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Secondary Medical

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Dental Insurance

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

Other Health Insurance/Long-Term Care Insurance

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

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MEDICARE INFORMATION

Do you have Medicare Part A? Yes☐ No☐

Do you have Medicare Part B? Yes☐ No☐

Do you have Medicare Part D? Yes☐ No☐

Do you have pharmacy coverage? Yes☐ No☐

Carrier _____

Address _____

Phone _____ Fax _____

Policy # _____ Group # _____

Name of Policyholder _____

INCOME INFORMATION

Usual Occupation _____ Date Last Employed _____

Last Employer _____

Name *Address* *Phone*

If applicant is receiving VA income benefits:

Service Connected (SC) Disability Pension
$_____per month

Service Connected Disability Rating by VA
_____%

Non-Service Connected (NSC) Pension
$_____per month

Aid and Attendance
$_____per month

House Bound
$_____per month

Monthly income *before* deductions

Social Security _____per month

Private Pension _____per month

Other Income _____per month

_____per month

Military Retirement $_____per month

Workers Compensation $_____per month

Source _____

_____

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If monthly income is not enough to pay applicant's portion of costs, what other resources are available? *(checking, savings, investments, etc.)* RATES ARE SUBJECT TO CHANGE AT ANY TIME.

_____ _____

_____ _____

TEXAS VETERANS SERVICE INFORMATION

Branch of Service	_____	Type of Discharge	_____
Date Entered	_____	State/County of Entry	_____
Date Discharged	_____	Discharge Location	_____
Texas Resident Since	_____	Voter Registration County	_____

CONFIDENTIALITY OF APPLICANT INFORMATION

To the extent such information is ruled not to constitute protected health information, please indicate whether you would like the Veterans Land Board to withhold the following information from public disclosure: home address, home telephone number, next of kin information, emergency contact information, date of birth, social security number and any other information that reveals whether you or the applicant has family members.

☐ Yes ☐ No

X _____ _____

Signature of Applicant/Responsible Party **Date**