

Worksheet Checklist -Nebraska Veterans' Home

Complete the Worksheet and obtain all necessary documents BEFORE contacting the Sarpy County Veterans' Service Office at 402-593-2203 to schedule an appointment to complete the application. If any question does not apply, answer "NA or NONE".

Veteran – Spouse, Surviving Spouse – Gold Star Parent

1. Use numbers to indicate your preference for admission to the Nebraska Veterans Home (s) ONLY where you want to reside
2. Provide complete names, addresses, phone numbers, e-mail addresses, SSNs and dates in questions 1 to 13
3. The Medical Report for Admission to Nebraska Veterans' Home **MUST** be completed and signed by Applicant's doctor. It **MUST** be completed within 30 days prior to your signing and our submission of your Nebraska Veterans' Home application
4. You must provide all financial information including income, assets, investments and life insurance policies
5. Provide all documents as appropriate for your application, to include, but may not be limited to:
 - A copy of Veteran's Military service – all DD214(s) or statements of service
 - All Marriage Certificate(s), All Divorce Decree(s) and spouse Death Certificate(s)
 - Court Orders, Probation Orders, Child Support, Garnishments
 - Power of Attorney (POA), Durable Power of Attorney and/or Durable Power of Health Attorney and/or Durable Power of Attorney that includes health care decisions also Living Will and DNR/DRI
 - Court appointed Guardianship and/or Conservatorship
 - Proof of Nebraska residency – minimum 2 years
 - Nursing Home and/or Long Term Care Insurance Policies
 - Medical Insurance Coverage cards, including Medicare and Medicaid & DVA Healthcare card
 - Supplemental Medicare Insurance Policy or card and documentation of costs
 - Documented sources of All Income, Retirement, VA Benefits, Social Security and Investment Income
 - Documented sources of All Income from Business, Partnership, Farm and/or Rental Income
 - Home and Business/Rental Real Estate valuation to include county assessor's real estate tax assessment
 - Personal property to include, but not limited to, vehicles, farming and/or business equipment
 - Current Bank Account statements for checking and/or savings listing balances and joint owner's information
 - CDs, IRAs, 401Ks, Stocks, Bonds, Investment portfolios, end of year statements and Trusts
 - Life insurance policies – cash/surrender value or face value/value upon death
 - Land Contracts or Sale of Property Contracts, property transaction recordings within the past 2 years

If you have any questions regarding this worksheet or required documents, please contact us at 402-593-2203

Spouse is eligible for admittance with the Veteran simultaneously or after the Veteran has become a resident of the Veteran's Home System. Separate applications are required for the Veteran and the Spouse. Monthly maintenance fees assessed for each member.

Surviving Spouse is eligible for admittance providing they have not remarried since the Veteran's death. Provide a copy of Veteran's Death Certificate and **Affidavit of No Remarriage**.

Gold Star Parent is eligible for admittance providing Veteran's death was during active duty or service connected death. Provide copy of Veteran's Birth Certificate to establish parental relationship.

Nebraska Department of Veterans' Affairs
Veterans' Homes Board Guidelines

Schedule of Allowances

Effective 01/01/2017

The maintenance charge is determined on the household's ability to pay. The minimum maintenance charge is \$0.

\$ 3,843.00	Maximum maintenance charge.
\$ 7,686.00	Maximum maintenance charge for couples.
\$ 9,892.00	Assets allowed for single members.
\$ 19,784.00	Assets allowed for married members.
\$ 65,951.00	Assets allowed if spouse lives outside the Veterans' home.
\$ 8,573.00	Irrevocable burial trust allowed for single members.
\$ 17,146.00	Irrevocable burial trust allowed for couples.
\$ 265.00	Monthly allowance for single members.
\$ 530.00	Monthly allowance for couples.
\$1,812.00	Monthly allowance for spouse living outside the Veterans' home except no monthly allowance is given for a spouse in a private or public institution when payment for his/her care is from the public agency.
\$ 275.00	Monthly allowance for each dependent child except no monthly allowance is given for a dependent child in a private or public institution when payment for his/her care is from a public agency.
\$ 326.00	Maximum monthly allowance for prescriptions for spouse living outside the Veterans' home with proof of such expense.
No Cap	Maximum monthly allowance for health insurance premiums for members and/or their spouses who are not eligible for Medicare coverage with proof of such expense.
No Cap	Maximum monthly allowance for extended Medicare coverage for member with proof of such expense.
No Cap	Maximum monthly allowance for extended Medicare coverage for spouse living outside the Veterans' home with proof of such expense.
No Cap	Maximum monthly allowance for Medicare Part D for member with proof of such expense.
No Cap	Maximum monthly allowance for Medicare Part D for spouse living outside the Veterans' home with proof of such expense.

- ❖ Sale of home is immediately counted as an asset.
- ❖ Personal home is exempt as an asset for 12 months after admission.
- ❖ Hospital credit will be issued if hospitalized off campus for 30 days or more.

MEDICAL REPORT FOR ADMISSION TO NEBRASKA VETERANS HOME

Patient Name: _____ Birth Date: _____ Male Female

I hereby, authorize the release of necessary medical information from hospitals and other medical providers to the Nebraska Health and Human Services, the Nebraska Department of Veterans' Affairs, the appropriate County Veterans' Service Office, and the Veterans' Homes Board in order to establish eligibility for admission to the Nebraska Veterans' Home System.

Date: _____ Patient or Authorized Signature: _____

ALL SECTIONS MUST BE COMPLETED. IF IT DOES NOT APPLY MARK WITH N/A OR NONE.

Does patient have capacity to make health care decisions? Yes No

Diagnosis (include alcoholism, drug abuse and psychopathology)

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____
 7. _____ 8. _____ 9. _____

CHECK ANY OF THE FOLLOWING IF THEY ARE PRESENT:					Test	Date	Results
Disabilities	Impairments	Mild	Mod.	Sev.	Activity Tol. Limits		
<input type="checkbox"/> Amputation	Speech				<input type="checkbox"/> None	Chest x-ray	
<input type="checkbox"/> Paralysis	Hearing				<input type="checkbox"/> Moderate	C.V.C.	
<input type="checkbox"/> Contracture	Vision				<input type="checkbox"/> Severe	Serology	
<input type="checkbox"/> Decub. Ulcer	Sensation					Urinalysis	
<input type="checkbox"/> Other	Tremors						

Infections - please specify (MRSA, VRE, IV antibiotics, etc.)

 None

Tetanus Shot Yes No Date: _____
 Influenza Shot Yes No Date: _____
 Pneumococcal Polysaccharide Vaccine Yes No Date: _____

Behavioral issues - please specify (wandering, anger, etc.)

Wandering Anger Outbursts Delusional Behaviors
 Resists cares Sexual Inappropriateness None
 Compulsive Behaviors Specify: _____

Present Medications: (an attached printout is acceptable)

1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____
 9. _____ 10. _____ 11. _____ 12. _____

Allergies - please specify NKA _____

Diet: Regular Modified (specify e.g., salt free, 1800 calorie limit etc.)

Patient		
Acceptance of illness / disability	Understands reason for placement	Participated in Plan
<input type="checkbox"/> Good	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Fair	<input type="checkbox"/> Partly	<input type="checkbox"/> No
<input type="checkbox"/> Poor	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Family		
Participated in Planning	Accepted Nursing Home Plan	Expected to Visit
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> Reluctantly	<input type="checkbox"/> No
<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Patient Name: _____ **Social Security #** _____

Self-Care Status:	Independent	Needs Assistance	Unable to do	Assistive Devices:	Has	Uses	Needs
Personal Hygiene				Eyeglasses			
				Dentures			
Feeding				Hearing Aid			
				Walker			
Locomotion				Crutches			
				Cane			
Transfers				Wheelchair			
				Other: (specify)			
Elimination:	Ostomy	Continent	Incontinent				
Bowel							
Bladder							
Remarks:							

Patient's Sociability:

Sociable
 Withdrawn at times
 Combative

Patient's Mental Status:

Alert / Oriented / Responsive
 Diagnosed Dementia
 Occasionally Disoriented / Confused
 Hospitalized for Psychiatric Treatment
 Diagnosed Mental Illness

Does Patient Know Diagnosis? Yes No

Other: (Include observations, instructions given to patient / family regarding illness, treatment, etc.)

None

PHYSICIAN'S RECOMMENDATIONS

Special Treatments:

None
 Feeding Tube
 Oxygen

Specify: _____

Physician's Printed Name, Address & Telephone No.

Name: _____

Address: _____

City, St. Zip: _____

Telephone: _____

SIGNATURE & DATE: _____ X

Prognosis:

Anticipated Rehabilitation Needs:

None

Anticipated Level of Care:

PLEASE RECHECK TO MAKE SURE ALL SECTIONS ARE COMPLETED OR THIS FORM WILL BE RETURNED

SARPY COUNTY WORKSHEET FOR ADMISSION

to

NEBRASKA VETERANS' HOME SYSTEM

PLEASE TYPE OR PRINT CLEARLY

1. Show order of preference ONLY for the Home(s) in which you would want to reside (e.g. 1st, 2nd, etc.):

Grand Island
 Norfolk
 Bellevue
 Scottsbluff

2. Veteran: _____

Last Name
First Name
Middle Name
Soc. Sec. No.
Date of Birth

3. Applicant: _____

Last Name
First Name
Middle Name
Soc. Sec. No.
Date of Birth
Male
Female

a. Relationship if not veteran: Spouse Surviving Spouse Gold Star Parent

4. Home Address of Applicant: _____

Street Address
City
State
Zip Code

_____ Email Cell Home Phone No. _____ Daytime Phone No.

a. Present location of applicant: Hospital _____ Nursing Home _____

Name of Hospital
Name of Nursing Home

At Home Other: _____

b. Present location: _____

(if different than own home)
Street
City
State
Zip Code
 Cell Home Phone No.

5. Veteran's Military Information: **ATTACH COPY OF DISCHARGE DOCUMENT**

6. Medical Report: Date Completed _____ **ATTACH COPY OF MEDICAL REPORT**

7. Marital Status: Single Married Widowed Divorced Separated **ATTACH APPROPRIATE DOCUMENTS**

8. Spouse: _____

Name
Soc. Sec. No.
Date of Birth

Address: _____

Street
City
State
Zip Code

_____ Email Cell Home Phone No. _____ Daytime Phone No.

9. Legal Dependents:
(Dependent children include those under 18 years of age and those who, because of a disability, are still considered dependents)

_____ Name _____ Relationship _____ Date of Birth

_____ Address _____ City _____ State _____ Zip

_____ Email Cell Home Phone No. _____ Daytime Phone Number

Sarpy County Worksheet

10. Contact Person (other than spouse):

Name	Relationship		
Address	City	State	Zip
Email	<input type="checkbox"/> Cell <input type="checkbox"/> Home Phone No.		Daytime Phone Number

11. Contact Person (other than spouse):

Name	Relationship		
Address	City	State	Zip
Email	<input type="checkbox"/> Cell <input type="checkbox"/> Home Phone No.		Daytime Phone Number

12. Has applicant executed (a) power of attorney? Yes No (b) power of health attorney? Yes No
 (c) power of attorney that includes health care decisions? Yes No **ATTACH COPY OF LEGAL INSTRUMENT**
 (d) Living Will? Yes No **ATTACH COPY OF LEGAL INSTRUMENT**

13. Does applicant have a court-appointed guardian/conservator? Yes No
 a. If yes, name, address and phone number of guardian/conservator **ATTACH COPY OF LEGAL INSTRUMENT**

Name	Relationship		
Street Address	City	State	Zip Code
<input type="checkbox"/> Cell <input type="checkbox"/> Home Phone No.	Daytime Phone Number	Email	

14. Has the Veteran lived in Nebraska for two years at any time? Yes No
 15. Have you, the applicant, lived in Nebraska for two years at any time? Yes No
 16. Have you ever made application and/or been a member of a Nebraska Veterans Home? Yes No
 If yes, date of application and/or admission _____ Date of Discharge _____
 17. Have you ever been convicted of a felony? Yes No If so, state offense _____

18. Does applicant have nursing home insurance? Yes No
 19. Are you currently enrolled in the USVA Health Care System? Yes No
- | | Yes | No | Premium | Annual | Monthly |
|--|--------------------------|--------------------------|----------|--------------------------|--------------------------|
| 20. Does the applicant have supplemental insurances to Medicare? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. If married, does the spouse have supplemental insurances? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does the applicant have Medicare Part D? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. If married, does the spouse have Medicare Part D? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does the applicant have primary health insurance other than Medicare? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. If married, does the spouse have primary health insurance other than Medicare? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Sarpy County Worksheet

FINANCIAL STATEMENT

Monthly Income

Complete entries below showing all income of the applicant and spouse.

If additional space is needed, please attach separate sheet of paper.

<u>APPLICANT</u>		<u>Monthly Amount:</u>	<u>SPOUSE</u>		<u>Monthly Amount:</u>
26. VA Compensation –			VA Compensation –		
Service Connected (_____ %):		\$ _____	Service Connected (_____ %):		\$ _____
Non-Service Connected Pension:		\$ _____	Non-Service Connected Pension:		\$ _____
Aid & Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No			Aid & Attendance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Housebound: <input type="checkbox"/> Yes <input type="checkbox"/> No			Housebound: <input type="checkbox"/> Yes <input type="checkbox"/> No		
27. Dependency & Indemnity Compensation (DIC):		\$ _____	Dependency & Indemnity Compensation (DIC):		\$ _____
28. Death Pension (Dependent):		\$ _____	Death Pension (Dependent):		\$ _____
29. Social Security –			Social Security –		
Medicare Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No			Medicare Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Number: _____			Medicare Number: _____		
Monthly Premium \$ _____			Monthly Premium \$ _____		
Net		\$ _____	Net		\$ _____
30. Retirement Income (LIST SOURCES) –			Retirement Income (LIST SOURCES) –		
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
31. Dividends and Annuities:		\$ _____	Dividends and Annuities:		\$ _____
32. Interest:		\$ _____	Interest:		\$ _____
33. Rental Property Income:		\$ _____	Rental Property Income:		\$ _____
34. Farm Rent:		\$ _____	Farm Rent:		\$ _____
35. Farm Income (include previous year taxable income):		\$ _____	Farm Income (include previous year taxable income):		\$ _____
36. Land Contract Income (provide a copy):		\$ _____	Land Contract Income (provide a copy):		\$ _____
37. Other Income (LIST SOURCES) –			Other Income (LIST SOURCES) –		
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
_____		\$ _____	_____		\$ _____
38. TOTAL		\$ _____	TOTAL		\$ _____

Sarpy County Worksheet

FINANCIAL STATEMENT

Assets

Complete entries below showing all assets of the applicant and spouse. Show assets held individually and jointly.

If additional space is needed, please attach separate sheet of paper

APPLICANT

39. Do you own real estate? Yes No

a. **Personal Residence** Assessed Value \$ _____
 Address: _____
 Does your spouse or other dependents live in this residence? Yes No

b. **Other Property** Assessed Market Value \$ _____
 Explain (i.e., rentals, farms, ranch, etc) _____

c. **Other Personal Property** (Including, but not limited to, land holdings, vehicles, livestock, farming/business equipment.)
 List items with market value for each: _____

Total Market Value of other personal property \$ _____

40. Cash in bank/savings & loan institutions/credit unions:

a. **Checking** \$ _____
 Name of Institution: _____
 Is this a joint account: Yes No

b. **Savings** \$ _____
 Name of Institution: _____
 Is this a joint account: Yes No

c. **CD's** \$ _____
 Name of Institution: _____
 Is this a joint account: Yes No

41. Do you have a burial trust? (If yes, include copies) Yes No

42. IRA's/401k \$ _____

43. Other assets (stocks, bonds, etc.) \$ _____
 Are these investments held jointly? Yes No

44. Life Insurance \$ _____
 Face Value \$ _____
 Cash/Surrender Value \$ _____

45. Have you transferred or assigned ownership of real or personal property to any person or entity up to two years prior to applying for admission? If yes, please provide copy of appropriate documents.
 Yes No

46. Have you transferred real estate or personal property for which you hold the mortgage, notes, or land contracts? If yes, please provide copy of appropriate documents.
 Yes No

47. Total of Assets \$ _____

SPOUSE

Do you own real estate? Yes No

Personal Residence Assessed Value \$ _____
 Address: _____
 Does your spouse or other dependents live in this residence? Yes No

Other Property Assessed Market Value \$ _____
 Explain (i.e., rentals, farms, ranch, etc) _____

Other Personal Property (Including, but not limited to, land holdings, vehicles, livestock, farming/business equipment.)
 List items with market value for each: _____

Total Market Value of other personal property \$ _____

Cash in bank/savings & loan institutions/credit unions:

Checking \$ _____
 Name of Institution: _____
 Is this a joint account: Yes No

Savings \$ _____
 Name of Institution: _____
 Is this a joint account: Yes No

CD's \$ _____
 Name of Institution: _____
 Is this a joint account: Yes No

Do you have a burial trust? (If yes, include copies) Yes No

IRA's/401k \$ _____

Other assets (stocks, bonds, etc.) \$ _____
 Are these investments held jointly?: Yes No

Life Insurance \$ _____
 Face Value \$ _____
 Cash/Surrender Value \$ _____

Have you transferred or assigned ownership of real or personal property to any person or entity up to two years prior to applying for admission? If yes, please provide copy of appropriate documents.
 Yes No

Have you transferred real estate or personal property for which you hold the mortgage, notes, or land contracts? If yes, please provide copy of appropriate documents.
 Yes No

Total of Assets \$ _____

WHEN YOU HAVE COMPLETED
THIS WORKSHEET AND
SECURED ALL THE SUPPORTING
DOCUMENTATION, PLEASE
CONTACT THE VETERANS
SERVICE OFFICE TO SCHEDULE
AN APPOINTMENT TO
COMPLETE YOUR APPLICATION
FOR ADMISSION TO A
NEBRASKA VETERANS' HOME.
SARPY COUNTY VETERANS
SERVICE OFFICE PHONE
NUMBER IS 402-593-2203