



**APPLICATION FOR ADMISSION TO THE INDIANA VETERANS' HOME**

State Form 37561 (R10 / 4-19)

FEDERAL REGULATION Public Law 22

\* This State Agency is requesting your Social Security number only to expedite the processing of this form. You are not required to provide this information and cannot be penalized for declining to provide it.

**INSTRUCTIONS:**

1. Every blank must be filled in. If the question does not apply, write "N/A".
2. Please provide all documentation specified on the Admissions Checklist.
3. When completed, please submit fully completed application Indiana Veterans' Home by one of the following ways:  
 E-mail: [admissions&marketing@ivh.in.gov](mailto:admissions&marketing@ivh.in.gov)  
 or Fax: (765) 497-8004  
 or certified mail / FEDEX / UPS: Indiana Veterans' Home, ATTN: Admissions, 3851 North River Road, West Lafayette, IN 47906

Name (first, middle, last)		Age		
Date of birth (mm/dd/yyyy)		Place of birth		
Present address in full (number and street or Rural Route, city, state, and ZIP code)				
Telephone number (with area code) (      )		Religion		Race
Previous occupation		Mother's maiden name		Do Not Resuscitate (DNR) // Full Code
Are you? (Check one of the below.) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
<b>Give record of all marriages below. (If additional space is needed please attach separate list.)</b>				
<b>Name of Spouse</b>		<b>Date (mm/dd/yyyy) and Place of Marriage</b>		<b>Date (mm/dd/yyyy) and Place of Death / Divorce</b>
<b>Veteran's Military Service</b>				
<b>Branch</b>	<b>Dates of Service (mm/dd/yyyy)</b>	<b>Place of Enlistment and Discharge</b>		<b>With which VA are you associated?</b>
<b>Where have you resided for the past five (5) years? (If additional space is needed please attach separate list.)</b>				
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>From (mm/dd/yyyy)</b>	<b>To (mm/dd/yyyy)</b>
<b>Additional Military Information</b>				
American Legion? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Veteran a former prisoner of war? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Veterans of Foreign Wars? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Veteran awarded the Purple Heart? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Disabled American Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Give name, address, and telephone number in order of Emergency Contacts.</b>				
<b>Name</b>	<b>Address (number and street, city, state, and ZIP code)</b>		<b>Relationship</b>	<b>Telephone Number</b>

When completed, this form is CONFIDENTIAL.

Financial Evaluation			
Social Security Number *		Medicare number	
Name of other insurance provider		Type of insurance provider (Check one.) <input type="checkbox"/> Advantage <input type="checkbox"/> Supplemental <input type="checkbox"/> Part D <input type="checkbox"/> Other	
<b>Do you have any of the following income sources?</b>			
Pension or retirement income	Pension(s) or retirement(s) provider name	Monthly amount(s) \$                      //    \$	
Social Security income	Do you have a Rep payee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly amount(s) \$                      //    \$	
VA income	Aid and Attendance / compensation / retirement	Monthly amount(s) \$                      //    \$	
VA service connected disability rating		VA service connected disability rating	
Supporting documentation attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		VA facility seen for disability?	
Checking account	Name of bank	Current balance \$	
Savings account	Name of bank	Current balance \$	
Stocks, bonds, annuities, or certificates of deposit	Name of bank	Type (stock, bond, etc.)	Current balance \$
Have you owned any real property within the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, total real property estimated value \$
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have one of the following? <input type="checkbox"/> Power of Attorney (POA) <input type="checkbox"/> Health Care Representative (HCR) <input type="checkbox"/> Guardian		
Do you have a prepaid funeral? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, with whom?		
Do you have life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, with whom?	Face value	Policy(ies) number(s)
Do you have life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, with whom?	Face value	Policy(ies) number(s)
Are you currently a resident of a residential or care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you agree to abide by all the laws and regulations governing the Home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residency Verification			
<b><i>This verification can be made by an elected township, city or county official, or by an individual not related to the applicant.</i></b>			
Printed or typed name		Please check one: <input type="checkbox"/> Neighbor <input type="checkbox"/> Elected or Appointed Official	
Signature			
Address (number and street, city, state, and ZIP code)			
Dated this _____ day of _____, 20_____.			
<b>Do you, in consideration of being admitted and maintained in the Indiana Veterans' Home, understand that you or your estate are obligated to pay full cost of care and maintenance? (Depending on the amount of your current assets and income from any source this rate may be reduced.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>I acknowledge by signing this form the information provided on this application is accurate to the best of my knowledge and understanding.</b>			
Signature of applicant		Date signed (mm/dd/yyyy)	