

Application for Admission

Veterans Home
of California

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Prepared for printing by CSEA members.

Veterans Home of California

The Veterans Home of California is first and foremost a place where veterans come to live. It offers complete medical and dental care amidst the amenities of a small town atmosphere. Residents may participate in on or off-campus activities, civic affairs or attend veterans service organization meetings. On campus, residents have the option of participating in the Therapeutic Employment Program or by helping other veterans through volunteer service. On-campus libraries offer a wide variety of reading material to satisfy the most avid reader.

Activities include, but are not limited to, dances, social events, special programs, arts and crafts and gardening, to name a few. All three campuses have golf courses and swimming pools close by.

Most residents may come and go as they wish or simply enjoy the peace and quiet of their rooms. The goal is to enable all residents to achieve their highest quality of life in an atmosphere of dignity and respect. The resident population at each campus is representative of many diverse ethnic and cultural backgrounds. No matter which campus you choose, the California Department of Veterans Affairs wants the Veterans Home of California to be your true home.



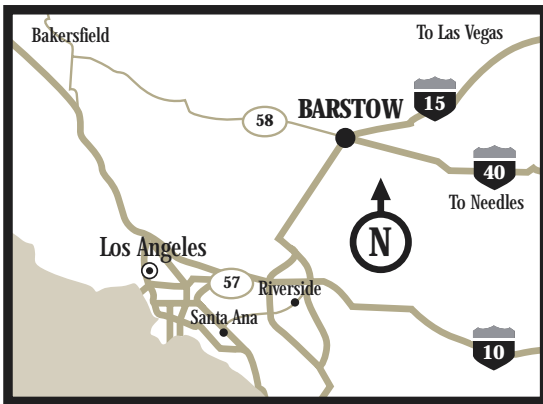
Veterans Home of California– *Barstow*

The Veterans Home of California, Barstow (VHC–Barstow), is located in the high desert of Southern California, off Interstate 15, midway between Los Angeles and Las Vegas and only an hour drive from the Ontario Airport.

Opened February 1996, VHC-Barstow has the capability to care for 400 elderly or disabled California veterans in two levels of care: Domiciliary (Independent Living) and Intermediate Care. Residents of VHC-Barstow requiring skilled nursing care would have first priority for admission to these services at either the Chula Vista or Yountville Veterans Homes. Acute hospital care is provided at either the Veterans Affairs Medical Center in Loma Linda for those veterans eligible for VA care or at the Barstow Community Hospital. Primary medical care is provided to domiciliary residents at the on-site clinic. For Intermediate care residents, contract physicians who visit the home regularly provide this care.

The veterans home provides California veterans with a living environment that protects their dignity and contributes to their feeling of self-reliance and self-worth. Nearby Barstow College offers many cultural and educational opportunities for Home residents to enjoy.

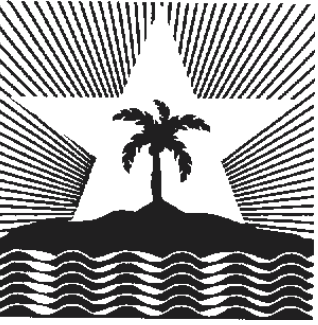
Veterans desiring to be considered for membership must be residents of California, age 62 or older (or younger if disabled), and have served honorably.



Veterans seeking admission to the Veterans Home of California, Barstow should call 1-800-746-0606 or write to:

Veterans Home of California, Barstow
 Attn: Admissions
 100 E. Veterans Parkway
 Barstow, CA 92311





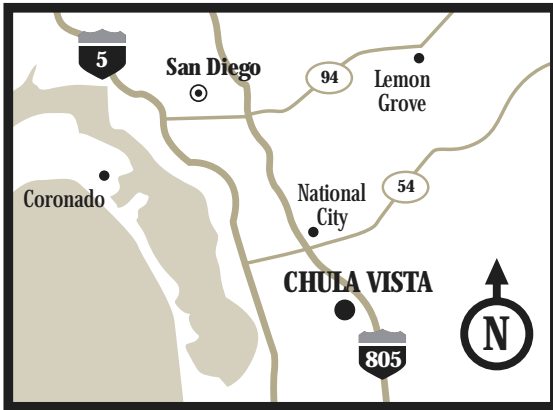
Veterans Home of California–

Chula Vista

Located on a 30-acre site off Telegraph Canyon Road, adjacent to Sharp Chula Vista Medical Center, the Veterans Home of California, Chula Vista (VHC-Chula Vista), is the only veterans home located in coastal, urban Southern California. With views of the Pacific Ocean and downtown San Diego, VHC-Chula Vista's location provides residents with numerous cultural and recreational opportunities.

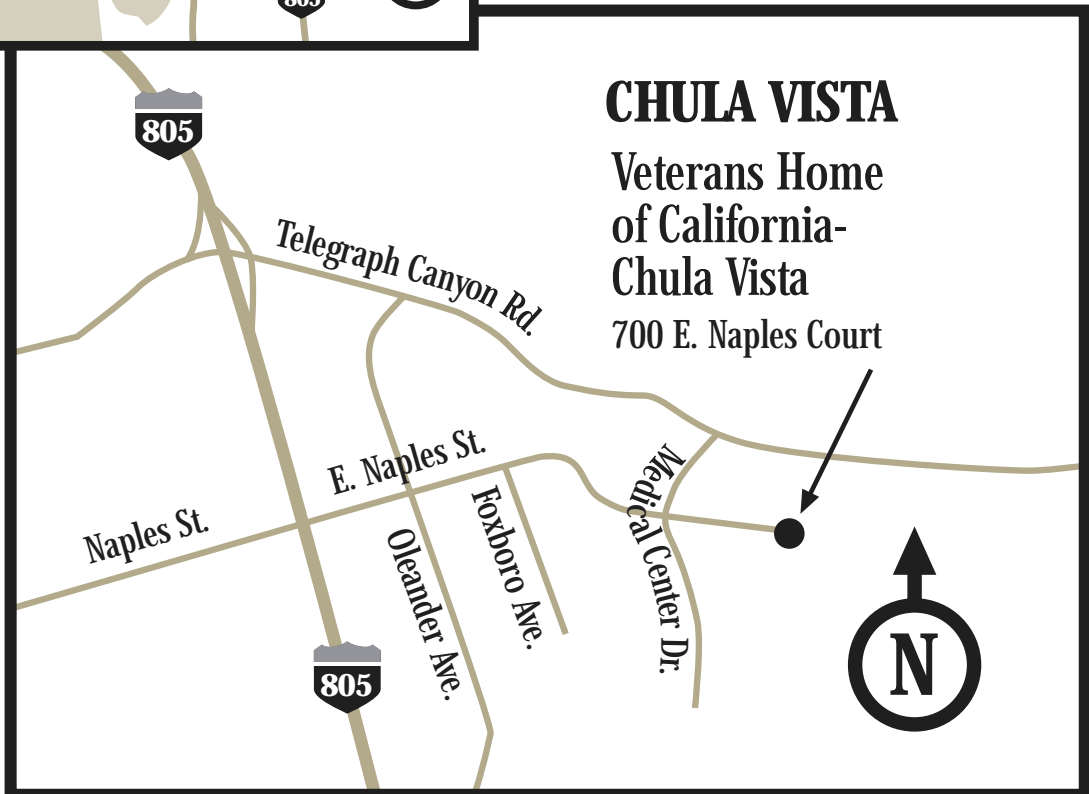
Completed in May 2000, VHC-Chula Vista is a 400-bed long-term care facility providing options for Domiciliary - Independent Living, Licensed Residential, and Skilled Nursing Care. Employed physicians provide medical care in both the licensed outpatient clinic and the inpatient skilled nursing settings. Acute care is provided at either the La Jolla U.S. Department of Veterans Affairs Medical Center, or at the nearby Sharp Hospital in Chula Vista.

Veterans desiring to be considered for membership must be residents of California, age 62 or older (or younger if disabled), and have served honorably.



Veterans seeking admission to the Veterans Home of California, Chula Vista should call 1-800-746-0606 or write to:

Veterans Home of California, Chula Vista
Attn: Admissions
700 East Naples Court
Chula Vista, CA 91911



CHULA VISTA

**Veterans Home
of California-
Chula Vista**

700 E. Naples Court



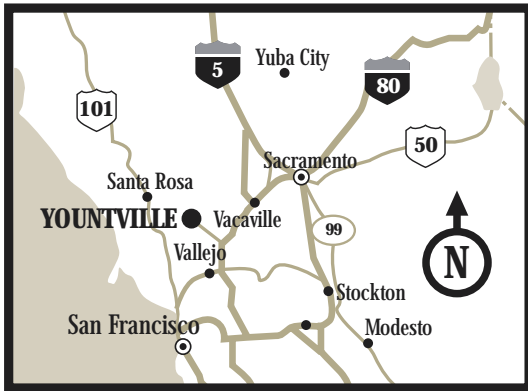
Veterans Home of California–

Yountville

Located in the heart of scenic Napa Valley, the Veterans Home of California-Yountville (VHC-Yountville) is a community of and for veterans. Some 1,200 veterans (both men and women) live at the home. Founded in 1884, VHC-Yountville is the largest veterans home in the United States. It provides residential accommodations and a wealth of recreational, social, and therapeutic activities for independent living, including: a 1,200 seat theater, 9-hole golf course, 45,000 volume library, creative arts center, swimming pool and fitness center, resident-operated television station, baseball stadium, RV park, bowling lanes, auto hobby shop, and a base exchange store.

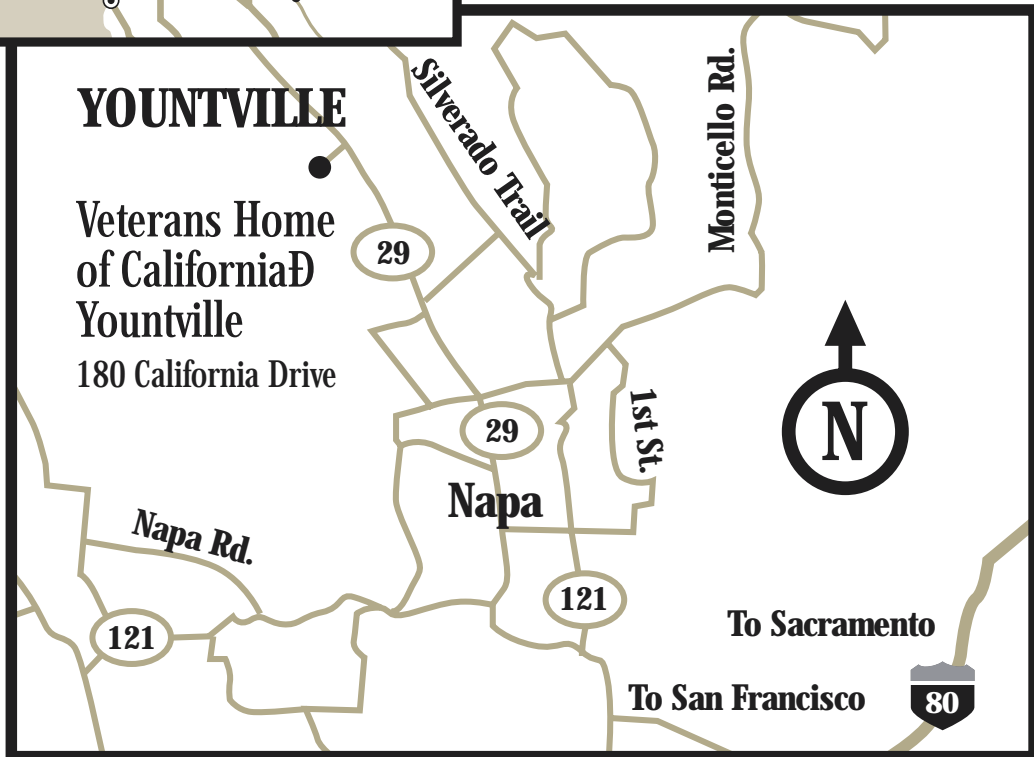
The Veterans Home of California-Yountville also offers Residential Care (assisted living) capacity and three levels of inpatient health care: Intermediate Care, Skilled Nursing Care, and General Acute Care. General acute care is also provided at Queen of the Valley Hospital in Napa, St. Helena Hospital in St. Helena, and the U.S. Department of Veterans Affairs Medical Center in San Francisco.

Veterans desiring to be considered for membership must be residents of California, age 62 or older (or younger if disabled), and have served honorably.



Veterans seeking admission to the Veterans Home of California, Yountville should call (800) 404-8387 or write to:

Veterans Home of California, Yountville
 Attn: Communication and Development
 P.O. Box 1200
 Yountville, CA 94599



Levels of Health Care

The Veterans Homes of California offer residents up to five levels of care: Independent Living – Domiciliary; Licensed Residential; Intermediate Nursing; Skilled Nursing; and Acute Care. Overarching all of these levels of care is full medical and dental care at no cost to the veteran. Definitions for each level of service/care follow.

Independent Living—Domiciliary

This independent living setting is for residents who are self-sufficient and able to perform all activities of daily living. Non-nursing staff provides minimal personnel and supervision. Domiciliary residents have access to the Home's other levels of care and medical services. Domiciliary services are offered at all three Veterans Homes. Standards for domiciliary are set by the USDVA, the state does not regulate this service.

Residential Care for the Elderly

A Residential Care Facility for the Elderly (RCFE) is available at Chula Vista and Yountville for residents who require minimal assistance and supervision with the activities of daily living. RCFE services do not include care by licensed nurses. Only members in Domiciliary or skilled nursing care to are eligible for admittance to RCFE. This level of care is licensed by the California Department of Social Services.

Intermediate Nursing Care

Residents in this level of care require Intermittent licensed nursing assistance

with medications and treatments, and they generally require unlicensed nursing assistance with some daily living activities. Intermediate care differs from skilled nursing care by the degree of need for the services of licensed nurses.

Intermediate care is licensed by the California Department of Health Services, and also meets United States Department of Veterans Affairs (USDVA) standards. Direct admissions to this level of care are on a space available basis, with first priority going to veterans who are already living at the Home. Intermediate nursing services are currently only available at the Barstow and Yountville homes.

Skilled Nursing Care

Skilled nursing care provides the services of licensed nurses on a continuous, 24-hour basis. It is more intense than immediate care, but less intense than acute care. Skilled nursing patients may receive rehabilitation therapies, nursing, pharmaceutical, activity, and dietary services.

Skilled nursing care at the Veterans Homes is certified for participation

in the Medicare and Medi-Cal reimbursement programs and is licensed by the California Department of Health Services. Skilled nursing must also meet USDVA standards. Direct admissions to this level of care are on a space available basis, with first priority going to veterans who are already living at the Home. Skilled nursing care is currently available only at the Chula Vista and Yountville Homes.

Admissions at this level of care are on a space available basis.

Acute/Intensive Care

On site acute hospital services are available only at the Yountville Home. Services include 24-hour nursing and medical care, limited surgical procedures, laboratory, radiology, pharmacy, and dietary. Residents of the Barstow and Chula Vista Homes receive acute care at no cost from either the nearest USDVA Medical Center or from a local contracted hospital.

Levels of Health Care Provided

Direct admissions are made on a space available basis. Please check with the individual facility for current status of vacancies.

	Barstow	Yountville	Chula Vista
Residential Care— Domiciliary	Yes	Yes	Yes
Residential Care— Licensed	No	Yes	Yes
Intermediate Care	Yes	Yes	No
Skilled Nursing Care	No	Yes	Yes
Acute/Intensive Care	No	Yes	No
Alzheimer's/Dementia Program	No	No	No
Drug/Alcohol and Post-Traumatic Stress Disorder Program	No	Yes	No

Frequently Asked Questions

May I visit the Veterans Home of California (VHC) before applying for admission?

Yes. We strongly urge all potential members to visit our campuses first. Please call in advance so that we may schedule a complete tour of the campus of your choice. Unscheduled tours may not be able to be accommodated.

Barstow: 1-800-746-0606/ 760-252-6350
Chula Vista: 1-619-482-6010/ 1-619-654-7022
Yountville: 1-800-404-8387/ 707-944-5000

Do I have to be a Cal-Vet to reside at VHC?

No. The definition of a California veteran has changed over the years. Although you must currently be a resident of California to be admitted, you no longer have to have joined the military from California, nor do you have to have wartime service.

How much will it cost me to become a campus resident?

No veteran will be denied admission due to a lack of income. For those veterans who have income, state law requires that they pay their fair share of costs. These costs are called member fees. Member fees help reduce the amount of state tax dollars needed to operate VHC, thus allowing the California Department of Veterans Affairs to provide for a greater number of veterans. Member fees are:

- (a) **Residential Care:** 47.5 percent of your income or \$1,200 per month, whichever amount is less.
- (b) **Intermediate Care:** 65 percent of your income or \$2,300 per month, whichever amount is less.
- (c) **Skilled Nursing Home Care:** 70 percent of your income or \$2,500 per month, whichever amount is less.

Note: If you receive aid and attendance (A&A) benefits from the United States Department of Veterans Affairs, the entire A&A amount will be paid to VHC.

Is there a waiting list to become a VHC resident?

Members are admitted on a space and bed-available basis. Generally speaking, there are usually openings available at the entry or residential/domiciliary levels. However, there are usually long waiting lists for those seeking higher levels of care, such as skilled nursing care, because current home residents have first priority for admission to these services. Thus, the best way to assure future access to skilled nursing care is to enter the Home at one of the lower levels of care. For those considering a state veterans home, it is highly advisable to apply well before the need becomes urgent. To obtain the current status of vacancies, call the appropriate campus.

Will I have a private room?

No. According to federal requirements all rooms are designed for double occupancy. VHC will do its best to place you with another veteran with similar preferences and lifestyle.

I am married. Can my spouse become a resident?

Spouses may be admitted with certain restrictions. A spouse must be a California resident and be married to and living with the veteran for at least one year. Spouses must submit a separate, complete application and meet requirements for admission at the residential/domiciliary or skilled nursing level of care.

Does the Veterans Home of California (VHC) provide health care?

Yes. Each campus provides varying levels of health care. VHC also has established transfer and treatment agreements with USDVA and specific private medical facilities.

My spouse and I have medical coverage through a health maintenance organization (HMO). Should we keep this coverage?

Each case is based upon its own merits. The staff at VHC will counsel and assist you in obtaining all medical benefits allowable through private, federal, state and local facilities.

I have a pet dog and a cat. May I bring them with me?

No. VHC has no facilities for pets.

Does VHC have laundry facilities?

Yes. Washing machines and dryers are available.

May I have visitors at VHC?

Yes. Visits by your friends and relatives are encouraged. VHC staff will be glad to assist you in arranging these visits.

How many personal belongings may I bring with me?

Each room has limited storage space. Some additional storage space may be available. Check with the specific campus for further details. All personal equipment must meet health, safety and fire codes.

Is there a probation period or a specific set of rules and procedures I must follow to become and remain a VHC resident?

Yes. Each new resident is placed on a 60-day conditional admission (probation) period and given a thorough briefing and orientation upon arrival on campus.

If I am denied admission to VHC, what are my rights?

All initial appeals of denied admissions must first be filed with the appropriate campus administrator. Appeals must be in writing, stating the reasons you feel you should be admitted to VHC. If the appropriate campus administrator denies your admission and you wish to appeal, you may initiate your second appellate step by contacting the California Veterans Board at P. O. Box 942895, Sacramento, CA 94295-0001. The board will provide you with an appeal form if you did not receive one from the campus.

May I be admitted if I have medical problems that require special care?

Maybe. Medical staff will individually review each application. All admission decisions will be made based upon available medical resources and VHC ability to provide necessary care for you.

Do I have to be at least 62 years old to apply for admission?

Veterans desiring to be considered for membership must be (1) residents of California, (2) age 62 or older (or younger if disabled), and (3) have served honorably. The average age of veterans living at our campuses, at all levels of care, is 73. If you wish to be considered for admission and meet the requirements, please submit your application.

How to Apply

Basic Admission Requirements

Please note, numerous federal and state laws, regulations and licensing requirements govern basic admission requirements. California state laws concerning VHC are contained in the Military and Veterans Code, Sections 1010 through 1050. State regulations concerning VHC are contained in the California Code of Regulations, Title 12, Chapter 4, Sections 500 through 505.

To be admitted to the Veterans Home of California (VHC), you must be aged or disabled and meet the following basic requirements:

- (1) You must have served on active duty in the armed forces of the United States, for other than training purposes, during wartime or peacetime. Proof of military service must be verified by, or through, the U.S. Department of Defense (DOD) or the United States Department of Veterans Affairs (USDVA). Medal of Honor recipients and wartime veterans are given priority for admission over peace time veterans.
- (2) Your discharge or release from active duty must have been honorable or under honorable conditions.
- (3) You must be eligible for hospitalization or domiciliary care according to the laws and regulations of USDVA.
- (4) You must be a resident of California at the time you apply for admission.

In addition:

- (5) You must not have active communicable tuberculosis.
- (6) You must not require more care and supervision than we are able to provide at VHC.

- (7) You must not require acute hospitalization at the time of application.
- (8) You must not have a primary need for acute psychiatric care.
- (9) You must not have a past history of violence, mental illness or a criminal record that would create a risk to yourself or other residents of VHC.
- (10) You must be drug-free and sober.

The Application Process

After receiving an application we take the following actions:

- (1) Determine that the application package is complete. You will be contacted if it is incomplete.
- (2) Review medical evidence to determine the actual level of care to which a veteran should be admitted and to determine if VHC is able to provide needed care.
- (3) Verify required military service and conduct a criminal records check as required.

Applying for Admission

Before applying for admission please carefully review **all** information included in this package. If you feel that you meet all of the requirements you **must**:

- (1) Complete and sign the attached application (Form A-1) and declaration (Form B-1). Answer all questions on the forms. Failure to provide required information may result in delay or denial of admission to VHC. Use the comments section if necessary;
- (2) Complete and sign the enclosed Authorization for Use of Disclosure of Medical Information (Form C-1)

(3) Have a physician complete the Physician's Medical Certificate (Form D-1); Note: You may be required to have a pre-screening interview with a member of the medical staff of the individual campus.

(4) Have someone who knows you personally, such as a family member, friend, veterans service officer or social worker, complete the Social Functioning Assessment (Form E-1).

If you need assistance in completing this application, obtaining additional applications or applying for admission at VHC, please contact the campus directly or your local county veterans service office (listed in your telephone book under "County Government Offices").

Checklist

Before mailing, please ensure your application includes all of the following:

- Form A (pages A-1 through A-4), the Application for Admission
- Form B (pages B-1 and B-2), Declaration
- Form C (page C-1), Authorization for Use or Disclosure of Medical Information
- Copy of your separation from active duty form or DD 214, if available.
- Form D (pages D-1 through D-5), Physician's Medical Certificate;
- Form E (pages E-1 through E-2), Social Functioning Assessment

Date you mailed the application package: _____
Month Date Year

Veterans Home of California, Admissions Office:

- Barstow, 100 E. Veterans Parkway, Barstow, CA 92311
- Chula Vista, 700 E. Naples Court, Chula Vista, CA 91911
- Yountville, 180 California Drive, Yountville, CA 94599

Personal Information

Full name _____
Last First Middle

Social security number _____ Date of birth _____

Driver license number _____ State _____

Home address _____
Street City State Zip Code

Mailing address (if different from above) _____

Home phone _____ Message phone _____

Place of birth _____ U.S. citizen? Yes No

If not a U.S. citizen, resident alien number: _____

Are you currently a California resident? Yes No

Are you: Male Female

Are you currently married? Yes No If yes, please answer the following questions:

How long have you been married to your current spouse? _____

Is your spouse a veteran? Yes No

Is your spouse also applying for admission to VHC? Yes No

Spouse's full name _____
Last First Middle

Military Service Information

What name did you serve under in the military?

Full name _____
Last First Middle

What branch of service were you in? _____

What was your military service number? _____

(Continued on next page)

Application for Admission (Continued)

Military Service Information (Continued)

What were your dates of active duty service?

From _____ until _____ Type of discharge _____

From _____ until _____ Type of discharge _____

Are you retired from the military? Yes No

Veterans' Benefits Information

Have you ever applied for U.S. Department of Veterans Affairs (VA) benefits? Yes No

If yes, what is your VA claim number? Claim no.: _____

Do you have any service-connected disabilities? Yes No If yes, what percentage _____

Do you receive nonservice-connected pension benefits? Yes No

Medical Information

Have you received any medical, psychiatric, alcohol or drug treatment at any VA or military medical facilities or other medical facility? Yes No

If yes, which ones? _____

Name Address

City/State Zip Code Dates

Name Address

City/State Zip Code Dates

Have you ever applied for admission or lived in any state veterans home? Yes No

If yes, where? _____

Name Address City/State Zip Code

When? From _____ until _____

Do you or your spouse currently have a Cal-Vet loan? Yes No

(Note: On admission, Cal-Vet will be notified.) If yes: Contract no.: _____

Application for Admission (Continued)

Criminal Background Information

Have you ever had any criminal convictions? Yes No

If yes, provide the following: _____
Date Type of conviction
County State

Do you have any criminal charges pending? Yes No

If yes, describe: _____

Are you currently on probation or parole? Yes No

If yes: _____
Name of probation/parole officer
Address Phone number
County State

Are you required by law to register with local law enforcement? Yes No

Are you currently registered in your community? Yes No

If yes: _____
County State

I declare under the penalty of perjury of the laws of the state of California that the information provided herein is true and correct to the best of my knowledge and belief.

Executed this _____ day of _____, _____, at _____ County, California
Date Month Year County

Print name

Sign name

(Continued on next page)

Application for Admission (Continued)

Comments (add additional sheets if necessary):

The purpose of the information requested is to obtain:

Personal Information: To identify you for our records. We need your current mailing address and telephone number so that we can communicate with you in a timely manner and expedite the application process. If there is a change to either one please notify us immediately. State law requires that you be a California resident at the time you apply for admission. We need to know whether or not you are married because we do admit married couples whenever possible. If you are married and your spouse is also applying for admission, your spouse will have to complete a spouse application package.

Military Service Information: To comply with state law. We must verify (1) that you served in the armed forces of the United States, (2) that your service was under honorable conditions and (3) that you are eligible for medical treatment according to U.S. Department of Veterans Affairs (VA) laws and regulations.

Veterans Benefits Information: To verify your military service from the VA. Information received will be used to assist you in obtaining all entitlements you have earned as a result of your military service. We need all of your available medical treatment records for the last two years so we can determine the type of care and treatment you may need and whether we can provide such care and treatment if you are admitted. If you have previously resided in a veterans home, that home may have information that will help us expedite your application. In addition, we need to ensure that you do not owe any fees to that home. Note: Outstanding fees must be paid in full prior to admission or readmission to VHC. We need to know if you have a Cal-Vet home loan to ensure that moving into VHC will not cause you to breach your Cal-Vet home loan contract.

Name _____ Social security number _____

Read and initial each appropriate block, then sign your name at the end of this document.

1. Initial here _____ I am a bona fide resident of the state of California.

2. Initial the correct statement concerning your marital status (Initial A, B or C):

A. Initial here _____ I am married to _____ who is also applying for admission to the Veterans Home of California and we have been married to each other, and have been living with each other, for at least one year.

B. Initial here _____ I am married, but my spouse is not applying for admission to the Veterans Home of California.

C. Initial here _____ I am not married, I am widowed, or I am divorced. (circle one)

3. Initial here _____ I understand that if I am admitted to the Veterans Home of California, the Department of Veterans Affairs of the state of California has the right to investigate my financial affairs and I consent to such an investigation.

4. Initial here _____ I understand that if I am admitted to the Veterans Home of California, admission will be on a conditional basis for the first 60 days of my residence. If I am discharged from the Veterans Home of California during the first 60 days of my residence, I understand that it will be my responsibility to arrange and pay for transportation from the Veterans Home of California to wherever I wish to go.

5. Initial here _____ If I am admitted to the Veterans Home of California, I agree to pay the prescribed amount of fees as set forth by California law.

6. Initial here _____ If I am admitted to the Veterans Home of California, and I receive aid and attendance from the U. S. Department of Veterans Affairs and I have no dependents, I understand that I must pay the entire amount of my aid and attendance to the Veterans Home of California.

(Continued on next page)

Declaration (Continued)

7. Initial here _____ I have fully disclosed the details of the following:

- _____ A. Medical history, including any and all medical treatments;
- _____ B. Psychiatric treatment or counseling;
- _____ C. History or current substance abuse problems;
- _____ D. Criminal convictions, probation, parole or mandatory county registration.

The information provided in this application has been provided for the purpose of obtaining admission to the Veterans Home of California. I understand that if any information is found to be incorrect or incomplete that I may be denied admission to the Veterans Home of California.

I authorize the California Department of Veterans Affairs (CDVA), its employees, officers, agents or designees to verify the information that has been provided in this application. I further authorize the U.S. Department of Veterans Affairs, the Department of Defense, the California Franchise Tax Board and any applicable law enforcement agency to release information about me to CDVA with the understanding that CDVA shall keep such information confidential.

Executed at _____ County, state of _____

Date _____ Signature _____

Witness signature _____

Print witness name _____

Witness address _____

Authorization for Use or Disclosure of Medical Information

Name _____ Social security number _____

1. Explanation: Pursuant to government codes and regulations, no copy fees may be charged. This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981, California Civil Code Sections 56, et seq.

2. Authorization: I hereby authorize _____
(Name of physician, hospital, health care provider)

to furnish to _____
(Name/address of campus to which you are applying)

medical records and information pertaining to my medical history, mental or physical conditions, services rendered or treatment for the last two years, including all drug/alcohol and psychiatric/mental illness treatments.

3. Uses: The requestor may use the medical records and type of information authorized only for the following purposes: Application for admission to the Veterans Home of California.

4. Duration: This authorization shall become effective immediately and shall remain in effect for 90 days _____.

5. Restrictions: I understand that the requestor may not further use or disclose my medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

6. Additional copy: I further understand that I have a right to receive a copy of this authorization upon my request. Copy requested Yes No Initials _____
Copy received Yes No Initials _____

7. Print name: _____

Original signature: _____ Date: _____

Signature of patient/patient's representative _____
Spouse/financially responsible party*

If not signed by patient, indicate your relationship _____

*A spouse or financially responsible party may only authorize release of medical information for use in processing an application for the patient, as a spouse or dependent, for a health insurance plan or policy, a nonprofit hospital plan, a health care served plan or an employee benefit plan. This blank form may be photocopied.

Veterans Home of California
Physician's Medical Certificate

D

THIS CERTIFICATION IS VALID FOR THREE MONTHS.

1. Applicant's full name _____
Last First Middle

2. Date of birth _____ Age _____ Social security number _____

3. Date of exam _____ Male Female

4. Upon arrival patient was: Ambulatory In a wheelchair Assisted Other

5. Diagnoses: _____

6. Pertinent history (include allergies, past medical problems, current complaints):

7. Hospitalization and operations for past two years:

8. Current medications:

9. Physical examination:
Height _____ Pulse _____
Weight _____ Respiration _____
Temperature _____ Blood pressure _____

(Continued on next page)

Physician's Medical Certificate (Continued)

10. Current diet: _____

11. Prognosis and rehabilitation: _____

12. Are you currently treating this applicant? Yes No

13. How long have you known this applicant? Years_____ Months_____

Significant/positive findings:

Physician's Assessment for Care Planning

PLEASE CHECK APPROPRIATE BOXES BELOW.

Last name _____ Social security number _____

1. Level of consciousness:

Alert Yes No Comments _____

Withdrawn Yes No Comments _____

Confused Yes No Comments _____

2. Oriented as to: Person Place Time

3. Memory impairment: Mild Moderate Severe

MMSE Score _____ Comments _____

4. Hx of wandering behavior, gets lost: Yes No

Comments _____

5. Communication ability:

Can speak Yes No Understands speech Yes No

Can write Yes No Speaks clearly Yes No

Can hear Yes No Understands writing Yes No

Wears devices Yes No Understands gestures Yes No

(if yes, describe) _____

6. Vision: Adequate Moderately impaired

Wears glasses Impaired

Limitations _____

Uses devices (describe) _____

Severely impaired (describe) _____

(Continued on next page)

Physician's Medical Certificate (Continued)

Physician's Assessment for Care Planning (Continued)

7. Personality or behavioral problems: Yes No If yes, please explain _____
8. Physically or verbally abusive: Yes No If yes, please explain _____
9. History of alcohol abuse: Yes No
Has patient received treatment? Yes No
If yes, give dates and where _____
If yes, does patient continue to drink? Yes No
Has patient received treatment? Yes No
If yes, give dates and where _____
Length of sobriety _____
10. History of drug abuse/use: Yes No
If yes, (what drugs) give dates _____
If yes, does patient continue to use drugs? Yes No
Has the patient received treatment? Yes No
If yes, give dates and where _____
How long has patient been clean? _____
11. Hx of psychiatric illness/dementia: Yes No
If yes, give dates and diagnoses _____
Has patient received treatment? Yes No
If yes, give dates and where _____
12. Hx of medication or medical non-compliance: Yes No
13. Hx of falling or injury secondary to falls: Yes No
14. Hx of delirium, confusion, agitation: Yes No
15. Able to protect self from hazards of everyday living? Yes No
16. Comments or continuation of medical certification and assessment:
- _____
- _____

Physician's Medical Certificate (Continued)

Physician's Assessment for Daily Living Activities

PLEASE CHECK APPROPRIATE BOXES BELOW.

Last name _____ Social security number _____

Bathing

- Completely independent
- Needs assistance
- Needs total assistance

Grooming

- Completely independent
- Needs assistance
- Needs total assistance

Dressing

- Completely independent
- Needs assistance
- Needs total assistance

Feeding

- Completely independent
- Needs assistance
- Must be fed
- Has swallowing disorder

Medication

- Needs assistance
- Incapable of taking own meds
- Able to take own medication

Ambulation

- Can walk 100 yards
- Can walk 150 yards
- Can climb stairways—one floor
- Can climb stairways—two floors
- Requires wheelchair assistance
- Requires wheelchair, but operates it independently (manual/motorized)
- Can transfer to bed, chair, toilet
- Requires assist device such as cane, walker, electric cart, prosthesis (indicate all that apply)

Toilet

- Completely independent
- Uses aides for incontinence
- Occasionally wet and soils self
- Incontinent
- Has external or indwelling catheter, colostomy or related devise (indicate all that apply)

Physician's name _____ License no. _____

Signature* _____

Address _____

Telephone () _____ Fax () _____

Date signed _____

*NOTE: If this evaluation is being performed by a physician assistant or nurse practitioner, it must be counter-signed by a physician/M.D.

Veterans Home of California
Social Functioning Assessment



THIS FORM MUST BE COMPLETED BY A FAMILY MEMBER, FRIEND, VETERANS SERVICE OFFICER OR SOCIAL WORKER WHO KNOWS YOU PERSONALLY.

1. Applicant's name _____
Last First Middle

Social security number _____ Date of birth _____

2. Name of next-of-kin _____ Relationship _____

Address _____

Daytime phone number () _____

Evening phone number () _____

3. Where is the applicant living?

- Home Hospital ICF
- Homeless Board and care SNF
- Other licensed facilities (specify) _____

Address _____

Who lives with him/her? _____

4. Check the activities of daily living applicant can do without assistance: (check all that apply)

- Taking medications Carry on a conversation Care for personal property
- Walking or standing Bathing Use community resources
- Hygiene and grooming Eating Toileting
- Follow verbal orders Write Dressing
- Housecleaning Laundry Prepare meals
- Follow written orders Live alone Handling money
- Other: _____

5. Does the applicant have a conservator? Yes No

Name _____ Address _____ Phone number _____

6. Does anyone handle his/her financial or personal affairs? Yes No

Name _____ Address _____ Phone number _____

7. Applicant's hobbies, clubs, groups, veterans' organizations and other interests?

(Continued on next page)

Social Functioning Assessment (Continued)

8. Any dangerous behavior to: Self Others Property

Describe _____

9. Substance abuse: None Alcohol Drugs Prescription medications

10. Check descriptions of applicant's behaviors: (check all that apply)

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Socially withdrawn | <input type="checkbox"/> Shy | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Quiet | <input type="checkbox"/> Sexually inappropriate |
| <input type="checkbox"/> Hostile | <input type="checkbox"/> Boisterous | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> Moody | <input type="checkbox"/> Angry | <input type="checkbox"/> Short temper |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Sad | |
| <input type="checkbox"/> Other (describe): _____ | | |

11. Describe typical day

A. Morning _____

B. Afternoon _____

C. Evening _____

D. Night _____

12. Any additional information/comments

I certify that the answers to the foregoing questions are true, correct and complete to the best of my personal knowledge and belief.

Executed at _____ County _____ State _____

Name (print) _____ Signature _____

Street address _____ City/State/Zip _____

Phone number () _____ Length applicant was known _____

Relationship _____ Date signed _____



California Department of Veterans Affairs
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Sacramento, CA 95814-5840

Veterans First