

Texas State Veterans Homes

Application for Admission



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

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

Richard A. Anderson

14041 Cottingham Road
Houston, Texas 77048
Phone: 832-208-9414

Lamun-Lusk-Sanchez

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

Alfredo Gonzalez

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

Clyde W. Cospers

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

William R. Courtney

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

Ambrosio Guillen

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

Watkins-Logan

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

Frank M. Tejeda

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

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FLORESVILLE HOUSTON MCALLEN TEMPLE TYLER

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

Military Retirement \$_____per month

Private Pension _____per month

Workers Compensation \$_____per month

Other Income _____per month

Source _____

_____per month

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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