



APPLICATION FOR ADMISSION TO THE WISCONSIN VETERANS HOME

THIS APPLICATION IS FOR (PLEASE CHECK ONE):

WVH-Chippewa Falls
2175 E. Park Ave.
Chippewa Falls, WI 54729
(715) 720-6775
Toll-free Fax (888) 966-8821

WVH-King
N2665 County Rd. QQ
King, WI 54946-0600
(715) 258-5586
Toll-free Fax (888) 966-8819

WVH-Union Grove
21425 G Spring St.
Union Grove, WI 53182
(262) 878-6702
Toll-free Fax (888) 966-8816

The information requested on this form is authorized for collection by Ch. 45, Wis. Stats., ss. VA 6.01, Wis. Adm. Code. The information collected is used to determine eligibility for programs administered by the department. Contact Facility Admissions for other eligibility requirements. Completion of this form is voluntary; however, failure to furnish the requested information may result in denial of eligibility for programs.

This department does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or provision of services. Title II of the American Disabilities Act signed January 26, 1992.

Please indicate your admission preference:		
<input type="checkbox"/> Immediate Skilled Rehab	<input type="checkbox"/> Immediate Long Term Care	<input type="checkbox"/> Pre-Registration
<input type="checkbox"/> Veteran <input type="checkbox"/> Spouse of Veteran <input type="checkbox"/> Widowed Spouse of Veteran <input type="checkbox"/> Gold Star Parent		
Applicant's Name (last, first, middle initial)		Sex
Address (number and street, city, state, zip)		County
Phone numbers		
Currently at	Location	Dates
<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home:		
<input type="checkbox"/> Hospital:		
Date of Birth	Place of Birth	Mother's Maiden Name
Marital Status	Marriage Date	Marriage City/State
<input type="checkbox"/> Married		
<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Date of Death	<input type="checkbox"/> Separated <input type="checkbox"/> Never Married
Religion	Race	
Funeral Home (Name, address, city, state, zip)		Phone Number
Former Occupation	Highest Grade Completed	
Have you ever been convicted of a felony?	If yes, list dates and state	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Nature of Felony		

Military Information

Does the applicant have a service-connected disability rated by the VA?	If yes, please list disability	Percent disability
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves	Dates of Service	Branch of Service
<input type="checkbox"/> Purple Heart Recipient	<input type="checkbox"/> Former Prisoner of War	<input type="checkbox"/> Combat Veteran

Spouse Information

Spouse's Name	Maiden Name (if any)
Spouse's Address (number and street, city, state, zip)	County
Spouse's Social Security Number	Spouse's Date of Birth

