

OKLAHOMA DEPARTMENT OF VETERANS AFFAIRS  
Page 1 of 2 (please print clearly or type all information)

APPLICATION FOR:  Nursing Care  Domiciliary Care Special Needs:  Psychiatric Related  
 Alzheimer Related

PERSONAL INFORMATION

Vet's Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Social Security # \_\_\_\_\_ VA Claim# \_\_\_\_\_

Sex:  Male  Female  
Race:  White  American Indian  Black  Hispanic  Asian  
Marital Status:  Married  Widowed  Never Married  Divorced  Separated

Birth Date \_\_\_\_\_ Birth Place (City and State) \_\_\_\_\_ Religious Preference \_\_\_\_\_

Previous Occupation \_\_\_\_\_ Education: (Check the highest level obtained)  
 Graduate Degree  Bachelors Degree  Some College  
 HS Diploma  Some HS  8<sup>th</sup> Grade or Less  No School

MILITARY SERVICE INFORMATION

(If veteran served more than one stint of active duty, complete a section below for each stint.)

1 STINT OF ACTIVE DUTY

Branch of Service:  Army  Air Force  Navy  Marine Corps  Coast Guard Service r: \_\_\_\_\_ Number \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ City and State Where Enlisted: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ City and State Where Discharged: \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Wars Severed (if any) \_\_\_\_\_ Honors Received \_\_\_\_\_

2 STINT OF ACTIVE DUTY

Branch of Service:  Army  Air Force  Navy  Marine Corps  Coast Guard Service r: \_\_\_\_\_ Number \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ City and State Where Enlisted: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ City and State Where Discharged: \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Wars Severed(if any) \_\_\_\_\_ Honors Received \_\_\_\_\_

IF VETERAN SERVED MORE THAN TWO ACTIVE DUTY STINTS IN MILITARY SERVICE, ATTACH AN ADDITIONAL SHEET WITH THE SAME INFORMATION AS ABOVE FOR EACH ADDITIONAL STINT

Is Veteran an Ex POW  Yes  No Does Veteran have an Service Connected Disability Rating from the VA?  Yes  No If yes please indicate the current Rating Percent %

List Veteran's Organizational Memberships (VFW, DAV, Masons, etc):

AS PROOF OF THE VETERAN'S MILITARY INFORMATION PROVIDED ABOVE, THE FOLLOWING ARE REQUIRED:

1. VETERAN'S DISCHARGE PAPERS (FORM DD-214) OR OTHER SEPARATION DOCUMENTS FOR EACH STINT OF SERVICE.
2. VERIFICATION OF POW STATUS (IF YOU CHECKED "YES" FOR EX-POW).
3. VA DISABILITY RATING (IF YOU CHECKED "YES" FOR SERVICE CONNECTED DISABILITY RATING FROM THE VA)

SCOPE OF SERVICE STATEMENT

All Oklahoma Veterans Centers are by licensure long term nursing facilities. Specifically, the scope of care is that normally associated with a skilled nursing care operation. While the centers provide limited physician, physician's assistant and/or nurse practitioner, pharmaceutical, diagnostic laboratory and radiological services, either in house or on a contractual basis, there is no intent to represent that care beyond that associated with a skilled nursing care level will be provided. Patients with medical or psychological needs, which in the judgment of the center's administrative and professional staff are beyond those associated with the scope of services normally provided, will not be admitted or in cases where a patient's condition changes following admission to require services other than those we normally provide, such patient shall be discharged or transferred to an appropriate facility.

Discrimination on the basis of race, color, sex, age, handicap, religion, national origin, source of payment or economic condition is prohibited.

I certify that I have read and understand the information provided on this form and that the above answers are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_  
(or Guardian, Custodian or Relative if veteran is unable)

\_\_\_\_ ← From the list of Centers below, please enter the number of the Veteran's Center most preferred and mail your application to that Center.

In the Check Boxes () in front of the Center names Below, check any of the Centers you would consider as an alternative to the preferred Center you identified above.

OKLAHOMA DEPARTMENT OF VETERANS AFFAIRS

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1. Ardmore Veterans Center<br>1015 S. Commerce / PO Box 489<br>Ardmore, Oklahoma 73402<br>580-223-2266, Fax: 580-221-5606 | <input type="checkbox"/> 2. Claremore Veterans Center<br>3001 W. Blue Starr Drive / PO Box 988<br>Claremore, Oklahoma 74018<br>918-342-5432, Fax: 918-342-0835 | <input type="checkbox"/> 3. Clinton Veterans Center<br>¼ mile S. of I-40 on Hwy 183 / PO Box 1209<br>Clinton, Oklahoma 73601<br>580-331-2200 Fax: 580-323-3752         |
| <input type="checkbox"/> 4. Lawton Veterans Center<br>501 SE Flowermound. PO BOX 849<br>Lawton, Oklahoma 73502<br>580-351-6511, Fax: 580-351-6526  |  | <input type="checkbox"/> 5. Norman Veterans Center<br>1776 E. Robinson / PO Box 1668<br>Norman, Oklahoma 73070<br>405-360-5600, 405-364-8432                           |
| <input type="checkbox"/> 6. Sulphur Veterans Center<br>200 E. Fairlane<br>Sulphur, Oklahoma 73086<br>580-622-2144, Fax 580-622-5881                |  | <input type="checkbox"/> 7. Talihina Veterans Center<br>4 miles NW of Talihina on Hwy 63A / PO Box 1168<br>Talihina, Oklahoma 74571<br>918-567-2251, Fax: 918-567-2950 |

**SUBMIT THIS COMPLETED APPLICATION AND THE REQUESTED SUPPORTING DOCUMENTS TO YOUR PREFERRED VETERANS CENTER AS INDICATED ABOVE.**

FOR ANY QUESTIONS, PLEASE FEEL FREE TO CALL THE ADMISSIONS OFFICER AT THE CENTER WHERE THE VETERAN WILL BE APPLYING.

THIS APPLICATION FORM WAS DISTRIBUTED BY \_\_\_\_\_

FOR SUBMISSION TO THE \_\_\_\_\_ VETERANS CENTER.