

Arkansas State Veterans Home at North Little Rock  
2401 John Ashley Drive  
North Little Rock, AR 72114-1825  
[NLRVH@arkansas.gov](mailto:NLRVH@arkansas.gov)  
Telephone: (501) 683-2382



### \*Inquiry for Admission to Arkansas Veterans Home at N. Little Rock

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:      Male      Female

\_\_\_\_\_ I am a Veteran\*\*

\_\_\_\_\_ I am the Spouse of a Veteran\*\*

\_\_\_\_\_ I am a Gold Star Parent\*\*

Do you have Medicare?      **Part A**      **Part B**      **Both Part A & B**

How do you expect to pay for your care, if admitted?

**Private Pay**

**Medicare**

**Medicaid**

**VA Per Diem (60% or more - Unemployable)**

**Private Insurance**

Do you have a Living Will?      **YES**      **NO**

Do you have a Power of Attorney for health care?      **YES**      **NO**

Do you have a Power of Attorney for financial decisions?      **YES**      **NO**

Next-of-kin or Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Veteran \_\_\_\_\_ Phone \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Who is your Primary Care Physician? \_\_\_\_\_

When was your last visit to a doctor? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medical Diagnosis(es):

Mental Health Diagnosis(es)

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Do you see Mental Health therapist/Psychiatrist?      **YES**   **NO**  
Who? \_\_\_\_\_

Have you recently been hospitalized?      **YES**      **NO**

If **YES** please answer:

**When?** \_\_\_\_\_

**Where?** \_\_\_\_\_

**Why?** \_\_\_\_\_

Are you: \_\_\_\_\_ ambulatory      \_\_\_\_\_ incontinent      or do you \_\_\_\_\_ need  
assistance with feeding or self-care?

**Email prescreening form to [NLRVH@arkansas.gov](mailto:NLRVH@arkansas.gov) or mail to the address at the top of the form.**

*\* This form is ONLY an inquiry form and is not considered an application for admission to the facility.*