

Arkansas Veterans Home at Fayetteville

1179 North College Avenue
Fayetteville, Arkansas 72703
(479) 444-7001
(479) 695-0184 (fax)
fvh@arkansas.gov



Inquiry for Admission to Arkansas Veterans Home at Fayetteville

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Gender: _____

Date of Birth: ___ / ___ / _____ Place of Birth: _____

Marital Status: Married Divorced Single Widowed

If you have a service connected disability, what percent? _____%

Do you receive Aid and Attendance? Yes No

Do you have Medicare? Part A Part B Both Neither

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

Private Pay Medicare Medicaid VA Per Diem (60% or less)
 VA Per Diem (60% or more – Unemployable) Private Insurance

Do you have a Living Will? Yes No

Do you have a Power of Attorney? Yes No

POA Name: _____ Relation to Veteran: _____

POA Number: _____ POA Email: _____

Where do you receive your Primary Care? _____

Physicians name: _____ Number: _____

What Pharmacy do you currently use? _____ Phone Number: _____

Medical Diagnosis(es): _____

Are you having difficulty/need assistance in any of the following areas: *(check all that apply)*

- Dressing Bathing Toileting Walking w/ a _____ Communicating needs Hearing Vision
- Uses Oxygen Wounds that are not healing Catheter Need Special diet Getting in/out of bed Wandering
- Tracheostomy Dementia diagnoses Feeding

Are you receiving or on any of the following:

- Dialysis/Hemodialysis Peritoneal Radiation Chemotherapy CPap BiPap Ventilator or Trilogy

How often? _____

Where? _____

I am a Veteran

I am the Spouse of a Veteran

I am a Gold Star Parent

Social Security #

Medicare #

Other Insurance #

Do you have your DD-214?

Yes No

Branch of Service:

Date of Service:

Anticipated Move In Date: _____