



Virginia Gay Nursing & Rehab is required to submit the following information to Veterans Affairs per Iowa Code, Section 135C31A as we are a licensed long-term care facility that receives reimbursement through the Medicaid (Title 19) Program. This information is used to assist the Iowa Department of Veterans in identifying residents who are or may become eligible for benefits through the US Department of Veterans Affairs. Please note this information must be submitted with application for continuation of admission process.

Residents Name: .....

- Applicant Type:
- Veteran
  - Veteran's Spouse
  - Veteran's Dependent
  - Veteran's Widow(er)
  - Non-Veteran Resident (check if applicant or spouse has not served in the armed services)

Veterans Information: Name: .....

Date of Birth:.....

Social Security Number:.....

- Branch of Service:
- |  |   |
|--|---|
| <input type="checkbox"/> US Air Force        | <input type="checkbox"/> US Air Force Reserves    |
| <input type="checkbox"/> US Army             | <input type="checkbox"/> US Army Reserves         |
| <input type="checkbox"/> US Coast Guard      | <input type="checkbox"/> US Coast Guard Reserves  |
| <input type="checkbox"/> US Marine Corps     | <input type="checkbox"/> US Marine Corps Reserves |
| <input type="checkbox"/> US Navy             | <input type="checkbox"/> US Navy Reserves         |
| <input type="checkbox"/> Air National Guard  | <input type="checkbox"/> Army National Guard      |
| <input type="checkbox"/> US Merchant Marines |   |

Service Dates: (m/d/y) Enter:..... Depart: .....

- Discharge Type:
- Honorable
  - Dishonorable
  - General Under Honorable Conditions
  - Under other than Honorable Conditions
  - Uncharacterized
  - Bad Conduct

- Served in :
- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> WWI             | <input type="checkbox"/> WWII        |
| <input type="checkbox"/> Korean Conflict | <input type="checkbox"/> Vietnam War |
| <input type="checkbox"/> Gulf War        | <input type="checkbox"/> Peace Time  |
| <input type="checkbox"/> Retired         |                                      |
| <input type="checkbox"/> Other           |                                      |
| <input type="checkbox"/> Explain: .....  |                                      |

- Is veteran or window currently receiving benefits?
- Prescriptions
  - Treatments
  - Monetary Amount: .....

Resident/Responsible Party Signature: ..... Date: .....