



Charlotte Hall Veterans Home

HMR of Maryland, LLC
29449 Charlotte Hall Rd
Charlotte Hall, MD 20622



Admissions Documentation Checklist

Dear Applicant and/or Family:

Thank you for your interest in Charlotte Hall Veterans Home (CHVH), located in beautiful St. Mary's County, Maryland. We offer Skilled Nursing Care, including two secured Memory Care units and three levels of Assisted Living, in a tranquil setting within easy reach of the Nation's Capital.

In order to process a request for admission the following documents are required:

1. CHVH Application (3 pages)
2. Signed consent for criminal background check
3. Flu Vaccine Consent Form
4. Proof of Maryland residency (Driver's license, ID card, etc.)
5. DD214 or equivalent of honorable discharge from the military
If you are unable to obtain a copy please contact the Admissions Office immediately
6. A copy of insurance cards (front and back) including:
 - Medicare Card
 - Medicare Part D Card
 - Supplemental Insurance Cards
 - Prescription Plan Card
7. A copy of any legal documents available including:
 - Power of Attorney
 - Living Will
 - Advance Directives
8. If the applicant is the spouse of a veteran please include:
 - A copy of the marriage certificate or death certificate (if applicable)
9. Medical documentation as follows:
 - If the applicant is currently in a hospital or a skilled nursing facility please speak with the covering social worker to have medical records faxed to 301-263-7194
 - If applicant is currently living at home please have his/her primary care physician complete the Physician Documentation Checklist and Health Care Practitioner Physical Assessment Form enclosed within this packet.

All paperwork including the physician's forms must be completed and turned in before a resident can be admitted to CHVH. If you have any questions about this admissions process, please feel free to **contact the Admissions Office at 301-884-8171 ext. 409**. Please complete the admission package as quickly as possible and **fax to 301-263-7194, or mail to CHVH Admissions Office at the address above**.



Charlotte Hall Veterans Home 29449
 Charlotte Hall Road Charlotte Hall,
 Maryland 20622 Telephone 301-884-8171
 Ext. 1409 FAX 301-263-7194



Applying from: Home Hospital _____ Nursing Home/Assisted Living _____

Requesting placement for: Nursing Home Assisted Living

This application is for a: Veteran Spouse

How did you hear about Charlotte Hall Veterans Home? _____

Demographic Information

Last Name _____ First Name _____ MI _____

Current Address _____ County _____

City _____ State _____ Zip _____

Telephone Number _____ Birth Place _____

Birth Date _____ Age _____ Social Security # _____

Religion _____ Race _____ Mother's Maiden Name _____

Marital Status Single Married Divorced Widowed Separated

Legal Date of Separation or Divorce _____

Military Records Information

Branch of Service _____ Service # _____

Entry Date _____ Separation Date _____ Discharge Type _____

War Era WWII (Europe) WWII (South Pacific) Korea
 Vietnam Gulf War Peace Time

Are you currently or were you previously a member of any Service Organization?

American Legion	Military Order of the Purple Heart	AMVETS
Masons	Knights of Columbus	Elks
29th Division	Lions Club	DAR
Veterans of Foreign Wars	Moose Lodge	DAV

Other Membership _____

Are you currently receiving any of the following VA Pensions?

Aid and Attendance Yes No Retirement Pension Yes No

Do you have a service connected disability? Yes No Percentage _____

Former POW? Yes No Retired Military? Yes No

Are you in enrolled with the VA Health System? Yes No

Have you used a VA Medical Center? Yes No Location _____

Spouse Information (For VA Records)

Name _____ Social Security # _____

DOB _____ Date of Marriage _____

Street Address _____

City _____ State _____ Zip _____

Current Phone # _____

Insurance Information

Medicare: Part A Part B Member # _____
Have you been receiving your medications from the VAMC or a base? Yes No
Are you enrolled in a Medicare Part D Program? Yes No
Company _____ Policy # _____
Medicaid: Yes No Medicaid # _____
Private Insurance: Company _____ ID # _____
How is the premium paid? Deduction from pension Debit from bank account Check
Long Term Care Insurance: Company _____

Please provide a copy of all insurance cards (front and back) and any Long Term Care Insurance Policy (If Applicable)

Emergency Contact Information

Responsible Party: Name _____
Street Address _____
City _____ State _____ Zip _____
Phone #: Home _____ Work _____ Cell _____
Email _____ Send biannual newsletter Yes No
Second Contact: Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip _____
Phone #: Home _____ Work _____ Cell _____
Email _____ Send biannual newsletter Yes No

Legal Documents

Is there a Power of Attorney or Guardian for your affairs? Yes No
If so, Name: Healthcare POA _____ Financial POA _____
Is there an Advance Directive or Living Will? Yes No *If so, please provide a copy*
Is there a living trust? Yes No *If so, please provide a copy*
Do you have any pre-planned funeral arrangements? Yes No Funeral paid for? Yes No
Funeral Home of Choice _____ City/State: _____

Medical Service Utilization

Have you utilized rehab, inpatient, or outpatient services? Yes No
If yes, please provide the location(s) and date(s):
Location: _____ Dates: _____
Location: _____ Dates: _____
Location: _____ Dates: _____
Location: _____ Dates: _____

Additional Information

Have you traveled outside of the United States in the past 30 days? Yes No
If so where? _____
Has your family traveled outside of the United States in the past 30 days? Yes No
If so where? _____



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Charlotte Hall, MD 20622
(301) 884-8171



Please take a moment to complete this brief survey. The information collected will be used to help determine the best methods for sharing information about Charlotte Hall Veterans Home.

1. Please select the age range of the person completing this survey.
 - 20 to 40
 - 40 to 60
 - 60 to 80
 - 80 and above

2. Please indicate the age of the applicant or potential applicant: _____ years old

3. For whom will Charlotte Hall Veterans Home staff have the privilege of serving?
 - A veteran
 - A spouse of a veteran

4. Where will the veteran/spouse be admitted from?
 - Home
 - Hospital
 - Assisted Living Facility
 - Nursing Home Facility
 - Rehabilitation Center
 - Other: _____

5. What service(s) will the spouse/veteran require?
 - Assisted Living
 - Short-term rehabilitation with the intent of returning home
 - Short-term rehabilitation then transitioning to long-term care
 - Long-term (skilled nursing) care
 - Hospice care

6. How long have you known about Charlotte Hall Veterans Home?
 - Less than 6 months
 - Less than 1 year
 - 1 to 5 years
 - 5 to 10 years
 - More than 10 years

7. How did you first learn about Charlotte Hall Veterans Home?
 - Newspaper advertisement
 - Magazine advertisement
 - Senior resource guide
 - Television advertisement
 - Internet advertisement including Facebook
 - Charlotte Hall Veterans Home website
 - Patient information guide
 - Newcomers and Chamber of Commerce resource guide
 - Relative or friend
 - Veterans Service Organization
 - Case Manager or Social Worker
 - Conference or Convention
 - Other: _____

8. How were you referred to Charlotte Hall Veterans Home for this tour/admission?
 - Hospital, Nursing Home, or Assisted Living staff (*please circle to identify*)
 - Home Health Agency
 - Friend or family
 - Veterans Service Organization
 - Self-researched
 - Other: _____

9. Please rank the following characteristics in order of importance during your search for a Skilled Nursing or Assisted Living Facility. Rank as 1–7 with 1 being most important and 7 being least important.
 - ___ Distance from relatives
 - ___ Age of building
 - ___ Cost of care
 - ___ Quality of care
 - ___ Size of facility
 - ___ Veteran centered atmosphere
 - ___ Cleanliness of facility

Please provide the date you completed this survey (MM/DD/YY) _____