



Arkansas State Veterans Home

North Little Rock

2401 John Ashley Drive, North Little Rock, AR 72114

Phone (501)683-1406 – Fax (501) 683-5732

Fayetteville

1179 North College Avenue, Fayetteville, AR 72703

Phone (479) 444-7001 – Fax (479) 695-0184

Dear Applicant or Family Member:

We appreciate your interest in placing yourself or a family member in the Arkansas State Veterans Home. General information to assist in making the difficult decision of nursing home placement is listed below.

Cost of Service:

- If you have a Service-Connected Disability (SCD) at 60%, and rated unemployable, or 70% or more, it is possible that the Veterans Administration (VA) would pay for your stay at the Arkansas Veterans Home.
- If you do not have a SCD, we accept Long-Term Care Insurance and Arkansas Medicaid. *We can assist you in applying for Arkansas Medicaid.*
- Medicare Part A could cover a short-term rehabilitation stay.

Medications: Your medications will be billed separately to you, or your responsible party, or your prescription drug insurance carriers for a pharmacy with whom the facility is contracted. Only Veterans already on VA Aid and Attendance compensation can continue to obtain their medications through the VA system. Arkansas Medicaid assists with the cost of medications for all residents receiving/approved for Long-Term Care Medicaid.

The use of tobacco products are not allowed inside the facility. However, we do allow smoking in the designated smoking areas. There are designated times when the staff can assist if the resident has been assessed to require supervision. Based on nursing assessments, tobacco products can be kept by the resident. Lighters and all other items used to create flame shall be kept in a secure area. Alcohol is only permitted with a physician's order and to be administered by the nurse.

We invite you to come by for a tour at your convenience.

Sincerely,

A handwritten signature in cursive script that reads 'Danny Luncsford'.

Danny Luncsford
Nursing Home Division Director



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Inquiry for Admission

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 Part A and Part B

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

Private Pay Medicare Medicaid VA 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: _____

Phone: _____

Relationship to Veteran: _____ Email Address: _____

Who is your Primary Care Physician? _____

When was your last visit to a doctor? _____ Phone number: _____

Medical and Mental Health Diagnosis: _____



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Do you see a Mental Health professional? Yes No

Who: _____

Have you recently been hospitalized? Yes No

When: _____

Where: _____

Why: _____

Are you:

Ambulatory? Yes No

Continent? Yes No

Needs assistance with feeding or care? Yes No

Please select the facility you would like to submit your inquiry form:

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Fayetteville